

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Thursday, 28th November, 2024, 2.00 pm - (watch the live meeting [here](#), watch the recording [here](#))

Councillors: Lucia das Neves (Chair)

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. WELCOME AND INTRODUCTIONS

3. APOLOGIES

To receive any apologies for absence.

4. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item 12).

5. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

7. MINUTES (PAGES 1 - 6)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 19 09 2024 as a correct record.

8. NORTH CENTRAL LONDON POPULATION HEALTH AND INTEGRATED CARE DELIVERY PLAN - DELIVERING POPULATION HEALTH AND INTEGRATED CARE AMBITIONS IN HARINGEY (PAGES 7 - 20)

For the board to receive an update and for discussion

9. BETTER CARE FUND UPDATE (PAGES 21 - 44)

For the board to receive an update and approve allocations for 24/25

10. HARINGEY BOROUGH VISION (PAGES 45 - 72)

For the board to receive an update

11. HARINGEY HEALTH AND WELLBEING STRATEGY (PAGES 73 - 98)

For noting revised document after discussions at last Health and Wellbeing Board and approval for publication

12. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

13. FUTURE AGENDA ITEMS AND MEETING DATES

Members of the Board are invited to suggest future agenda items.

To note the dates of future meetings:

27th March 2025

Kodi Sprott, Principal Committee Co-ordinator

Email: kodi.sprott@haringey.gov.uk

Fiona Alderman

Head of Legal & Governance (Monitoring Officer)

George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 20 November 2024

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1. FILMING AT MEETINGS

The Chair referred to the filming at meetings notice and attendees noted this information. This would be an informal meeting due it being inquorate.

2. WELCOME AND INTRODUCTIONS

The Health and Wellbeing Board members were senior Council officers, Cabinet Members, and representatives from Healthwatch, Bridge Renewal Trust, and the North Central London Clinical Commissioning Group.

3. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Sharon Grant, Gary Passaway, Tobias Gould and Nadine Jeal.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, PETITIONS

There were none.

7. MINUTES (PAGES 5 - 12)

Due to the meeting being inquorate, it was advised that these minutes would be considered at the following meeting.

8. UPDATE ON NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST MERGER INTO ROYAL FREE LONDON GROUP.

- Dr Nnenna Osuji provided the committee with an update on the progress of a potential merger with the Royal Free London, this currently held a planned date of the 1st January 2025. Officers had been working in close partnership with the Royal Free London and had since created an infrastructure which included having a chairman who was the chair of both the Royal Free London and North Middlesex University Hospital, there would also be an accountable officer. There was a full business case for the proposed merger submitted to each board in July. They

were approved by both boards and had since been formally submitted to NHS England, this would then go on to the Secretary of State.

- One of the reasons for the merger would be to make improvements for patients. Another reason for this merger would be to have access to greater infrastructure and the ability to widen the hospital's portfolio. From a Royal Free perspective, this would also allow access to a broader population. There would be an opportunity for staff to move more easily between organisations and that would allow for further career opportunities and fluidity.
- A question raised was whether this merge would help deal with North Middlesex urgent and emergency care demand. Officers explained that not in and of itself, however the work done around this would continue. One of the commitments officers made was that local services would always be provided to local people; this change would never deplete the local provision of care, it would hopefully increase speed of access to specialist care.

Questions :

- North Middlesex research populations did not reflect the demography of the patients served, people who came from black and minority ethnic backgrounds were underrepresented in research trials. By bringing together the infrastructure that the Royal Free offered and the population North Middlesex served, there was hope to try and balance some of the recruitment into trials. Often when people discuss research and development, they refer to therapeutic trials, but there were other types of trials around social research and health behaviors that could also be looked at.
- It was critical to ensure that there would be an equity if a population had differential needs and differential levels of disadvantage. One of the committees brought together before any formal merger had been a Population Health committee between the two organisations. This meant that officers would always maintain a look to understand if they were maintaining equity in terms of access. Whilst a lot of work had been done around staff voice, there was more which needed to be done around patient voice.
- In terms of making sure the hospital had the right staff and did not lose talent, there had been a pattern where people who trained at North Middlesex often remained working in the hospital. There was a clear opportunity for people to look at stretching their careers and this would therefore potentially attract greater talent.
- One of the elements around travel was that officers were not changing the configuration of services as such that patients would need to travel for local services. There was a commitment taken back to the programme board to look at how this could be better communicated. There was not an expectation for staff or patients to necessarily have to travel between sites other than what they would already do to access specialist care. However, this was going to be looked at further to see

what additional enabling transport would make this a more positive experience.

- The hospital would not be reconfiguring services en masse, so there would not be a new requirement for most patients to travel. More work needed to be done to understand where transport needed to be strengthened for specific elements. In general, there was not an expectation for there to be a mass movement of people across sites. Officers would reinforce the existing routes of transport to those sites. One of the pieces of feedback regarded the Hampstead site, for example, there was a different element around parking. There was work which needed to be done to look at what the implications would be in select areas.
- As part of the business case, North Middlesex were being held to account on which benefits had been demonstrated to patients. A discussion was had around the creation of a patient lens to hold the hospital to account, this would be an action taken forward.
- Officers acknowledged that patients did not know enough about how best to access transport services or how to check what they might be entitled to. This would be taken forward as a joint action between the committee and the trust.
- Capital was now looked at as a system, the challenge around this was not necessarily about the merger. Each organisation had managed its own capital budget and had its own list of critical infrastructure that needed capital. With the merger, that prioritisation would be looked at as a collective. Things that were statutory from a health and safety point of view would always be at the top of the list. Within the context of a wider system, allocation of capital was one of the areas as part of the merger flagged as needing more attention and could pose as a potential risk and issue.
- Currently, North Middlesex were looking at the year balance deviation and doing some recovery action towards that. The trust was committed to a balanced position and a small surplus as opposed to the position of Royal Free which was a commitment to a deficit position.
- Finance was not the reason for this merger and would not be the basis on which the merger would be managed. The total system finance position would not change as both groups were contributing to it; the combination of contributions will be seen as one.

An action was taken to meet as a subgroup to further discuss details of this merger and to bring the voice of the patient more strongly into the evaluation of success.

9. HARINGEY HEALTH AND WELLBEING STRATEGY 2024-29. DRAFT FOR APPROVAL AND COMMENT

Will Maimaris introduced the report for this item. This strategy was a significant milestone. Collectively across the partnership, officers identified priorities to improve the health and well-being of paradigm residents and reduce health inequalities. The

main themes that emerged from the engagement for the strategy were mental health and wellbeing, preventative health and care services for all and housing and healthy placemaking; all four of the themes applied to children, working age adults, families and older people. There had been a range of online engagement and several outreach events. The idea would be that after 18 months, officers would take stock of the progress made against the initial objectives.

Questions:

- It was noted that there should be a specific mention of mental health in elderly people in this strategy.
- The ICB would support structuring future agendas and items around this strategy.
- Whittington Health Trust believed more could be done to describe the work across local partners to improve life chances and local opportunities. Officers should look at how to describe the vision in a way that would bring it to whilst not over promising specific things.
- It was also noted that more work could be done to engage with Government on the strategy.

10. UPDATE ON LOCAL PLAN FOR HARINGEY

Bryce Tudball introduced the item. He explained that the Local Plan was a key planning, corporate and engaging document which required updates every 5 years. The new local plan would replace 4 documents which were adopted in 2017. This would be a digital plan covering the period 2026-2041 and would focus on a borough wide framework for placemaking. There was ongoing engagement in relation to this and an investment had been made into the consultation process. The three most significant things the local plan would address was delivering a sustainable resilient place, delivering a fairer place and delivering a healthier and safer place. The team sought to embed health and wellbeing throughout the plan and within this plan large developments would be supported by a health impact assessment.

Questions:

- The Council had a good track record of bringing forward improvements of social infrastructure. However, there was always room for improvement and officers sought to ensure that they could secure as much possible in the planning system to support the significant challenges around health and infrastructure.
- A key aspect of the local plan would be delivering the Council's inclusive economy objectives, a key driver would be improving the quality of the industrial estates and industrial areas.
- In 2021 there was a wide range of engagement over a period of 14 weeks. Officers heard from 7,000 people, since then, there had been some ongoing conversations with resident groups. There was due to be a major consultation at the beginning of 2025 which would last for at least 2 months. Officers were keen to ensure that conversations remained consistent.

- Officers recognised the number of fast-food takeaway shops and sought to limit a further expansion of takeaways in appropriate locations. There was also recognition of the number of gambling facilities in the area, officers sought to control the flow of these premises; this issue could be a lobbying point.
- Officers were working closely with parties who managed the Councils properties to figure out the right solution to property usage in the future.
- One of the major policies that the new government implemented was around planning reform; this had a focus on delivering more homes. Officers felt the borough had the right focus but were monitoring any updates on this reform.
- The Health and Well-being Strategy Plan was a key focus of some of the conversations through the borough partnership within the neighborhoods and health inequality space.
- Officers were actively testing concepts of engagement within The Northumberland Park Resource Centre.
- It was noted that there was a need to recognise that residents were differentially able to engage in local issues, especially with the absence of Planning in London it was harder for people to participate.
- Officers were working on a Gambling Harms programme. In relation to this, officers had conducted 9 focus groups and spoke to 47 residents, mainly in the east of the borough and sought their views on what they understood about gambling. These views would be shared with planning officers.

11. BETTER CARE FUND

Officers would present this item at the next meeting.

12. HARINGEY HEALTHWATCH ANNUAL REPORT 2023/24

Cllr Das Neves thanked Sharon Grant for continuing to raise issues that were important to the community. The work conducted brought out the voices of patients and residents and their concerns and needs. There had been some conversations with Health Watch around the coming year and the committee looked forward to seeing the work progress and action.

13. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

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Delivering Population Health and Integrated Care Ambitions in Haringey

Haringey Health and Wellbeing Board

28th November 2024



NCL Population Health & Integrated Care Strategy and Delivery Plan overview

Our NCL Population Health & Integrated Care (PH & IC) Strategy was endorsed by system partners in April 2023 following a significant programme of engagement and co-production. The Strategy can be found [here](#). It outlines our ambition to **tackle health inequalities** by a **shared emphasis** on **early intervention, prevention and proactive care**.

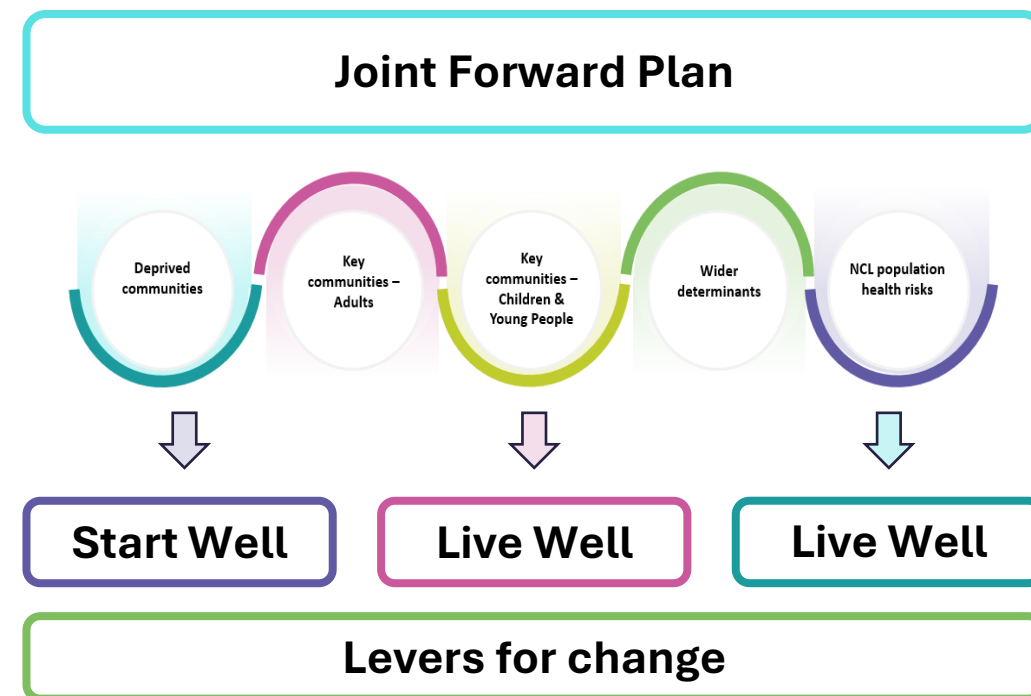
Since April 2023, significant socialising and planning work across the ICP has culminated in the development of our **NCL Delivery Plan** (which also serves as our Joint Forward Plan (JFP)), which outlines our critical path to **deliver against our PH & IC Strategy**. The NCL Delivery Plan can be found online [here](#).

The Delivery Plan describes progress in implementing the strategy over the last 12 months, our plans for the coming 18 months and how we will monitor delivery using the NCL Outcomes Framework. The plans are aligned to a life course approach and incorporate:

- NCL communities experiencing the poorest outcomes, wider determinants of poor health and 5 key health risk areas
- NCL system transformation programmes, which are aligned to delivering our population health ambitions
- System levers which will create the conditions for population health improvement
- A number of areas within the plan have been identified by the ICP to "**super-charge**" - making the **best use of the collective weight** of the ICP to **accelerate and deepen impact**.



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Work to develop Population Health approach since April 2023



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- **Engaging and socialising** the Delivery Plan with Health & Wellbeing Boards, Trust Boards, Borough Partnerships, forums involving the VCSE and patient representatives. This has culminated in the publishing of resident-focussed content which can be found online [here](#).
- **Developing the NCL Outcomes Framework and launching the online dashboard to support monitoring** – *the dashboard can be found [here](#)*. Data in the dashboard are at Borough and NCL level, compared to London and England. There is also an Outcomes Framework annual insights report at NCL and borough level (*Camden content appearing later in the pack*).
- **Understanding and starting to align plans across borough and system** to maximise the impact of our joint working.
- **System Progress on Population Health outcomes** is set out in detail in the Delivery Plan. Improvements include:
 - Mental Health – Longer Lives: The proportion of adults with SMI having a physical health check increased by 44%
 - Improved the uptake of Targeted **Lung Health** Checks from 30% to 55%. Over 20,000 people have now had a lung health check.
 - **Inclusion Health** needs assessment completed which has been identified as an example of good practice in national guidance and over £1m invested in integrated homelessness discharge support post hospital

NCL Outcomes Framework Insights Report 23/24

Summary



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The NCL Outcomes Framework (OF) annual insights report summarised key insights at NCL and borough level from the NCL OF dashboard. The report demonstrates that while we have made **some progress, the five population health risks identified in the PH&IC remain relevant and require ongoing system and borough focus**, and there are also broader areas requiring focus across the life course (Start Well, Live Well and Age Well).

Childhood immunisations

Although there has been notable, steady improvement in the proportion of children who have been fully vaccinated by age five, 31% of children in NCL were not fully vaccinated by the end of 2022/23

Cancer

Despite steady improvement in bowel cancer screening over recent years, overall cancer screening coverage is poor, with all boroughs except Enfield having lower coverage than London in at least one programme in 2023

Mental health and wellbeing

The proportion of adults with SMI having a physical health check increased by 44% from 2020/21 to 2022/23, but we are not achieving our target of 0–18 year olds receiving at least one contact from an NHS-funded mental health service.

Heart health

With 73% of NCL patients with high blood pressure treated to within age-specific target range within the last 12 months, we are falling short of the national target (77% for 2023/24; now 80% for 2024/25)

Lung health

Only 53% of NCL patients with chronic respiratory disease are vaccinated against flu, and only 69% of people aged 65+

Start Well

Poverty - 17% children live in poverty (2021/22 data which is likely to have increased since)
Maternal smoking - More than one in 20 women giving birth in NCL smoke
Newborn hearing screening - NCL boroughs are within the 6 worst performing boroughs in London
Oral health - More than one in four 5-year-olds in NCL have experience of tooth decay
Healthy weight - 38% 11-year-olds are overweight or obese
Communication skills - One in five reception children do not achieve expected communication and language skills
Mental Health - An estimated 1 in 5 11-16 year olds have a mental health disorder. Prevalence estimates for Camden are 33% higher compared to the national average

Live Well

Smoking - More NCL patients aged 15+ years smoke compared to London
Healthy weight - 55% of adults are overweight or obese
Alcohol - Admissions for alcohol-related conditions are higher in three of our boroughs (Islington, Haringey and Enfield) compared to London
Employment - 35% people with a long term physical or mental health condition of working age are not in employment
Diabetes - Only 31% patients with Type 1 diabetes and 43% of patients with Type 2 diabetes in NCL achieved all three treatment targets

Age Well

Loneliness – Only 36% older adult social care users have as much social contact as they would like
Dementia diagnosis - Although rates across NCL were similar to London, Camden, Haringey and Barnet did not meet the national benchmark for dementia diagnoses
Avoidable admissions – Unplanned admissions for older adults with certain long-term conditions have increased across all our boroughs since 2020/21
Intermediate care – On average more than one in ten of NCL’s hospital beds per week are occupied by patients who did not meet Criteria to Reside but were not discharged
Carers - The average quality of life score for carers in NCL was 7 out of 12 which, although low, was comparable to London

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Start Well

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- Newborn hearing screening** - NCL boroughs are within the 6 worst performing boroughs in London
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- Healthy weight** - 38% 11-year-olds are overweight or obese
- Communication skills** - One in five reception children do not achieve expected communication and language skills
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Key Haringey Areas to improve



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- The NCL Report identified a number of areas for each borough where performance was lower than comparators and/or getting worse. These borough summaries are intended to signal areas which may warrant further investigation, in the context of what is known about each borough's population and work. Key areas identified for Haringey are:

Strategy areas	Start Well	Live Well	Age Well
5 population health risks	MMR vaccine uptake	Common MH condition prevalence Cancer screening General health-check uptake Diabetes Type1 treatment Flu Vaccine uptake in adults with chronic respiratory conditions	Flu Vaccine uptake
Common risk factors	Smoking at delivery	Smoking prevalence Alcohol related hospital admissions	
Health and care			Avoidable admissions Length of hospital stay: 21 days +
Wider determinants	Children in low income families 16 & 17 year olds NEET	Adults with Learning Disability in employment Jobs below London Living Wage Homelessness duties owed	Adults reporting loneliness Social contact for older adult social care users Fuel poverty
Other	Newborn hearing screening		

Key Next Steps



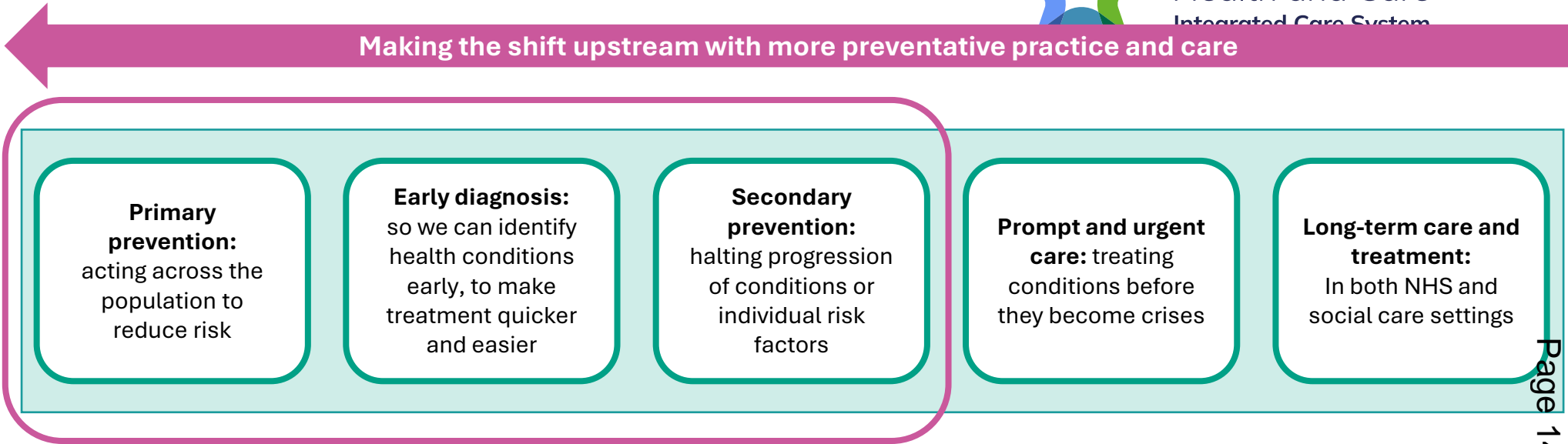
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The priorities and indicators in the Population Health Delivery Plan and NCL Outcomes Framework are wide ranging, multiple and complex. We will be tracking progress against all the actions outlined in the Delivery Plan, but it is important that we are able to demonstrate the tangible improvements that we hope to make in population health in the next 18 months.

How could we address this?

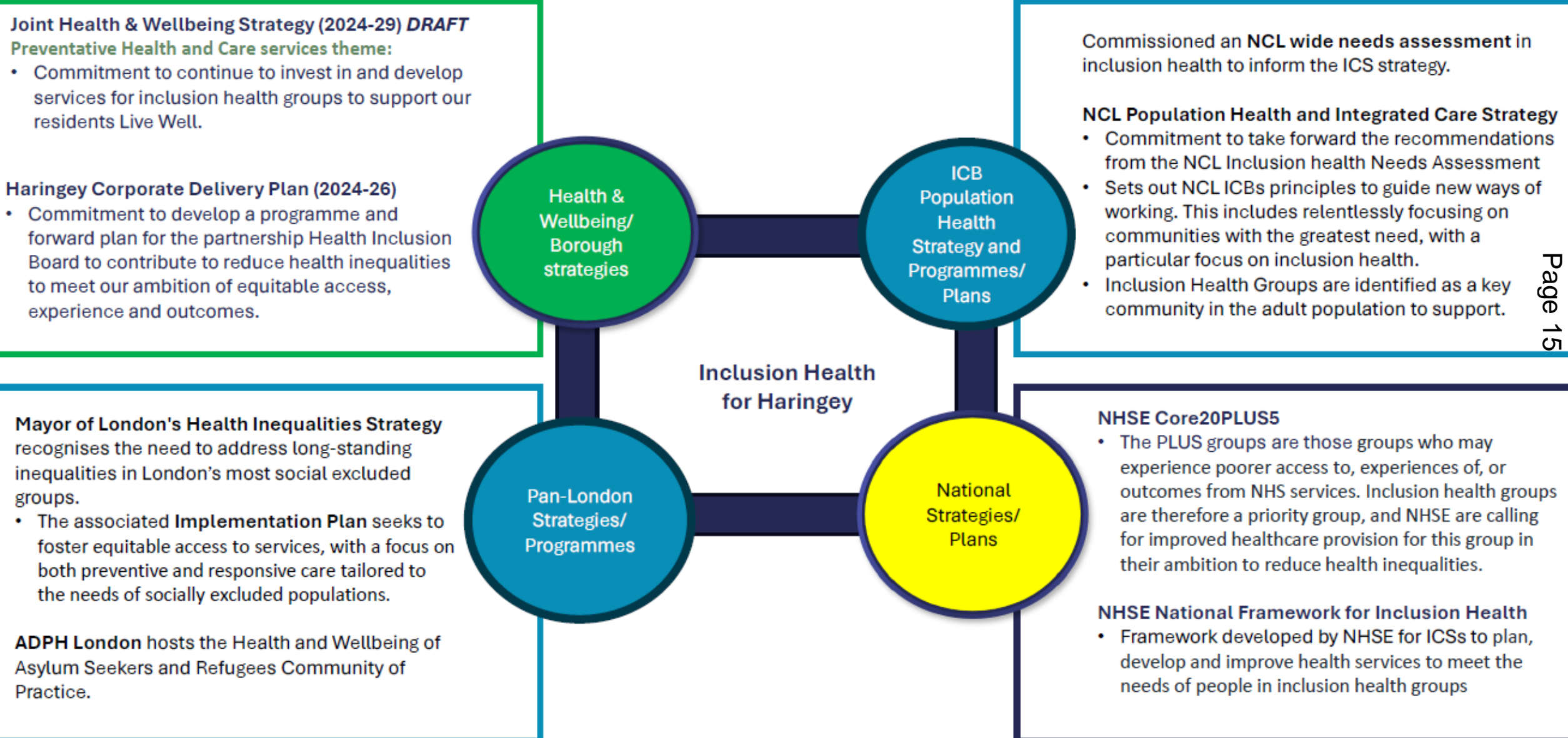
- We need to identify a smaller sub-set of **core (sentinel) population health metrics** to allow us to demonstrate our impact with which to effectively track and showcase the progress we are making and the benefits of coming together on a multi-geographical footprint across ICS. This will include the key population cohort to be targeted for each metric in order to **improve equity**.
- These metrics should be aligned to existing measures and be supported by a **wider benefits realisation programme**
- This will also clarify roles and responsibilities so that all partners are aware of the contribution they can make – including identifying areas for collaboration. For example, boroughs are best placed to utilise local insights to deliver change.
- The benefits realisation programme will consider how we work differently across partners to make progress on the agreed sentinel measures – this will include a deep dive process that will bring together the worlds of academic research, intelligence and insights and NHS/LA delivery to ensure we are harnessing strengths of all partners to reduce inequalities and improve outcomes.

Benefits Realisation – a worked example for Heart Health



NHS	Making Every Contact Count – tackling health behaviours and lifestyle risks	Optimising management of hypertension and CVD e.g. via the LTC LCS	Case-finding in high-risk patients on GP patient lists and opportunistically in secondary care	<div>Working with communities to engage in prevention</div>	<div>What else does evidence suggest would work?</div>
Local Authority	Commission primary prevention lifestyle services and NHS Health Checks	Commission population-based lifestyle services to manage risk factors	Commission NHS Health Checks; population-based community health screening		
VCSE & Healthwatch	Deliver targeted primary prevention lifestyle initiatives with local communities; leveraging reach into underserved communities	Deliver targeted population-based lifestyle services/ initiatives to manage risk factors; leveraging reach into underserved communities	Run community awareness campaigns and blood pressure checks		<div>Are there gaps when we focus on key communities?</div>
Academic Partners	Research across these areas and putting these into practice through engagement with services and commissioners				

Example of aligning plans and strategies across partners to deliver population health outcomes in Haringey



How are partners already delivering (an integrated approach to population health) in Haringey?



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Haringey Start Well priorities	Examples of key projects	NCL Pop Health Delivery plan alignment
Developing our autism pathway	<ul style="list-style-type: none"> Investment into autism and ADHD diagnostic capacity Support from Open Door and Markfield for CYP and families Expansion of school support in autism from Haringey LAST team and of school places capacity for autistic children 	<i>Improvement of care pathway for children and young people with neuro developmental needs</i>
Transforming our Speech, Language and Communication pathway	<ul style="list-style-type: none"> Collaboration between LBH, ICB, Whittington and education/early years partners to deliver an integrated universal, targeted and specialist pathway. Haringey has seen a 35% fall in the number of CYP waiting for SLT assessment between Aug 23 – Aug 24, the best performing borough in NCL and compared to a total NCL increase of 4%. 	<i>Identifying evidence-based approaches and investment opportunities to support improved outcomes</i>
Childhood immunisations	<ul style="list-style-type: none"> Innovative project to improve uptake through new digital process via a QR code, with flexible appointment booking. Being rolled out now with initial positive feedback from residents. 	<i>Increase routine childhood immunisation vaccine uptake with a focus on most deprived communities and communities with lowest uptake.</i>
CYP Mental health	<ul style="list-style-type: none"> Aligned action plan across partners in development to improve early intervention offer in schools, referral pathway to CAMHS providers with reduced waiting times. 	<i>Improvements in waiting times for mental health assessment.</i>

How are partners already delivering (an integrated approach to population health) in Haringey?



Live Well	Examples of key projects	NCL Pop Health Delivery plan alignment
Roger Sylvester Centre	<ul style="list-style-type: none"> Delivering a flagship integrated crisis prevention, support and recovery service for adults living with mental illness opening February 25 	<i>Improving home treatment for people in crisis and strengthening proactive community support at home.</i>
Inclusion Health	<ul style="list-style-type: none"> Co-ordinating action across housing, social care and NHS services to support people rough sleeping and experiencing homelessness, centred around Mulberry Junction. New Inclusion Health delivery plan in development Review of Haringey Homeless Health and Inclusion Team underway 	<i>Improve healthcare equity, access, experience, and outcomes for people in inclusion health groups across boroughs.</i>
Employment and health	<ul style="list-style-type: none"> Long established collaboration with Inclusive Economy team to run embedded employment support in NHS MH services, around primary care / MSK teams and now rolling out work well. E.g. Thrive to Work our scheme for people with health conditions, which is linked to primary care the wider VCSE, has supported 227 residents to start work in 2024 to date. 	<i>Enhanced employment opportunities</i>

How are partners already delivering (an integrated approach to population health) in Haringey?

Age Well	Examples of key projects	NCL Pop Health Delivery plan alignment
Long Term Conditions	<ul style="list-style-type: none"> Pilot underway at Welbourne PCN of Hospital Consultant doctor supporting neighbourhood teams & GPs on care for people with complex long-term conditions 	<i>Develop the vision, aims and case for a proactive care function and design an approach to this function that optimises resources, skills and assets in NCL.</i>
Haringey Multi-agency Care and Coordination Team	<ul style="list-style-type: none"> A comprehensive multi-agency team across partners providing pro-active care and support to older and frailer residents to help them sustain independence 	
Heart Failure	<ul style="list-style-type: none"> Haringey’s Community Heart Failure service proactively manages heart failure registers with GP surgeries. Delivered through collaboration, a multidisciplinary team offers home visits, clinic appointments, and interventions. The service proactively ensures timely follow-ups in community and discharge pathways. Enhanced approach targeting under-served communities funded by the Inequality Fund is now being mainstreamed 	<i>Develop borough-based action plans to support identification and management of high blood pressure.</i>

How are partners already delivering (an integrated approach to population health) in Haringey?

Neighbourhoods and inequalities	Examples of key projects	NCL Pop Health Delivery plan alignment
Development of neighbourhood based teams	<ul style="list-style-type: none"> Northumberland Park Resource Centre has been developed as an integrated hub hosting a wide range of partners. Family Hubs hosting wide range of partner services for children Key statutory adults’ health and care teams are now aligned to the same locality geography. 	<i>Develop Neighbourhood Teams as core integrated population health management delivery vehicles.</i>
Tackling inequalities and supporting communities	<ul style="list-style-type: none"> Investment in community delivered interventions tackling health inequalities and supporting health literacy through the Inequalities Fund and aligned schemes from Haringey Council, e.g. Haringey Health Champions 	<i>Extend the impact of Inequalities Fund schemes in areas of greatest deprivation using this as a vehicle for attracting shared investment funding and building an evidence base.</i>



- Is the HWB assured that coherence is being developed between local priorities and system priorities? What further work would strengthen this?
- The Outcomes Framework Insights Report is part of a data driven approach to improving outcomes – how do we ensure this is reviewed in context with wider data?
- How can we work together most effectively to assure delivery of our joint population aims and ambitions?

Report for: Health and Wellbeing Board

Title: Approval of Haringey Better Care Fund (BCF) 2023-25 following changes to funding allocation in 24/25 and Quarter 1 and Quarter 2 data submission to NHS England.

Report

authorised by: Jo Baty, Interim Service Director, Adults, Health and Communities, London Borough of Haringey.

Tim Miller, Assistant Director of Place, Integration, Transformation & Delivery (Haringey), ICB NHS

Lead Officer: Caroline Humphrey, Head of Service for Service, Improvement and Development, London Borough of Haringey.

Barbara Sopitan, Service Development, Integration, Transformation & Delivery Senior Manager, NHS

Ward(s) affected: All

Report for Key/

Non Key Decision: N/A

1. Describe the issue under consideration

The Better Care Fund (BCF) is a strategic initiative designed to support local systems in achieving the integration of health and social care services for adults. Its primary objectives are to deliver person-centred care, ensure sustainability, and improve outcomes for individuals and carers.

This is the second year of the two-year plan that was reviewed and agreed at the Health and Wellbeing in January 2024. As the plan was previously agreed by the Board this report is to note the changes to year 2 of the plan following negotiations at the start of 24/25. In addition to note the 1st two quarterly updates for 24/25 that have been submitted in accordance with the reporting timeline.

2. Cabinet Member Introduction

Not Applicable

3. Recommendations

The board is asked to note and approve the changes in funding allocations to new and existing schemes for 2024/25

The board is asked to note and approve the Quarter 1 and Quarter 2 data submissions to the regional team.

4. Reasons for decision

A condition of the Better Care Fund is that The Health and Wellbeing Board is required to confirm the Plan meets national BCF Plan and provide oversight for the successful delivery of the plan.

The Board is invited to note and agree the changes and note the progress reported in quarters one and two.

The information presented in the Plan should give the Health and Wellbeing Board the assurance Haringey is maintaining its commitment to health and social care integration to deliver its vision considering local and national strategies and plans, such as NHS Long-Term Plan, Haringey Deal and Haringey's Ageing Well Strategy.

5. Alternative options considered

Not applicable

6. Background information

The Better Care Fund (BCF) is a strategic initiative designed to support local systems in achieving the integration of health and social care services. Its primary objectives are to deliver person-centred care, ensure sustainability, and improve outcomes for individuals and carers.

Objective 1: to enable people to stay well, safe and independent at home for longer
The priorities for health and social care are to improve quality of life and reduce pressure on UEC, acute and social care services.

This will be achieved through various mechanisms, including:
collaborative working with the voluntary, housing and independent provider sectors
investment in a range of preventative, community health and housing services
supporting unpaid carers

Objective 2: to provide people with the right care, at the right place, at the right time.
The priorities for health and social care are to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about sustained improvements in outcomes for people discharged from hospital, and wider system flow.

This will be achieved by embedding strong joint working between the NHS, local government and the voluntary, housing and independent provider sectors

The BCF promotes integration by mandating that integrated care systems and local authorities enter into pooled budget arrangements and agree on a comprehensive integrated spending plan.

In Haringey, the BCF is underpinned by £42 million annual Section 75 agreement. This agreement facilitates the pooling of funds between the North Central London (NCL) Integrated Care Board (ICB) and the London Borough of Haringey (LBH). This collaborative financial arrangement is pivotal in driving the integration of services, optimising resource allocation, and enhancing the overall efficiency and effectiveness of health and social care delivery in Haringey.

The BCF Plan was initially presented to the Health and Wellbeing Board on 17th January 2024 to confirm a two-year strategy for the BCF plan for 23/24 and 24/25. The plan received approval from the panel members at that time.

As we now enter the second year of this plan, it is important to note that the core elements of the plan have largely remained unchanged since the last discussion at the board. However, there have been some adjustments related to the reallocation of funding to new or existing schemes and the redistribution of additional funding obtained.

The original levels of investment in the 2023 plan were set at £38,489,454 for 2023 and a planned amount of £41,971,480 for 2024. However, this figure has since been revised to £42,249,798 for 2024. This revision is attributed to changes in funding in the following areas: Integrated Care Board (ICB) discharge funding (+£40k), Local authority discharge funding (-£5k), and the Disabled Facilities Grant (DFG) (+£243k)

During the planning process for fund allocation, discussions emerged in May 2024 between the ICB and NCL Councils regarding the division of the discharge fund. This was overseen by NHS England and facilitated by independent mediation.

Following the conclusion of these discussions in June 2024, an agreement was reached that allocated additional sums of funding to the North Central London (NCL) councils' integrated discharge teams, with Haringey receiving a proportion of this funding.

Funding allocations from the 2023/2024 period have been reviewed as mentioned above, and some funds have been repurposed in the 2024/2025 spending plan to align with the national conditions set out in the Better Care Fund. The repurposed schemes are detailed below

- The funding allocation for Scheme 6, which is associated with the Disabled Facilities Grant (DFG), which aims to provide necessary adaptations to homes to enable individuals with disabilities to live independently has been increased from £2,678,851 to £2,921,958.
- Schemes 40 (£155,00) ,41(£466,523) & 42 (£103,876) these schemes are interconnected and pertain to Pathway 2 beds. The enhanced allocation is intended to upgrade the North Middlesex University Hospital (NMUH) Pathway 2 units, ensuring they meet the core offer of community services. All funding has been consolidated into Scheme 42 providing a total of £725,399.
- The funding for Scheme 65 (Discharge Funding 23/24) has been adjusted from £1,147,993 to £1,143,410. This correction was made to balance the overall budget allocation.

- The funding for Scheme 63 (Discharge funding 24/25) initially set at £2,394,206 for discharge funding, has been reallocated into several new schemes with the following breakdown:
 - Scheme 69: £557,000 for the Non S22 Checklist Cohort.
 - Scheme 70: £164,000 for Local Authority (LA) Integrated Discharge Teams.
 - Scheme 71: £347,000 for Transfer of Care Hubs.
 - Scheme 72: £202,000 for Homelessness support.
 - Scheme 73: £538,000 as a contribution to Integrated Care Board (ICB) Discharge to Assess (D2A) costs.
 - Scheme 74: £376,000 for discharge fund care purchasing.
 - Scheme 75: £250,000 for discharge fund care purchasing.

Linked to this financial agreement between the partners was a commitment to take forward a programme of transformation across the ICB, NHS Trusts and the 5 Councils of North Central London to improve pathways and outcomes for residents, with a particular focus on admission avoidance and supporting good and timely discharges from hospital.

As part of the regional oversight of the BCF, Haringey has been required to submit expenditure and output data relating to discharge funding schemes to the NHS England regional team, on behalf of the Department for Health and Social Care, for Quarter 1 and Quarter 2. The Quarter 1 submission was completed on 29th August 2024, and the Quarter 2 submission was completed on 31st October 2024. The next submission for Quarter 3 is due on 31st January 2025, with the final end-of-year submission scheduled for 30th May 2025.

The data from the quarter 1 and quarter 2 submissions indicate that Haringey is currently on track to meet the minimum spend requirement from the Better Care Fund (BCF). Most schemes have achieved 50% or more of the required spend allocation, except for the Disabled Facilities Grant at 12% and discharge funding for home care at 31%. The lower spend allocation for the Disabled Facilities Grant is due to reporting expenditures for completed adaptations rather than committed spend. There are several adaptations due for completion, which will increase expenditure and output levels for quarter 3. The spend for discharge funding for home care is slightly lower than originally planned due to the recent implementation of the localities model over the past three months. Action plan is in place with the Locality teams to raise awareness with the individual teams in the service that service users accessing services through the Front Door, not just those transitioning from the hospital.

Haringey is also spending below forecast for iBCF home care and domiciliary care, by £1.5m, which is due to an increased use of the reablement home care pathway instead of the long-term care pathway. The spend will increase in quarter 3 as during the winter period Haringey sees an increase in numbers of people requiring care on discharge and a higher conversion rate of reablement packages to long term packages.

However, the data also shows that Haringey is not currently meeting its target output levels for the following metrics from hospital: Avoidable Admissions, Discharge to Usual Place of Residence, and Falls.

Haringey is currently below its planned performance for avoidable admissions. The primary challenge is the absence of a full Virtual Ward offer that meets the required criteria, specifically the provision of care three times daily. Progress in this area has been slow due to ongoing local discussions between Health and Social Care regarding the management of case handovers once patients are in the community, and the delivery of in-house Health Care Assistant (HCA) support. This issue has been escalated and is scheduled to be addressed within the governance of Haringey's Age Well Board.

Haringey is below its planned performance target for discharge to the normal place of residence. The variance from the planned performance is due to the need for improved access to an accurate dataset for P2 provisions. A new systemwide P2 digital solution is being developed, with plans for implementation in the upcoming year. This solution will enhance the dataset to reflect variations at the acute site, borough, and unit levels. It will also address validity issues and provide a level of data granularity that is currently not feasible to obtain manually. An accurate data set will enable appropriate action.

Finally, Haringey is slightly below its planned performance target for falls. This is because there was no falls service in Haringey prior to 2023/24, primarily due to staffing issues. However, Haringey has now established a fall working group, guided by a designated clinic lead, and offers online resources and an Age Well Guide to support the community. A dedicated falls hotline is also in operation, providing essential guidance on accessing falls services. Furthermore, the locality has implemented an educational program through the Better Care Fund (BCF) to equip healthcare providers and professionals with the knowledge and tools necessary to prevent falls and enhance support for individuals at risk.

7 Contribution to strategic outcomes

The BCF Plan plays a crucial role in achieving the objectives outlined in the Adults, Health & Welfare Theme of the Haringey Deal. It aims to:

- Ensure that all adults can live healthy and fulfilling lives with dignity, staying active, safe, independent, and connected within their communities.
- Provide accessible, non-stigmatising, and holistic advice and support to low-income residents to help reduce debt and address the underlying causes of financial hardship.

Haringey's BCF Plan is a key initiative for both the London Borough of Haringey (LBH) and the North Central London ICB. It supports and contributes to several strategic plans, including:

- The North Central London Sustainability and Transformation Plan.
- The North Central London Response to the NHS Long-Term Plan.
- The LBH Joint Health and Well-being Strategy, aligned with Haringey's Joint Strategic Needs Assessment.
- The Haringey Borough Partnership Delivery Plan.

- The Haringey Deal and the LBH Corporate Plan.

8 Finance

The Better Care Fund (BCF) is a pooled budget of £38m in 2023/24 and £42m in 2024/25 between the London Borough of Haringey (LBH) and North Central London Integrated Care Board (NCL ICB). It is part of the overall Section 75 Agreement between both these parties. The partners are hoping to sign this year's variation to the agreement in Q4, 2024/25

The purpose of the fund is to enable integrated working across NCL ICB, LB Haringey and its partners to ensure the best value for money is achieved, across the agreed projects, as listed in the BCF Planning template for 24/25.

Funding was allocated jointly by LBH and NCL ICB in accordance with the aims and objectives of the plan.

9 Legal

The Better Care Fund (BCF) requires integrated care boards and local governments to agree on a joint plan, which is overseen by the Health and Wellbeing Board. These joint plans use pooled budgets to support integration, governed by an agreement under Section 75 of the NHS Act 2006.

According to the updated Better Care Fund Policy framework from April 2023, BCF plans for 2023-25 must include a clear approach to achieving two main policy objectives: enabling people to stay well, safe, and independent at home for longer, and providing the right care in the right place at the right time. Additionally, two sub-objectives have been added to this BCF Plan to align with these long-standing goals and reflect the inclusion of the Discharge Fund objectives:

- Improving overall quality of life for people and reducing pressure on urgent and emergency care (UEC), acute, and social care services through investment in preventative services.
- Tackling delayed discharge and achieving sustained improvements in discharge outcomes and wider system flow.

The Policy Framework also outlines the conditions and funding for the BCF in 2024 to 2025. The national conditions include:

- A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board.
- The plan must detail how partners will implement BCF policy objective 1: enabling people to stay well, safe, and independent at home for longer.

- The plan must detail how partners will implement BCF policy objective 2: providing the right care, in the right place, at the right time.
- The plan should maintain the NHS's contribution to adult social care, in line with the uplift to the NHS minimum contribution to the BCF, and investment in NHS-commissioned out-of-hospital services.

For the planning and assurance of BCF plans for 2024 to 2025, plans must be developed locally between the local authority and health commissioners. These plans must be agreed upon by the Integrated Care Board (ICB) and the local authority chief executive before being signed off by the Health and Wellbeing Board. Plans should align with other strategic documents, such as plans for integrated care systems, wider community services programs, and the implementation of adult social care reform. Local authorities must comply with the Section 31 Local Government Act 2003 grant conditions.

The improved Better Care Fund (iBCF) provides grants to local authorities with specific conditions attached. The grant may only be used for meeting adult social care needs, reducing pressures on the NHS (including supporting more people to be discharged from the hospital when they are ready), and ensuring that the local social care provider market is supported. The conditions require local authorities to:

- Pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption.
- Work with the ICB and providers to meet the national condition related to hospital discharge within the policy framework.

10. Equality

The Council and its NHS partners have a Public Sector Equality Duty (PSED) under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

An Equalities Impact Assessment (EIA) was undertaken as part of the wider Ageing Well Strategy in 2020 for which the BCF Plan is largely a funding vehicle.

11. **Use of Appendices**

- Appendix 1: Haringey's BCF Plan 2024-25 – List of Scheme Investments new and existing
- Appendix 2: Haringey BCF Plan Update Q1 2024/25 – Expenditure and output levels for schemes which relate to discharge funding
- Appendix 3: Haringey BCF Plan Update Q2 2024/2025 – Narrative provided for an update on Metrics, Capacity and Demand and expenditure and outputs levels for all scheme types.

Appendix 1 – BCF Plan 2024/25 Schemes (including new proposals / increased investment in schemes funded via CCG Minimum Allocation/iBCF);

Scheme Name	Brief Description of Scheme	New/ Existing Scheme
Health-orientated information, advice and guidance as part of wider advice model for citizens in Healthy Neighbourhoods	Voluntary sector provision of advice, information, signposting and/or guidance for people needing help	Existing
COPD Exercise Programme	Community-based exercise groups for suitable COPD patients referred via health professionals	Existing
Dementia Day Opportunities	LBH commissioned services to support people with dementia with facility- or wider home/ community-based day care/support. Other Providers - NHS Mental Health Provider, Charity / Voluntary Sector	Existing
Self-Management Support	Structured programme of courses for patients interested in condition self-management or being expert patient	Existing
Local Area Coordination element of locality working and Healthy Neighbourhoods initiative	Voluntary sector coordinators to provide advice, information and signposting for people who need assistance and to support best use of community assets	Existing
Disabled facilities grant	LBH commissioned provider undertaking major adaptations of individuals' home to facilitate improvements in daily living functioning	Existing

Nursing services, including community matrons for MACC Team	District nursing for non-ambulant patients at home and community matrons to support anticipatory care (MACC Team)	Existing
Whittington Integrated Therapies and Therapeutic Support for Urgent Care Response	Multi-disciplinary therapy to support patients, including intermediate care/reablement solutions	Existing
Integrated Health, Housing, Finance and Care Early Intervention In Hospital as part of 'Healthy Neighbourhoods in Acute'	Solutions to provide early help to people to help manage finances, housing health, well-being & independence via integrating community-facing Connected Communities into acute hospital	Existing
Integrated Health, Housing, Finance and Care Early Intervention Solutions to support Health Neighbourhoods in our Localities	Solutions to provide early help to people to help manage finances, housing, health, well-being & independence via integrating community-facing VCS solutions in HN collaboration	Existing
Multi-Agency Care & Coordination Team (GP Federation Commissioned Element)	MACC Team is GP-led multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	Existing
Multi-Agency Care & Coordination Team (Additional Nursing & Therapies Element)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity.	Existing
Multi-Agency Care & Coordination Team (Mental Health Element)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	Existing
Multi-Agency Care & Coordination Team (Social Care Element)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	Existing
Multi-Agency Care & Coordination Team		Existing

(MDT Teleconference including primary care)	MACC Team multi-disciplinary team works in anticipatory care team working to screen, triage, assess & delivery solutions to people with frailty/ multi-morbidity	
Social Care Team	LBH posts to increase capacity in community first response, initial triaging & management of cases to support timely response	Existing
Strength and Balance Opportunities	Strengthening & balancing classes and exercises for individuals who professionals identify at risk of falling	Existing
Enhanced Health in Care Homes & Trusted Assessor	EHCH Model and Trusted Assessor across Haringey to support care homes, their staff & residents	Existing
IBCF Supporting Social Care	Bulk of spend on providing packages of care (predominantly but not exclusively domiciliary care) as part of social care clients' Personal Budgets	Existing
Palliative Care & Advanced Care Planning Facilitator	NMUH-led multi-agency approach to support range of community-, hospital- & bed-based palliative care services. Other Providers - NHS Community Provider	Existing
Wheelchair Services	NHS commissioned long-term patient wheelchair assessment, delivery and repair services	Existing
Alcohol Liaison Services	Council commissioned Alcohol Liaison Nurses & Support Worker to support patients in hospital with alcohol-related issues & to coordinate support in community	Existing
Support for Dementia Friendly Haringey	Council Dementia Coordinator to take forward development of DFH & help coordinate services	Existing
Support for Community Navigation / Social Prescribing and VCSE Infrastructure	Council commissioned support for community navigation/social prescribing network & community of practice	Existing
Increase Single Point of Access/IDT-support function to meet demand (ASC component)	Contribution to ASC component of IDT/associated discharge planning including extended working (7 day working)	Existing
Community Equipment Provision (ICB Component)	ICB/Health-related financial contribution to LBH commissioned Community Equipment Service	Existing
Home from Hospital	Voluntary sector scheme to support hospital patients (who do not need public-sector intervention) return home and settled if they need it	Existing

Rapid Response Service (inc at NMUH) & Virtual Ward - Community Health & Primary Care Elements	Multi-disciplinary nursing & therapies team to respond quickly when people are at crisis and/or need short-term rehabilitation either at home or in A&E.	Existing
Rapid Response Service - ASC Element	Funding for rapid access to packages of care to support individuals at home at crisis - part of RR model	Existing
Reablement Solutions	LBH time-limited community-based enablement & therapist staff to facilitate improvements in peoples' ability with daily living tasks	Existing
iBCF Short-term packages of care to support people to return home from hospital with reablement	Funding for packages of care available to facilitate reablement in response to demand	Existing
Step down flats	Investment in step down flats for hospital discharge patients needing reablement & cannot return home	Existing
Care Home Intermediate Care Beds (iBCF-funded)	Intermediate care P2 beds at care home supported by MDT (see MDT line)	Existing
Care Home Intermediate Care Beds (Minimum CCG Contribution)	Intermediate care P2 beds at care home supported by MDT (see MDT line)	Existing
Community-Based Nursing & Care Home Intermediate Care (Convalescence) Beds	Intermediate care P2 beds focussed on convalescence at care home supported by MDT (see MDT line)	Existing
Enhanced MDT to support patient recovery & move-on in (particularly care home) P2 beds - Community Health element (Enabler of IC Bedded Units (39-41, 57))	Multi-disciplinary team, including nursing, therapies and social workers, to work with EHCH CH/PCN & care homes to support patients to recover & move-on	Existing
Enhanced MDT to support individuals' recovery & move-on in (particularly care home) P2 beds and in P1 Home First - LBH element Enabler of IC Bedded Units (39-41, 57)	Multi-disciplinary team, including therapies and social workers, to work with EHCH CH/PCN & care homes to support patients to recover & move-on	Existing
Supporting people with challenging housing needs to return home post-hospital discharge	LBH-commissioned Housing Liaison Worker & rapid deployment of housing-related services (e.g. blitz clean) to help timely discharge	Existing
Additional Care Home Intermediate Care Beds (Minimum CCG Contribution)	Additional intermediate care P2 beds at care home supported by MDT (see MDT line)	Existing
Carers' Support	Range of carers' solutions depending on intensity of need: identifying carers, undertaking assessment of needs and support through to carers' respite. Providers are Local Authority and Voluntary Sector	Existing

Principal Social Worker	To provide quality assurance and plan workforce development for social care	Existing
Commissioning Support	To provide multi-disciplinary and multi-agency commissioning support for BCF Plan Programme	Existing
IBCF Market Management	Staff and other resources to manage brokerage and quality assurance of providers & contract management resources	Existing
D2A Pre-CHC Assmt P1 Home First Pathway	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Existing
D2A Pre-CHC Assmt Interim Res/Nursing Care Step-down beds	Short-term residential/nursing care for someone likely to require a longer-term care home replacement	Existing
Discharge Funding 2023-24 - Workforce	Funding allocated to a number of proposed workforce Initiatives, focusing on the hospital discharge processes and reviews	Existing
Discharge Funding 2023-24 - Care Purchasing	Funding for proposed P1 Provisions (proposed 9884 P1 hours in 2023/24)	Existing
Discharge Funding 2023-24 - Care Purchasing	Funding for P1 care provisions (proposed 7259 P1 hours for additional hospital demand) Shirt Term	Existing
Community Health Specialised LTC Services	Investment in planned/crisis management CH investments in LTC pathways (e.g. diabetes, respiratory, falls)	Existing
Bereavement Support	Interventions to support VCSE development, community empowerment, health and wellbeing improvements, including support for carers'	Existing
Complex Case Management	Funding to support complex cases, to deal with the increase in demand and acuity within Adult Social Care in the community (transition, hospital avoidance- but not exclusive to) in younger adults.	Existing
Discharge Funding 2024-25 - To Be Determined	TO BE DETERMINED. NCL ICB and LAs plan to agree the final application of the Discharge Fund during 2023-24. All information in this line is placeholder only.	Existing
Discharge Funding 2023-24 - Care Purchasing	Funding for P2/P3 care provisions (335 weeks' worth of P2/P3 for additional hospital demand)	Existing
Non-S22 Checklist Cohort	Commissioning of discharge packages for residents requiring a health assessment	New
Contribution to LA's Integrated Discharge Teams	Workforce - additional WTE to be funded adding capacity to the team	New

Transfer of Care Hubs	ToCH Integrated infrastructure development to support in reach into the acute, assessment of patient needs, Coordination of onward care, 7 days working and providing leadership and focus for discharge.	New
Homelessness	The NCL Out of Hospital Care Model (OOHCM) for people experiencing homelessness	New
Contribution to ICB D2A costs	Commissioning D2A POC on demand to support speedy discharge of patients from acute hospital to allow assessment at home for onward care provision	New
Discharge funding 24/25 - Care purchasing	Funding for proposed P1 provision	New
Discharge funding 24/25 - Care purchasing	Funding for proposed P3 provision	New

Appendix 2 – BCF 24/25 Quarter 1 Submission.

Better Care Fund 2024-25 Quarter 1 Reporting Template Adhoc

3. Spend and activity (Discharge Fund only)

Selected Health and Wellbeing Board:

Haringey

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?
64	Discharge Funding 2023-24 Workforce	Funding allocated to a number of propped workforce Initiatives,	Workforce recruitment and retention		Local Authority Discharge Funding		£286,998		18	WTE's gained	No
65	Discharge Funding 2023-24 Care Purchasing	Funding for proposed P1 Provisions (proposed 9884 P1 hours in 2023/24)	Home Care or Domiciliary Care	Domiciliary care to support hospital	Local Authority Discharge Funding		£250,329		12606	Number of Hours of Care	No
69	Non-S22 Checklist Cohort	Discharge from hospital Pathway for Continuing care checklist	Care Act Implementation Related Duties	Other	ICB Discharge Funding		£90,045		12	Number of Clients	No
70	Contribution to LA's Integrated Discharge Teams	Workforce	Workforce recruitment and retention	Increase hours worked by existing	ICB Discharge Funding		£41,000		2.7	Increase hours worked by existing workforce	No
71	Transfer of Care Hubs	Assessment and confirmation of patient needs; determining the right	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency	ICB Discharge Funding		£87,000		627	Number of beneficiaries (P1,2,3)	No
72	Homelessness	The NCL Out of Hospital Care Model (OOHCM) for people experiencing	Integrated Care Planning and Navigation	Care navigation and planning	ICB Discharge Funding		£202,000		18	Number of beneficiaries (homeless)	No
73	Contribution to ICB D2A costs	Funding for Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess -	ICB Discharge Funding		£134,500		2896	P1 = hours and P3 number of patients (4 weeks)	No
74	Discharge funding 24/25 - Care purchasing	Funding for proposed P1 provision	Home Care or Domiciliary Care	Domiciliary care to support hospital	ICB Discharge Funding		£83,443		4,202	Number of Hours of Care	No
75	Discharge funding 24/25 - Care purchasing	Funding for proposed P3 provision	Residential Placements	Care home	ICB Discharge Funding		£56,760		4.3	Number of Beds	No

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Appendix 3 – BCF 24/25 Quarter 2 Submission

Better Care Fund 2024-25 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Haringey

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	29/11/2024

If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	On going discussion to finalise aspects of the section 75 agreement
--	---

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Better Care Fund 2024-25 Q2 Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Haringey

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs <i>Please:</i> - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans - ensure that if you have selected	Achievements - including where BCF funding is supporting improvements. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery <i>Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework Indicator 2.3i)	153.0	139.0	158.0	138.0	149.1	On track to meet target	<p>The NCL core offer for Virtual Ward includes providing care calls three times a day as a standard requirement, to help expedite patients' return home if they do not meet the clinical criteria for hospital residency. Progress in this area has been slow due to ongoing local discussions between Health and Social Care regarding the management of case handovers once patients are in the community, and the delivery of in-house Health Care Assistant (HCA) support.</p>	<p>The Long Term Condition (LTC) and Local Community Services (LCS) program has been implemented across North Central London (NCL) to support patients who are at the highest risk. Haringey's Rapid Response Team has consistently achieved a 90% success rate for responding within 2 hours, which helps reduce reliance on the London Ambulance Service (LAS) for transport. This service includes a falls pick-up option, providing an alternative to calling LAS. Referrals to the Rapid Response Team come from Haringey's connected care responders (such as pendant alarms and telecare) and the 111 service. The team aims to have a paramedic available every day. Although some paramedics have already been recruited for permanent positions, the recruitment process is ongoing to ensure sufficient coverage for this essential service. Each month, the team manages and triages over 180 patient referrals. Additionally, Silver Triage refers patients to the Rapid Response Team as an alternative to being taken to Accident & Emergency (A&E).</p> <p>North Middlesex Hospital reports that frequent attendees make up around 10% of all visits to the emergency department. A High-Intensity user focused project was launched at the NMUH Emergency Department to address this issue. This project aims to provide multi-professional and agency-led support for patients dealing with physical, mental health, and social challenges, thereby tackling the underlying causes of high-intensity emergency presentations. As a result, the project has enabled the profiling of both younger and older patients, with the majority being younger</p>	<p>A full Virtual Ward offer against the required criteria is not yet available to Haringey patients, due to the absence of 3x daily care provision within the pathway. Based on quarter 1 available information.</p>	<p>This issue concerning Virtual Ward delivery has been escalated and is scheduled to be addressed within the governance of Haringey's Age Well Board.</p>

Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	95.0% 95.0% 95.0% 95.0%	91.96%	Not on track to meet target	A new systemwide P2 digital solution is being developed, with plans for implementation in the upcoming year. This solution will enhance the data set to reflect variations at the acute site, borough, and unit levels.	The implementation of a single point of access (SPA) through the ICE hub represents a significant opportunity to enhance patient care. By effectively screening a greater number of eligible patients for health beds, we can help them rehabilitate and regain their independence in a multidisciplinary team (MDT) setting, which includes input from Adult Social Care. This approach greatly increases the likelihood of patients being discharged to their own homes, thus avoiding the high costs and loss of autonomy associated with formal care placements. Additionally, the streamlined process promotes greater efficiency throughout the system. The positive uptake of NCL P2 from local acute sites, particularly at North Middlesex Hospital, highlights its effectiveness. With the average wait time for triage to transfer reduced to under four days, patients can access P2 provisions	There is a need to improve access to an accurate dataset for P2 provisions.	The new digital tool will also address validity issues and provide a level of data granularity that is currently not feasible to obtain manually.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1,200.0	336.5	Not on track to meet target	There was no falls service in Haringey prior to 23/24. Workforce challenges have impacted progress in this area.	Support for falls in Haringey is part of a wider frailty network that focuses on multifactorial risk assessment, care planning, primary and secondary prevention, and interventions for complex needs. This support includes close collaboration with Voluntary and Community Sector (VCS) providers to create resource guides and accessible e-learning materials. There is a falls hotline, virtual frailty wards, and ongoing collaboration between the Rapid Response team and the London Ambulance Service (LAS) for a falls pick-up option as an alternative to calling LAS. Additionally, this service receives referrals from Haringey pendant alarm responders and the 111 service.	Support for falls in Haringey is part of a wider frailty network that focuses on multifactorial risk assessment, care planning, primary and secondary prevention, and interventions for complex needs. This support includes close collaboration with Voluntary and Community Sector (VCS) providers to create resource guides and accessible e-learning materials. There is a falls hotline, virtual frailty wards, and ongoing collaboration between the Rapid Response team and the London Ambulance Service (LAS) for a falls pick-up option as an alternative to calling LAS. Additionally, this service receives	At present, Haringey has established a falls working group, which is guided by a designated clinic lead and also offers online resources and a Age Well Guide designed to support our community. A dedicated falls hotline is also in operation, providing essential guidance on accessing falls services. Furthermore, the locality has implemented an educational program through the Better Care Fund (BCF) to equip health care providers and professionals with the knowledge and tools necessary to prevent falls and enhance support for individuals at risk. The Rapid Response service is operational, and the local
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	523	not applicable	On track to meet target	Demand for long-term care is rising beyond what is expected based on the population's socio-demographic characteristics, and the complexity of cases is also increasing. This means that more individuals require long-term care, including those supported by the Council and those with more complex needs.	Invested in home first and reablement based care as first approach to enable better wrap around care to facilitate the resident staying at home to meet outcome 2	On track to meet target	On track to meet target

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.

Estimates for the demand for P1 provisions were based on previous data, which indicated that 90% of P1 cases originated from hospitals and 10% from the community. However, current data reveals that only 1% of P1 cases come from the community, while 99% come from hospitals. Additionally, actual P1 figures are currently lower than expected due to the introduction of a localities model in the last three months. Efforts are underway with the Locality teams to raise awareness about the Reablement service and its ability to support service users coming through the Front Door, not just those transitioning from the hospital.

As for UCR, September's validated data is not yet available on CSDS, so a zero has been entered in the September field. The variance from the plan is being investigated but likely results from various factors, including changes in reporting from 2-hour only to all standard UCR referrals, a change in reporting source from local to CSDS for both 2-hour and all standardized referrals per 100,000 population. Additionally, workforce challenges have impacted activity, and the launch of the NCL UCR community coordination hub has been delayed; it is now scheduled to roll out borough by borough starting in December, affecting planned activities.

The VCS numbers have remained steady in the first half of the year, though they are slightly below our ambitious target. However, we anticipate an increase in numbers over the winter, which will help alleviate the demand for discharges through Bridge Renewal Trust.

2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?

To support planning, coordination, and insight during winter, the system has undertaken a preparedness workshop to test scenarios and share good practice across NCL. As part of the approach, actions include:

- System level scenario and evidence-based modelling to test and assure plans
- Put in place leading indications to be tracked weekly and guide system oversight and week to week operational decision making
- Systematise the use of Raidr (electronic real-time data) for operational pressures to support real-time relief for sites

These will be supported by local ways of working:

- Refreshed UEC governance with links to place
- New system-wide OPEL frameworks to support rapid escalation
- CNO led IPC forum to support the management of risk and capacity closure

These actions will contribute to the capacity and demand moving forward during winter.

System-wide discussions on winter readiness have led to a collaborative approach between Haringey, NHS, VCS, and other stakeholders to manage the anticipated winter surge. We've aligned on increasing interim care placements, utilising reablement services to maximise patient flow, and prioritising support for high-need discharges to reduce hospital stay duration during these upcoming months.

The Haringey discharge teams have taken a proactive approach by enhancing coordination with brokerage and community partners. This initiative ensures smoother discharge pathways and effective contingency planning for surge periods. By balancing demand and optimising available resources, this approach enhances responsiveness to the fluctuating needs of the residents, enabling them to be discharged quickly and to receive the right care at the right time.

3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

There is a pressing need for additional capacity in high-dependency residential care and specialised homecare services to efficiently manage complex discharges. To address this, we propose increased support for rapid equipment delivery and enhanced workforce capacity through our Discharge to Assess (D2A) support. However, this initiative's success is contingent upon the NRS system's reliability.

Moreover, ensuring continuous support, especially for after-hours and weekend discharges, is critical to maintaining patient flow and reducing bed pressures. To further alleviate demand during peak winter months, we are reviewing expanded provisions for community-based step-down facilities.

Additionally, we have strategically aligned staff leave in the hospital discharge service to ensure sufficient coverage throughout the winter period, thereby maintaining service quality and availability.

4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

Haringey's Adult Social Care operates an out-of-hours Emergency Duty Team (EDT) that supports emergency care requests when the brokerage service is unavailable. This ensures that urgent care needs are promptly addressed, even outside regular working hours.

In addition, a dedicated hospital social work discharge team operates seven days a week, including weekends. This team is crucial in managing urgent discharges and alleviating delays that could negatively affect patient flow and bed availability. Adult Social Care actively participates in weekly Multi-Disciplinary Team (MDT) meetings in collaboration with the GP federation to identify patients at risk of hospital admissions. This proactive approach enables us to provide comprehensive support that helps mitigate the risk of admissions or prevents patients from needing to visit the Emergency Department (ED).

The Home from Hospital Service, funded through BCF and delivered by our VCS providers onsite with the Trust site, is essential to our multidisciplinary hospital discharge planning. This service collaborates closely with health and social care teams in emergency departments and medical assessment wards to prevent unnecessary admissions and to support effective discharge planning. '

Furthermore, community navigation and social prescribing networks are promoted to assist residents in accessing the appropriate services and support within their local wards in Haringey. This community-based approach ensures that individuals receive the necessary care and resources to maintain their health and well-being, thereby reducing the likelihood of hospital admissions.

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan						Actual activity (not including spot purchased capacity)					
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	139	144	176	162	146	208	113	78	97	109	112	84
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	58	59	55	47	58	73	39	54	52	59	43	51
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	2	2	2	2	2	2
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	14	19	20	20	13	13	16	20	12	17	16	18
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	5	5	5	5	5	5	5	5	5	5	5	5

Actual activity - Community		Prepopulated demand from 2024-25 plan						Actual activity:					
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Social support (including VCS)	Monthly activity. Number of new clients.	50	50	50	50	50	50	44	44	44	44	44	44
Urgent Community Response	Monthly activity. Number of new clients.	146	156	159	163	180	154	108	115	79	111	100	0
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	13	11	7	2	4	7	5	4	3	1	3	4
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	1	1	1	1	1	1	1	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

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Haringey 2035: Our Vision



Haringey
LONDON



Contents

Introduction	4
About Haringey	6
How we developed Haringey 2035	8
What residents told us	10
Our Vision – Haringey 2035	12
Framework for change in Haringey	14
Calls to Action: What we heard and our initial priorities	15
The future: How we will work together	28

Introduction



This document sets out our vision of what we want for Haringey by 2035: A place where we can all belong and thrive. We know that positive change happens when people work together and that as a Council we don't have all the answers. Therefore, we have developed this vision in dialogue

with residents, communities and our partners – large and small. But we also hope that by having a shared vision we can galvanise the – too often – scarce resources we all have to achieve our common aims. Together we are greater than the sum of our parts in terms of our reach and resources and at the heart of this vision is genuine co-production and partnership.

Haringey is an incredible part of London. It has so many assets – our world class cultural and sporting institutions, our innovative businesses and entrepreneurs; our great parks, our brilliant schools and nurseries; and most importantly our people. It is the cultural heart of North London - a place where people come together; where difference is celebrated and where anything is possible.

But despite all this, we know Haringey can be even better.

Talking to residents, community groups and voluntary organisations we have heard so many fantastic aspirations for our great borough. We have tried to distil all this down into a simple vision which we believe speaks to those ambitions. In essence, what we heard is that we want a Haringey where all our residents can have the opportunity to thrive and enjoy the best possible version

of their life; where the quality of life in every part of the borough is as good as it is in our cleanest, greenest and safest neighbourhoods; and at a time of insecurity and change Haringey is a place where people feel that they really belong. That is why we have put these three ambitions right at the heart of this vision. We hope you agree.

We want this vision to be grounded in what is distinctive – and special – about Haringey and through working with a broad set of partners we believe we have achieved this. We are a 'Rebel Borough' that is proud of our heritage. We stand against oppression of any nature and remain welcoming towards one and all. This is reflected in our aim to focus on belonging and opportunity. It inspires our commitment towards driving up quality of life, thereby tackling inequality through unlocking opportunity.

This Vision is just the start in setting out a longer-term direction of travel and we look forward to working with our residents and partners to deliver this on our journey to 2035.

Cllr Peray Ahmet
Leader of the Council

Andy Donald
Chief Executive





About Haringey

Haringey is fantastic – the world in one borough. A place brimming with creativity, vibrancy, personality, radicalism, diversity and community. It is a place where we stand up for each other. A place that is proudly distinctive.

For centuries people have come from all over the world and made their home here. They have been welcomed by our communities and in turn have enriched daily life in the borough. Our streets buzz with culture, from food markets to street art, roller discos to Nigerian tapas. Culture and community is in our DNA – it's our greatest strength. Haringey is the London Borough of Culture for 2027 and we are planning a year of opportunities to celebrate our 'Rebel Borough'.

Our working-class history champions change-makers and everyday rebels; revelling in our differences, battling discrimination, championing equality and doing things our own way. We speak 180 languages and are home to many communities. Our incredible and renowned food culture is on show from Green Lanes to West Green Road.

Haringey is a special place. We have great schools, wonderful libraries, green flag parks; thriving shopping centres and high streets brimming with independent shops. We are proud to be home to the renowned Alexandra Palace; historic Bruce Castle Museum; beautiful Finsbury Park; and the world-class Tottenham Hotspur Stadium. As well as to ground-breaking artists, entrepreneurs, activists, educators; and thousands of dedicated and committed key workers.

There is a lot to look forward to over the next decade. Haringey will be London Borough of Culture and in 2028 Tottenham Hotspur Stadium will host European Championship football fixtures - showcasing Haringey to the world.

This vision is about harnessing all this opportunity and building the best possible version of Haringey in ten years' time.

Area: Haringey covers an area of approximately 29.6 square kilometres, making it the 23rd largest borough in London.

Population: As of the latest estimates, Haringey has a population of around 293,503, ranking it 18th in terms of population size among London boroughs.

Population density: Haringey has a population density of about 9,916 people per square kilometre, making it the 12th most densely populated borough in London.

Ethnic diversity: Haringey is highly diverse, with 38% of residents identifying as Black, Asian, and Minority Ethnic (BAME) and 26% identifying as 'white other'.

Languages: Over 180 languages are spoken within Haringey, reflecting our multicultural population.

Age distribution: Haringey's population is aging, with a 24% increase in residents aged 65 and an 8% decrease in children under 15 since 2011.

How we developed Haringey 2035

This vision for Haringey 2035 has been developed in partnership between Haringey Council and our residents, communities, partners, council staff and visitors. The process included surveys, workshops and focus groups aimed at understanding our existing strengths and assets, our challenges, and our priorities. This vision is a product of those conversations and aspirations. It recognises that a strengths-based approach with collaboration and partnership will be at the heart of our success.

OUR PROCESS INVOLVED AROUND 2,000 INDIVIDUALS AND ORGANISATIONS VIA:



ONLINE SURVEY
Residents, businesses, students and visitors



WORKSHOPS WITH HARINGEY COUNCIL STAFF



WORKSHOPS WITH PARTNERS

IN-PERSON FOCUS GROUPS

to ensure the voices of those too often overlooked were heard. This included:

- Young people across different educational settings
- Faith-based groups
- Older people in the borough
- Communities based on national identities
- Individuals who are homeless or rough sleeping in the borough



THE RESULT

The result of this process is a vision which is deeply rooted in our culture and values in Haringey. This is a borough that is ambitious for its future but has a clear sense of self. The vision was developed following the principles the council committed to through the Haringey Deal: listening to residents, prioritising relationships and sharing power. We have also drawn from the vast array of feedback the council has received through major engagement processes that have taken place over the last couple of years. This was important to maximise the impact of feedback provided. Some of these recent engagements include:

- Wood Green Voices
- Tottenham Voices
- Your Bruce Grove
- Health and Wellbeing Strategy
- Community Safety Strategy
- Local Plan
- Hate Crime Strategy
- Parks and Green Spaces Strategy

What residents told us

WHAT PEOPLE LIKE MOST ABOUT HARINGEY



THE ISSUES PEOPLE WOULD LIKE TO BE PRIORITISED

- Housing conditions and the availability of more affordable and family-sized homes
- Challenges around social isolation and cost of living pressures
- Inclusive public spaces that foster interactions and cultural exchange
- Reduction in crime, violence, and anti-social behaviour
- Equitable and improved opportunities in education, employment and skills
- Reducing inequalities in health through better access to primary healthcare and mental health and wellbeing
- Fair access to local opportunities for young people in the East and the West of the borough
- Sharing the benefits from regeneration, growth and economic opportunities
- A celebration of the diversity, cohesion and welcoming spirit of our communities
- Facilitating a just transition towards making greener and cleaner choices

Our Vision – Haringey 2035

A place where we can all belong and thrive.

Our vision for Haringey in 2035 is a place where all our residents have the opportunity to thrive and enjoy the best possible version of their life; where the quality of life in every part of the borough is comparable to our cleanest, greenest and safest neighbourhoods; and that at a time of insecurity and change, Haringey is a place where people can put down roots and feel they really belong.

To achieve this vision, we have identified six 'Calls to Action'. These are the priorities that our residents, communities and partners have indicated are the foundations of the future that we want to build. It is through securing progress in these fundamental areas that we will create opportunity, a great quality of life and sense of belonging for all.

At its heart, this vision is about tackling inequality. Only through creating a greater equity of experience can we hope to ensure that everyone in Haringey can share more equally in all that life here has to offer – today and in the future. So, equality and equity will be at the core of our approach to achieving this vision.

Haringey is also in a unique position in London – we enjoy excellent transport links to central London. Through 'telling our story' and maximising our existing assets, we aim to deliver economic growth and ensure that we are a desirable destination for visitors, businesses and development. A key part of this ambition is addressed through our calls to action - developing opportunities for thriving places, good skills, secure income and a shared prosperity for all.

In most of the conversations we had about this vision, one message that came through consistently was the desire to shift and re-frame the narrative about Haringey. Residents and partners alike felt that Haringey is a hidden gem, which doesn't currently garner the positive attention it deserves. We believe that with growth, opportunities and better quality of life over the next decade, Haringey will be established as a desirable destination for one and all to invest in, visit and live. As with other aspirations in this vision, this isn't something that the Council can achieve by itself. Therefore, alongside working in partnership to deliver our Calls to Action, we want to mobilise everyone in the borough to join hands and speak up – telling the story of our fantastic, welcoming and fearless borough to the outside world.

QUALITY OF LIFE

BELONGING

OPPORTUNITY

Page 51

Our Framework for Change in Haringey

Across Haringey's communities and neighbourhoods, residents want improved opportunities and equity of experiences for everyone. During discussions, they highlighted inequality in opportunities to access healthcare, secure housing and employment. They also shared their struggles with affordability of life in Haringey accompanied by the diminishing sense of belonging in the borough. We therefore developed our cross-cutting outputs to address these challenges.

We believe that these outputs would directly result from prioritising the six fundamental areas in our 'Calls to Action'. We know that these areas of intervention are fundamental for moving the dial on outcomes in the borough – ultimately reducing inequalities, improving our standard of living and creating the conditions for everyone to feel a deep sense of belonging in Haringey.

The language 'Call to Action' has been chosen deliberately in the hope that everyone in the borough – residents, community groups, faith groups, businesses, statutory partners – will adopt this document and commit to take action and help achieve these goals.



Our Calls to Action

London's housing crisis, the post-pandemic cost of living pressures and austerity driven funding cuts have all impacted life in the borough negatively.

As living in London and Haringey has continued to become less affordable, housing and the need for secure jobs has emerged as a key challenge. Resident feedback has highlighted unprecedented mental health struggles, social isolation and homelessness for the most vulnerable. Tackling antisocial behaviour and its impact on young people has also been identified as a top priority by residents.

Despite the best endeavours of the council, partners and communities to address these issues over many years, they remain stubbornly challenging. Galvanising co-ordinated activity through our Calls to Action offers a chance to make progress on them for the future and over the course of this vision we will continue to widen and review stakeholders who can help deliver this vision.

At present our Calls to Action are set out in high level terms. Each will be further defined through working with partners and communities. For more detail see the 'How we will work together' section. However, through workshops with partners, we have identified some initial priority areas that can contribute to each Call to Action. These are set out below.

We hope that communities and partners will use these Calls to Action to consider how best they can contribute and help deliver on our common ambitions.

Call to Action 1: Safe and Affordable Housing in Haringey

The foundation of a good quality of life and a sense of belonging is a decent, safe and affordable place to call home.

Over the last decade, in common with the rest of London, Haringey has experienced rapid increases in rents in the private rented sector and house prices. Alongside that, many residents have reported declining standards of property maintenance in the private rented sector and in social housing, including damp and mould. Homelessness and rough sleeping have also been on the rise across London. It is apparent that the current housing crisis cannot be tackled through local action alone – it warrants a national and London-wide approach. However, there are actions that can be taken in Haringey, some of which is already underway. They include:

- The council's significant council house building programme which will deliver 3,000 new council homes within the timeframe of this vision.
- Significant investment in existing council homes to improve quality and energy efficiency.
- HMO and landlord licensing, which is helping to drive up standards in the private rented sector.
- Maximising the use of our existing housing stock e.g. through efforts to reduce the number of empty homes in the borough
- Our partners and teams continuing to provide crucial advice to residents about their housing rights.



Initial priorities:

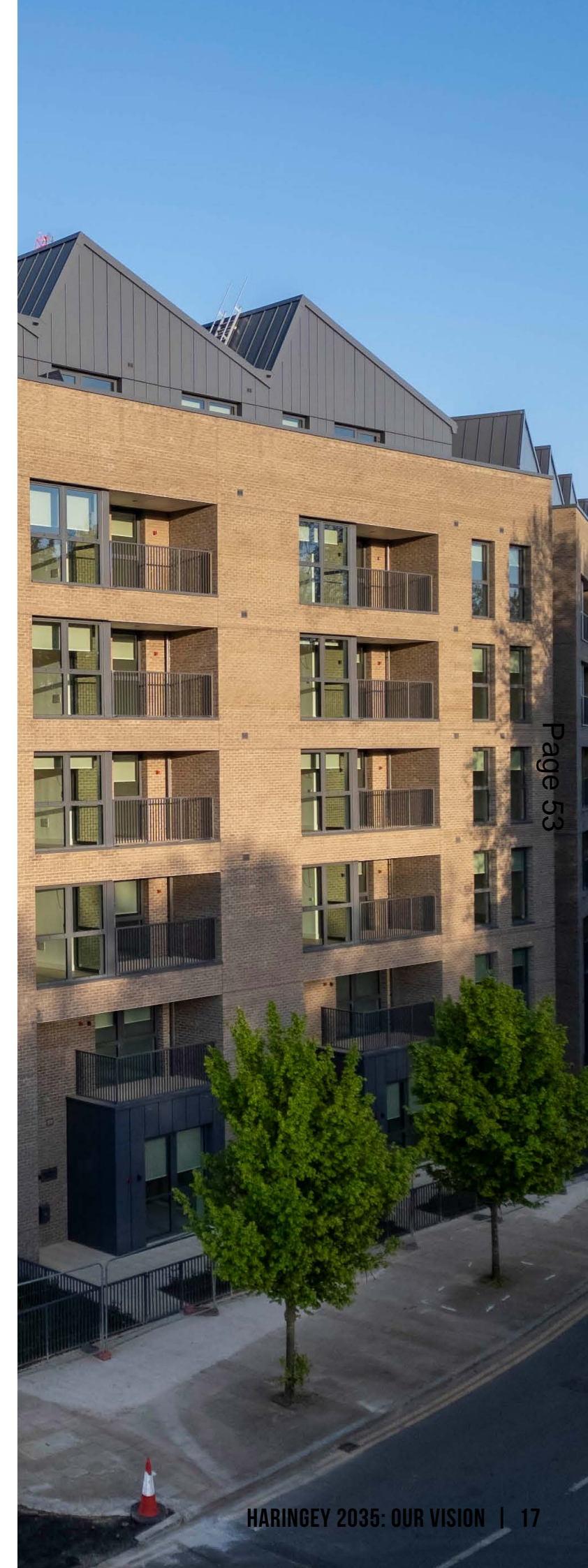
Greater availability of high-quality advice:

Adopting a partnerships approach towards early intervention with the objective of improving housing outcomes and preventing homelessness.

Challenging those who break the rules:

Working together to put a stop to low standards, subletting, and rule breaking by unscrupulous landlords.

Concerted Action and lobbying: build greater numbers of affordable homes through reformed planning regulations and fire safety norms as well as continuing to lobby for good homes for all.



Call to Action 2: Thriving Places

Haringey is a place where people take pride in their local heritage and communities. We have a history of being a welcoming borough and our diversity is reflected across communities. We know that when they come together, shared experiences build on the strength of our civic and community spirit.



Residents identified parks as one of the key assets in Haringey – areas that kept the community spirit alive during the difficult pandemic years when indoor interactions were severely restricted. Haringey is also blessed with vibrant and busy high streets, thriving markets and a major Town Centre in Wood Green. Our voluntary and community sector, faith groups and a wealth of local social action play a crucial role in making this borough the place it is. By working in collaboration with our Voluntary and Community Sector we can leverage additional funding into the borough. Our Haringey Community Collaborative supports grassroots organisations and underserved groups to build capacity, raise funds and increase impact. We are proud of our high streets which still retain a huge proportion of independent shops unlike in many other areas in London today.

However, increasingly some residents lament the lack of accessible community spaces where social, sports and other cultural activities could be pursued. Young people wish to have access to youth hubs where the offering is driven by their needs and older residents desire free activities that could help tackle increasing social isolation. Businesses desire more opportunities to tap into the potential for growth within London's wider economy. Meeting those needs requires a partnerships effort making creative use of existing spaces, encouraging even more neighbourhood resources for shared use and strengthening social networks.

We also envisage improved opportunities for residents and businesses to participate in place-based growth and economic development, especially through London wide initiatives. Our Shaping Tottenham vision highlights our ambition to make North Tottenham

an international destination for sports, culture and entertainment, set within a vibrant town centre with a proud local identity. Our Borough Vision highlights that Haringey is a place to invest in.

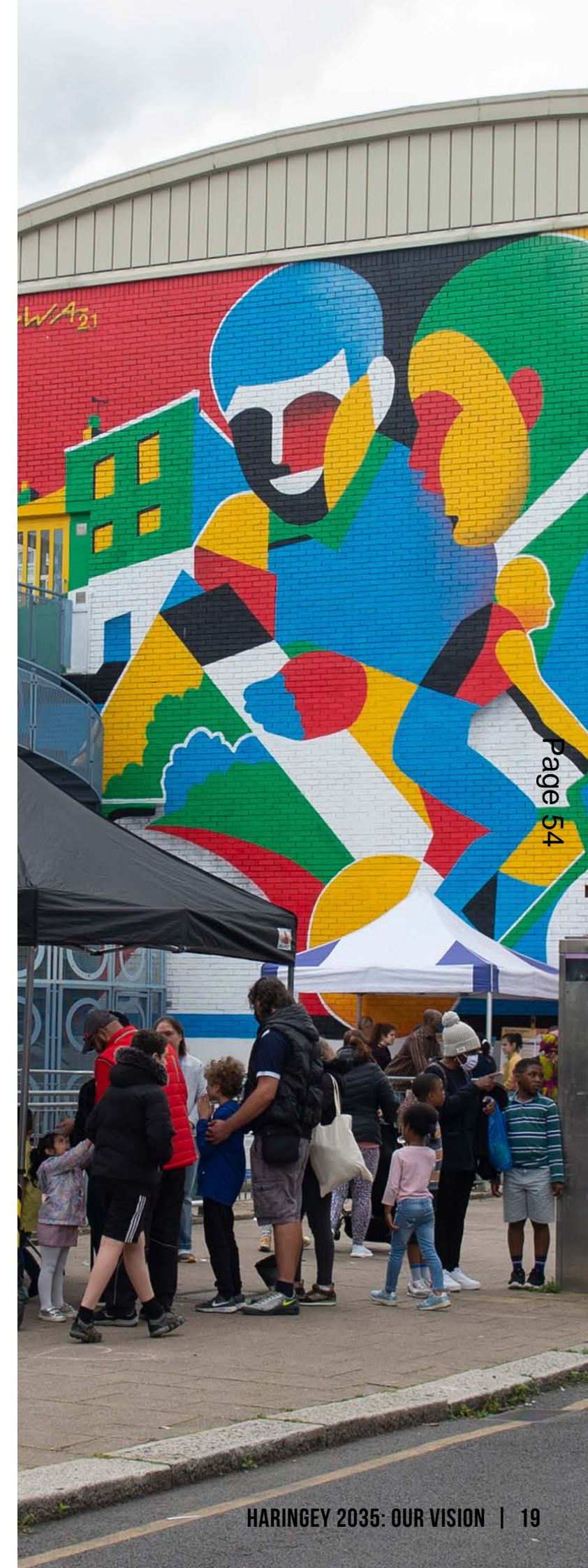
Listening to our communities' immediate place-based needs helped us identify some initial priority actions. The council is committed to working in collaboration to support and enable shared and collective action around these priority areas playing to our existing strengths as a borough.

Initial priorities:

Maximising the use of our existing assets: maximising community and public spaces in the borough to support economic growth, social cohesion and activities driven by community needs

Creatively sharing spaces and strengthening networks: utilise the available spaces to facilitate community use, strengthening our community networks through providing platforms for information and cultural exchange

Highlighting the role of green spaces to improve outcomes: strengthening the positive impact of green spaces in social isolation, health and wellbeing and social cohesion



Call to Action 3: Supporting children and young peoples' experiences and skills

Haringey's young people are vital to shaping our future. We have some of the most civic minded and inspirational young people enriching our culture and our communities. We have fantastic schools and colleges, and our young people thrive in the strong community spirit in the borough.

During our engagements young people shared some of their everyday challenges. These range from the negative impact of insecure housing to lack of accessible sports facilities for those who are economically disadvantaged. Availability of safe spaces, the need for more diverse role models from the borough and more local opportunities were felt to be particularly relevant for most of them. They were frustrated about the existing inequalities in the borough between the East and the West and witnessed firsthand the impacts of divergent health or educational outcomes. Within educational settings, our young people have been disproportionately affected by the knock-on effects of the cost-of-living crisis – their ability to socialise, find safe and adequate spaces after school for studies and afford activities that positively help their development.

We also heard from adults who shared about their inability to maintain employment in an increasingly competitive world and were keen to have access to more upskilling opportunities in the borough. We want to work together across employers, voluntary and community sector, authorities, schools, colleges and communities to improve access to employment and lifelong learning opportunities for everyone in Haringey.

We are keen that our interventions for young people in the borough prioritise their education and social development but are also linked to developing long-term skills, economic stability and community safety. We want to tap into London-wide growth programs and catalyse even greater local economic development in Haringey.



Over the course of the next decade, we want to make Haringey an even better place to grow up and fully unlock the potential of our young people through giving them the environment and skills they need to succeed.

Initial priorities:

Supporting children and families: Working together to ensure every child gets a great start in life - with a focus on tackling the inequalities associated with child poverty, childhood obesity and mental ill health.

Driving opportunities and bridging skills gaps: Identifying skills needs and bridging gaps through training, apprenticeships, work experience and the joined-up provision of information about opportunities.

Facilitate high-quality activities and spaces for young people: to meet the diverse range of interests, needs and experiences that our young people have.

Hearing young people's voices: Encouraging young people's participation in decision making, civic and democratic life in the borough.



Calls to Action 4:

Feeling safe and being safe

Haringey residents take pride in their neighbourhoods and diverse communities. Over the last few years, residents have reported an increase in feeling unsafe in public spaces. This could be a knock-on effect from the London wide trend of increased anti-social behaviour and knife-crime as well as a periodic increase in hate crimes related to geopolitical events.

During discussions, residents and partners indicated that we would all feel safer with improved and visible enforcement in our high streets and initiatives for community policing. Voluntary organisations highlighted the relevance of CCTV and lighting on streets and improving safety through 'designing out crime' in public spaces. Our communities sometimes feel discriminated against due to a lack of cultural competency among staff in certain public services and therefore highlighted the need for co-producing solutions to improve trust and confidence.

There is a broad recognition that there has been a decline in feeling safe in the borough, especially for women and girls and ethnic minorities. Our discussions have highlighted the need to prioritise safety – both being safe and feeling safe through initiating the following priority actions.

Initial priorities:

Improved public confidence and trust: Improve public trust through community policing, just enforcement actions and co-designing solutions with communities.

Multi-agency approach to tackle crime and antisocial behaviour: improving multi-agency action against gun violence, knife crime and violence against women and girls in the borough; and tackling antisocial behaviour through innovative solutions like designing out crime.

Tackling hate and violence in the borough: Utilising community resources and strong partnership action to tackle racism and hate crimes including islamophobia and antisemitism.



Call to Action 5: Tackling Inequalities in Health and Wellbeing

Good health and wellbeing is fundamental to us leading productive and fulfilling lives and it is our ambition to make this possible for everyone in Haringey. The gap in healthy life expectancy is approximately 10 years between the East and West of Haringey; child obesity in Haringey is significantly higher than the London average. These are outcomes we are committed to improve for everyone in Haringey.

Inequalities are also reflected in a wide range of health outcomes, being the worst for our poorest communities and those from Black, Asian and mixed-ethnic backgrounds. We saw evidence of that during the Covid-19 pandemic where these communities suffered disproportionate exposure to and impact from the virus, as a result of health demographics but also socioeconomic factors.

This Call to Action includes adopting a holistic approach by promoting active and healthy lifestyles, supporting healthy choices and improved mental health for everyone. We know that good health and wellbeing is a product of better healthcare interventions but also of tackling related issues like air pollution, unsafe streets and homes, employment security etc. Most public health models recognise that 80% of health outcomes are socially determined. Therefore, we must recognise the need for a systems approach to tackling inequalities in health and wellbeing in Haringey.

Improved access to primary care, increased inclusive spaces for people to connect on health and wellbeing, implementing preventative approaches and working with community leaders and our voluntary and community sector to share information will be at the heart of our efforts. We shall work collaboratively, drawing our shared intelligence across the borough and adapting the following priorities to suit the diverse needs of different communities and areas.



Initial priorities:

Reducing inequalities in health outcomes: tackling inequalities in healthy life expectancy, mental health and infant mortality.

Focusing on preventative pathways: improving access to preventative services and support for children and adults within their neighbourhoods.

Reducing barriers to accessing primary care: adopting a partnerships approach towards reducing barriers through digitisation and implementing national standards in access to primary care.



Call to Action 6: Supporting Greener Choices

Reducing our energy use, minimising our carbon footprint, and choosing greener transport options are all vital steps to achieving a green and sustainable borough. However, the transition to a greener future will only be possible if we recognise and address the different circumstances and resources available to our residents.

We hope to make a start by recognising that knowledge, affordability and individual needs all play a crucial role in facilitating a just transition. We are committed to considering how a broader range of residents, communities and businesses can contribute to the conversation about the changes that the climate crisis demands. We know that this won't succeed if large parts of society feel excluded or dictated to about the choices and changes we all need to make.

Supporting everyone to make greener choices is also complimentary to desirable outcomes in health and social justice. We believe that by supporting residents and businesses to make greener choices we can improve quality of life whilst also doing our bit to tackle the climate emergency. Therefore, we have chosen to prioritise these cross-cutting interventions to support a positive change in attitudes towards nature, resources and consumption.

Initial Priorities:

Taking action: Taking strong action to tackle the climate emergency as a key social justice issue, mitigate climate risks and create opportunities for everyone to make greener choices and be climate resilient.

Connecting communities with nature: Increasing opportunities for nature-based approaches and activities to deliver improved well-being e.g. food growing

Empowering communities and businesses: improving wellbeing through greener choices, harnessing the potential of the circular economy and energy transitions



The context:

where the Borough Vision fits in

The Borough Vision sets our shared vision, goals and priorities for how the council and local partners will work together to shape and improve Haringey over the next decade.

It sits alongside a range of other strategies and plans which together help set the direction for the council's work with partners to ensure we are delivering the best possible services for residents.

Some of these documents focus specifically on the council's own work, while others like the Borough Vision are intended for all organisations and residents in the borough to get behind.

Borough-wide documents	Borough Vision	
	An overarching vision for Haringey over the next 10 years.	
	Local Plan 2026	
	Long-term strategy for development in the borough, including policies used in determining planning applications.	
	Shaping Tottenham	Shaping Wood Green
	Detailed placemaking and transformation plans co-produced with local residents and businesses.	
Council documents	The Haringey Deal	
	The council's approach to working in collaboration with residents.	
	Corporate Delivery Plan	
	A high-level overview of what the council is doing to meet its objectives and priorities.	
	Medium Term Financial Strategy	
	How the council will manage its finances over the next 5 years.	
	Service-specific strategies and plans	
	(e.g. Culture Strategy, Transport Strategy, Wellbeing Strategy, Waste Strategy etc.)	

A mission-led government

Our 6 Haringey Calls to Action focus on local action based on a partnerships approach. However, at the time the vision was drafted, the national government also set out its 5 key missions. There is a lot of common ground between the two. Within that context, where there are opportunities for us to make the case for change in government policy and position so Haringey benefits from the national agenda, we shall do so.

The delivery of the Vision's calls to action will require partnership working with partners like GLA and national government to align and adapt to their policies or make the case for change in some areas. The development of the Vision over the next ten years needs to evolve to respond to the changing policy of central and sub regional government.

BOROUGH VISION CALL TO ACTION

GOVERNMENT'S MISSIONS



The Future:

Our principles, ways of working and partnerships in the borough

'The success of the Borough Vision must not only be measured through what we do but how we work together in collaboration to achieve those common goals!'

participant, 3rd workshop for the Borough Vision

When Haringey Council adopted the Haringey Deal in 2022, the council challenged itself to a new way of working with our communities. This included making important decisions about the borough with active involvement from our residents, communities and partners. For the Borough Vision therefore, the process began with invitations to a very broad group of stakeholders to collaboratively chart out this journey towards a 10-year vision.

Over the course of the year from September 2023, Haringey residents, VCS, businesses, Councillors, Council staff and statutory services worked together to seek a common goal for everyone in Haringey. Although we have now developed the vision, its publication is just the beginning of this longer-term partnership journey.

In July 2024, partners agreed that the delivery of our priorities would require further thinking into creative approaches to partnership-based delivery. As a first step, they co-developed a broad set of guiding principles to underpin our collaborative efforts and delivery action.

- 1. Governance** - We shall use existing governance arrangements in each sector to progress the Haringey 2035 objectives. Where existing structures are not working, we shall fix them rather than create new ones.
- 2. Strategic Action** – We shall explore setting up working groups or community forums for each Call to Action. The group would set goals, monitor progress on each area and report to the whole partnership periodically. Where there are developing or new strategies the Borough Vision will influence them.
- 3. Stakeholder participation** – Stakeholders felt that each group working on Calls to Action would discuss and volunteer their contributions towards the priorities and thereafter report progress to the group. This would contribute towards an accountable and measurable system within each area.
- 4. Council's role** – Haringey Council would best serve as the partner creating spaces for conversation and collaboration among other partners - i.e. convening, facilitation, linking, infrastructure provision. It should not dominate or lead all of the work.
- 5. Enable more partnership work** – All partners will explore creative avenues for collaboration in their individual areas of work – e.g. venues, community access, knowledge sharing, staff networks, translation services, joint healthcare signposting.
- 6. Commitment** – All partners would adopt a transparent 'we said, we did' approach towards their contributions to each Call to Action.

Covid-19 and service delivery in its aftermath has highlighted the need to be adaptable and pragmatic in our approach to tackling the biggest challenges. Our stakeholder group wish to remain flexible in adopting bottom-up solutions. Working groups will be set up to deliver on the Calls to Action as well as using existing and emerging partnership bodies.

Every year, Haringey Council plans to convene all partners and stakeholders at a yearly summit to share their creative solutions, feedback on delivery of the vision. Each working group will be encouraged to report on progress and learnings with the wider partnership group and discuss opportunities for partnership working. Working groups would be encouraged to track measurable indicators and record case studies as the partnership progresses towards achieving these priority actions over the next decade.





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Health and Wellbeing Board
November 2024

Our Vision: Haringey 2035

A place where we can all belong and thrive

Our vision for Haringey in 2035 is a place where all our residents have the opportunity to thrive and enjoy the best possible version of their life; where the quality of life in every part of the borough is comparable to our cleanest, greenest and safest neighbourhoods; and that at a time of insecurity and change, Haringey is a place where people can put down roots and feel they really belong.

How the vision was developed

More than 2,000 people were involved in:

- An online survey
- In- person focus groups with young people, faith-based groups, older people, communities of national identity, individuals who are sleeping rough
- 3 x partner workshops



Six 'calls to action'

Safe and
affordable
housing

Tackling
inequalities in
health and well-
being

Thriving places

Supporting
children and
young people's
experiences and
skills

Feeling safe and
being safe

Supporting
greener choices

CtA: Tackling Inequalities in Health and Wellbeing

Initial Priorities:

Reducing inequalities in health outcomes: healthy life expectancy, mental health and infant mortality.

Focusing on preventative pathways: improving access to preventative services and support for children and adults within their neighbourhoods

Reducing barriers to accessing primary care: adopting a partnerships approach towards reducing barriers

Future: Implementation

Governance: Asking partners to adopt the Vision themselves, and then using a mix of Working Groups/existing forums

Implementation: Actioning initial priorities

Partnership: Collectively developing an Action Plan for each Call to Action

Monitoring: Metrics and reporting mechanism

Annual Workshop : Shared learnings and joined-up cross-sectoral approach across Calls to Action

Best ways to collaborate and make progress?

- How can we work together with a broad set of partners in the Borough to deliver on the Borough Vision?
- Do you agree that this is the right forum to oversee the work on the Inequalities in Health and Wellbeing?
- Are there other partners who should be invited to a working group?
- How can we engage the public?

Any other thoughts or
questions?

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Haringey's Health and Wellbeing Strategy 2024-2029

Who we are.

The Haringey Health and Wellbeing Board is a partnership board with local Health, Care and Community leaders that oversees our health improvement priorities for Haringey. It is chaired by Cllr Lucia das Neves, Haringey Council cabinet member for Adult Social Care, Health and Wellbeing. Our aim is to improve residents' health, prevent illness and reduce health inequalities in Haringey and this strategy sets out our priorities for the next 5 years.

How we developed this strategy

We took a collaborative approach to developing this strategy. We tried to reach out to as many residents and local partner organisations as we could in the available time to understand what really mattered to their health. The strategy framework was developed based on findings from those engagement events and data analysis.

Local and national context

The Health and Wellbeing Strategy is aligned to the following local and national strategies and approaches

Haringey 10 year Borough Vision. A place where we can all belong and thrive.

A vision for Haringey 2035 has recently been developed in partnership between Haringey Council and our residents, communities, partners, council staff and visitors. The vision takes a positive view of Haringey's future building on the many strengths of the borough. Our vision for Haringey in 2035 is a place where all our residents can belong and thrive. The vision includes 6 Calls to Action, one of which, Tackling Inequalities in Health and Wellbeing, is central to this Health and Wellbeing Strategy, Tackling

Haringey Council Corporate Delivery Plan

The Corporate Delivery Plan sets out how Haringey Council will build a fairer, greener borough and identifies eight themes: resident experience and working together; responding to climate emergency; children and young people; adults, health and welfare; homes for the future; a safer Haringey; culturally rich borough; place and economy. There is particular focus throughout on reducing inequalities, climate justice and health, as well as incorporating the principles of co-production and improve residents' experience.

Haringey Deal

The Haringey Deal was launched in November 2022. It builds on the findings of the Fairness Commission and has grounded what we have heard from residents more recently. It describes the Council's major commitment to work in partnership with communities to address residents' priorities, creating genuine opportunities for residents to get involved in decision making and designing services, and making efforts to reach out to those who are often seldom heard.

North Central London Population Health Strategy

NCL's Population Health and Integrated Care Strategy sets out how our integrated care system will approach improving the physical and mental health of local people and reducing health inequalities. It describes our shared vision focusing on prevention, early intervention, and proactive care, how systems can better join up to deliver care that meets residents' needs in a personalised and efficient way, and considers how wider factors such as economic, environmental and social factors contribute to our health and wellbeing.

Marmot principles

Our work is informed by the Marmot principles, the below set of national principles to tackle the challenge of health inequity.

- Give every child the best start in life
- Enable all people to maximise their capabilities and have control over their lives
- Ensure a healthy standard of living for all
- Create fair employment and good work for all
- Create and develop healthy and sustainable places and communities.
- Strengthen ill health prevention
- Tackle racism
- Environmental Sustainability

Key background about health in Haringey

- Haringey has some great assets such as a young and diverse population, good transport links, high quality schools and valued green spaces.
- Haringey is the 4th most deprived borough in London and neighbourhoods in east Haringey are amongst some of the most deprived in London. 9,769 children in Haringey are living in absolute poverty (less than 60% of the 2010/11 median income adjusted for inflation).
- Life expectancy in Haringey for men is 78.2 years, and for women is 83.3 years. Life expectancy increased over the 2000s and early 2010s but began to stall prior to the COVID pandemic in Haringey. Life expectancy fell during the COVID pandemic, but is now beginning to recover.
- There are significant inequalities in health outcomes including life expectancy aligned with deprivation. A man in the least deprived wards will live on average 7 more years than a man from one of the most deprived wards. For women this difference is over four years, and for both genders this difference has widened since the 2017-19 period.
- There are significant inequalities in health and wellbeing in people from minoritised communities, disabled people and people experiencing social exclusion.
- Cancer and cardiovascular diseases (e.g. heart attacks and strokes) are the main causes of death in adults.
- Mental health issues are significant in all ages. Almost one in ten adults (9.2%) are diagnosed with depression in Haringey. Around 4,800 children and young people aged 5-15 years have a diagnosable mental health condition in Haringey.
- The wider building blocks of health such as good quality housing, secure and fulfilling employment and good air quality have a profound influence on health and wellbeing.
- The quality of our relationships also has a profound influence on our health and wellbeing.
- More information about health in Haringey can be found on our Joint Strategic Needs Assessment webpages.

What you told us when we asked what would lead to Better Health in Haringey

- 4 key themes emerged from our engagement with Haringey residents and partner organisations

Mental health and wellbeing

- Mental health and wellbeing is a very important aspect of our health, good mental health cannot exist without addressing the wider determinants of mental health
- There are significant disparities experienced by people from black and other minoritized groups
- Residents would like to see more affordable opportunities for physical/cultural activities – social isolation is a concern for all age groups.
- Waiting times for mental health services are a concern
- Mental health stigma is a barrier to people seeking help

Housing

- Poor housing conditions are a significant driver to poor health and wellbeing, particularly for those with multiple complex needs
- There is a need for more housing that meets the requirements of people with complex health needs
- Concerns around housing quality in social housing and private rented sector
- Concerns around secure and stable housing, with issues exacerbated by the cost of living crisis

Healthy Placemaking

- Our environment, including access to green spaces, good air quality and healthy high streets is important for our health and wellbeing.
- Cost of living is impacting on all aspects of health and wellbeing, including affordability of basic needs (e.g. healthy foods) and services to maintain health, creating additional stress and anxiety for many people
- Accessibility is a key enabling factors for health and wellbeing, particularly for older people and people with disability.

Preventative health and care services for all

- Access and waiting times for health and care services is a concern. The shift to digital focus of service and information provision created barriers to some people.
- There are health inequalities relating to outcomes such as immunisation, maternal and infant health and cardiovascular disease.
- Some groups of people such as those with severe mental illness and people with learning disabilities may need extra support to achieve good physical health
- Better support for family and informal carers is needed

Our Strategy

From Engagement to Action – How we will work together to implement our Health and Wellbeing Strategy

Our Overall Vision

“Haringey as place where we can all belong and thrive”.

Health and wellbeing are fundamental to our success individually and collectively. We want to improve the health and wellbeing of all people in Haringey and reduce health inequalities, so that people can thrive and contribute to their communities, regardless of their age, gender, ethnicity, sexuality, religion or whether they are disabled.

Our principles

1. Co-production and working with people

Our communities know what they need the most. We will engage and work with people to ensure our services are accessible, acceptable and effective as well as culturally sensitive.

2. Knowing our communities

We will make every effort to listen to and work closely with our residents, communities and community organisations. We will use data-led insights to better understand who our residents are, and how we can best work with them. We will support community organisations to thrive.

3. Stronger partnership working

We are stronger when we work together in a more collective and open way. We will all do our bit to deliver the strategy. Our primary aim will be the health of the population of Haringey as a place and we believe we can only do this collectively.

4. Equity and challenging discrimination and racism

We will act collectively to challenge systemic discrimination and racism

5. Advocating for high-quality local services that are resourced to meet the needs of our residents

We will advocate for high quality local health and care services, and that Haringey receives the right funding to meet the needs of our communities particularly those with the highest needs

6. Taking an all-age approach

All the themes of our strategy will take an all-age approach, looking at the impact of issues on children and young people, working age adults and older people.

The themes and objectives of our Health and Wellbeing Strategy 2024-2029

Housing and Health	Improving Mental Wellbeing	Healthy Place Shaping	Preventative Health and Care
<ul style="list-style-type: none"> • Improve existing homes <ul style="list-style-type: none"> • Tackling overcrowding • Tackling damp and mould • Reduce fuel poverty • Ensure homes are available for families with high levels of need • Homelessness and health 	<ul style="list-style-type: none"> • Improve access to preventative mental health services • Improve access to crisis support services • Increase opportunities for participation in community activities <ul style="list-style-type: none"> • Leisure and physical activity • Cultural activities • Reduce social isolation and increase connectedness 	<ul style="list-style-type: none"> • Reduce air pollution, support active travel and tackle the climate emergency. • Improve access to affordable, healthy food • Improve access to green spaces and parks • Focus on Healthier High Streets (tackle proliferation of gambling and hot food takeaways) • Improve disabled access to local facilities 	<ul style="list-style-type: none"> • Access to good quality preventative primary health and care in neighbourhoods • Measurable improvements and improvements in equity in key outcomes including rates of childhood immunisation, premature mortality from strokes and heart attacks, stillbirth rates and speech and language development in children • Holistic support for specific groups for example people with learning disabilities and carers

These themes and objectives have been identified through our engagement with residents and partner organisations in combination with looking at data on our health outcomes in Haringey

Action plans for the first 18 to 24 months of the strategy

The above 4 themes are for the whole strategy period up to 2029.

In order to ensure we make progress on these themes and objectives, we have captured key actions across partner organisations for the next 18 to 24 months of the strategy. The four action plans for the four theme areas follow below in this document.

These action plans will be refreshed in 2026.

The Health and Wellbeing Board will have oversight of progress on these action plans and the governance for delivery of these outcomes is shown in Appendix 1.

In addition, we will also develop an outcomes framework for the strategy in the first 12 months that links to the North Central London Population Health Outcomes framework (see appendix 2)

Health and Wellbeing Strategy – Housing and Health Theme

Initial 18–24-month action plan

Main objectives

1. Improving housing quality
 - Social Housing repairs (including repairs and adaptations to existing stock)
 - Private rented sector (including overcrowding)
 - Tackling damp and mould
 - Reducing fuel poverty through improvement in housing stock (including retrofitting, EPC improvements etc.)
2. Ensuring homes are available for those with highest needs – (e.g. those who are disabled or have significant health and care needs, older people, families etc) – links to housing allocations policy and new build programme.
3. Providing housing and health support for people who are homeless and providing clear information about housing pathways to residents and health professionals

Broad Objective	Priority Action	Lead/governance
Improve housing quality including tackling damp and mould and reducing fuel poverty	Continue work to ensure 100% of council housing stock reaches decent homes standard by 2028	Jahed Rahman. Operational Director, Housing and Building Safety, Haringey Council. Haringey Council Housing improvement board.
	Stock condition survey in council homes – identification of risk and remediation of damp and mould	Jahed Rahman. Operational Director, Housing and Building Safety, Haringey Council. Haringey Council Housing improvement board.
	Deliver Retrofit improvements to council housing stock energy performance, reducing fuel poverty (long-term target is	Jahed Rahman. Operational Director, Housing and

	to ensure council housing stock has an average EPC B rating by 2035	Building Safety, Haringey Council. Haringey Council Housing improvement board.
	Improve standards in TA by increasing the number of tenancy audits and improving void turnaround time. Complete review of inspection programme in 24/25	Sara Sutton, Assistant Director for Housing Demand. Haringey Council. Haringey Council Placemaking and Housing Board
	Improve quality of private rented sector through the council's property licensing schemes by ensuring standards are met at application stage through compliance inspections. Aim for 3000 compliance inspections in 24/25 and 4000 licenses issued for compliant properties	Eubert Malcolm, Assistant Director for Stronger Communities, Haringey Council. Placemaking and Housing Board.
	Work with registered providers of social housing (non-council) to improve quality	Hannah Adler, Head of Housing Strategy and Policy, Haringey Council Robbie Erbmman, Assistant Director for Housing Haringey Council.
	Identify opportunities to increase resilience of our housing stock (and other facilities with vulnerable groups) to heat waves	Adverse weather and health group, Director of Public Health, Haringey Council and Jahed Rahman. Operational Director, Housing and Building Safety, Haringey Council.
Ensuring right homes for right people	Expand supply of bespoke council homes for people and families with specific needs (target of 300 bespoke homes by 2031)	Robbie Erbmman, Assistant Director for Housing Haringey Council. Haringey Council Placemaking and Housing Board

	Begin work on new programme of building supported housing (target of 300 units by 2031)	Robbie Erbmman, Assistant Director for Housing Haringey Council. Haringey Council Placemaking and Housing Board
	New council housing allocations policy adopted by end 2024/25 with a view to taking into account health and care needs	Robbie Erbmman, Assistant Director for Housing Haringey Council. Haringey Council Placemaking and Housing Board
	Commission a new strategy to guide the delivery of new supported housing by end 24/25 (long-term target of 300 new units by 2031)	Robbie Erbmman, Assistant Director for Housing Haringey Council. Haringey Council Placemaking and Housing Board
	Prepare a strategy on the future needs of housing for older people in Haringey by end 24/25	Robbie Erbmman, Assistant Director for Housing Haringey Council. Haringey Council Placemaking and Housing Board
	Look at opportunities for key worker housing for health and care staff e.g. on St Ann's Hospital Site	Haringey Borough Partnership, North London Mental Health Partners
Participate in academic research	To review the recommendations and findings that come from the 'Living with housing insecurity' study led by researchers from Universities of Sheffield, Cambridge, Liverpool and Birmingham, funded by the National Institute for Health and Care Research (NIHR) School for Public Health Research (SPHR), and supported by the UK Collaborative Centre for Housing Evidence (UKCCHE) by Feb 2025.	Led by Public Health Team, to be reported back to the Haringey Council Placemaking and Housing Board.
Providing housing and health support for	Co-produce a new Homelessness Strategy in 2024/25 with partners in the borough	Robbie Erbmman, Assistant Director for Housing Haringey Council. Haringey

people who are homeless and providing clear information about housing pathways to residents and health professionals		Council Placemaking and Housing Board
	Continue to develop services for people experiencing rough sleeping and homelessness including Mulberry junction and commissioned services	Sara Sutton, Assistant Director for Housing Demand, Haringey Council. Haringey Borough Partnership. Live Well Board
	Improving wrap around support for people who are in temporary accommodation for longer periods and support for people in out of borough placements	Sara Sutton, Assistant Director for Housing Demand, Haringey Council. Haringey Council, Placemaking and Housing board
	Ensure residents and professionals have access to accurate advice on housing pathways, policies and re-housing, including social prescribing pathways, North Middlesex Connected Communities Pilot, hospital discharge teams and multi-disciplinary health and care teams such as the MACC team	Haringey Borough Partnership.

Health and Wellbeing Strategy – All Age Mental Health and Wellbeing Theme

Initial 18–24-month action plan

From this theme the following key areas emerged from the engagement:

1. Improving access to preventative mental health services for children and adults
2. Improving access to crisis support services for children and adults
3. Increasing opportunities for participation in community activities for children and adults and reducing isolation
 - a. Leisure and physical activity
 - b. Culture

Broad Objective	Priority Action	Lead/governance
Improving access to preventative mental health services for children	Developing a graduated response to social and emotional and mental health needs in schools and strengthen service offer going into schools	Start Well Board of Haringey Borough Partnership
	Continue to promote digital mental health support in children and ensure consistent information on support is available to residents	Start Well Board
	Develop the role of children's centres, family hubs and early years settings in promoting perinatal mental health and emotional wellbeing in young children and their families	Start Well Board
Higher needs support for children	Implementing a single point of access to CAMHS services – improving experience and waiting times including into neurodiversity pathways	Start Well Board
Improving access to preventative mental health services for adults	Review and re-commission preventative early intervention services for adult mental health with a focus on tackling health inequalities	Live Well Board of Haringey borough partnership
	Strengthen preventative pathways between VCS, grassroots organisations, primary care and secondary care services - involving residents in the pathway design	Live Well Board

	Pilot and evaluate a peer-support programme for black men to promote mental wellbeing	Live Well Board
	Further develop support for older people to stay connected and maintain good mental health	Age Well Board
Higher needs support for adults	Continue to reduce waiting times for access to specialist mental health support including using a locality based approach	Live Well Board
	Completing a suicide prevention strategy for Haringey in 2024	Live Well Board
	Integration of crisis and recovery services between council, NHS and other partners	Live Well Board
	Building a more holistic approach for people with multiple disadvantage and mental health needs including people experiencing rough sleeping, drug addiction and involvement in crime	Live Well Board
	Improve physical health care services and support for adults with severe mental illness	Live Well Board and NCL ICB "Longer Lives" programme
<p>Increasing opportunities for participation in community activities for children and adults and reducing isolation</p> <ul style="list-style-type: none"> • Leisure and physical activity • Culture • Intergenerational opportunities • Community based activities (e.g. art, gardening, support groups) 	<p>Continue to expand on great mental health day – theme for 2025 – inter-generational connection</p> <p>Develop an inclusive Haringey wellbeing and leisure model linked to the in-sourcing programme for Haringey Leisure centres</p> <p>Ensure the Haringey culture strategy includes aspects that promote the health and wellbeing benefits of culture</p>	<p>Live Well Board</p> <p>Haringey Council Leisure and Culture Leads working together with Public Health and Health partners</p>

• Befriending and navigation		
All objectives	Work together to identify key gaps to add to this action plan as needed	All

Healthy and Wellbeing Strategy – Healthy Place shaping theme

Initial 18-24 month action plan

Haringey Council has been committed to a Health in All Policies (HiAP) approach since 2017. HiAP is a collaborative approach focused on improving health and wellbeing equity by incorporating health considerations into policy and service areas. We work with teams across the Council (for example planning, regeneration, and parks), with the NHS North Central London Integrated Care Board, and the VCS.

Main objectives:

1. Reduce air pollution, support active travel and tackle the climate emergency
2. Improve access to affordable, healthy food.
3. Improving access to green spaces and parks.
4. Focusing on Healthier High Streets (including tackling proliferation of gambling, hot food takeaways)
5. Improving disabled access to local facilities including health facilities

Broad Objective	Priority Action	Lead/governance
Reduce air pollution, encourage active travel and tackle the climate emergency	Develop a new air quality action plan for Haringey by end 2024/25	Mark Stevens, Assistant Director, Direct Services, Haringey Council. Placemaking. Place Board, Haringey Council
	Develop active travel plans at schools	Mark Stevens, Assistant Director, Direct Services, Haringey Council. Placemaking. Place Board, Haringey Council
	Aim to deliver 6 more school streets in 24/25; projects to be launched on various dates.	Mark Stevens, Assistant Director, Direct Services, Haringey Council. Placemaking. Place Board, Haringey Council

	Implementation of Whittington Health NHS Trust Green Plan including developing a green travel plan for staff and visitors to the sites	Whittington Health. Jonathan Gardner, Director of Strategy
	Implementation of North Middlesex University Hospital NHS trust Green Plan including e-bike schemes, low/no emission vehicles scheme for staff and waste reduction	North Middlesex University Hospital NHS Trust. Richard Gourlay, Director of Strategy.
	Develop a plan to manage health risks from heatwaves	Haringey Council, Public Health and Emergency Planning Teams
Access to affordable food	Convene and co-ordinate partners to deliver Haringey food action plan to improve access to affordable food including increasing uptake of healthy start vouchers, supporting local food growing projects, developing a food market strategy, healthier school meals	Sara Sutton, Assistant Director for Partnerships and Communities and Will Maimaris, Director of Public Health, Haringey Council. Food action plan core group – Haringey council led partnership group reporting into Health and Wellbeing Board
Healthy High Streets and Healthy place shaping	Shaping Wood Green and Shaping Tottenham projects to have health inequalities actions.	Anna Blandford, Assistant Director for Regeneration and Economic Development, Haringey Council. Placemaking and Housing Board, Haringey Council
	Promote healthier high streets by focusing on the commercial determinants of health within the draft Local Plan, Regeneration works, and collaboration with Trading Standards, Environmental Health, and Licensing.	Marlene D'Aguilar, Health in All Policies Strategic Lead, Haringey Council

	<p>This includes:</p> <ul style="list-style-type: none"> - Mitigating gambling harms (through limiting new premises) - Food environments (limiting new hot food takeaways and promoting Healthy Catering Commitment) - Responsible Retailer Scheme (Age restricted products) - Smokefree generation (embedding new Government requirements) 	
	Embed health and wellbeing throughout the draft Local Plan and encourage health and wellbeing consideration as a necessity for major planning applications through an impact assessment.	Rob Krzyszowski, Assistant Director for Planning, Haringey Council, Placemaking and Housing Board, Haringey Council
	Development of key Haringey partnership strategies that support health promoting environments. Alcohol strategy; Tobacco Control Plan, Healthy Weight Strategy, Toilet Strategy and Period dignity.	Will Maimaris, Director of Public Health, Haringey Council. Led by Haringey council public health team reporting into Haringey Health and Wellbeing Board.
	Ensure women and girls and young people feel safer on Haringey streets through the new Community Safety Strategy. Health and Wellbeing Board to receive updates	Eubert Malcolm, Assistant Director, Stronger and Safer Communities, Haringey Council
Increasing access to green spaces	<p>Achieve inclusive parks and greenspaces for all to benefit from, such as physical activity, and contribute to improved health and wellbeing.</p> <p>Ensure parks and greenspaces usage reflects the communities that live in Haringey and contributes to improved health and wellbeing for all.</p>	Simon Farrow, Head of Parks and Leisure, Haringey Council

An accessible borough for all	To embed inclusive design, making places usable for everyone no matter age, ability or circumstance, and being a fairer borough, into the new Local Plan. Ensure inclusive community engagement happens at the earliest stage of development, compliant with the Equality Act 2010.	Rob Krzyszowski, Assistant Director for Planning, Haringey Council, Placemaking and Housing Board, Haringey Council
	Future collaborative work with residents that have a disability (for example hearing impairment or visual impairments) to better understand and improve their experience of the borough.	Will Maimaris, Director of Public Health, Haringey Council. Led by Haringey council public health team reporting into Haringey Health and Wellbeing Board.
	North Mid are continuing to implement a disability charter; one of the key commitments includes improved accessibility of the Trust estates for staff, visitors and patients. North Mid are influencing local partners to create step free access at Silver Street station (nearest station to the hospital site) and surrounding areas.	North Middlesex University Hospital NHS Trust. Richard Gourlay, Director of Strategy.

Our Joint Strategic Needs Assessments provide local data, analysis and evidence by examining key issues which impact health and wellbeing of our local population aligning to Public Health, and our wider partners, works. There is an Air Pollution, Gambling Harms, Heatwave and Place JSNA (all to be updated/ published ASAP).

Healthy and Wellbeing Strategy – Preventative Health and Care Services theme

Initial 18-24 month action plan

From this theme of the Health and Wellbeing Strategy the following key areas emerged from the engagement

1. Work as a health and wellbeing board to ensure that our communities have access to good quality preventative health and care in the neighbourhoods where they live
 - Including ensuring that moving to digitalisation of services is not a barrier to access
2. We want to see measurable improvements and improvements in equity in key outcomes including rates of childhood immunisation, premature mortality from strokes and heart attacks, infant mortality and stillbirth rates and speech and language development in children
3. Co-design holistic support for specific groups for example people with learning disabilities, people experiencing rough sleeping, carers etc

Broad Objective	Priority Action	Lead/governance
Ensure that our communities have access to good quality preventative health and care in the neighbourhoods where they live	Implementing national standards for primary care access across all GP practices in Haringey	NCL ICB – Primary care committee Borough placed based lead for ICB
	Continuing to improve quality of primary care estate	NCL ICB – Primary care committee Borough placed based lead for ICB
	Delivery of two further Family Hubs (to build on first two) including identifying sites, agreeing service delivery model based on core offer and additional support based on needs of local community	Haringey Council – and Haringey borough partnership – Start Well Board Jackie Difolco
	Implement the Community Hubs programme – including the refurbishment of the Northumberland Resource Centre, that will deliver a simpler, more joined-up local system that offers the right support at the right time for residents	Haringey Council and Haringey borough partnership Sara Sutton

	Adult social care services will be redesigned to deliver a localities model to improve connections and understanding with the local community, designed with resident participation and incorporating Assistive Technology	Haringey Council – adult social care Vicky Murphy
	A prevention framework/strategy will be developed for Adult Social Care that links into the operating model for social care	Haringey Council – adult social care Vicky Murphy
	Continue to invest in community level interventions to tackle health inequalities (inequalities fund),	Haringey borough partnership NCL ICB communities team
	Welcoming health services for all, including Safe surgeries, meeting language and communication needs	Haringey borough partnership
	Develop a plan to reduce digital exclusion for residents	Haringey Council and NCL ICB
Deliver improvements and improvements in equity in key outcomes including rates of childhood immunisation, premature mortality from strokes and heart attacks, infant mortality and stillbirth rates and speech and language development in children	Start well Embedding a new Speech, Language and Communication Needs Pathway, used for assessing levels of speech, language and communication support needed	Haringey Borough Partnership – Start Well Board

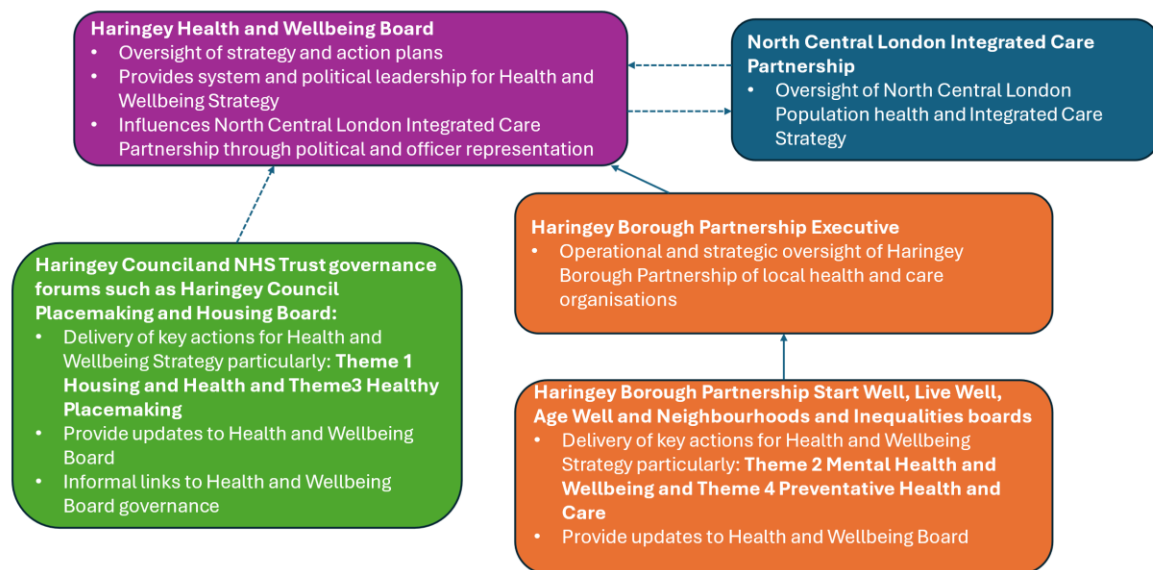
	<p>Start well</p> <p>Complete Haringey still-birth audit and implement recommendations across maternity pathway – with a focus on tackling health inequalities</p>	Haringey borough partnership - Start Well Board
	<p>Live Well</p> <p>Continue to invest in and develop services for inclusion health groups (including people experiencing rough sleeping, refugees and asylum seekers, Gypsy, Roma and Traveller communities, people involved in sex work and people involved in the criminal justice system, and LGBTQ+ people)</p>	Haringey borough partnership – Live Well Board
	<p>Live Well</p> <p>Develop clear pathways for employment and health support for people with physical and mental wellbeing needs</p>	Haringey borough partnership – Live Well Board
	<p>Live Well and Age Well</p> <p>Focus on early identification and improved management of long-term health conditions including roll out of long-term conditions, locally commissioned service in primary care and links into NHS Health Checks and community based lifestyle support.</p> <p>Link into NCL Heart Health Programme</p>	<p>Haringey borough partnership – Live Well Board and Age Well Board</p> <p>NCL Heart Health Programme</p>
	<p>Age Well:</p> <p>Continue to build on out-of-hospital support for people with frailty and dementia including Piloting of Ageing Well/Frailty self-assessment tool in West Haringey</p>	Haringey borough partnership – Age Well Board

	<p>Age Well</p> <p>Promoting independence and reducing social isolation</p> <ul style="list-style-type: none"> • Social movements amongst organisations and with residents to encourage them to promote 'ageing well' agenda and keep fit and well as possible, e.g. Age Well Festival • Better join up with housing providers to provide primary and community support with health issues into sheltered housing • Awareness-raising and training for staff and volunteers to become Age Well Friends and Champions as part of pilot in Haringey/ Enfield 	Haringey borough partnership – Age Well Board
	<p>All ages: Improving access and uptake of immunisations & screening, preparation for/response to adverse weather events, and response to infectious disease outbreaks in all communities – including rolling out of health protection champions</p>	<p>Haringey borough partnership</p> <p>NCL ICB</p> <p>Immunisations steering group</p> <p>Haringey Council Public Health team</p>
	<p>All ages; Improve data on health equity by ethnicity for key health and care services in Haringey</p>	<p>Haringey health and care racial equity group – linking into Haringey Borough Partnership</p> <p>Dr Nnenna Osuji/Geoffrey Ocen</p>
<p>Co-design holistic support for specific groups including people with learning disabilities and carers</p>	<p>The carers strategy will be reviewed and updated</p> <p>A co-produced carers' offer and forum will be developed</p>	<p>Haringey Council – adult social care</p> <p>Vicky Murphy</p>

	Ongoing Co-design of SEND services with parents and carers	Haringey Borough Partnership – Start Well
	Continue to work with people with learning disabilities and their carers on access and quality of physical health checks	Haringey Borough Partnership – Live Well
All objectives	Work together to identify key gaps to add to this action plan as needed	All

Appendix 1: Illustration of governance for Haringey Health and Wellbeing Strategy

Illustration of governance and accountability for Haringey Health and Wellbeing Strategy



Appendix 2: Potential outcomes metrics and monitoring

Note this is in an early stage of development

Potential outcomes framework for the Health and Wellbeing Strategy



Theme	Key outcome indicators	Supporting indicators	Key equity measures
Housing and Health	<ul style="list-style-type: none"> • % of households that experience fuel poverty [1] 	<ul style="list-style-type: none"> • % of council's homes that meet the decent homes standard [2] • # of people sleeping rough 	<ul style="list-style-type: none"> • # of people rough sleeping by equity group
Improving mental wellbeing	<ul style="list-style-type: none"> • % adults reporting loneliness • % of physically active adults [1,3] 	<ul style="list-style-type: none"> • # accessed mental health support via core community CAMHS and IAPT services [4] • # attending Haringey Wellbeing Network or Connected Communities • # of people subject to detention* 	<ul style="list-style-type: none"> • Mental health services access data by equity group (held by provider) • # of people subject to detention by ethnicity*
Healthy Place Shaping	<ul style="list-style-type: none"> • Air pollution: fine particulate matter [1] • % reception children and adults who are obese [1,3] • % adults who are current smokers [1,3, 5] 	<ul style="list-style-type: none"> • # of School Streets delivered [2] • # of additional open spaces in areas of deficiency [6] • # of completers of local stop smoking service 	<ul style="list-style-type: none"> • Smoking prev in adults in routine and manual occupations • Smoking prev in adults with a long term mental health condition (18+)
Preventative Health and Care	<ul style="list-style-type: none"> • % of children fully vaccinated by age 5 [5] • % of people with high blood pressure treated to target [5] 	<ul style="list-style-type: none"> • # of health protection champions/ambassadors across system 	<ul style="list-style-type: none"> • % of children fully vaccinated by age 5 by ethnicity group • Prevalence gap between different under-served groups (TBC)
Long term measures included for monitoring at population level		Medium term measures to indicate progress of partners contributions	Long term measures included for monitoring inequalities

[1] Included in [NCL IBC Outcomes framework](#)

[2] Included in the [LBH Corporate Delivery Plan 2024-26 \(draft\)](#)

[3] Included in the [NCL IBC Sentinel metrics Long List \(draft\)](#)

* Data is at ICB or NHS Trust level

[4] Included in the [NCL ICS Mental Health Outcome Measures](#)

[5] Included in the [NCL IBC Sentinel metrics Short List \(draft\)](#)

[6] Parks and Greenspaces Strategy

Appendix 3: Engagement approach for Haringey Health and Wellbeing Strategy

Engagement approach for Haringey Health and Wellbeing Strategy

- There has been a wide range of engagement on the topic of health and wellbeing in the past year or so in Haringey, so we wanted to ensure what we've heard in previous engagement is reflected in the new strategy.
- To fill some of the gaps, we also designed a series of new engagement opportunities last Autumn and Winter.

Questions we asked in our engagement:

1. What does good health look like to you and those around you?
2. What will help you/those around you achieve good health and wellbeing?
3. What are the key challenges to better health? What might help you/those around you overcome these challenges?
4. Thinking about your community, what are the top 3 issues we should be addressing/focusing our efforts on? [Examples to choose from included: Housing; Our environment; Access to healthcare (for example, GP, specialist services); Mental Health and Wellbeing; Addiction including gambling, alcohol, smoking;



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Additional routes of engagement for Health and Wellbeing Strategy

Approach	Target Audience
Online resident survey	General Public
Library engagement sessions	Residents accessing libraries and other Council services
Learning Disability Carers Forum	
Get Haringey Talking event at Triangle Children's Centre	Children and families
Stakeholder workshop	Voluntary Community Sectors, Community leaders, other residents' representatives, and the Council and the NHS services/departments representing communities
People's Day event at Tottenham Leisure Centre	Older people
Joint Partnership Board – reference groups	Engagement with joint partnership board, representing specific population groups.

Note that these engagement routes supplemented existing knowledge we had from community research for example from Bridge Renewal Trust and Healthwatch and from our own work



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