NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Thursday, 6th November, 2025, 2.00 pm – George Meehan House, 294 High Road, N22 8JZ (watch the live meeting here, watch the recording here)

Members: Councillors Lucia das Neves (Chair), Mike Hakata and Zena Brabazon

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 11).

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 - 4)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 18 09 2025 as a correct record.

8. HARINGEY NEIGHBOURHOOD HEALTH AND CARE UPDATE (PAGES 5 - 18)

9. HARINGEY TOBACCO CONTROL STRATEGY (PAGES 19 - 28)

10. HARINGEY LOCAL PLAN CONSULTATION (PAGES 29 - 38)

11. NEW ITEMS OF URGENT BUSINESS

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

12. FUTURE AGENDA ITEMS AND MEETING DATES

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

To note the dates of future meetings:

26th February 2026

Kodi Sprott Committee and Governance Officer
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, 29 October 2025

1. **FILMING AT MEETINGS**

The Chair referred to the filming at meetings notice and attendees noted this information.

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

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

Cllr Das Neves and Cllr Brabazon were both governors for north london trust.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

7. Minutes

It was noted that as mentioned in the minutes that the ICB approved the consultation.

RESOLVED

The minutes of the meeting held on 26th June were approved.

8. NHS 10 year plan and implications

Tim Miller introduced the report for the item, the following was noted in response to questions from the committee:

- There was a national programme seeking pilot sites for neighbourhood work but unfortunately Haringey was not selected.
- Members would continue to speak on this and were disappointed that they did not succeed in the pilot but were pleased that the work was driving forward.
- Further engagement with the community and grassroot organisations was important. This would ensure that people felt connected to the work and were supported.
- John Porter local Haringey resident attended the board and noted concerns around the lack of communication from hospital discharge teams with patients. He also raised concerns around the lack of allergy testing at a local level and whether it was possible for this to be rolled out wider.
- Members were struck that there wasn’t a mention of adult’s social care within neighbourhoods.

- At the London Jewish health partnership issues were raised there about particular health needs of the Jewish community, and it was noted it was important to continue to engage with communities.
- Action - how to make sure that creativity was unlocked in terms of wider council areas of work and that we engaged at a cabinet level.
- Members sought clarity as to how this would be delivered and hoped that it wasn't simply old plans weren't being rejuvenated. Strategy meetings should be held on how teams will work together to support scale delivery and systems efficiency.
- Officers within the Council were working closely with health colleagues, meeting with providers including Whittington. There was an admission avoidance workshop coming up and workshops to look at how social care and wider community services could better support residents. Officers will also be updating scrutiny on progress.

9. Haringey toilet strategy

Rick Geer introduced the report for the item, the following was noted in response to questions from the committee:

- It was important for officers to look at how to designate gender signage on doors. This would be looked at through the strategy. The team were looking at inclusivity and implementation of best practice regarding unisex toilets.
- The public toilets in Finsbury Park promoted anti-social behaviour and required intense maintenance. It was noted that there should be a requirement for attendants for public toilets and maintenance.
- Officers should look to start a scheme for businesses that could encourage stores keeping toilets clean.
- Important to think about the role of licensing teams in regard to ensuring quality toilet premises in businesses.
- Members called for simple handrails in toilets to help assist people with mobility issues or who were elderly.

10. Homelessness strategy for Haringey -

Marc Lancaster introduced the report and the following was noted in response to questions from the committee:

- It was important to capture people before they got to the homeless stage. Housing demand service would be the place to send concerns to. There was a clear and up to date regularly shared protocol.
- There was work being done on homelessness health inclusion. Loss of tenancy was critical, more needed to be done in preventative state.
- Officers were actively working on the homelessness prevention hub. This would have a refreshed approach for how residents could access this and partners could refer into this. This was a fundamental shift in the way that

referral pathways worked. There was provision within Mulberry Junction for those facing homelessness. Housing needs service co-located if people needed to make a homelessness application.

- Through neighbourhood work, officers were working directly with housing colleagues. This would not just be delivered by one council service, but sometimes within private rented sector.
- Strengthened operational support within hospital discharge function with housing representation, also on the mental health side.
- The Government were introducing the renters right bill; this would end section 21 (no falut evictions)This was welcomed as positive.
- Strengthening resources in housing liaison team was needed and there was work to do with the registered social landlords and the issue around early intervention and mental health support.
- In regard to housing first it was important that there was a respect for the neighbours to avoid conflict. This would be promoted through dispersed accommodation providing housing with wrap around support, this would not create significant community impact.
- Members discussed RSLS and the support they provided for vulnerable people. There was certain work to do, this was a dedicated role that was recently embedded as part of the structure to act as an escalation point.
- The borough did not have a Home Improvement Agency and more support should be provided for people with hoarding disorder.
- Regarding people experiencing rough sleeping attending local hospitals it was important to provide training for security staff and consistent compassionate messaging.

11. Healthwatch annual report

Emily Sanchez introduced the report and the following was noted in response to questions from the committee:

Officers worked closely with Healthwatch and would continue collaboration.

12. Haringey pharmaceutical needs assessment -

Will Maimaris introduced the report for the item, the following was noted in response to questions from the committee:

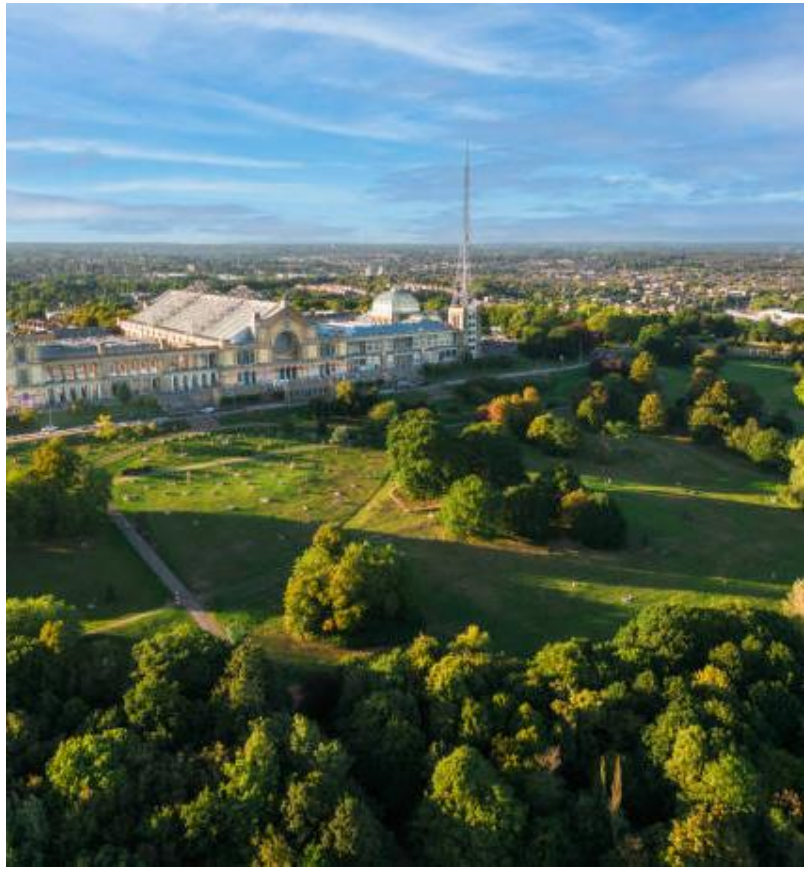
Every 3 years each borough carried out an assessment through a structured framework. This looked at whether there was the right number of community pharmacies in the borough. Officers would give opportunities to look at the final document and circulate this document.

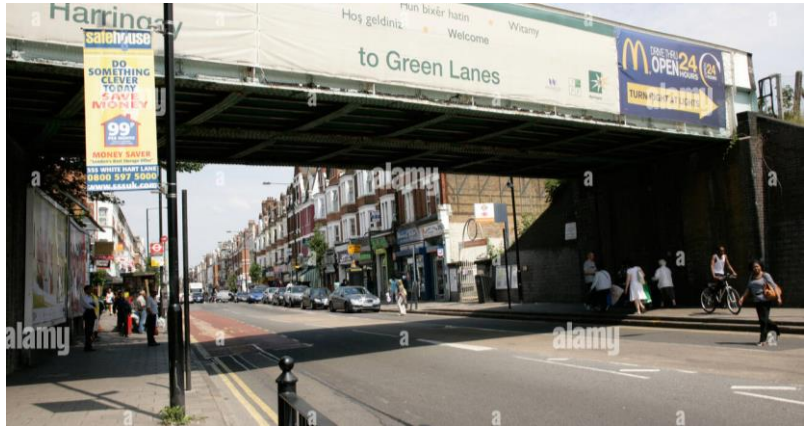
13. FUTURE AGENDA ITEMS AND MEETING DATES

6th November 2025 and 26th February 2026

Deep dive into neighbourhoods.

Dementia and aging well





Haringey Neighbourhoods next steps

November 2025

START • LIVE • AGE

WELL

HARINGEY BOROUGH PARTNERSHIP

What is covered in this pack

- Background to neighbourhoods and how can this make a difference to residents
- The role of the “integrator” and an update on the integrator organisations
- Governance for development of Neighbourhood working
- What we are focussing on practically in the next few months

Neighbourhood development – North Central London context

- **NHS and wider public sector reform remains high on the national agenda**, with Neighbourhood Health a clear priority across health and local government.

- **We are all grappling with rising demand, escalating costs, and increasing pressure to deliver better value.** Elective and emergency care are under strain, and performance against key standards is slipping. To improve outcomes for people, we need to fundamentally rethink how care is delivered.

- **There is a significant opportunity to move beyond the systemic overuse of a purely medical model.** Tackling system-wide challenges requires a shift to an integrated, proactive approach, and we can only achieve this by working in true partnership across NHS, local authorities, and VCSE sector.

- **Neighbourhood Health offers an intelligence-led, proactive and integrated model of care**. In North Central London, our community-based services, councils and voluntary sector partners have long pioneered local, integrated, patient/resident-focused support. Now is the time to build on that foundation.

- **The recently published London Neighbourhood Plans,** including a Target Operating Model, Case for Change, and Next Steps for Implementation, set out the strategic direction. The NHS 10-Year Plan requires all of us to mobilise at pace and scale to deliver a sustained ‘left shift’.

- **Across all five boroughs in North Central London, strong groundwork for integration is already in place.** Our collective task now is to align, unblock barriers, and shape the next phase of neighbourhood delivery, together.

Neighbourhoods in NCL

- ‘Neighbourhoods’ are footprints on which teams integrate, services work together and local infrastructure and community assets are developed. There is emphasis on prevention, proactivity and local care, underpinned by shared infrastructure, data and insight, technology and workforce reform.
- Integrated Neighbourhood Team (INT) build on ‘MDTs’ and include NHS providers, Council teams and the VCSE. Specialists support. Patients and residents are a key partner.
- Borough Partnership work to date suggests at least **18 Neighbourhoods in NCL** with populations of 60,000 – 130,000.
- We would expect each to have:
  - ✓ **Leadership and management capacity** to support caseloads, systems and processes, training & development (an ‘*integrator function*’ as per recent London work), accountability
  - ✓ **Shared infrastructure** (IT, co-location where possible but flexi space & networked models where necessary, population health data)
  - ✓ **Wider delivery capacity** (including high street services)
  - ✓ **Strong relationships with local communities and the VSCE –** stability for VCSE partners, expertise in person-centred care and strengths based approaches

Current NCL Neighbourhoods

Background: Key features NCL Neighbourhood model

The Neighbourhood model in NCL is about **proactive, integrated and person-centred support**. It is an **asset-based** approach, focused on **individual and community strength and resilience**.

The distinctive feature is the **purposeful and consistent connection between the context of people's lives and the support offered** to increase efficacy and achieve improved outcomes

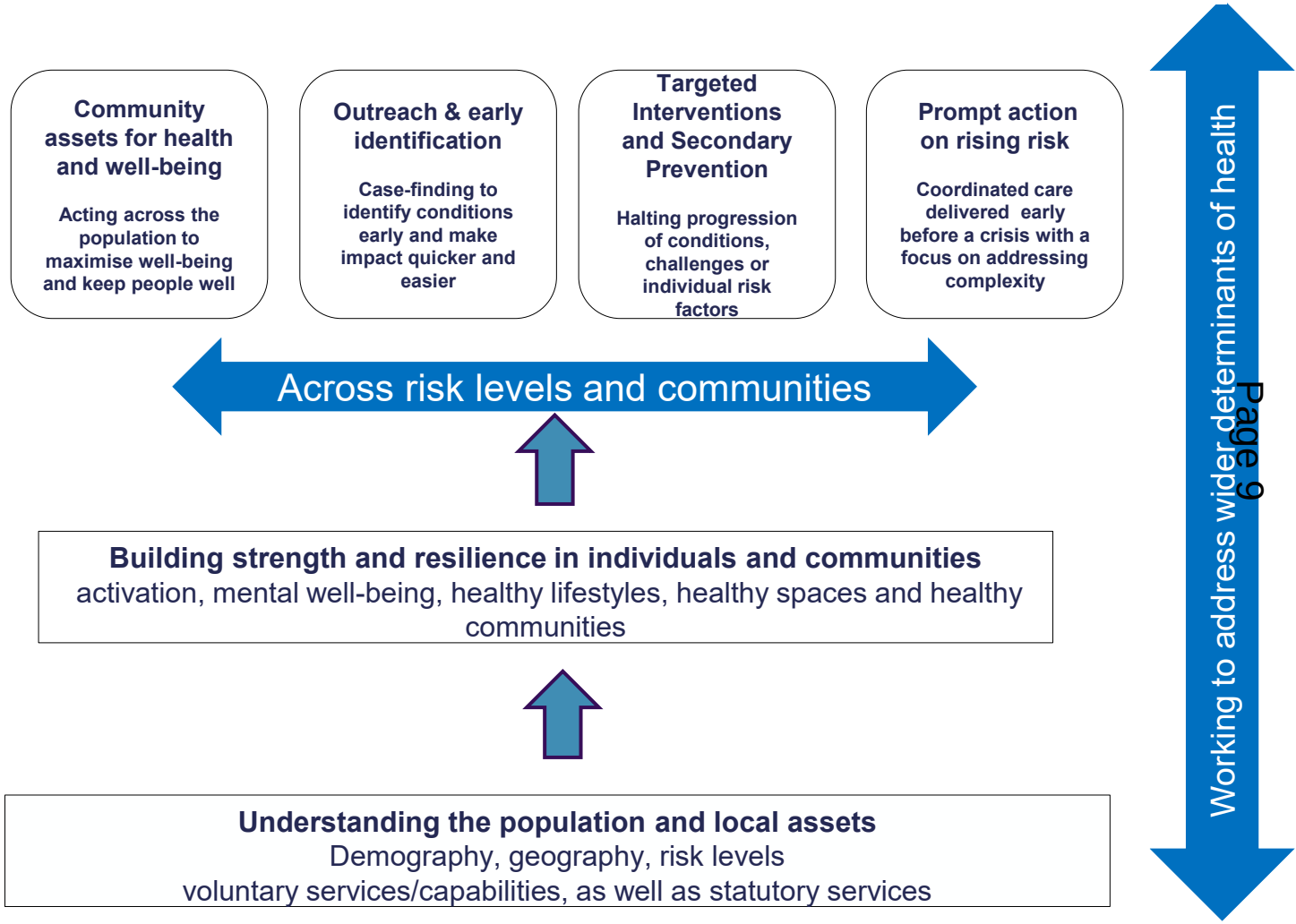
The **link between statutory and voluntary services** is fundamental. Voluntary services are the bridge to communities and offer hyper-local, trusted support for those most in need.

Action is rooted in a more sophisticated **understanding of our population & drivers of variation in outcomes**.

It draws together **advances in data** with **qualitative insight** and **seeks a new 'social contract'** with patients/residents

The framework **can be applied to all population groups and to priority cohorts** and works meaningfully across the life course (Start, Live, Age Well)

It seeks to mobilise the Population Health & Integrated Care Strategy and **deliver on key outcomes at scale and in a coherent and sustainable way**.



Haringey context: what residents told us about the opportunities in the NHS 10 year plan

- Communities and individuals want to take more ownership of their health and wellbeing, but they need access to good quality and trusted information to support this.
- Increasing health literacy and knowledge of how to access support and what support is available is of great importance to communities in Haringey.

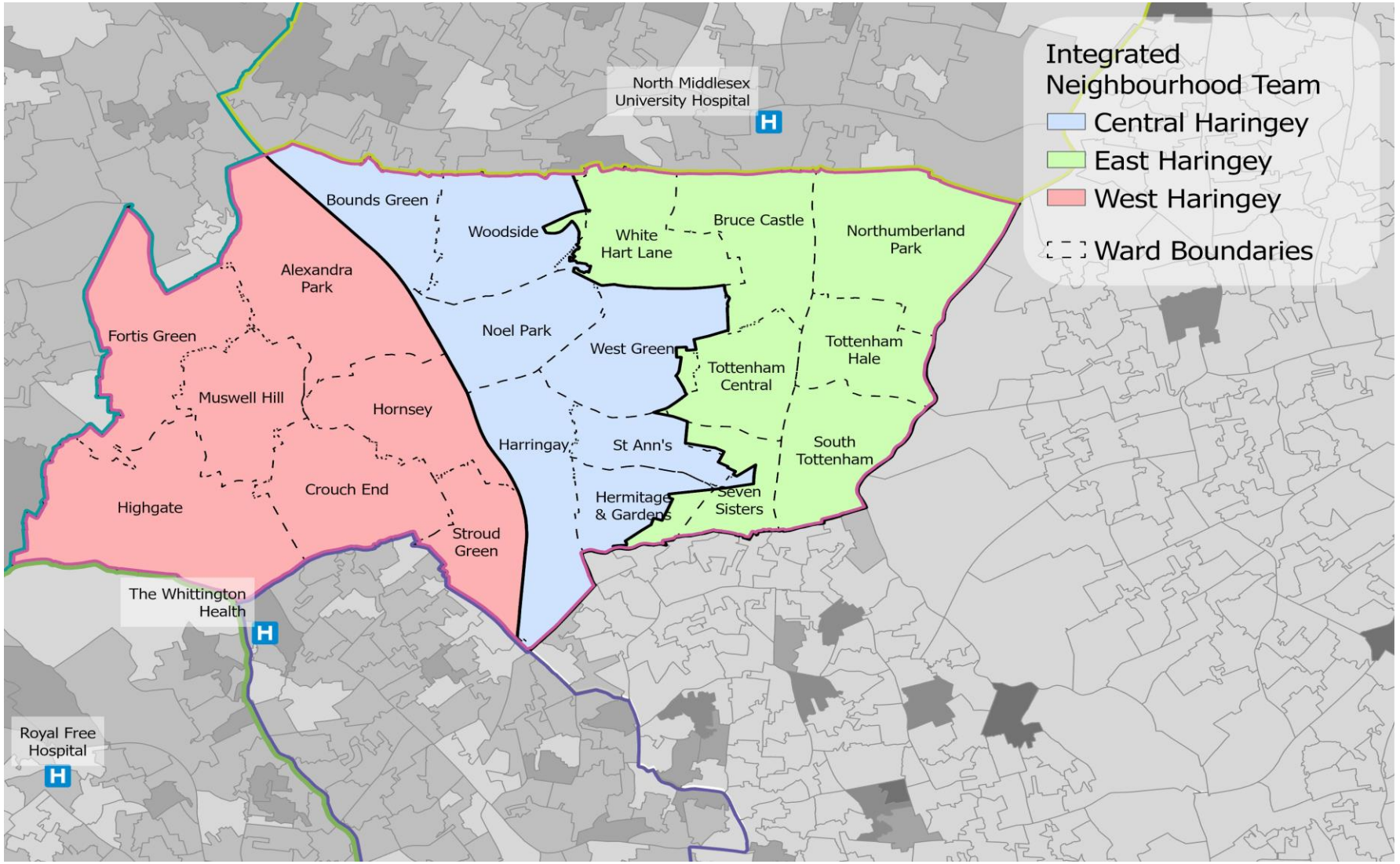
- NHS funding is often short term so the 10 year plan needs to include more long-term funding, including ring-fenced funding for prevention.
- Investment is required in the voluntary sector to enable closer collaboration with the NHS and Councils.

- Use of technology has considerable potential benefits for residents and communities, but we need to ensure everyone is supported and people are not left behind.

- Bringing care out into communities is welcomed, and would be supported by people having a clear point of contact for support and a clear joined up care and support plan.

Haringey's 3 Neighbourhoods

START • LIVE • AGE
WELL
HARINGEY BOROUGH PARTNERSHIP



Haringey integrator arrangements

The integrator is a tripartite alliance between:

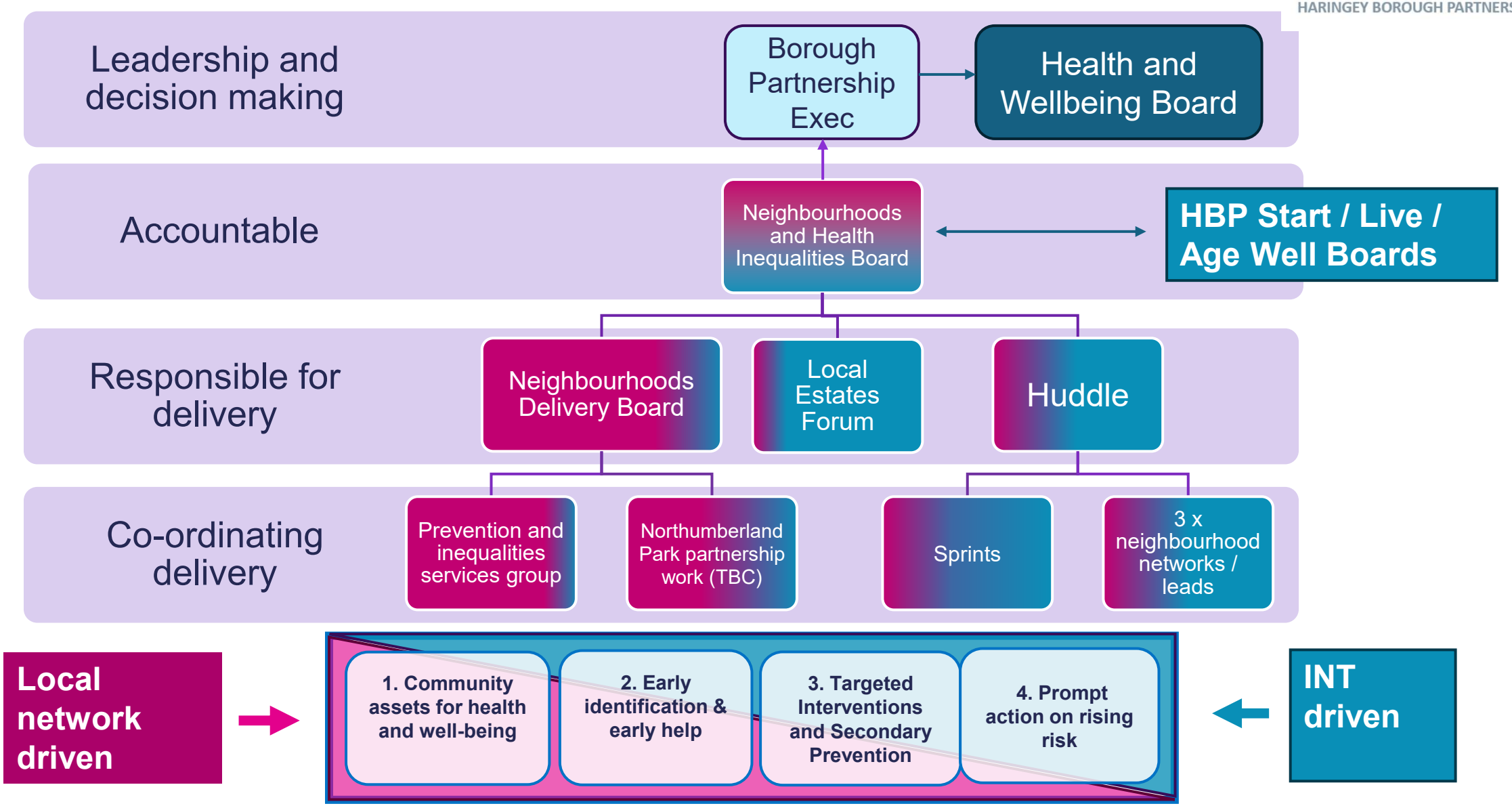
- Haringey Council
- Haringey GP Federation (HGGPF)
- Whittington Health

Each partner brings distinct strengths aligned to the four pillars of the NCL Neighbourhood Care Model. Integrators will jointly:

- Align services and teams to neighbourhood footprints
- Share leadership and operational responsibilities
- Pool resources (staff, estates, digital, data)
- Embed co-design and community engagement
- Report monthly to the Neighbourhoods & Inequalities Board, which feeds into the Haringey Borough Partnership Executive

Haringey Neighbourhoods: Governance

START · LIVE · AGE WELL
HARINGEY BOROUGH PARTNERSHIP



What next for Haringey: Review of Outputs from recent Haringey Neighbourhood Development “Sprint” workshops

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WELL
HARINGEY BOROUGH PARTNERSHIP

Key themes

- Integrated teams & collaboration
- Coordination & leadership
- Data-driven & targeted interventions
- Directory & navigation support
- Community-based outreach
- Community engagement
- Digital & language inclusion
- Health services access
- Mental Health & social isolation
- Training & upskilling

Next steps: What we will progress borough wide in the next 6 months

- **Design of Integrated Neighbourhood Teams (for adults)** based on the blueprint of the Multi-Agency Collaborative Care (MACC) team
- Integration of **mental health into the MACC team** via the teleconference
- Building awareness and sharing information about what is available across the borough to keep people well e.g. Padlets
- Support neighbourhood leads to develop neighbourhood projects and infrastructure and link into voluntary and community centre partners
- Starting a project to build health literacy in our communities
- Developing community engagement and involvement structures – this can build on the existing inequalities funded “Community Involvement in Neighbourhoods Project”

Supporting functions

- Population segmentation and population health management approaches
- Communication and engagement
- Training and upskilling
- Estates
- IT and data sharing

Neighbourhood leadership team deliverables

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WELL
HARINGEY BOROUGH PARTNERSHIP

Next 3-6 months to focus on:

- Networking and building awareness & relationships in the Neighbourhood and supporting the clinical leads
- Building trust and establishing the behaviours for long term partnership working
- Developing operational arrangements in the neighbourhood, e.g. setting up meetings, agreeing reporting and governance structures.
- Identify quick wins
- Support North Central London Neighbourhoods project on high blood pressure

Considerations for Health and Wellbeing Board

- How do we clarify our collective Haringey vision for Neighbourhoods
- Resident and community involvement – what existing groups and structures can we use and what do we need to do that is new.
- How do we make the shift to Neighbourhood level working when at present there is not significant additional investment
- How do we bring in some of the wider factors that influence health and wellbeing such as employment and housing quality?
- How does this programme of work link into children and families?

Haringey Tobacco Control Strategy and Action plan (2025- 2029)

Vision: to create a smoke free generation and eliminate tobacco related harms in Haringey in 2030

Background and context

Why Tobacco Control Matters?

- 80,000 UK deaths/year from smoking
- £21.8bn national cost to the economy
- Haringey: 2nd highest smoking mortality in NCL
- £249m/year local cost
- Smoking fuels health inequalities — half the life expectancy gap

Strategic Objectives:

- Reduce smoking prevalence
- Protect children & young people from smoking/vaping
- Support smokers to quit smoking
- Address inequalities due to smoking
- Tackle illicit tobacco
- Reduce exposure to second-hand smoke

.

Align with regional and national frameworks:

- Supports **Smokefree 2030** ambition
- Builds on national schemes: **Swap to Stop**, **incentives for pregnant women**
- Aligned with **Haringey Health & Wellbeing Strategy**, **ICS plans**, and **Corporate Delivery Plan 2024–26**
- Delivers on **NHS Long Term Plan** smoking commitments

Key steps to developing the Tobacco Control Strategy.

- Consultation and collaboration with Haringey Tobacco Control Alliance
- CLeaR Assessment
- Population data and intelligence based-needs assessment.
- A focus group discussion –social housing tenants and professionals.

Key insights, priority populations, governance and monitoring

Key insights:

Smoking prevalence in Haringey: **13.9%** (higher than London & England).

Higher smoking prevalence rates among:

Routine/manual workers (33%).
Romanian (37%), Polish (36%), Turkish (35%) speakers.
People with SMI (40.6%).
Pregnant women (4.8%).
Youth vaping rising.

Priority Populations:

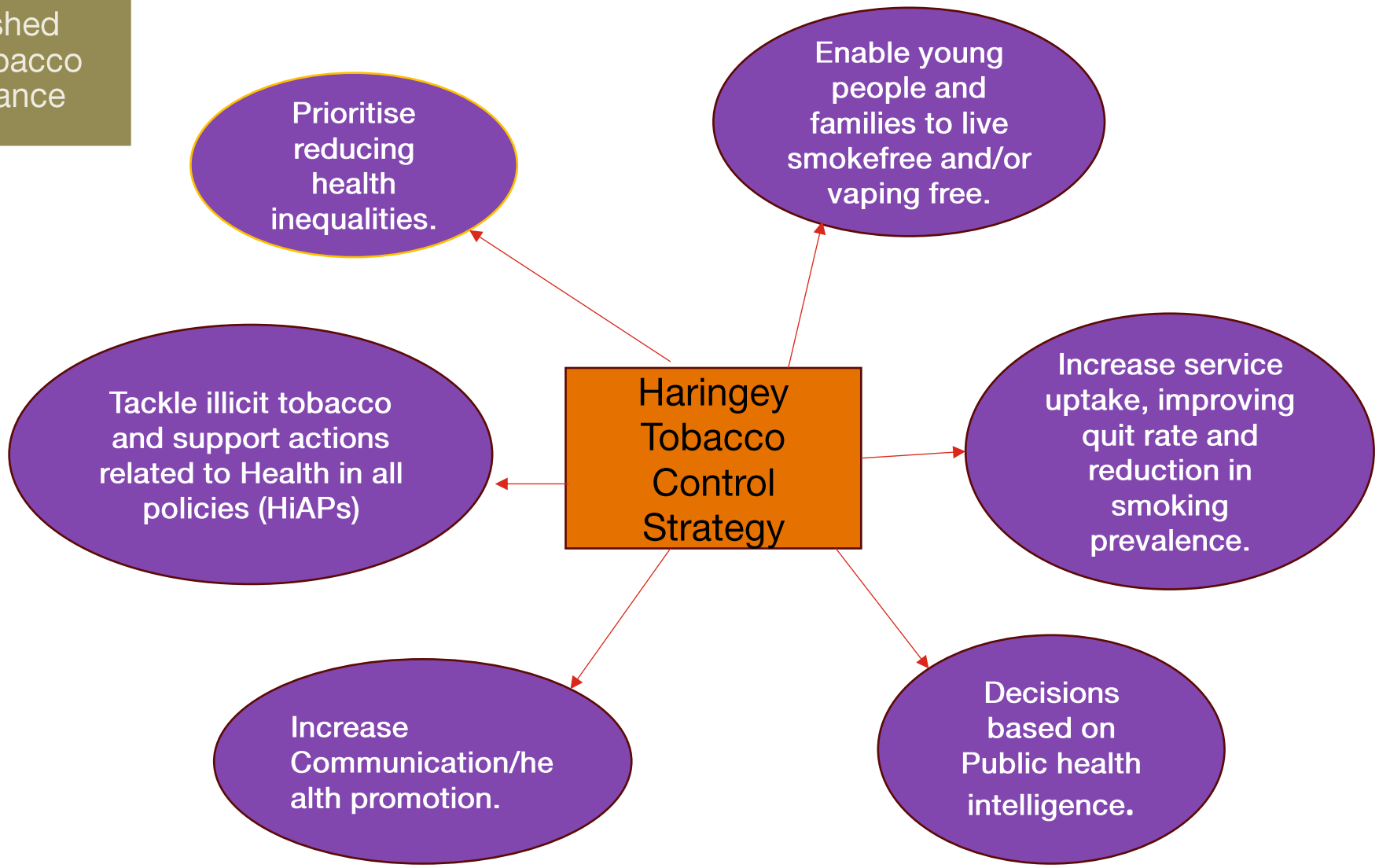
- Routine/manual workers.
- Ethnic minority groups (Polish, Romanian, Turkish).
- Pregnant women & families.
- People with SMI or substance misuse.
- LGBTQ+ communities.
- Homeless population.
- Residents living in the most deprived areas of the borough.

Governance & Monitoring:

- Haringey Public Health and Haringey Tobacco Control Alliance
- Overseen by Haringey Health & Wellbeing Board
- Annual Data from Local activities and OHID Fingertips & local intelligence to tracking prevalence

Key areas of the Haringey Tobacco Control Strategy

Re-established Haringey Tobacco Control Alliance



Summary of the action plan

Strategic Commitments.	Embed tobacco control in public health plans, build alliances, and advocate policy change through Tobacco Control Alliance and commitments at leadership level.
Prioritise reducing health inequalities.	Focus on deprived areas, ethnic minorities, pregnant women, LGBTQ+, people with mental health problems and people experiencing homelessness.
Enable young people & Families.	Prevent youth smoking/vaping, promote smokefree homes, and school-based education.
Service Improvement. (Support every smoker)	Improve quit rates, and referral pathways. Capacity building through staff training, recruitments of health ambassadors. Leveraging on National, Regional &Local Initiatives.
Tackle illicit tobacco and take wider policy related actions.	Enforce regulations, tackle illegal sales and promote smoke free environments.
Communicate the harms and the hope.	Year-round campaigns- communicate harm on youth smoking and vaping. Increase awareness and community engagement on available supports to quit smoking.
Systematic and data led- Public Health Intelligence.	Use data to track prevalence, target interventions, and inform policy and service improvements.

Referral pathways, partnerships and achievements/progress in 2024- 2025

Achievements:

Strategic commitments:
- Formation of Haringey Tobacco Control Alliance
- Tobacco control declaration signed
- Assigned a Clinical Champion for primary care
- Participated in national swap to stop scheme.

Workforce
- Advisors increased from 1.2FTE to 4.5FTE
- 128 individuals had MECC training.
- 3 individuals had Level 2 smoking advisors training.

Reducing Inequalities:
- OYH website now in 9 different languages.
- 15 active volunteer Health Ambassadors with 5 different languages
- Translation services available- Language line
- Accessibility- Online, phone and face to face

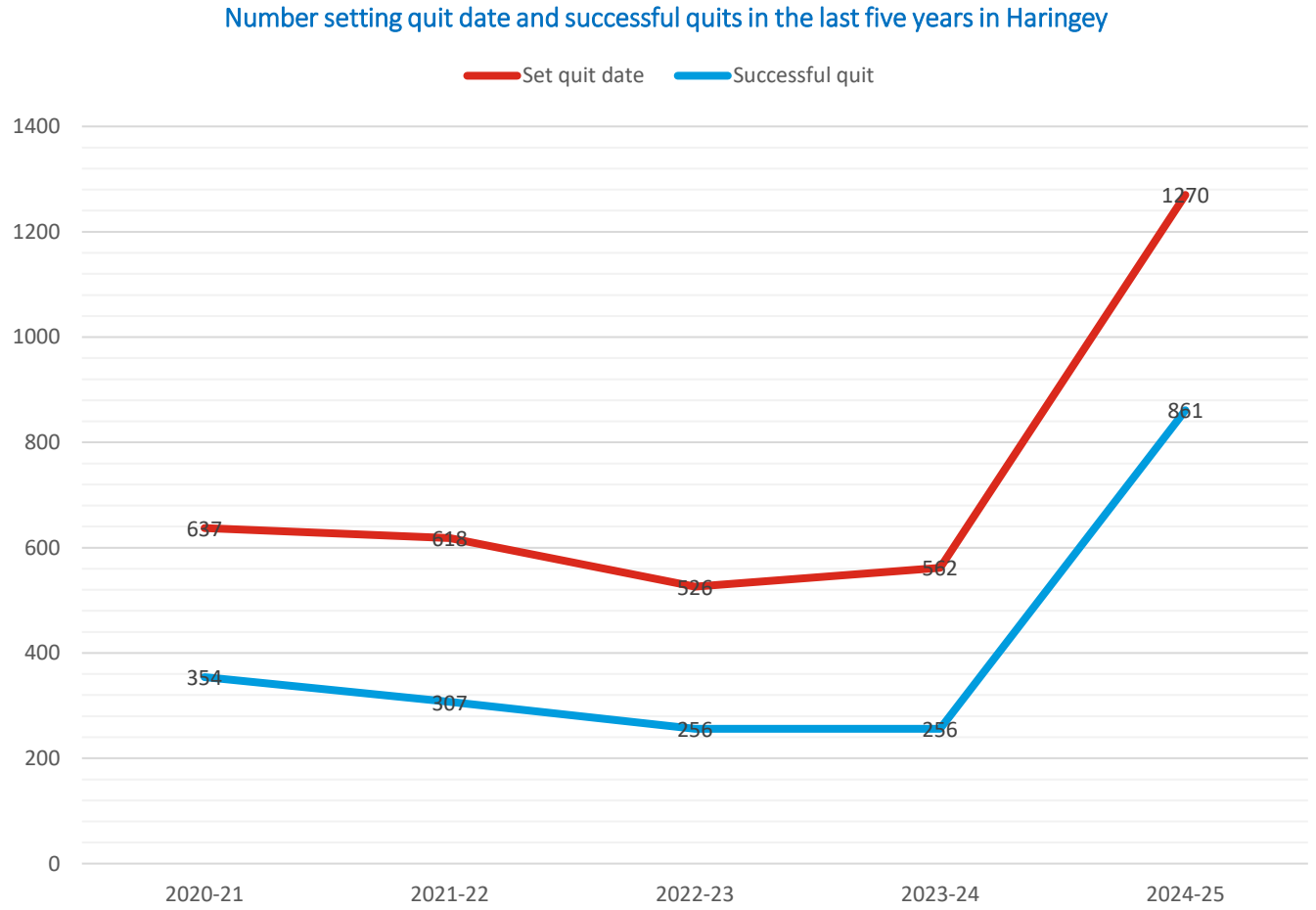
Tackle illicit tobacco:
- About **70-80 retailer visits** in 24/25
- 10 operations leading to seizures of around £200,000 worth of illegal tobacco and vapes products and one prosecution.
- **60** underage test purchase of tobacco and seizures of illicit tobacco products.
- **11** underage test purchase of vapes and seizures of illicit vapes.
- Retailer education and advise on the disposable vape ban.

Referral pathways and partnerships:

Engagement and Referral pathways:
- NCL NHS Hospital Trusts (RFL, NMUH, BEH MHT and Wittington)
- Haringey universal children' services
- Housing related services
- Drug, alcohol and substance misuse services.
- NCL cancer alliance
- AAA screening
- Targeted Lung health check
- Mind in Haringey
- Haringey Health champions
- Haringey Talking therapies
- Community respiratory team
- Dual diagnosis team
- VCSOs

Partnership working:
- London Tobacco Control Network
- NCL Tobacco Control Leads
- Royal Free London Smoke Free Action Group.
- Stop Smoking London digital programme
- London-wide smokefree App
- Smoking in Pregnancy group
- Haringey Tobacco Alliance including VCSOs
- Health in all Policies (HiAPs)

Service improvements- achievements for 2024-2025

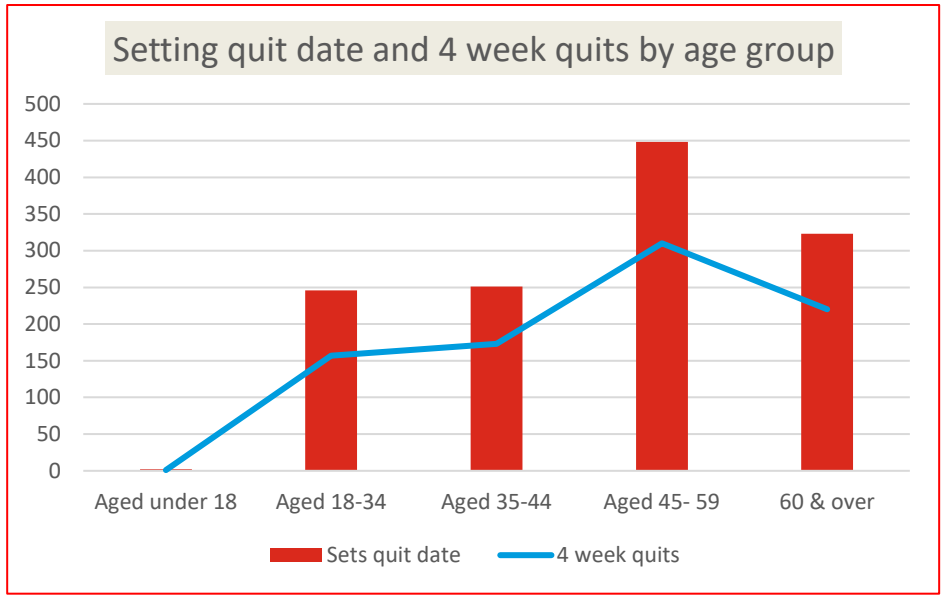


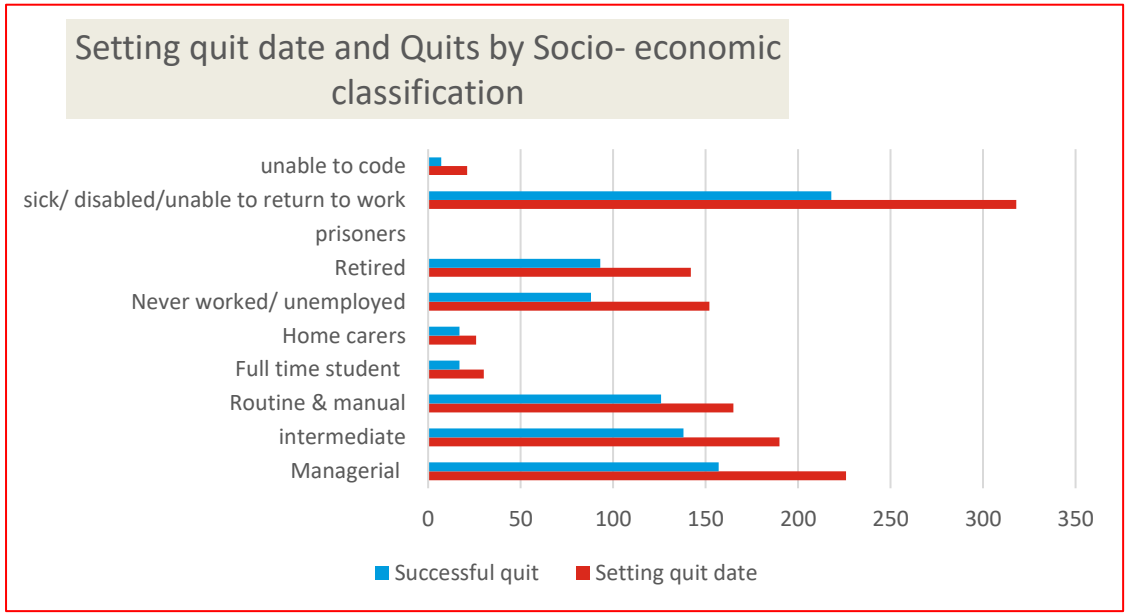
Data Source: Statistics on Local Stop Smoking Services in England - NHS England Digital

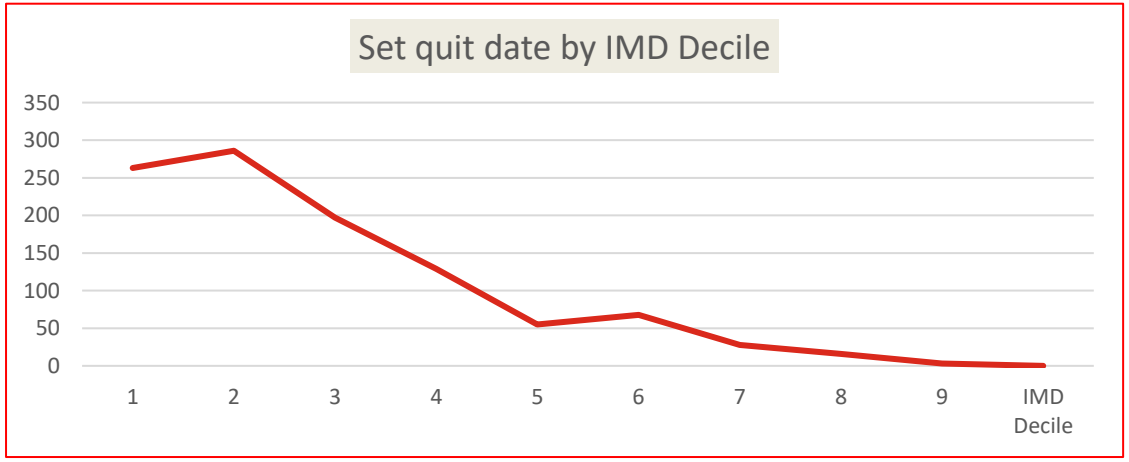
Comment:

- A sharp increase both in set quit dates and successful quits observed after additional funding is invested into the smoking cessation service starting from 2023/24.
- 1270 set quit dates and 67.8% (861) self-reported successful quit in 2024/25 compared to 562 set quit date and 45.6%(256) self-reported quits in 2023/24

Reducing inequalities- achievements in 2024-2025







Note: 1 (most deprived) and 10 (least deprived)

Next Steps and questions for Health and Wellbeing Board

Next Steps:

- **Sustain a broad and inclusive service offer** - ensuring equitable access across communities.
- **Deepen evaluation and data insight** - focusing on priority groups to reduce inequalities
- **Strengthen hospital-to-community pathways** - ensuring continuity of care through integrated smoking cessation support.
- **Embed tobacco control into wider council strategies** - including mental health, housing, and youth services.
- **Align with regional and national frameworks** - such as the NHS Long Term Plan and London Tobacco Alliance.

Questions for the Health and Wellbeing Board:

- How can the Board **champion tobacco control** across Haringey's systems and communities?
- What role can partners play in **supporting delivery and embedding tobacco control** into their work?
- Are there existing programmes or funding streams that we can **leverage or align with** to maximise impact?

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HARINGEY NEW LOCAL PLAN

Haringey's Local Plan

What is the Local Plan?

The main planning document used to determine planning applications in Haringey

Why is the Local Plan important?

Long-term vision for new buildings and development in Haringey

Guides what type of development will be supported and where (and what won't be supported)

Shaped by residents, communities and other stakeholders

Key in delivering Council's strategic aspirations

New Local Plan

Why is the Council preparing a New Local Plan?

A lot has changed since our existing Local Plan was adopted:

- changes to national policy and legislation
- adoption of a new London Plan
- Council's declaration of a climate emergency
- growing focus on health and wellbeing
- revision of the Council's strategic aspirations

Key opportunity to:

- help deliver the Council's 2035 vision of what it war for Haringey: a place where we can all belong and thrive
- deliver on the Haringey Deal and exciting opportunities such as being London Borough of Culture 2027
- help address ongoing challenges such as delivering an inclusive economy

New Local Plan timescales

We are here

2021 – First Steps Engagement (award winning)
2022-2024 – Draft Local Plan under preparation
March 2025 – Cabinet agreed Local Plan timetable
16 September 2025 – Cabinet approved Draft Local Plan for consultation
Oct-Dec 2025 – Draft Local Plan consultation
Spring 2026 – Proposed Submission Local Plan consultation
Summer 2026 - Submission & Examination
Spring 2027 - Adoption

Draft Local Plan

Draft Local Plan approved for consultation

Informed by extensive engagement

Focus changed from growth to a holistic process of placemaking

For Haringey, Placemaking is an ongoing process that seeks to:

- empower our residents and stakeholders to shape places that enable everyone to reach their potential;
- meet our diverse needs and ambitions to deliver a fairer, healthier, greener Haringey; and
- enhance and celebrate our unique environments, histories, cultures, communities, and identities.

Borough wide framework for placemaking covering 11 neighbourhoods

Spatial Strategy

Inclusive, sustainable, and equitable growth

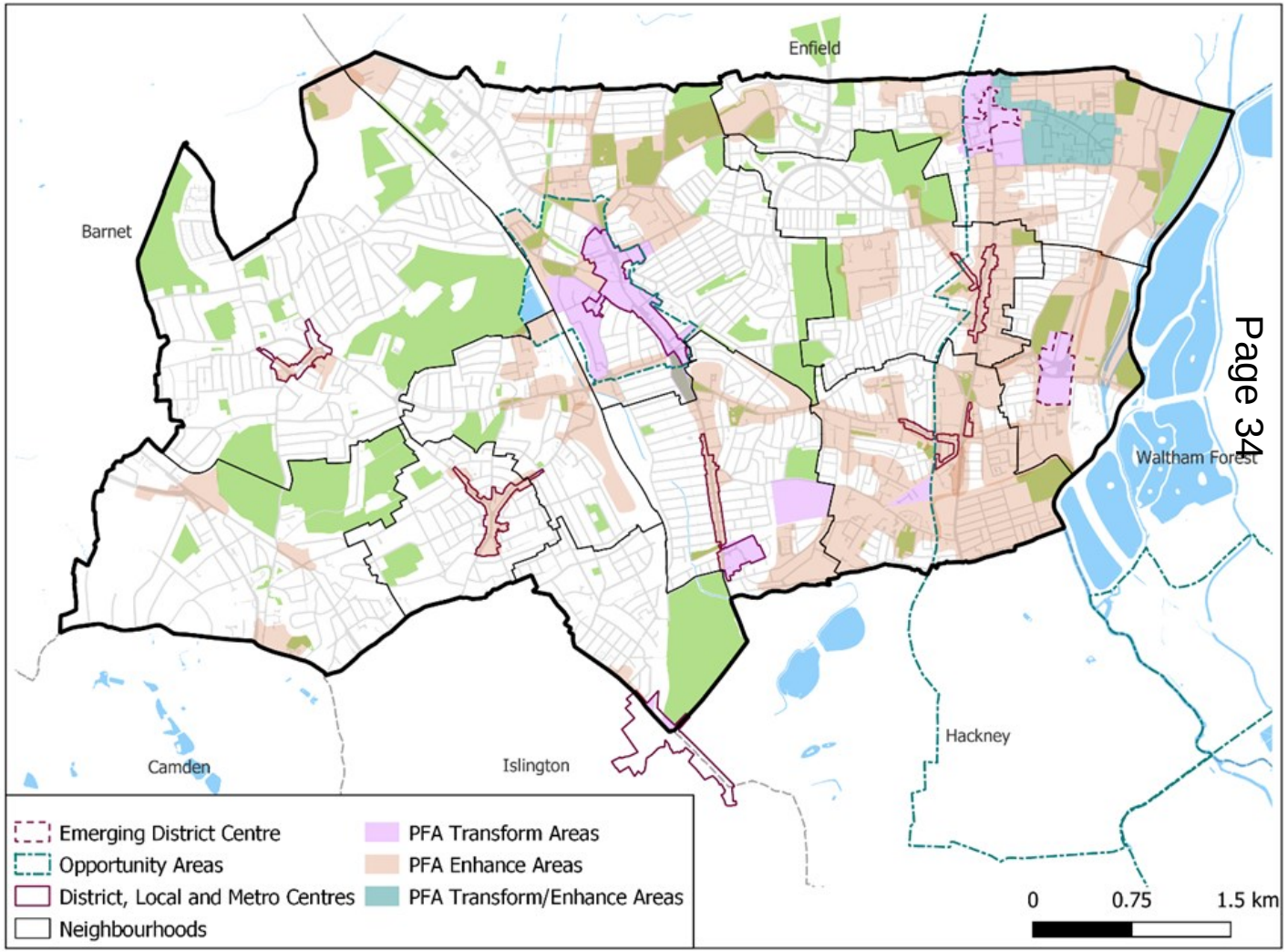
At least 16,000 homes over the period 2027 to 2036

Development prioritised in Wood Green and Tottenham Opportunity Areas + town centres and other accessible locations

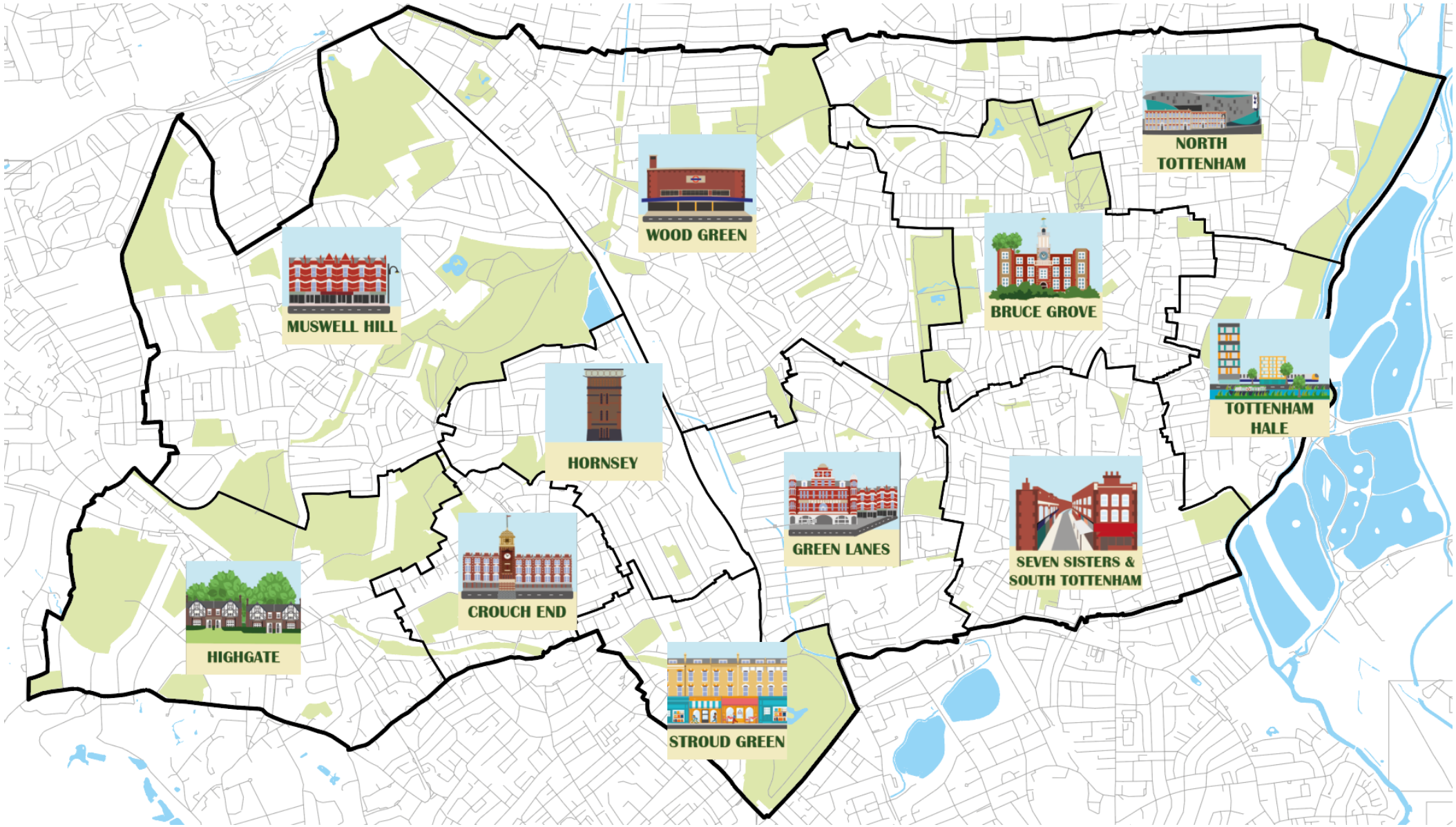
Intensification and renewal of employment land, particularly in the east of the borough

Diversification of town centres

Protection of natural and historic environment



Neighbourhoods



Healthy Places

Health and well being embedded into the Draft Local Plan

Healthy and Safe Place one of 3 Placemaking Objectives

Suite of policies to support healthy places

- Approach to growth
- Design
- Sustainable Travel
- Climate Adaptation & Resilience
- Green and Blue Infrastructure
- Social Infrastructure

Consultation

We are consulting until Friday 19 December 2025

We encourage residents, communities and other stakeholders to respond to this consultation and **let us know if you think the policies and proposals in the Draft Local Plan are sound and can most effectively address key issues the borough faces** such as fairness, health and wellbeing and climate change.

Our dedicated consultation website is:
https://haringeynewlocalplan.commonplace.is/

For further information please email newlocalplan@haringey.gov.uk.

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