

MINUTES OF THE Health and Wellbeing Board HELD ON Thursday, 17th September, 2026, 2:00 - 4:00pm

PRESENT:

Councillors: Tehseen Khan

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

Apologies for absence were received from Cllr Twigg, Jo Baty, Cllr Aksit, Cllr Ward.

4. URGENT BUSINESS

Selina Douglas (Whittington Health NHS Trust) raised concerns that parking enforcement officers had reportedly visited residents' homes to check whether district nurses had attended. She noted that this raised concerns about confidentiality and could cause distress to vulnerable or housebound residents. She requested a more collaborative approach between parking services and health partners. The Chair agreed that the reported practice was unacceptable. Sara Sutton, Corporate Director of Adults, Housing and Health at Haringey Council undertook to raise the matter with the Council's Corporate Director responsible for parking and provide a response.

5. DECLARATIONS OF INTEREST

There were none.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

The Board considered three questions from Rod Wells relating to the West and North London Integrated Care Board (ICB) strategy and local involvement in its development.

The HWB were asked what "shared delivery" was most important to the HWB. Had the HWB been given enough information to comment on this, for example how much input has Haringey council given in setting up the Hornsey Neighborhood centre?

Officers noted that this was not the end of the process; the West and North London Integrated Care Board Strategy team have met with DPHs, who have also been invited to workshops. There had been a call for evidence, with opportunity to comment, and a wealth of responses, including Haringey. Teams would continue to do further engagement on what it meant locally, and this HWBB conversation is part of that.

The Board welcomed the selection of Hornsey Neighbourhood Health Centre for initial investment under the national neighbourhood health centre programme. It was reported that local partners had contributed to planning improvements intended to support more integrated working. The Board noted that it had not been closely involved in the original selection process and supported consideration of further investment in sites in east and central Haringey.

Members asked about progress on plans for Hornsey, the potential for similar provision elsewhere in the borough, the timetable and funding, and how residents had been involved. Lordship Lane Health Centre was identified as a possible focus in the east. Funding remained uncertain and would depend on bids. Further local engagement was expected as the work developed.

Given the lack of representation by councillors in the ICB (e.g. 3 councillors from 13 Boroughs on ICB Board) how confident was the HWB that their representation of Haringey's patients' health interests carries the appropriate weight in the ICBs decision making?

The ICB had gone through a significant change process with a reduction in staff and a merger between North Central London and Northwest London ICBs. This had inevitably meant a change in how the ICB functions. In addition, National policy (e.g. the NHS 10 Year Plan and Neighborhood Health agenda) was pushing ICBs to change their role to that of a strategic commissioner. In practice, this moved the focus away from day-to-day contract management and service design at a local level, towards a greater emphasis on setting long-term priorities and shaping outcomes for residents. Part of the ambition was to create opportunities to devolve decision-making to place and neighborhood level, with a shift to prioritising prevention. The newly merged ICB remained a key part of the Health and Wellbeing Board, with an identified ICB director now being a key member of the board.

This remained a transitional phase and the board need to keep in mind 2 areas,

1. What are the opportunities to take decisions about service provision at local level and how will devolved decision making work.
2. How do they ensure strategic decisions that are made at ICB level, for example, about more specialist or hospital-based services meet the needs of our residents. This goes beyond representation on the ICB board, and we are not sure that greater council representation on the ICB board itself would be of benefit.

This would be an evolving picture, and we await potential national guidance on the role of Health and Wellbeing Boards. In the meantime, officers welcomed the ICB's work to produce a 10 year strategy, based on population health need and involve Health and Wellbeing Boards in the conversation. This was backed up by the W&NL

Integrated Health Needs Assessment, which underpins the strategy and provides data on the population. This highlighted East Haringey as an area of high need. They also welcomed the additional investment in Haringey by the ICB to support development of our integrated neighbourhood teams which would be discussed later on the agenda. In the longer term the ICB had confirmed a Strategy and Investment Plan, moving £120m recurrently into core and enhanced care, integrated neighbourhood teams, and infrastructure for integration and population health, which is aligned to our ambitions in Haringey.

800 plus engagement events were reported, Could the ICB list the other kind of engagement events that took place and when?

The 800+ engagement events referenced were not 800 strategy-specific workshops. They encompassed a wide range of existing engagement activity undertaken across legacy NWL and NCL footprints over a two-year period, including community events, faith-based engagement, support groups, forums, consultations, health campaigns, PPG meetings, carers events and outreach sessions. The insight summary for the strategy brings together the themes from these wide-ranging activities and highlights challenges with the current system and priorities for change.

7. MINUTES

RESOLVED

The minutes of the meeting held on 25th June were approved.

8. UPDATE ON THE DEVELOPMENT OF THE WEST AND NORTH LONDON NHS INTEGRATED CARE BOARD 10 YEAR STRATEGY DEVELOPMENT

- The ICB representative, Sarah McIlwaine, presented an overview of the emerging ten-year strategy. The strategy was intended to set a long-term direction for improving population health and responding to pressures across the NHS. The stated goals were healthier lives for everyone, reduced pressure on services, and better use of resources. The approach placed greater emphasis on prevention, earlier support and services working together, with neighbourhoods as a key unit of delivery.
- The presentation highlighted inequalities in health outcomes, the impact of deprivation, increasing demand for urgent and emergency care, and the need to shift from reactive treatment towards earlier, preventative support. Emerging priorities included giving children the best start in life; supporting young people's mental health and independence; improving outcomes for people with serious mental illness; preventing and managing long-term conditions earlier; providing integrated support for adults with complex needs; and ensuring dignified end-of-life care.
- The Board was advised that the strategy was intended to support, rather than replace, local priorities. East Haringey was identified as an area where proactive investment could have a significant impact. The ICB was developing a strategic commissioning plan beneath the ten-year strategy, with further detail on delivery, partnership working, measures of success and the alignment of resources. Further engagement with partners was expected.

- Members emphasised the importance of meaningful local engagement, clarity about how voluntary and community sector organisations would contribute, and a clear route for local insight to influence decisions. The Board also discussed access to specialist dentistry for children and adults with disabilities or complex needs. Whittington Health explained that a specialist service operated at the St Ann's site for eligible patients and advised that concerns about individual cases could be raised through its Patient Advice and Liaison Service (PALS).
- The discussion also covered the need to ensure that people with learning disabilities, autism and other support needs received appropriate care in hospital. Representatives described the use of health passports, reasonable adjustment information in medical records, and staff training. A GP representative noted that reasonable adjustment flags could also be used for people awaiting diagnosis where additional support was needed.

RESOLVED

The update was noted.

9. UPDATE ON NEIGHBOURHOOD HEALTH AND CARE DEVELOPMENT IN HARINGEY AND THE TEST BED PROGRAMME

- The Board received an update on Haringey's neighbourhood approach and the work to support residents with complex health and care needs. The discussion highlighted the importance of bringing together primary care, community and hospital services, social care and voluntary and community sector partners to provide more coordinated support.
- Members heard that the initial focus was on the adults with the most complex needs, with a view to improving outcomes and reducing avoidable demand through earlier, proactive interventions. The approach was intended to build on existing local practice and use data to identify need, while enabling teams to learn, adapt and share learning with other areas.
- Members welcomed the work but noted the pressure on local services and the importance of adequate resources, clear roles and effective working relationships across organisations. They stressed that a shift towards neighbourhood-based care would require changes to service delivery and meaningful communication and co-production with residents. The discussion also highlighted the importance of supporting independence, mobility and quality of life as defined by individuals themselves.
- Health partners described the use of training, health passports and other adjustments to support people with learning disabilities and autistic people. Members also emphasised the need for practical, accessible routes to support for carers and families, including those experiencing significant stress. The Chair thanked the presenter and contributors and noted the value of continued learning and a whole-population approach, including prevention before people's needs escalated.

RESOLVED

The report was noted.

10. PROPOSAL FOR A HARINGEY COMMUNITY ADVISORY FORUM FOR NEIGHBOURHOOD HEALTH AND CARE

- The Board considered a proposal to establish a Community Advisory Forum to support oversight and development of the neighbourhood approach. The proposal had been considered by the Borough Partnership Executive, with consultation with voluntary and community sector leads. Members supported the direction of travel and highlighted the importance of ensuring that the forum reflected the diversity of Haringey's communities and enabled two-way communication.
- Healthwatch Haringey offered to share learning about local engagement and barriers to participation. Members discussed the need to reach groups who might not usually participate, including young people, and suggested using community networks and communications that partners could cascade. The possibility of involving young people as ambassadors or champions was raised. It was acknowledged that the forum would need to develop iteratively and that sufficient time and thought would be needed to avoid disengagement.
- The Board endorsed the proposed approach in principle and supported further work to establish a steering group and mobilise the forum. The Chair noted that establishment might take place in January or February rather than November or December, to allow appropriate development.

11. NEW ITEMS OF URGENT BUSINESS

There were none.

12. FUTURE AGENDA ITEMS AND MEETING DATES

Members of the Board are invited to suggest future agenda items. The Board discussed future agenda items. Members supported inviting Healthwatch Haringey to present its annual report at a future meeting, including relevant updates on engagement activity and developments affecting Healthwatch. An update on the Health and Wellbeing Strategy action plan was also proposed for a forthcoming meeting.

CHAIR:

Signed by Chair

Date