NOTICE OF MEETING

AGENDA FOR THE HEALTH AND WELLBEING BOARD

Thursday, 17th September, 2026, 2.00 pm – George Meehan House, 294 High Road, N22 8JZ.

Watch the meeting live here or view all of our meetings on Youtube

Members of the public are welcome to attend this meeting. If you wish to speak at the meeting please register by emailing the Democratic Services Officer. Contact details can be found at the end of the agenda front sheet.

Elected Members:: Tehseen Khan, Hannah Ward, Georgia Twigg and Ata Berk Aksit

Quorum: 3

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 (PAGES 1 - 2)

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 3 - 8)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 25th June 2026 as a correct record.

8. UPDATE ON THE DEVELOPMENT OF THE WEST AND NORTH LONDON NHS INTEGRATED CARE BOARD 10 YEAR STRATEGY DEVELOPMENT (PAGES 9 - 18)

9. UPDATE ON NEIGHBOURHOOD HEALTH AND CARE DEVELOPMENT IN HARINGEY AND THE TEST BED PROGRAMMEU (PAGES 19 - 32)

10. PROPOSAL FOR A HARINGEY COMMUNITY ADVISORY FORUM FOR NEIGHBOURHOOD HEALTH AND CARE (PAGES 33 - 42)

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:

19th November 2026
25th March 2027

Democratic Services Contact: Kodi Sprott Committee and Governance Officer
Telephone:
Email: kodi.sprott@haringey.gov.uk

Fiona Alderman
Director of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 09 September 2026

Public Questions
Any resident, council tax payer or national non domestic rate payer of the Borough may ask the Chair of any Committee or its sub bodies any question on anything for which the Committee is responsible at any ordinary meeting. Notice of questions must be given in writing to the Democratic Services Manager by 10 a.m. on such day as shall leave three clear days before the meeting (e.g. Tuesday for a meeting on the following Monday). The notice must give the name and address of the sender. Should a question be rejected, the questioner will receive a written response advising of this, including the reasons for the rejection.

Deputations
A deputation may only be received by a Committee or its sub bodies if a requisition signed by not less than ten residents of the Borough, stating the object of the deputation, is received by the Democratic Services Manager not later than 10am to leave three clear days prior to the Committee meeting.

Accessibility Requirements
If you would like to attend and you have any special requirements, please email Kodi Sprott Committee and Governance Officer at kodi.sprott@haringey.gov.uk. Please note that public seating is limited and will be allocated on a first come first served basis.

Advice To Members On Declaring Interests
Information on declaring an interest is set out in the Council's Constitution in Part 5 Section A. However, you may need to obtain specific advice on whether you have an interest in a particular matter.

If you need advice, you can contact:
• Monitoring Officer
• the Legal Adviser to the Committee; or
• Democratic Services.
If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

Agenda Item 2

Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	* Cabinet Member (s) for Health, Social Care, and Wellbeing – Co-Chairs	Cllr Hannah Ward/Cllr Tehseen Khan
			* Cabinet Member for Children, Schools and Families	Cllr Georgia Twigg
			* Cabinet Member for Climate	Cllr Gio Iozzi
	Officer Representatives	4	Director of Adults, Housing and Health	Sara Sutton
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
NHS	West and North London ICB	1	Director Rep (TBC)	TBC
	North Middlesex University Hospital (part of Royal Free NHS Trust)	1	Chief Executive	James Rimmer
	Whittington Health NHS Trust	1	Chief Executive	Selina Douglas
	North London Foundation Trust	1	Executive Lead covering Haringey	Iain Eaves

	Haringey GP Federation	2	Chief Executive	Michael Fox
			Medical Director	Dr Sheena Patel
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sophie Woodhead
Voluntary Sector Representative	Mind in Haringey representing Haringey Community Collaborative	2	Chief Executive	Lynette Charles
	Public Voice representing Haringey Community Collaborative		Chief Executive	Dan Rogers

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, Helena Kania, Sophie Woodhead, Cllr Iozzi and Cllr Ward.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were none.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

7. MINUTES

RESOLVED

The minutes of the meeting held on 26th February were approved

8. UPDATE FROM NORTH LONDON FOUNDATION TRUST

The Board received an update from the North London Foundation Trust on recent developments in mental health services, the wider financial and policy context, and ongoing service transformation across Haringey.

In response to questions from the Board regarding investment in prevention, it was acknowledged that, whilst there was a strategic ambition to shift resources towards community-based and preventative mental health services, financial pressures across the NHS continued to limit opportunities for additional investment. It was noted that the Trust remained committed to redesigning services over the longer term to support neighbourhood-based models of care and earlier intervention, recognising that sustained investment in prevention had the potential to reduce demand for crisis services.

The Board discussed the importance of improving coordination across statutory, health and voluntary sector organisations to ensure residents could access support addressing wider determinants of health, including housing, financial hardship and social isolation, before reaching crisis point. Members highlighted the value of enabling frontline professionals to more easily identify appropriate services and referral pathways.

Representatives from the voluntary and community sector advised that work was already underway through the Haringey Community Collaborative and Haringey Wellbeing Network to strengthen links between organisations and improve awareness of available support. It

was noted that additional services, including housing and welfare advice, had been incorporated into existing community provision, and it was agreed that further work could be undertaken to strengthen collaboration and signposting across partners.

The Board welcomed the development of the new Mental Health Crisis Assessment Service and sought assurance that residents would be made aware of the new arrangements. It was confirmed that the additional facility would increase capacity and improve access to crisis support for Haringey residents, whilst partners would work together to ensure clear communication and engagement with local communities once the service became operational.

Members sought clarification on the work being undertaken by the Integrated Care Board to review investment across boroughs and the potential implications for Haringey. The Board was advised that the review remained at an early stage and that further analysis was being undertaken before any conclusions could be drawn regarding future funding allocations. It was noted that previous investment had helped address a number of identified service gaps within Haringey, although work would continue to promote equitable access to services across the wider system.

The Board welcomed the progress that had been made in strengthening community mental health provision and partnership working across the borough. Members noted that improved collaboration between health, housing, adult social care and voluntary sector organisations was beginning to deliver tangible benefits for residents, whilst recognising that further work remained to address increasing demand and the complexity of need within local communities.

RESOLVED

The update was noted.

9. BETTER CARE FUND UPDATE

The Board received an update on the Better Care Fund (BCF), including the final outturn for 2025/26 and the proposed Better Care Fund Plan for 2026/27.

Members sought clarification on the scale of community support provided to residents and the extent to which Better Care Fund investment contributed to preventing hospital admissions. Officers advised that the Better Care Fund formed one element of a wider health and social care funding package and noted that approximately 4,000 residents were in receipt of care packages across a range of settings, with the level of support varying according to individual need.

The Board discussed the impact of winter pressures on performance during 2025/26. It was noted that increased demand had been driven by seasonal illness, workforce pressures and increasingly complex cases, resulting in delays to hospital discharge. NHS partners advised that winter pressures had emerged earlier than anticipated during the previous year and had included an increase in respiratory illness amongst younger residents. It was emphasised that, despite these pressures, strong partnership working between health and social care organisations had supported discharge planning and continued to promote innovative approaches to preventing avoidable hospital admissions.

Members also discussed the increasing impact of extreme weather on health services and questioned whether planning arrangements adequately reflected the challenges presented by periods of prolonged hot weather. NHS representatives advised that heatwave planning

formed part of existing emergency planning arrangements, with additional measures implemented during periods of severe weather. It was acknowledged, however, that rising temperatures were likely to require greater emphasis within future operational planning. Council officers confirmed that the Council had also activated its emergency management arrangements during the recent heatwave, including measures to support rough sleepers, vulnerable residents, supported housing providers and wider community communications to help residents remain safe.

The Board noted that lessons learned from recent periods of extreme weather would inform future planning across the partnership.

In response to questions regarding vaccination planning, it was confirmed that partners were already preparing for the forthcoming seasonal vaccination programme. It was noted that earlier planning would support continued delivery of flu and COVID-19 vaccination programmes, particularly for housebound residents, whilst partners would continue to review service delivery arrangements across primary care.

Members discussed the future direction of the Better Care Fund in light of the Government's neighbourhood health agenda and the anticipated integration of health and care services. Officers advised that the 2026/27 Better Care Fund represented a transitional, one-year plan which largely maintained existing service provision whilst providing the opportunity to begin reshaping services ahead of future neighbourhood arrangements. It was noted that the modest funding uplift largely met inflationary pressures, although additional investment had enabled increased social work capacity within the Multi-Agency Care Coordination Team to support neighbourhood working.

The Board also discussed the importance of ensuring that residents and carers continued to play a central role in shaping future services. Officers highlighted a range of existing co-production arrangements across the partnership and confirmed that further work would be undertaken during the transitional year to strengthen resident involvement in the development of neighbourhood-based services and future Better Care Fund arrangements.

As the meeting was inquorate, Members noted that the Better Care Fund Plan had been submitted to NHS England in draft to meet the national deadline. It was explained that, in accordance with the Council's urgency procedures, the Chair of the Health and Wellbeing Board and the Corporate Director for Adults, Housing and Health would be requested to formally approve the final submission on behalf of the Board, taking account of the discussion at the meeting.

RESOLVED

The Board:

1. Noted the 2025/26 Better Care Fund performance and year-end position.
2. Noted the proposed 2026/27 Better Care Fund Plan.
3. Agreed that, due to the meeting being inquorate, the Chair of the Health and Wellbeing Board and the Corporate Director for Adults, Housing and Health exercise the Council's urgency procedures to approve the final Better Care Fund submission on behalf of the Board

10. FUTURE DEVELOPMENT OF THE HEALTH AND WELLBEING BOARD IN THE CONTEXT OF NEIGHBOURHOOD HEALTH

The Board received an update on the emerging national neighbourhood health agenda and the implications for the future role and governance of the Health and Wellbeing Board. The report also presented the findings of a recent review of the Board's effectiveness undertaken with support from Health Integration Partners.

Members noted that further national guidance and legislation were awaited and that, whilst the precise role of Health and Wellbeing Boards continued to evolve, it was anticipated that Boards would play an increasingly significant role in overseeing neighbourhood health planning, partnership working and system performance.

The Board welcomed the positive findings of the independent review, which recognised the strength of partnership working within Haringey and the Board's continued focus on population health, prevention and addressing the wider determinants of health.

Discussion focused on areas identified for further development. Members supported proposals to strengthen the role of residents and communities in shaping neighbourhood services and emphasised the importance of ensuring that engagement reflected the diversity of Haringey's communities. It was noted that existing co-production arrangements provided a strong foundation, but that there was an opportunity to develop a more consistent and coordinated approach across partner organisations.

The Board also discussed the important role of the voluntary and community sector in supporting neighbourhood delivery and agreed that future governance arrangements should continue to recognise the sector as a key delivery partner, alongside statutory organisations.

Members acknowledged that the transition to neighbourhood working provided an opportunity to review existing governance arrangements and ensure that the Board remained fit for purpose. Officers advised that work would continue during the transition period to develop proposals for an advisory forum to support neighbourhood and place-based planning, alongside a review of the Board's membership, Terms of Reference and governance arrangements once further national guidance became available.

The Board agreed that future work should also focus on identifying a smaller number of clear strategic priorities to help strengthen the Board's oversight role and demonstrate measurable outcomes for residents.

11. NEW ITEMS OF URGENT BUSINESS

There were none.

12. FUTURE AGENDA ITEMS

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

To note the dates of future meetings:

17th September 2026

19th November 2026

25th March 2027

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NHS
West and North London

West and North London 10-year strategy: Health and Wellbeing Board discussion

A new organisation creates the opportunity to think and commission differently

NHS
West and North London

Bringing together the legacy North Central London and North West London footprints creates a £12bn budget to improve health and care across our population. This organisational moment gives us the opportunity to set a clear long-term direction as the strategic commissioner responsible for improving the health of our population.

Combining scale with a sharper focus on place, population and outcomes.

THINK DIFFERENTLY	Combine insight, relationships and strengths across both legacy systems — while staying rooted in borough and neighbourhood needs.
COMMISSION DIFFERENTLY	Use population evidence, outcomes and value to shape priorities, resource decisions and the services needed for the future.
FOCUS RELENTLESSLY	Put inequalities at the centre, targeting action and investment where need is greatest.

The pressure on our health and care system is converging across outcomes, access and cost

NHS West and North London

WNL is a £12bn system facing widening health gaps, rising expectations for, convenient access, personalised care and advice, digital-first experiences, joined-up services, and greater control over health — while costs shift toward crisis care.

OUTCOMES & INEQUALITY

17-year
gap in healthy life expectancy between WNL neighbourhoods

≈3-year
fall in healthy life expectancy over the last decade

1 in 3
five-year-olds have tooth decay; mental health needs continue to rise

ACCESS IS SHIFTING

14%
of UK adults hold private medical insurance — 7.6m people

24%
already use AI tools or social media for health guidance

32%
lower private GLP-1 prescription uptake in the most deprived communities

HOSPITAL & COST

51% → 56%
acute share of spend, from 2019/20 to 2025/26

13% / 16%
potentially preventable emergency inpatient activity / low-intervention A&E attendances

>£1bn
projected "do nothing" deficit by 2035/36

Why this matters Without change, unequal access will grow while more of the budget is absorbed by avoidable hospital and crisis care.

Sources cited in the evidence base: FCA Financial Lives 2024; Broadstone/Burges Salmon 2025; Semble 2025; King's College London 2026; The Health Foundation.

West and North Londoners are clear about what they need from us

Feedback from engagement with our communities, staff and other stakeholders highlights that people want simpler access; fairer, joined up services; a greater focus on prevention and proactive care; and trusted relationships with their care teams.

Theme	Views from our: Residents and communities	Staff and clinicians	Partners and stakeholders	Implications for our 10-year strategy
Make it simpler	Access is difficult, services are hard to navigate, information is inconsistent, and people do not know where to go for help.	Pathways are complex and fragmented, creating inefficiencies for both staff and patients.	System structures and organisational boundaries can make services difficult to access and coordinate.	**Design around people's lives**, not organisational structures — with simpler access, clearer navigation and seamless pathways.
Make it fairer	Some communities experience greater barriers, lower trust, discrimination and poorer access to services.	Services need to be more inclusive, culturally competent and responsive to differing needs.	Reducing inequalities and improving outcomes for underserved populations must be a core priority.	**Make equity core design principle** rather than a standalone programme, targeting resources where need is greatest.
Make it work together	People experience fragmented care, repeated assessments and poor coordination between services.	Integrated teams, continuity of care and neighbourhood working are essential for quality and sustainability.	Stronger collaboration across health, local government and the VCSE sector is needed to improve outcomes.	**Shift towards integrated neighbourhood models**, with shared responsibility for outcomes and stronger partnership working.
Focus on prevention	People want support earlier, closer to home and before problems reach crisis point.	Rising demand cannot be met through treatment alone; prevention and self-management are critical.	Wider determinants, community resilience and long-term population health are key concerns.	**Rebalance investment towards prevention**, early intervention and community-based support.
Build trust and relationships	People want to be listened to, involved in decisions and treated as individuals.	Stable teams and continuity of relationships improve outcomes and staff experience.	Trusted community organisations play a vital role in engagement and service uptake.	**Put relationships, co-production and trusted community** partnerships at the centre of delivery.

We want to improve outcomes for the 4.5 million people living across our 13 boroughs

NHS
West and North London

1 Healthier lives for everyone

- Help people stay well for longer
- Prevent illness, not just treat it
- Reduce health gaps between communities

2 Less pressure on services

- Support people earlier and closer to home
- Focus help on those who need it most
- Make it easier to manage health day-to-day

3 Make the best use of our money

- Spend where it makes the biggest difference
- Reduce waste and variation
- Keep services affordable for the future

Three connected goals guide our strategy — improving outcomes, easing pressure and making the best use of resources.

Note: these are **emerging** priorities and subject to further refinement.

Six population groups are emerging as strategic priorities

Our strategy is framed around the life course, putting people at the heart, with a clear strategic shift towards prevention, proactive care and neighbourhood delivery and a focus on reducing disease progression, demand and inequalities.

Healthier beginnings
Pregnancy, babies, children and young people

Healthier lives
Working-age adults

Healthier ageing
Older adults and end of life

POPULATION PRIORITIES: where need and the case for change are greatest

1. **Early years and family support:** Give every child the best start in life, targeting support where families face the deepest inequalities.
2. **Young people:** Support young people to build healthy, independent lives, with a focus on mental health and employment.
3. **People at risk of, or living with, early-stage LTCs:** Prevent LTCs, detect them earlier (if not prevented), and manage them more effectively.
4. **Adults with complexity:** Deliver integrated care for adults with significant bio-psycho-social need, i.e. multiple LTCs inc. MH needs
5. **Adults with serious mental illness (SMI):** Improve health and life outcomes for adults living with SMI.
6. **End of life:** Support a dignified death for all.

CARE-MODEL SHIFTS: applied across the life course

a. **Neighbourhood health:** Primary care, community, and mental health provision at its heart, initially focused on residents with increasing bio-psycho-social complexity.

b. **Planned care transformation:** Community-first pathways, digital self-care and remote specialist advice models.

KEY FOUNDATIONS: the capabilities everything else is built on

c. **Trust and engagement:** Building trust with residents and communities, improving patient activation and creating health.

d. **New technology:** AI-enabled triage and risk targeting, digital navigation, genomics and precision medicine, and new drugs such as GLP-1s and their descendants.

e. **Commissioning and workforce:** Commissioning for outcomes and value, delivered through an engaged and skilled workforce.

Our methodology combines engagement with evidence and analysis

NHS
West and North London

Residents and staff shape the strategy throughout; a five-step approach turns that insight into priorities.

ENGAGEMENT THROUGHOUT

Residents & service users

Review of existing engagement across West and North London

800+
engagement events

160,000+
residents engaged or reached

WNL health & care system staff

System-wide call for evidence and workshops shaping the vision and detailed strategy

ICB staff

Internal call for evidence and all-staff drop-ins as the strategy develops

EVIDENCE-LED DEVELOPMENT APPROACH

1	**Understand people's needs**	Population, service-use and resident insight
2	**Look ahead**	Growth, ageing, illness and demand forecasts
3	**Check resource use**	Spend, variation and external benchmarks
4	**Find opportunities**	Better outcomes, prevention, demand and value
5	**Agree priorities**	Evidence of what works and clear investment choices

Engagement and evidence come together at every stage — from understanding need to agreeing priorities.

Strategy development roadmap: from final strategy to delivery

	Completed work ***May – July***	**Analysis & refinement** ***Late July – mid-September***	**Final strategy & governance** ***September – October***	**Mobilisation & delivery** ***October onwards***
Strategy development	• Draft strategy and priorities • Interim IHNA evidence base • Guiding principles agreed • Initial delivery approach	• Final IHNA and inequalities analysis • Finance/activity model to align resource to need • Cohorts, enablers and delivery framework	• Final strategy documentation • Leadership socialisation • ICB governance preparation	• Strategy delivery plan agreed • Priority programmes and delivery teams mobilised • Strategy informs the provider planning round
Engagement, OD & enablers	• Staff engagement approach in place • Stakeholder survey issued • Residents forum complete • Further engagement plan	• Analyse call for evidence • Ongoing staff and stakeholder engagement • Additional resident engagement	• External communications materials as needed • Staff engagement on final strategy and implications	• OD work begins to build a high-functioning strategic commissioner • Enabling work mobilised to support delivery • Staff, provider and partner engagement continues

Health and Wellbeing Boards: Translating the strategy into action

WNL direction of travel should help to focus borough priorities, shared delivery and the actions needed locally.

Actions for Health and Wellbeing Boards

1 Anchor the strategy in borough priorities

Test the direction against the JSNA, local health inequalities, prevention priorities and wider determinants.

2 Align shared delivery

Identify where local government, place partnerships and the ICB need to act together – particularly on neighbourhoods, children and young people, mental health, prevention and left shift.

3 Define local commitments

Surface the specific actions, owners and dependencies needed locally to implement the strategy – including what the Board can help unlock.

How this should work in practice

Common direction	Use one shared narrative about the direction of travel
Borough lens	Ask what the strategy means for this borough, where shared delivery matters most and what needs to change locally.
Clear accountability	Ensure leadership for action, with sufficient structure to identify issues, actions and ownership.
One feedback route	Feed agreed issues and actions into the ICB through a clear route, avoiding multiple parallel conversations.

The ask today Where is shared delivery most important for this borough – and what can the Board help to unlock?

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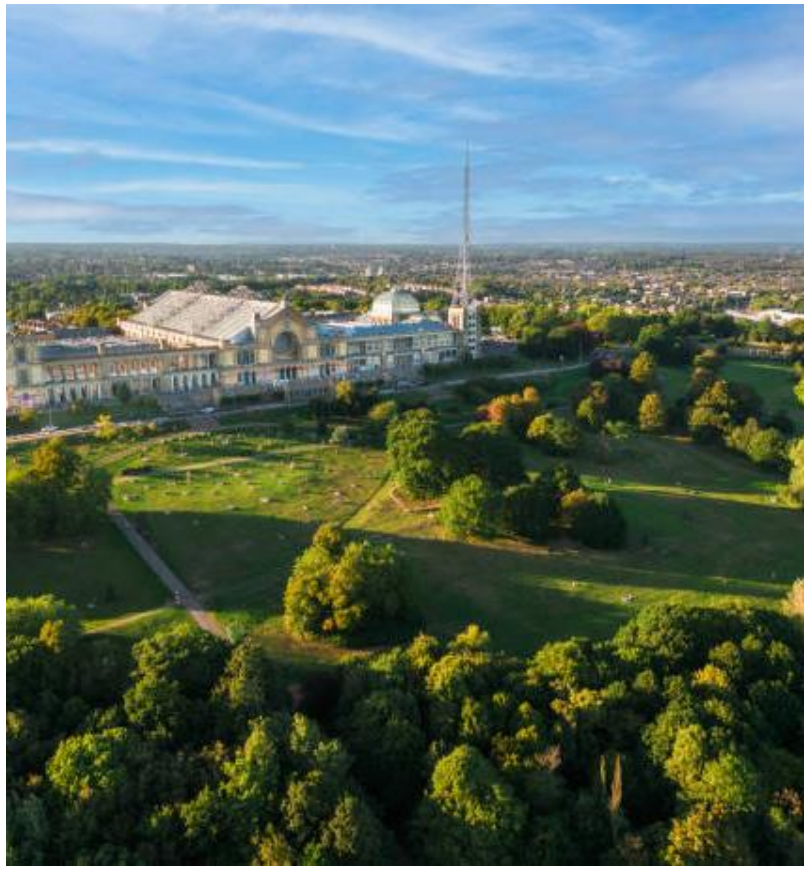

Haringey Test Bed Programme

Haringey Health & Wellbeing Board

17th September 2026

START • LIVE • AGE
WELL
HARINGEY BOROUGH PARTNERSHIP

Haringey
LONDON

HARINGEY GP FEDERATION

NHS
Whittington Health
NHS Trust

Why neighbourhood health, and why now?

START • LIVE • AGE
WELL
HARINGEY BOROUGH PARTNERSHIP

National plans driving…

- The *NHS 10 Year Plan* recognises public services are financially unsustainable, satisfaction is in decline, and that the way we deliver health and care must change
- The plan sets out three "shifts" which must happen to address these issues: hospital → community, treatment → prevention, analogue → digital
- Related and specific ambitions are reflected in the *Neighbourhood Health Framework*, guidance on *Neighbourhood Health Centres*, and the 2026/27 GP contract

health systems to act differently…

- The newly-merged West and North London integrated care system has set out the intent to invest 1% of its total annual budget (~£120m) into neighbourhood health and care over the next five years
- To understand what works to support "left shift" of resources, Haringey has been selected to pioneer the "test bed" – building on the strength of people, plans, and partners already in the borough

to connect & improve care in Haringey

- As well as investing in an expanded MACC team, we are also progressing wider initiatives including resident engagement, work well and employment, and targeting inequalities
- We are also strengthening our local health and care partnership – including building a shared "Team Haringey" approach across frontline teams

Haringey testbed – an overview

- ✓ Put simply, the **“test bed”** is a pioneering initiative to better join up and connect teams and services providing health and care for some of the most vulnerable people living in Haringey – those with several long-term conditions, and at ‘rising risk’ in their health & wellbeing status

- ✓ The “test bed” builds upon the successful **multi-agency care coordination** (MACC) **team** in the borough – that brings together GPs, social workers, mental health practitioners, occupational therapists, physiotherapists, pharmacists, and nurses as a multi-disciplinary team. In this way, people receive **“whole person”** support for their needs – be they medical, psychological, and/or social (e.g. linked to relationships, housing, benefits, employment)

- ✓ This means people referred to the service – including those who are living with **frailty** and a number of **long-term conditions** – are supported by a single team through comprehensive assessment, care planning, a range of health & care interventions, and review . As well as providing a more joined-up experience, the team also offers more proactive and preventative support – addressing people’s health and care needs before they increase or become more complex; when hospital referral may be the only option

What This Means to Haringey

Reading the national and regional drivers onto our own population and patch

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HARINGEY BOROUGH PARTNERSHIP

Demographics

264,300 residents; 21% aged 0–17 alongside a fast-growing over-65 population. One of London's most ethnically diverse boroughs, which shapes need and how services must be designed.

Geography

A marked east–west divide. Three neighbourhoods — East, Central and West Haringey — form the testbed's operating footprint.

Inequalities

4th most deprived borough in London. Up to a 15-year gap in healthy life expectancy between the richest and least well-off parts of the borough.

Existing Assets

A successful foundation to build on, MACCT, 7 established PCNs, aligned district nursing teams, and a mature Federation / Whittington Health / Council partnership

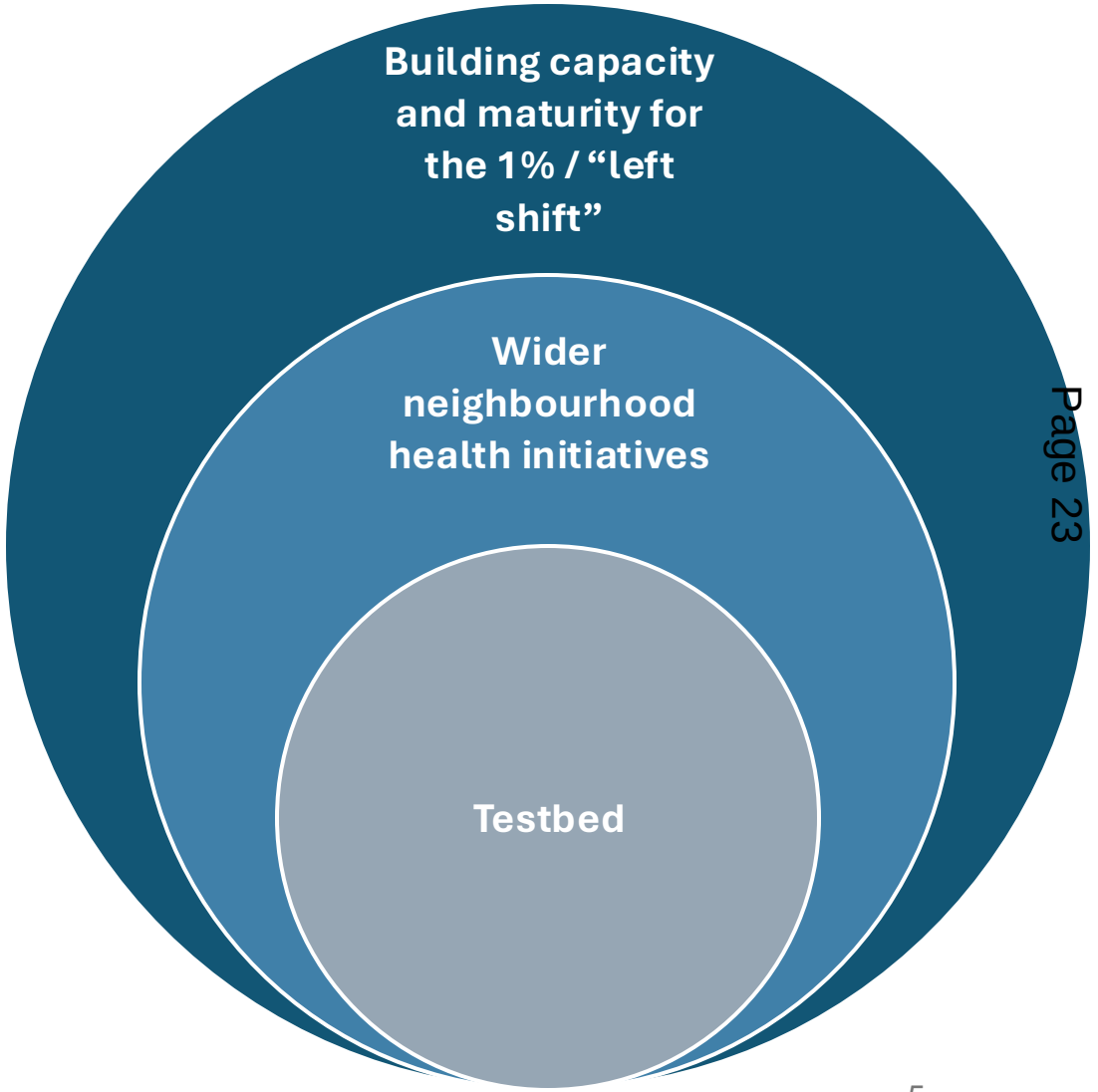
Our neighbourhood ambitions

Refreshing our neighbourhood governance is grounded in shared current priorities, and future ambitions as borough partners.

The **neighbourhood testbed** is our current focus. We're mobilising an expanded MACC team, providing greater capacity and service user throughput, to deliver system impact (by e.g. reduced non-elective demand). Getting this right demonstrates the value proposition for neighbourhood health in Haringey, and potential benefit across W&NL.

The testbed is anchored in pillars 3 + 4 of the W&NL approach, and primarily represents a change initiative between NHS partners (primary, community, mental health, secondary care). In Haringey, we are also working with the Council & wider borough partners (VCSE, Public Voice) to mobilise and expand **wider neighbourhood health initiatives** which deliver against pillar 1 + 2, and that are tackling health inequities on a neighbourhood / hyper-local footprint.

By mobilising across all four pillars, we are aiming to better manage today's demand, respond to needs holistically, and to free up system capacity. This sets the foundations – and the enabling infrastructure – to focus on prevention and addressing the needs of tomorrow. For us in Haringey, that means demonstrating we are perfectly-placed to use system investment to expand capacity, rebalance system pressures, to bend the future demand curve, and to improve the value and efficacy of public sector.



What We're Doing to Get the Testbed Up and Running

Six moves underway right now across the partnership

START • LIVE • AGE
WELL
HARINGEY BOROUGH PARTNERSHIP

MACCT into INT

Widening multidisciplinary team membership across health, care and VCSE partners.

Proactive MDT + Psychiatric MDT

Shifting from reactive case discussion to proactive, risk-based outreach.

LTC / LES High Risk & Complex plus Frailty

New long-term condition and local enhanced service offers targeting frailty and complex need.

Teleconference to Neighbourhood Health MDT

Scaling virtual consultation routes to widen access and cut unnecessary travel.

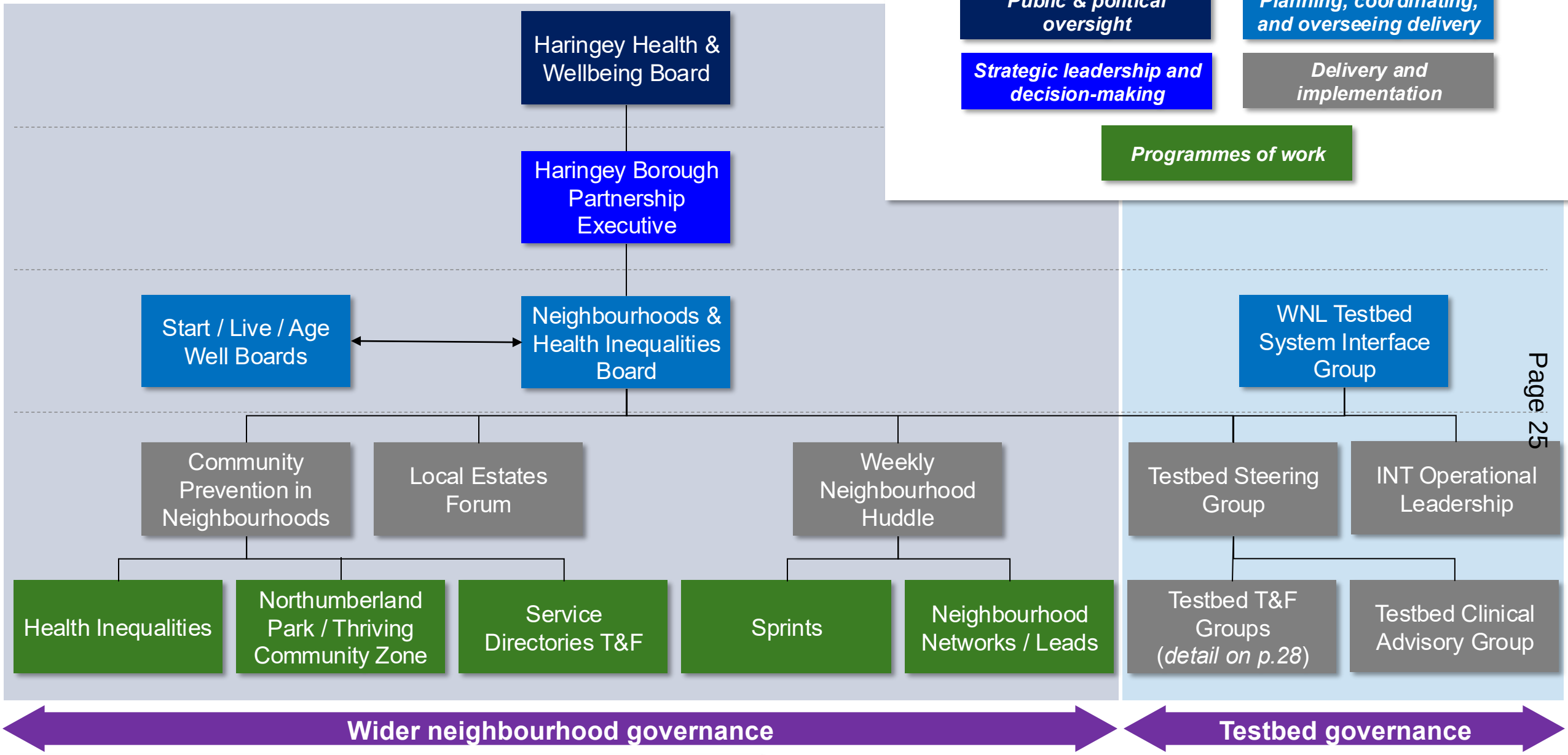
Increasing Run Rate

Accelerating referral throughput and caseload capacity as the model beds in -(3,200 per annum, 266 monthly run rate))

Team Haringey

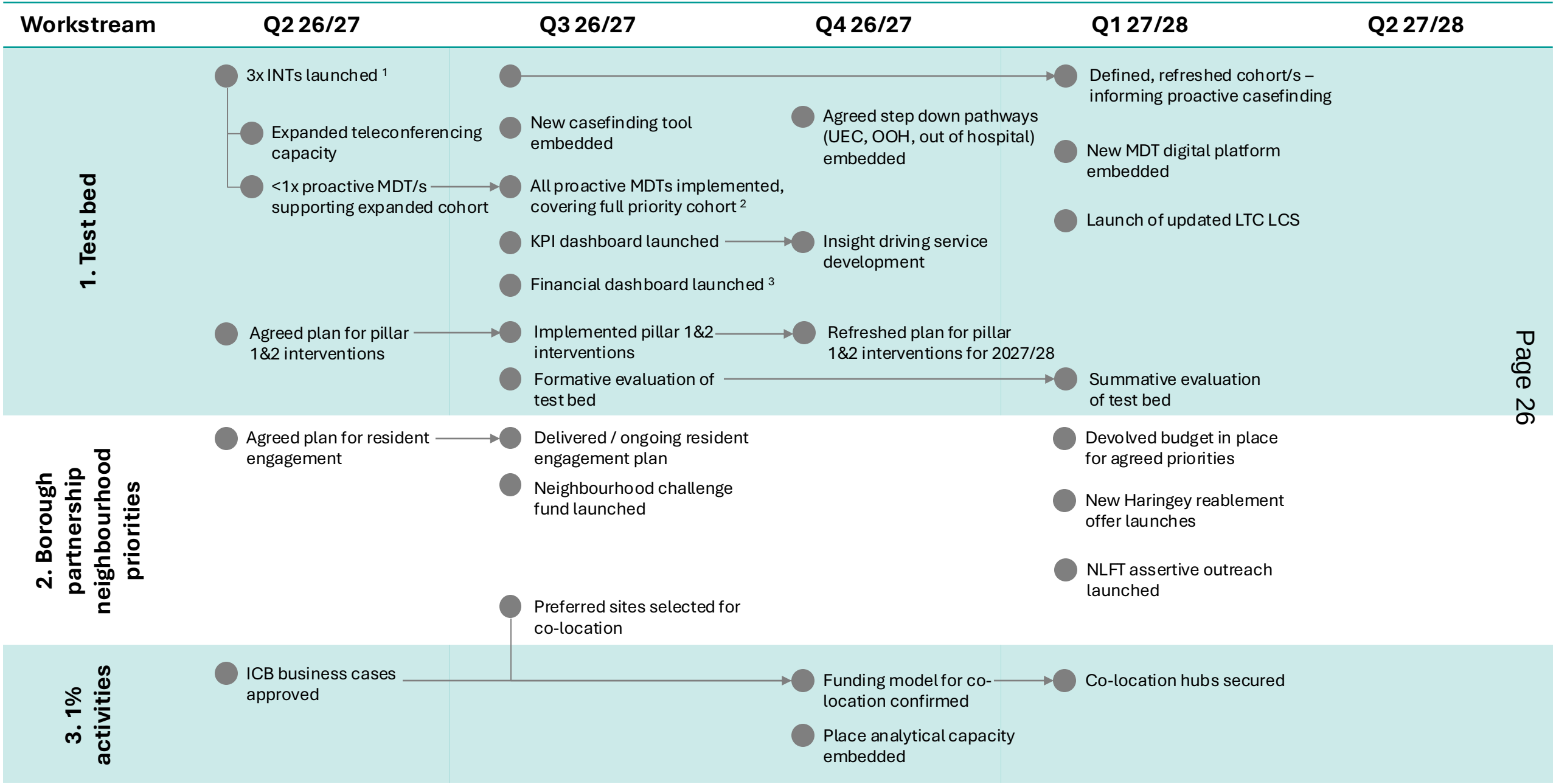
One shared identity and culture across the integrator partners delivering the testbed.

Haringey Neighbourhood Health Governance



Note: this governance schematic sets out fora which influence delivery of neighbourhood health across all four pillars of the system-wide model

Haringey neighbourhood health – medium term plan and deliverables



NOTES: 1. With expanded skill mix (psych, geriatrician, GP), fed by current data. **2.** Hitting target run rate of 266 pts pcm. **3.** tracking run rate, supported by a proactive spend plan

Test bed – our impact and learning so far

OUR IMPACT TO DATE

- Testbed mobilisation in converting MACCT into 3 INT teams & with expansion/additionality with focusing of estates/workflows and OD
- Recruitment to clinical/operational roles as well securing PMO support
- Proactive MDT went live & Psychiatric MDT to go live early September
- INT OD workshops planned to be held in September
- Data Dashboard demonstrating our impact will start reporting from Mid-September
- Delivering the expected run rate

WHAT'S WORKED WELL

- Making this an explicit shared endeavour – "Team Haringey" spirit
- Pump priming to lead transformation alongside BAU
- Building on existing infrastructure
- Dedicated neighbourhood leadership
- Clear and focussed success criteria
- Focussing on drivers of change, as well as pure service capacity

NEEDS FURTHER EFFORT

- Time needed to agree, plan for, & mobilise complex change
- Delivering change/additionality on top of BAU
- Ensuring parity of esteem and equitable contribution from involved partners
- Managing concerns about workload shift – adult social care, primary care, mental health
- Community engagement
- Technical barriers – casefinding tool, workforce passport, system interoperability, EPR access, estates

What the Testbed Means for Haringey Residents

Designed around what patients have already told us, and shaped further by residents as we Test & Learn this year

Where this started: in designing the testbed and our 3 neighbourhood teams, we drew directly on feedback from MACCT patient surveys, what residents told us mattered most about their care. Inside Haringey's MACCT- https://youtu.be/jmBOrylRxe0?si=tnesxdfrp2LnJJfF

Also through our recent LTC workshops (Heart Failure & Diabetes) held in summer 2026

What You Can Expect

Tell Your Story Once

Right now, care can feel disjointed — repeating yourself to different teams. Coordinated MDT care means your GP, community and social care teams work from one shared picture.

Support to Stay Home

We know most residents want to stay independent at home. Proactive, joined-up support is designed to spot problems early and avoid unnecessary hospital admissions.

Care That's Personal to You

Bespoke health coaching tailored to your own goals and circumstances — not a one-size-fits-all care plan.

Fair Care Across the Borough

We're analysing need at each neighbourhood level (East, Central, West) so support is adjusted to close equity gaps, not applied evenly regardless of local need.

How We'll Keep Listening and Improving through our communication and engagement activities

Clear Comms for Residents

Patient-facing materials explaining the testbed are being designed now.

Resident Focus Groups

We're setting up focus groups so residents can shape the testbed directly.

Test, Learn, Improve

A continuous test-and-learn approach — adjusting as we find out what works.

Patient Experience KPI

A new patient experience measure is being added to track how care actually feels.

MACCT = Haringey's Multi-Agency Care and Coordination Team. MDT = Multi-Disciplinary Team. INT = Integrated Neighbourhood Team.

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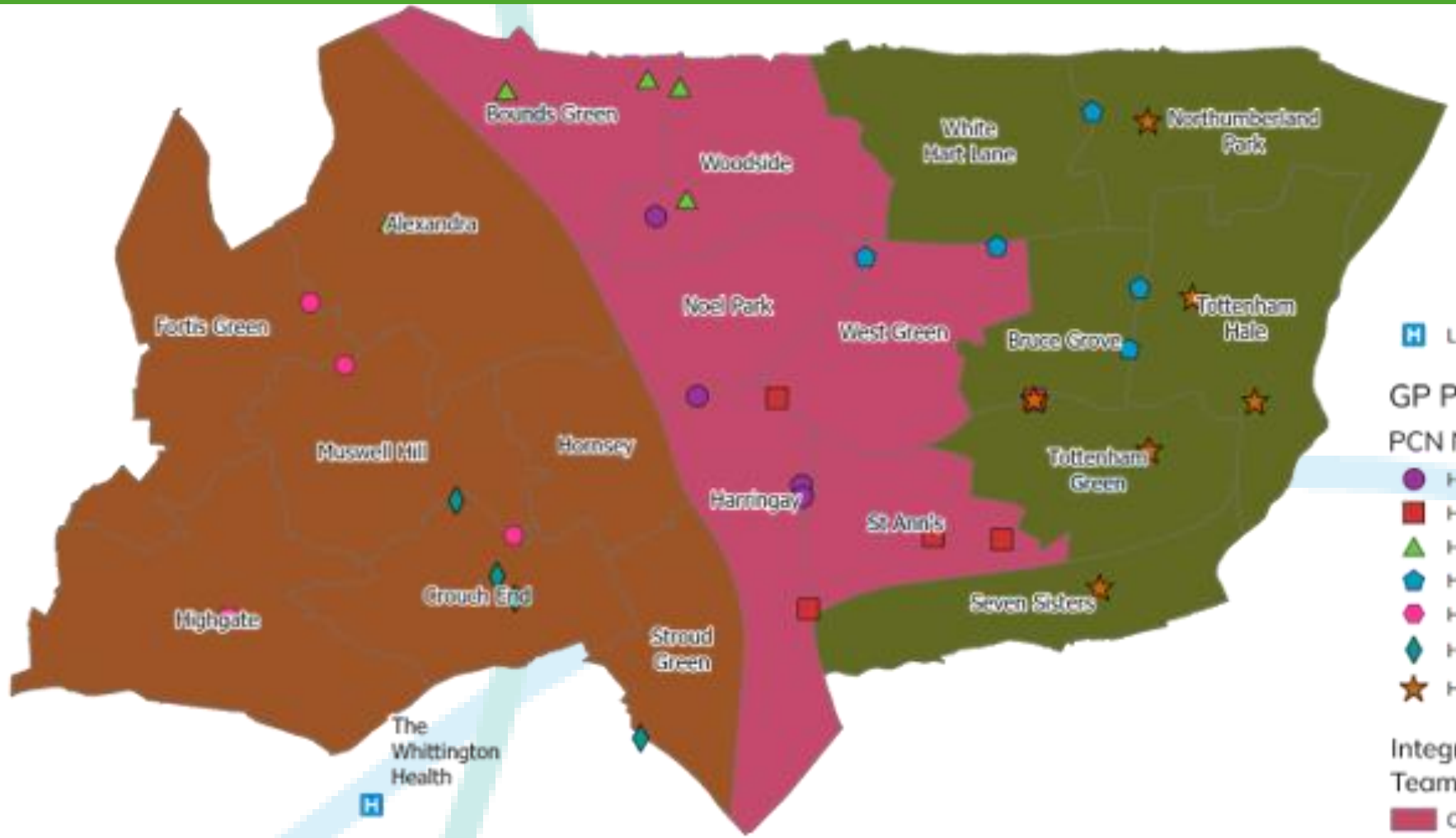
Haringey Integrator

Appendix

About Haringey: Neighbourhood Geographies



About Haringey Integrator: what the partner orgs provide

Organisation	Strategic Implication
Council	Operational integration of social care, public health, and prevention services into neighbourhoods Convening and linking role into VCS and grass roots community organisations
HGPF	Deepened role in borough-wide coordination, hosting functions, aligning clinical services
Whittington Health	Leading MDTs, supporting left-shift from acute to community, hosting neighbourhood teams

Board/Exec Commitment

- All three organisations have ratified the proposal at their executive levels.
- Named senior leaders (e.g. Michael Fox, Nadine Jeal, Sara Sutton, Will Maimaris) are actively involved.
- Staff are being aligned to neighbourhoods with dedicated time and leadership roles.

Resources Being Pivoted

- **Council**: 5 Neighbourhood Connector roles, adult social care locality teams, convening power, transformation resources.
- **HGPF**: COO (0.2 WTE), DoP (0.2 WTE), neighbourhood development team, QI, digital, workforce, comms.
- **Whittington**: Programme manager (Sana Burney), MACC team, district nursing, LTC leads, OD and analytics support.

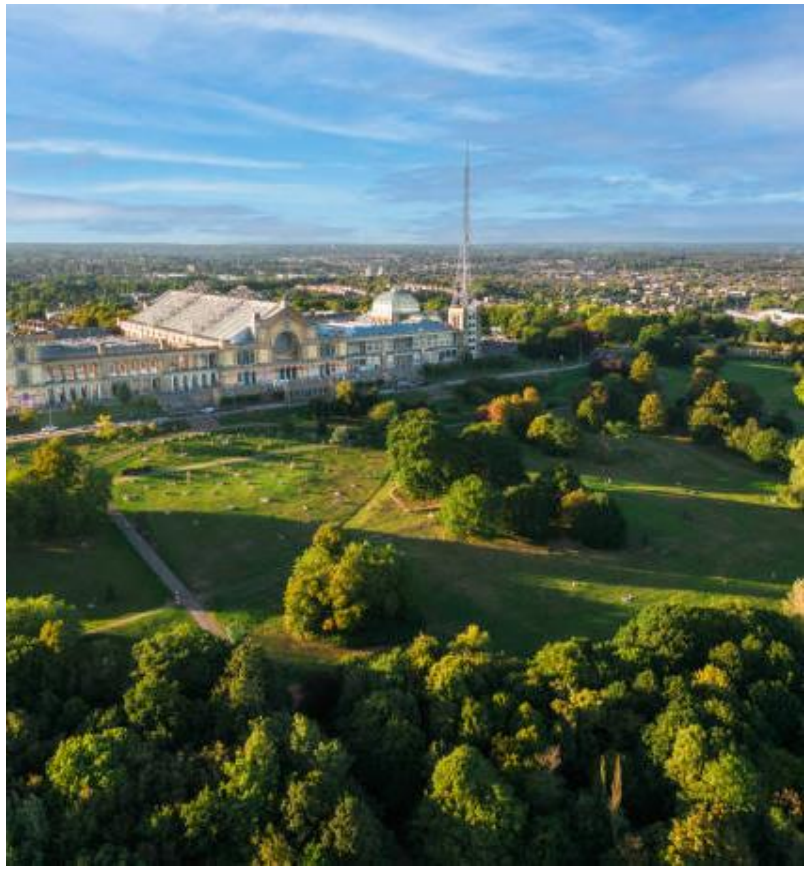
About Haringey Integrator: Commitments as partners

Commitments made Sept 25 as part of integrator assurance

- Board commitment to partnership
- Transparency and joint delegating decision making (through HBP) into any released left shift funds and the service delivery models
- A commitment all bids aligned to neighbourhood model rooted through partnership (i.e. that no party pursues opportunity independently without first engaging and routing through the partnership if it has a direct impact on the neighbourhood model)
- Visibility on community contract streams/shared approach on any new funding to neighbourhoods)

Commitments proposed Jan 26 to ensure success of test-bed across integrator partners – to be written into a Partnership MOU with goal to sign off Mar 26

a. Central co-located PMO and joint SROs from HGPF & Whitt
b. Specific focus on Pillar 4 and benefits realisation for 3200 residents in scope, whilst recognising and amplifying wider neighbourhood work across all pillars with partners
c. Substream enabler groups (Comms, Digital & PHM, workforce) alongside existing estates focus
d. Behaviours – collaboration, honesty, commitment to moving towards shared decision making/accountability
e. Shared strategic risk management approach (financial, delivery, political)
f. Formalise roles & responsibilities & embed resilience if personnel change
g. Describe input/dedicated resource from each partner (with an eye to future state)
h. Embed population needs based resourcing and approach to ensuring equality
i. Strengthen need to manage/influence collectively at place
j. Move towards shared decision making over ‘community/neighbourhood contracts’
k. Align/be conscious of partnership arrangements in neighbouring Boroughs / Trusts that span Places
l. Ensuring community engagement/VCSE commissioning is integrated alongside clinical health & care elements



Haringey Neighbourhoods – Stronger community and resident voice in the governance

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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

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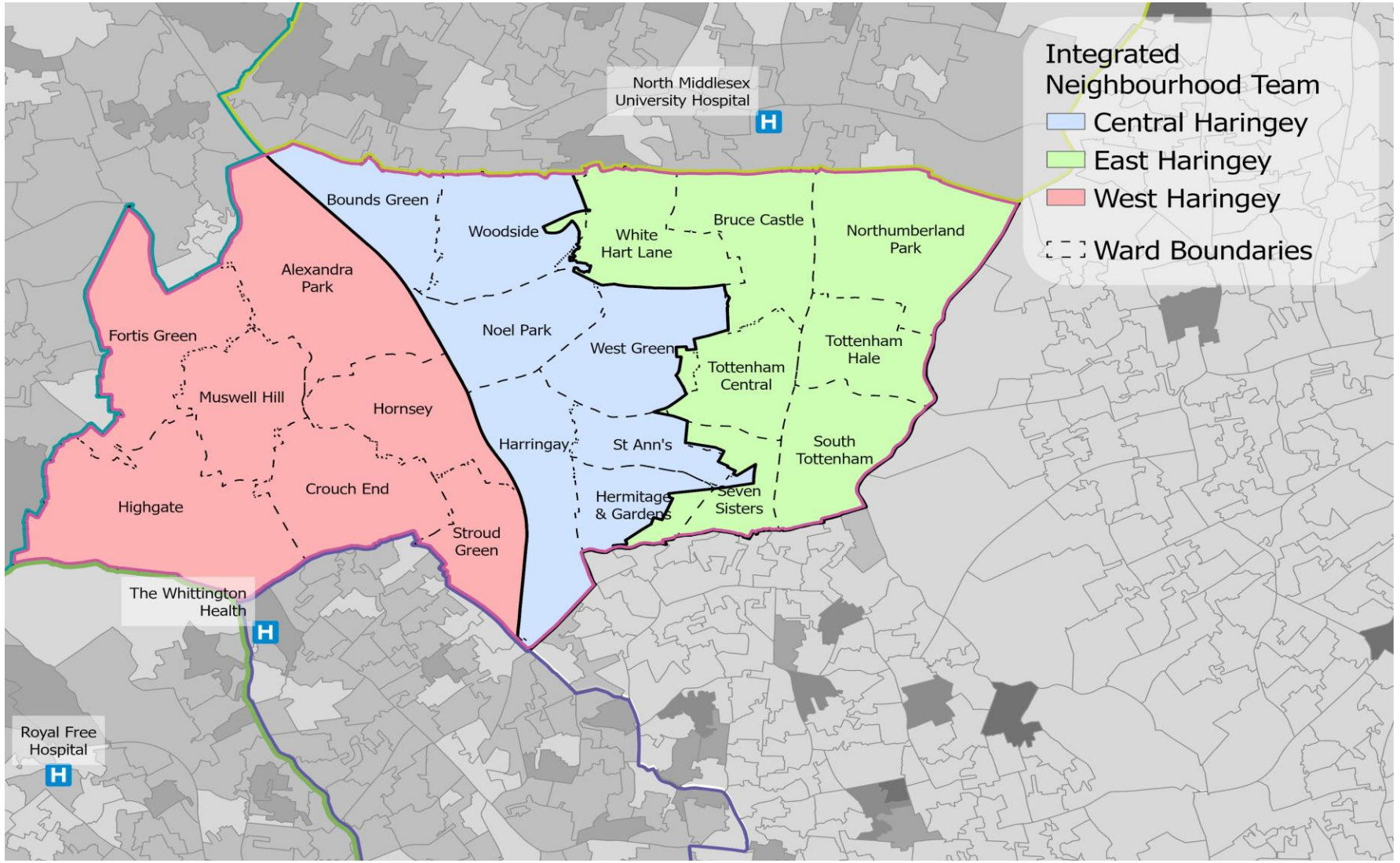


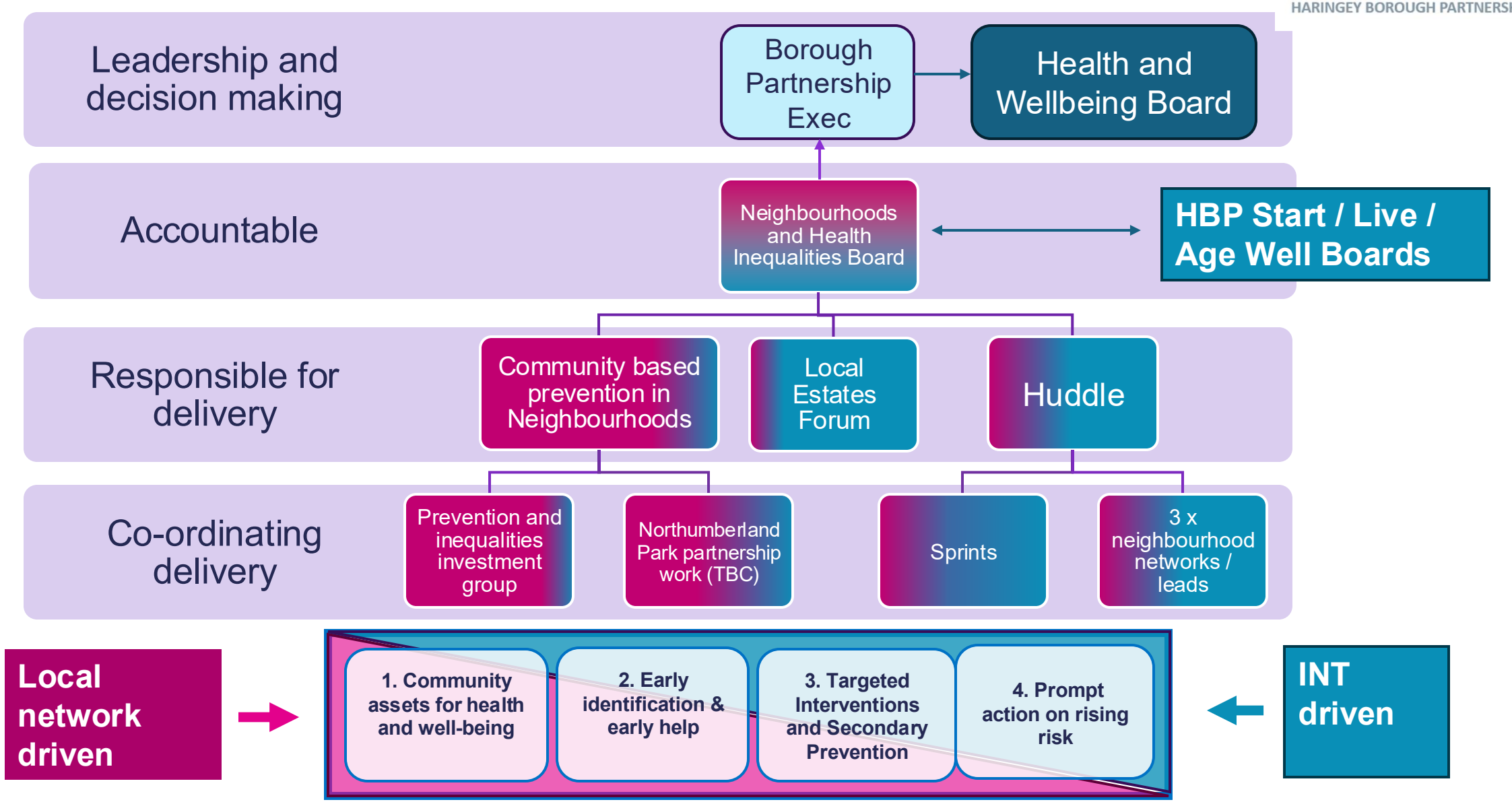
Why do we need stronger resident and community voice in the Neighbourhoods Governance in Haringey

- The neighbourhood health and care agenda is about:
  - Improving the way people in Haringey experience health and care in their local area, regardless of where they live in their borough, ethnicity, gender, sexuality or if they are disabled
  - Enabling people to stay as healthy and well as possible and linked into their local communities
- This means we have to work in different and new ways as health and care organisations
- We need to involve local people in any changes we make, so that
  - The changes we make are effective and meaningful for residents
  - Residents know about the changes that are being made, what it means for them and how they can take a role in keeping themselves and their communities health and well.

We have foundations we can build on to increase resident involvement in our Neighbourhood Health and Care Programme

- We have some strong mechanisms of engagement and involvement in place already for health and care in Haringey such as:
  - The groups that make up the Haringey Joint Partnership Board including the Dementia Reference Group, Carers Reference Group etc
  - We have engagement mechanisms for children and young people and their carers such as SEND Power
- We have experience of genuine co-design of strategies with residents to improve Health and Wellbeing in the Borough, such as the Haringey Carer's Strategy, Haringey Toilet Strategy
- Our voluntary and community sector is skilled at involving local people in helping design services
- We have examples of people with lived experience delivering services in the borough such as Bringing Unity Back into the Community, which supports the recovery of people with substance misuse issues

Haringey Neighbourhoods: Current Governance



What next – strengthening the resident voice in shaping our Neighbourhood Health and Care work

The following initial actions are proposed:

1. Establishing a Haringey (place level) Neighbourhoods Health and Care Community Advisory Forum
   - This would meet 2 to 3 times a year to
     - Provide feedback from the community on key issues relating to health and care in the borough including recommending topics for Health and Wellbeing Board discussion
     - Be consulted on and provide input into the main developments in the Haringey Neighbourhoods work
     - Ensure messages are reaching residents about significant changes to health and care delivery and how to make the most of them
     - To ensure a wide range of communities can link into the Neighbourhoods Health and Care programme
     - Provide representation and a voice at the Haringey Health and Wellbeing Board
     - Input into the development of neighbourhood level community and voluntary sector infrastructure and feedback issues from the 3 neighbourhoods
2. Ensure that there is a feedback mechanism from Neighbourhoods Health and Care Advisory Forum into the Health and Wellbeing Board

Establishing a Haringey Neighbourhood Health and Care Community Advisory Forum – Potential Role and membership

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Purpose of group

- Provide feedback from the community on key priorities relating to health and care in the borough
- Be consulted on and provide input into the main developments in the Haringey Neighbourhoods work
- Ensure messages are reaching residents about significant changes to health and care delivery and how to make the most of them
- To ensure a wide range of communities can link in to the Neighbourhoods Health and Care programme
- Provide representation and a voice at the Haringey Health and Wellbeing Board

Meeting frequency

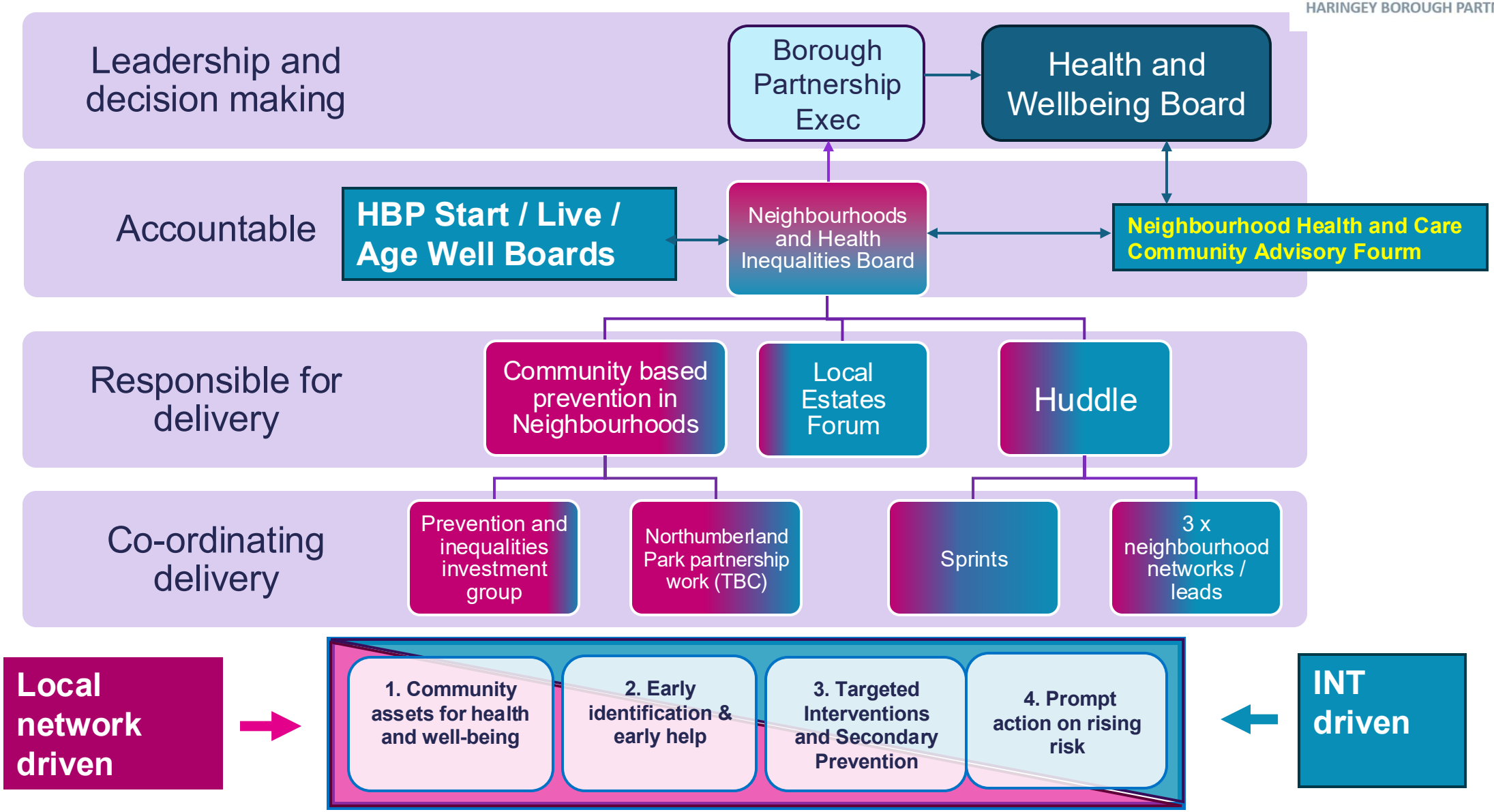
- 2 to 3 times a year
- At least 2 in person meetings a year
- Aim for informal, accessible style

Suggested membership could include

- Representatives from the 3 “integrator organisations”, Haringey Council, Whitington Health and Haringey GP Federation
- Representatives from North Mid and NLFT
- Haringey Community Collaborative
- VCS organisations from each each neighbourhood
- Community network reps (e.g Somali network, Turkish and Kurdish network)
- Chairs of reference groups as part of the Haringey Joint Partnership Board structure
- Chair of the JPB
- SEND Power reps
- PPG reps/Whittington voices/MNUH/NLFT patient forum reps
- Key pan Haringey community organisations (e.g. DAH, CAB)

Chairing and secretariat arrangements to be agreed by the group – but suggest joint chairing to begin between integrator and community/resident reps.

Haringey Neighbourhoods: Proposed Governance



Next steps

1. This proposal has support from the Borough Partnership Executive and we received constructive feedback on the proposal from some key Haringey VCS leads, so we are now seeking approval from the Health and Wellbeing Board to put the Advisory Forum in place
2. Preparation for first meeting of Community Advisory Forum (Autumn/Winter 2026) including setting up small steering group with VCS leads to plan agenda for first meeting. Director of Public Health will facilitate this.