NOTICE OF MEETING

AGENDA FOR THE HEALTH AND WELLBEING BOARD

Thursday, 19th November, 2026, 2.00 pm – Woodside Room, 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 13).

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 17th September 2026 as a correct record.

8. UPDATE FROM HEALTHWATCH HARINGEY (PAGES 9 - 22)

9. SUICIDE PREVENTION PLAN (PAGES 23 - 34)

10. NEIGHBOURHOODS UPDATE (PAGES 35 - 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:

- 25th March 2027

Democratic Services Contact: Chris Liasi - Committee and Governance Officer
Telephone:
Email: chrisovalantis.liasi@haringey.gov.uk

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

Wednesday, 11 November 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 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, Health and Communities	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	Sarah McIlwaine
	North Middlesex University Hospital (Part of Royal Free NHS Trust)	1	Chief Executive	Abigail Jago
	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

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 wight 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 ……

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healthwatch Haringey

Looking back at the past year and looking ahead to collectively strengthening local voice

Health and Wellbeing Board Presentation, November 2026

Healthwatch Haringey:

Independent voice on health and social care

Our remit

- Gathering the views and experiences of patients and the public regarding health and social care services.
- Making those views known to commissioners, service providers, and scrutiny committees.
- Exercising Enter and View powers to visit health and social care premises.
- Recommending investigations or special reviews to Healthwatch England or the CQC.
- Providing advice, information, and signposting on local services.

Commissioning and delivery

Haringey Council commissions the local service. Public Voice CIC manages and runs Healthwatch Haringey.

Our people

Staff and volunteers work with local communities to identify what matters most.

healthwatch Haringey

What Healthwatch Haringey does locally

Listen to residents

Surveys, interviews, focus groups, community events, Patient Participation Groups and individual enquiries.

Examples: pupils discussing vaping, Broadwater Farm Estate residents and interviews in Spanish with Latin American residents.

Provide practical support

Help residents understand their rights, access services, raise concerns and find support.

Examples include GP registration information in different languages and help securing medical appointments.

Research barriers to care

Investigate inequalities and barriers residents face, then recommend changes to providers and decisionmakers.

Research covers GP access, sickle cell disease, contraception, digital exclusion, mental health and healthy ageing.

Influence local services

Share residents' experiences with Haringey Council, NHS trusts, GP practices, public health and the wider Integrated Care System.

Examples include sexual health planning, GP community engagement and representation on NHS committees.

Examples of our impact

Practical service improvements

Sickle cell support (2024–25)

Research on benefits-access barriers led a local NHS service to offer regular benefits advice.

GP information in Turkish (2024–25)

Healthwatch, Roj Women's Association and a GP practice made health information available in Turkish.

Diagnostic centre awareness (2023–24)

After research found low awareness, Wood Green Community Diagnostic Centre began community outreach.

Shaping future services

Sexual health (2024–25)

Haringey Council used contraception-information findings to plan service improvements.

Mental health (2025–26)

Healthwatch meets North London NHS Foundation Trust regularly about residents' concerns and service improvements.

Capturing Seldom Heard Voices

Language and cultural barriers

Latin American, Turkish, Kurdish, Somali and Polish-speaking residents facing language or health-information barriers.

Migrants and people facing homelessness

People struggling with GP registration or information about their healthcare rights.

Long-term conditions and mental health

People with sickle cell disease facing discrimination, inadequate care or problems getting financial support.

Older people and unpaid carers

People struggling to access social care, specialist appointments or information about available support.

Digital exclusion

Residents who find online healthcare systems difficult or lack the technology or skills to use them.

2025–26: Activity, findings and support

830
people shared their experiences

155
people sought advice and information

Practical support

A three-way call secured a podiatry appointment after three weeks of unsuccessful calls.

Findings and influence

Latin American communities

68% of Latin American research participants had not heard of Chagas disease. The research led to information in the Haringey GP newsletter.

Healthy ageing

89.9% of respondents followed at least one Age Well pillar. Only 50% could name all five. Findings inform local plans, including hydration awareness.

Resident voice during NHS change

Healthwatch maintained representation on NCL ICB Primary Care Committees, raising residents' concerns and scrutinising decisions during the merger.

Source: Healthwatch Haringey Annual Report 2025/26, pp. 9, 14–15, 20, 27–28 and 31



healthwatch Haringey



Section 2: Looking Ahead

A framework informed by the three-year review and policy developments

healthwatch Haringey

National announcements: Healthwatch will continue as a statutory obligation commissioned by Local Authorities

CONFIRMED · 28 OCTOBER 2026

Healthwatch England and local Healthwatch will be retained and strengthened.

The planned abolition provisions are to be withdrawn from the Health Bill. Healthwatch will be retained and 'strengthened' to enhance the role of patient feedback in the NHS.

REFORM DETAILS TO CLARIFY

- Proposed national quality framework for local Healthwatch
- Patient Experience Directorate: how this fits the revised model
- Plans for an ICB patient-voice champion: status to confirm

Renewing Healthwatch Haringey: our vision

01

Stronger local engagement

Give residents a trusted, accessible way to share their views on health and care.

Strengthen community outreach while remaining local and independent.

02

Earlier involvement in service design

Bring residents' views into service and neighbourhood planning before decisions take shape.

Connect communities with statutory partners and upcoming initiatives.

03

Independent local scrutiny

Act as a critical friend to local services, using residents' experiences to improve care.

Maintain local accountability as health services become more regional.

healthwatch Haringey

Discussion and shared next steps

01

Where would independent resident insight add most value?

Which services or communities would benefit most from Healthwatch's research? How can we all ensure that Healthwatch drives independent resident voice across the borough?

02

What opportunities are there for strengthened partnership working?

How Healthwatch can be involved earlier in decisions and kept informed of outcomes? Where do you see Healthwatch strengthening your work? Where do you see the role for Healthwatch in the work you are doing?

03

What else do we need to consider in collectively strengthening the remit of Healthwatch Haringey?

Modifications to ways of working. Collective action.



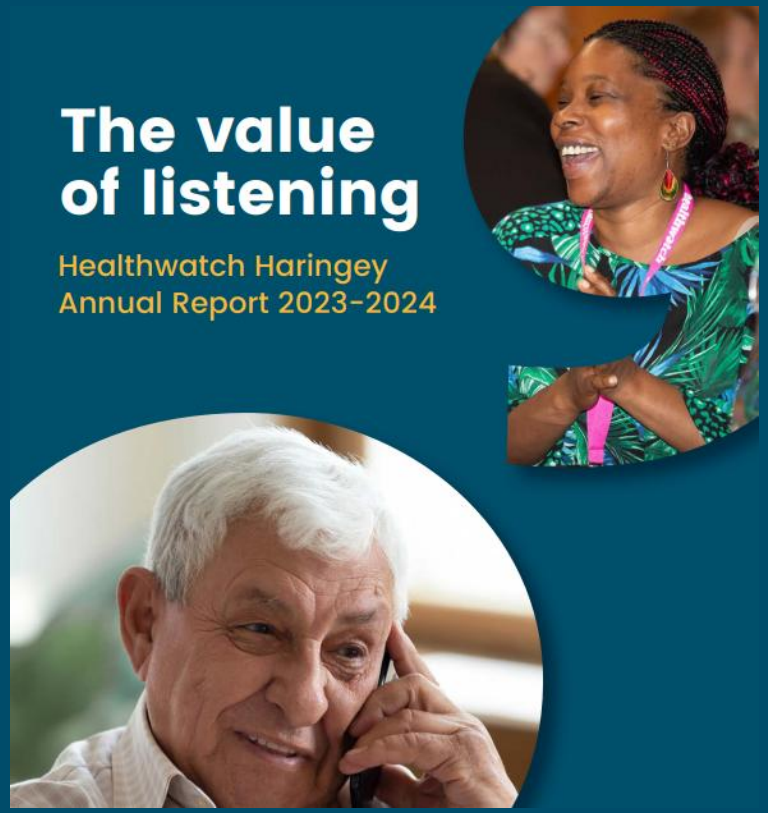
Annexe

A framework informed by the three-year review and policy developments

healthwatch Haringey

Section 1: Healthwatch Haringey's three-year work and impact

A review of 2023-24, 2024-25 and 2025-26 annual reports







Three years of making people's voices heard

2,650

People sharing experiences

542

Requests for information and advice

11

Reports published to help improve local services

(As reported across three annual reports)

- Between 2023 and 2026, Healthwatch Haringey listened to residents' experiences, supported people struggling to access care, and worked with local services to address health inequalities.
- Healthwatch Haringey's work focuses particularly on communities whose voices are often unheard in decisions about health and social care.

healthwatch Haringey

What residents' experiences tell Healthwatch

- Two messages supported by evidence from Healthwatch Haringey's reports.

01 ACCESS

Making healthcare easier to access

VERIFIED FINDING (2025-26 annual report)

Research with 55 Latin American residents found barriers regarding digital appointments, GP registration, and language interpretation.

02 LISTENING

Listening to underserved communities

VERIFIED FINDING (2024-25 annual report)

79% of participants in the Long Acting Reversable Contraception research did not know contraception was free. This shows the value of targeted outreach.

When people came for help: Some cases

Case	Issue	What Healthwatch did	Outcome
A mother seeking mental health support for her son	Her 16-year-old son was experiencing a mental health crisis, and she was concerned about his care.	Contacted mental health professionals, escalated concerns and supported further assessment.	Her son was reassessed and transferred to a safer and more secure unit, where he felt happier and better supported.
A cancer patient left without social care support	He had not received a social care assessment and was dealing with a pest infestation at home.	Contacted Haringey Council's social care and housing teams.	A social care assessment was arranged, he was referred to Connected Communities, and housing services recommended a deep clean.
A family struggling to access a hospital appointment	A woman had spent three weeks trying to arrange a podiatry appointment for her father.	Organised a three-way call with the hospital's podiatry service.	An appointment was successfully arranged.

"Thank you for giving me a voice!"

Maria (2023-24)

Haringey Suicide Prevention Strategy

Thursday 19th November 2026

Caitlin Bodfish, Mental Health and Suicide Prevention Lead (Public Health)

Why Suicide Prevention Matters in Haringey

- Suicide is a leading cause of death, and every suicide has a profound impact on families, friends, communities and services.
- Suicide is preventable at a population level, and many actions are shown to have evidenced impact.
- Most people who die by suicide are not in contact with statutory mental health services and suicide prevention is ‘everyone’s business’.
- Improving mental wellbeing and reducing suicide is a shared responsibility across the council, NHS, VCS, schools, employers and communities.



Understanding Suicide in Haringey

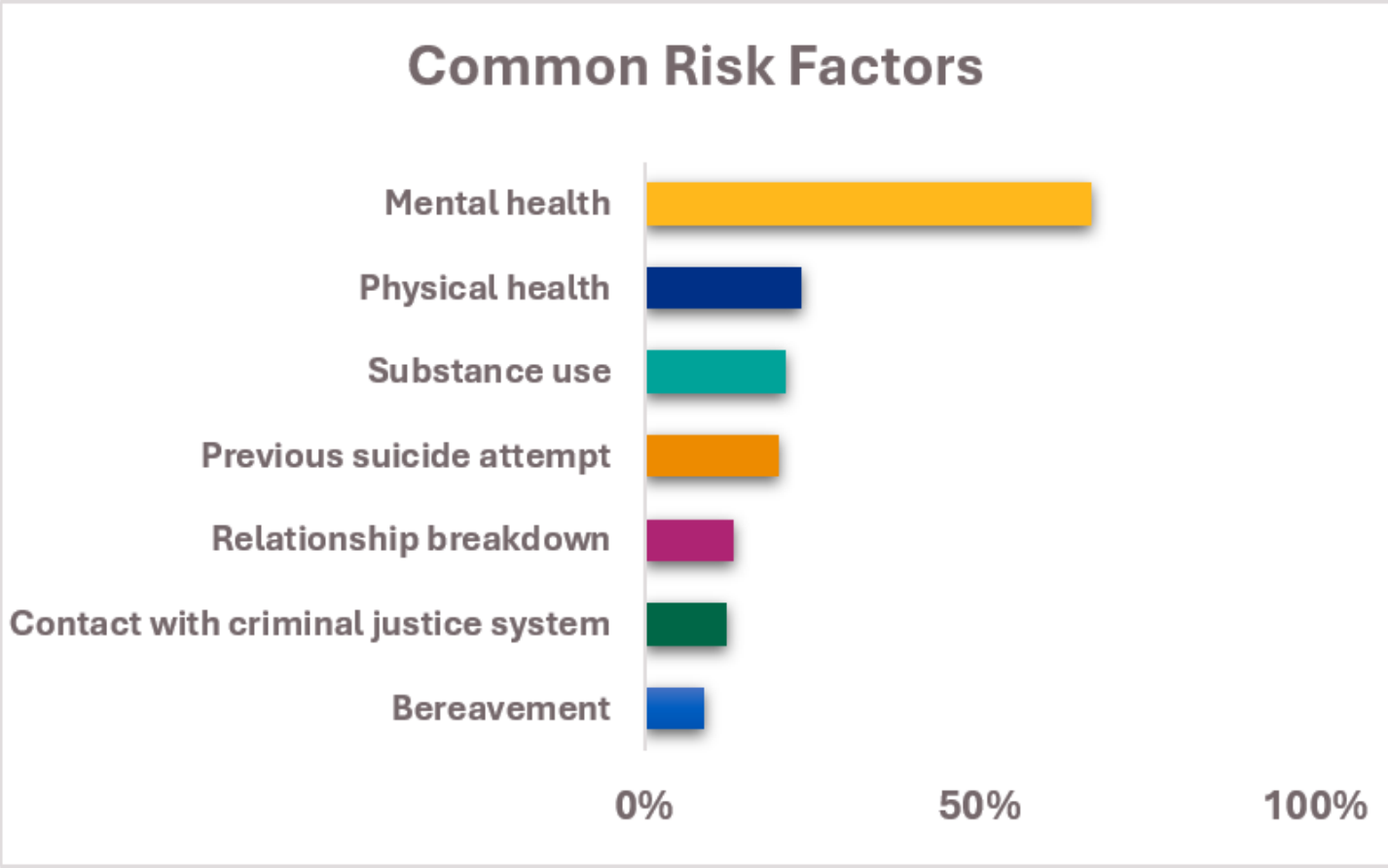
- Haringey's suicide rate from 2022-2024 was 5.8 per 100,000 of the population, lower than London (7.5) and England (10.9). (ONS)
- There were 90 suspected suicides in Haringey between April 2021 and March 2026, around 18 per year (Real-time Suspected suicide surveillance)

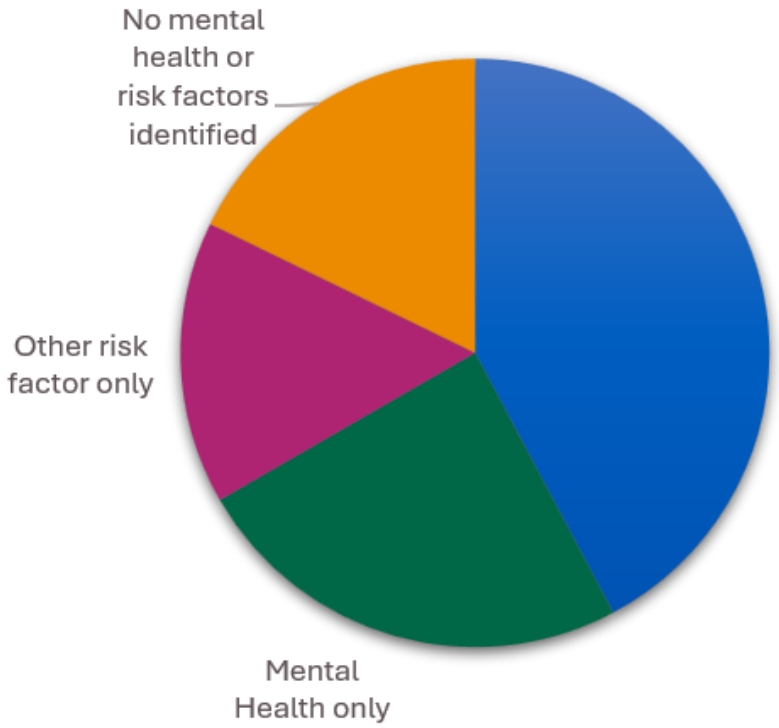
The data from the RTSS shows that:

- 75% of deaths were amongst men
- The most common age group of those who died was 45-54
- 40% of deaths were amongst people living in the most deprived areas
- The most common method of suicide was hanging, 55% of deaths
- 65% of deaths took place at someone's home
- 82% of deaths took place in Haringey, with 18% in another borough

Official Sensitive - Recipients Only. This data utilises suspected suicide data from the RTSS system. As such, there may be inaccuracies or gaps in reporting. In addition, as this is a small dataset, any conclusions should be treated with caution. This data should not be shared wider.

Understanding Suicide in Haringey - Risk factors





Official Sensitive - Recipients Only. This data utilises suspected suicide data from the RTSS system. As such, there may be inaccuracies or gaps in reporting. In addition, as this is a small dataset, any conclusions should be treated with caution. This data should not be shared wider.

How was the strategy developed?

- Reviewing research from academic literature
- Using trends in local data
- Following national and local guidance
- Engaging with relevant services
- Engaging with those with lived experience

Strategic Objectives

The strategy is built around three core objectives:

- ❑ Reducing the suicide rate in Haringey over the next five years through targeted prevention efforts, improved crisis response, and data-driven interventions.
- ❑ Enhancing support for individuals who have self-harmed or are at risk of suicide, ensuring timely access to mental health services, crisis intervention, and community support.
- ❑ Providing bereavement support for those affected by suicide, recognising the profound impact on families and communities and ensuring they receive appropriate help.

Broad themes (2026 to 2031)

Make suicide prevention everyone's business	Improve data and evidence	Support priority groups	Address common risk factors
Promote online safety	Improve crisis support	Reduce access to means and methods	Provide bereavement support

Examples of current work from the strategy

- **Making suicide everyone's business**

Providing training across primary care, council teams and VCS.

- **Improving crisis support**

Developing offers of support to people presenting to A&E with suicide-related behaviours.

- **Improving data and evidence**

Delivering a survey to capture the views of those with lived experience who have accessed support for suicidal thoughts.

- **Addressing common risk factors**

Introducing screening for gambling harms across the wider system as well as exploring specific training for professionals.

How can the Board support this work?

- Share training opportunities with colleagues.
- Share reflective practice and peer support groups with colleagues.
- Join the ‘Haringey Suicide Prevention Group’ ran with Mind in Haringey.
- Raise awareness of available support through the North Central London suicide prevention referral resource.
- Raise awareness of the postvention service commissioned in Haringey AMPARO.
- Let Public Health know about existing programmes of work related to suicide prevention.

Email Caitlin.bodfish@haringey.gov.uk for further information.

Support services

Helplines

111 Option 2

an NHS helpline with trained mental health advisors and clinicians who can offer help and support to those in a crisis

Campaign Against Living Miserably - CALM

charity focussed on helping anyone struggling with life to find support and prevent suicide

Samaritans

suicide prevention charity connecting people in crisis with trained volunteers who will always listen

Longer-term support

The Listening Place

charity that offers free, regular, face-to-face support for adults who feel life is no longer worth living, at four sites across London

James' Place

mental health and suicide prevention charity offering free talking therapy to men in crisis

Safe Haven Crisis Hub

short term intervention supporting individuals who are vulnerable and experiencing a mental health crisis in Haringey

Maytree Respite Centre

offers those at immediate risk of suicide a brief stay and compassionate non-medical befriending at a family style house, an experience that can renew hope

In-person crisis recovery space

Andy's Man Club

UK charity providing free peer-to-peer support groups for men to talk openly about mental health and other life issues

Support for men

Body and Soul

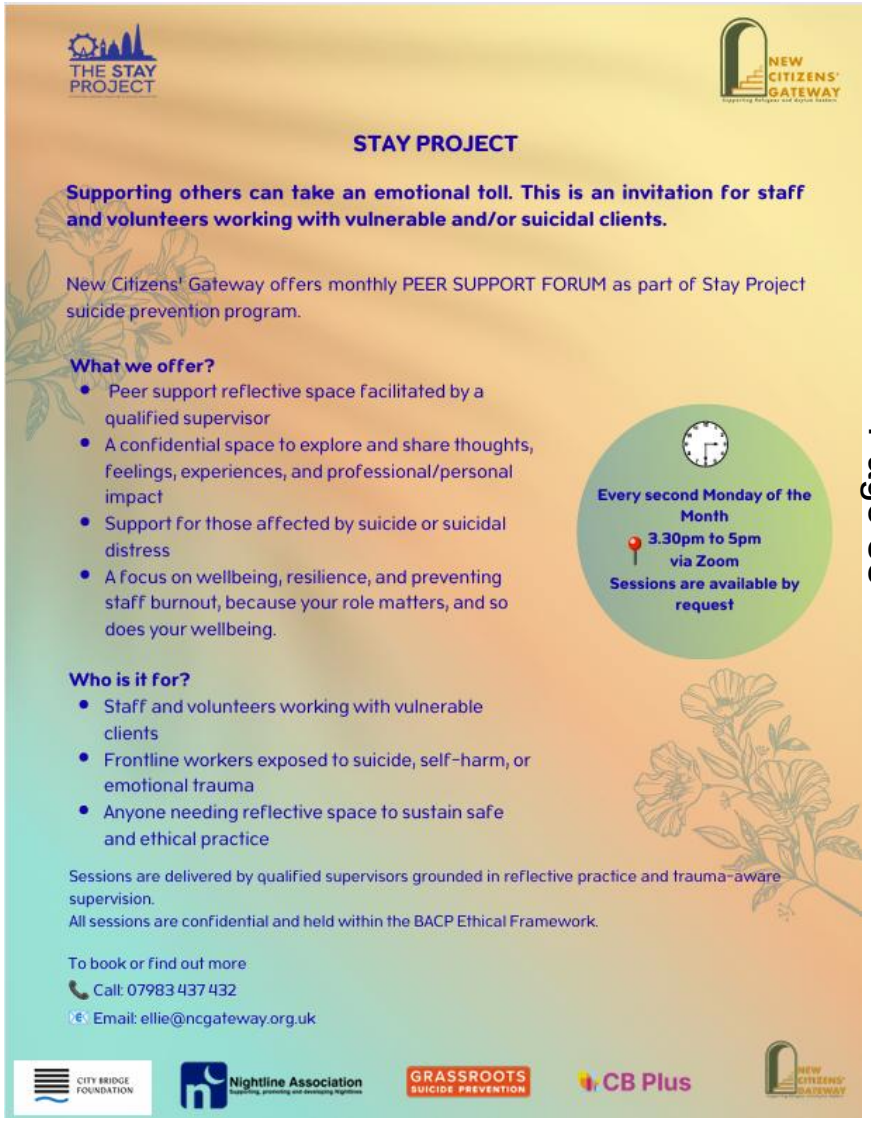
UK suicide prevention charity with a long-term trauma informed approach, focussed on supporting marginalised communities and those most at risk of suicide

If someone has already hurt themselves or is in immediate danger of hurting themselves or others, call 999.

Support for professionals

- AMPARO,
- Employee-Assistance Programme,
- Clarendon Recovery College,
- NHS Talking therapies



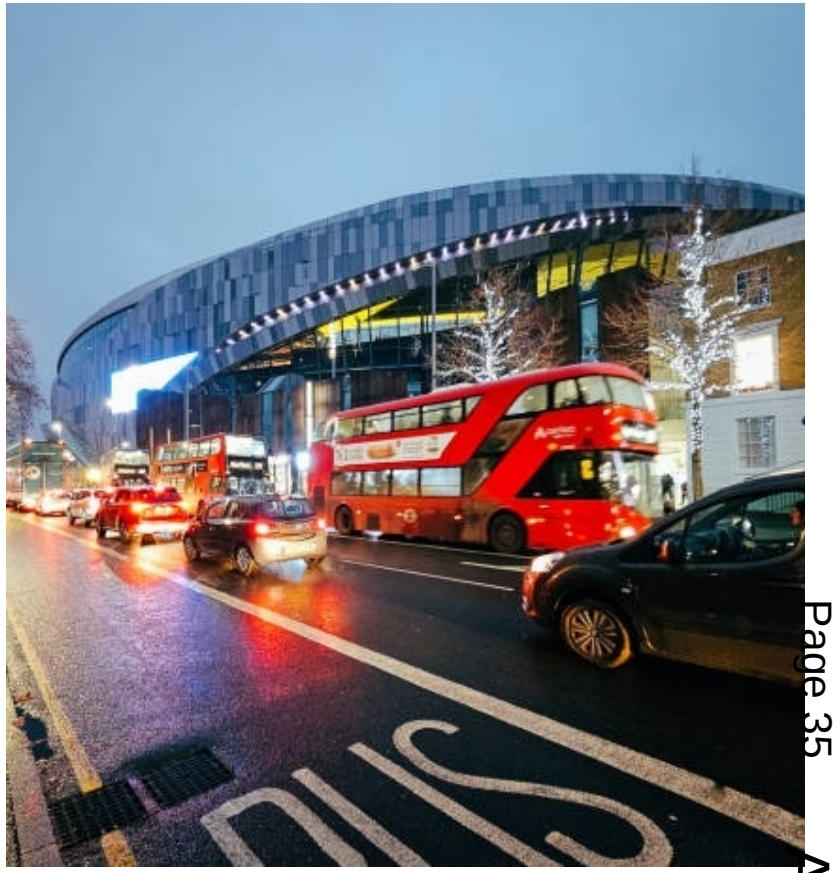


Any questions?











Neighbourhood Update

Health and Wellbeing Board, 19 November 202

Nadine Jeal, Clinical Director, Whittington NHS Tru

Simon Wheatley, Chief Operating Officer, HGPF

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Neighbourhood health update | what's covered today

In September's Health and Wellbeing Board we covered the work in Haringey to mobilise integrated neighbourhood teams across East, Central, and West Haringey to provide more holistic multiprofessional support to some of the most vulnerable people living in Haringey – those with several long-term conditions, and at 'rising risk' in their health and wellbeing status.

This continues to be referred to as the 'Haringey test bed' which reflects the test and learn approach health, care and voluntary sector partners are taking in this work.

Today, we are updating you about our wider neighbourhood health initiatives including:

1. Community based prevention in neighbourhoods
2. Developing our co-ordinating neighbourhood infrastructure at Place level (referred to as the 'integrator')
3. Investment focus for those most vulnerable people at-risk of unplanned hospital admissions
4. Future focus – children and young people, local care network

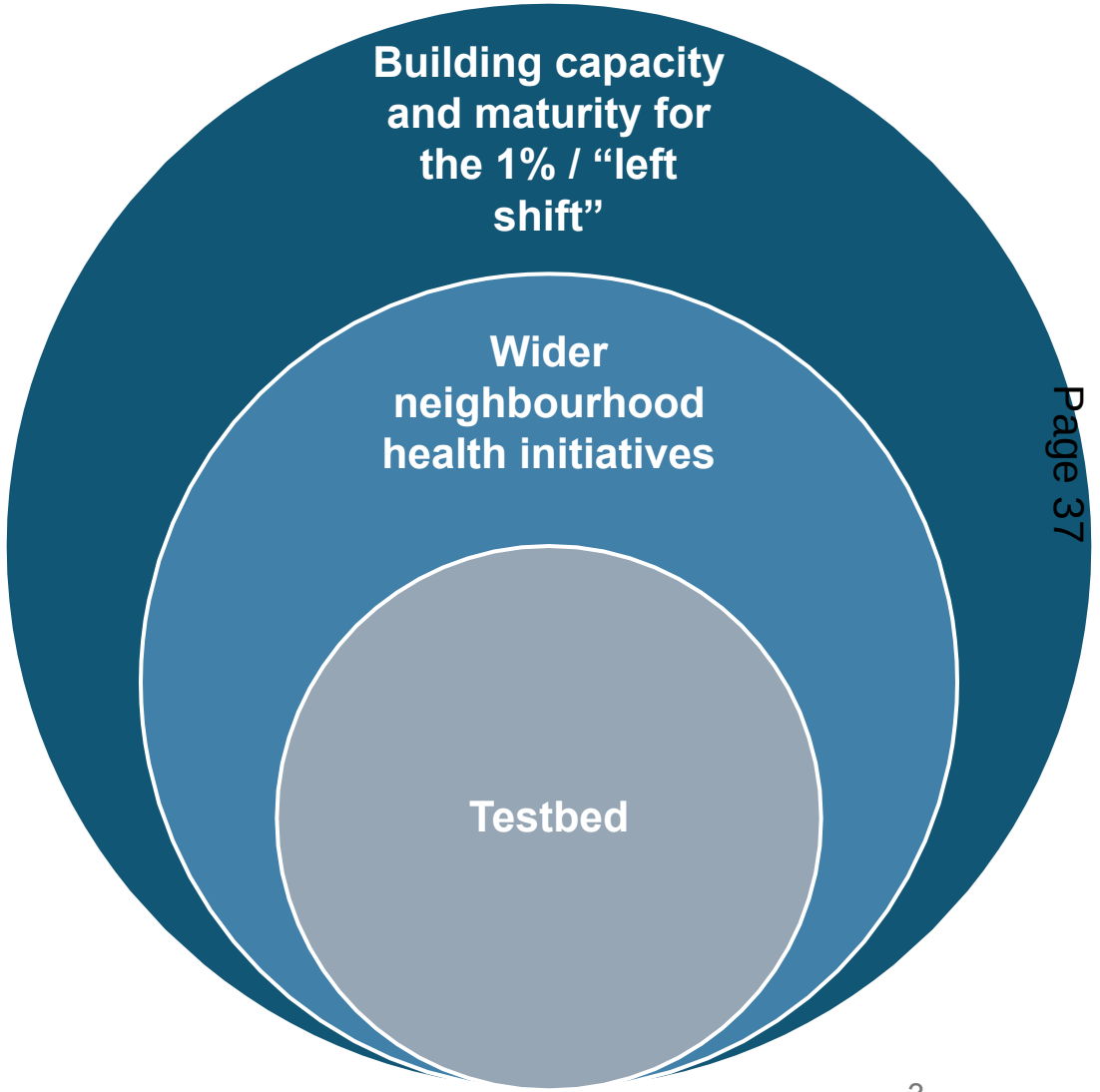
Recap - Haringey neighbourhood ambitions

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.



1 – Community based prevention in neighbourhoods

Area of work	Progress to date	Next phase work
Establishing resident voice in neighbourhood governance	Proposal for neighbourhood health community advisory forum developed and agreed by Health and Wellbeing Board in September 2026	Planning meeting with Healthwatch JPB chair and VCS partners to be booked Aim for first community advisory forum autumn/winter
Developing neighbourhood level VCS infra-structure alongside clinical leadership in each neighbourhood	Funding requested as part of integrator mobilisation fund Initial funding will cover 1 day per week VCS lead in each Neighbourhood + further small pots for infrastructure in each neighbourhood	Design work to take place and align with clinical leadership model
Development of ways of sharing information about community support available (service directories) and improving health literacy	Simply Connect platform selected	Begin implementation and roll out
Place based work in Northumberland Park	Thriving community zone projects • Challenge fund for Northumberland Park in progress • Community Health and Wellbeing Worker (CHWW) funding identified • Task and finish group in place to provide oversight to Northumberland Park projects • Youth Echo Project to be mobilised with Bridge Renewal Trust (borough wide) Haringey Council place based work – funding in principle for next stage of development (establishing governance and engagement structures)	CHWW worker project being developed – aim to mobilise early 2027 Youth Echo project to be finalised and mobilised
Social prescribing and navigation	No progress made in this area – objective would be to ensure we are maximising use of existing teams and initiatives	Understand how this links into neighbourhood model
GP and dental registration for all established as key outcome of	GP and dental registration for all added as key outcome of work – scoping with Healthwatch	Link together existing elements of this work

2 – Developing our neighbourhood coordinating infrastructure

For the last 15 months Haringey Council, Haringey GP Federation and Whittington NHS Health Trust have taken a coordinating role on behalf of the Borough Partnership of health, care and voluntary sector providers. This is known as the "neighbourhood integrator" which takes a role to help act as the 'engine room' to drive delivery of neighbourhood ambitions and better integrate services.

As national health policy evolves and the ICB changes to a strategic commissioner embed, we expect more devolution and decision making of how local services are designed and delivered through the Haringey Borough Partnership. We are therefore investing time into thinking about the infrastructure we have across integrator partners to deliver this.

1. Programme Management Office, analytics & leadership capacity

- Dedicated executive leadership capacity from integrator organisations + NLFT
- Additional senior delivery lead + project support to help design, mobilise and co-ordinate future neighbourhood opportunities
- Dedicated population health analytical expertise to identify greatest areas of need & evidence + evaluate impact

Aim: establish a dedicated 'Team Haringey' programme management office that works across Borough partners

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2. Neighbourhood leadership roles – clinical & voluntary sector

- Appointing to voluntary sector leadership in each neighbourhood (Q4) to act as a vehicle to engage and represent local VCSE organisations who can support health and care agenda
- Dedicated multi-professional clinical leadership in each neighbourhood to act as a professional voice across health care organisations and advocate for clinical priorities

Aim: establish a local care network of health, care, and voluntary sector partners to advocate for local needs

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3. Developing neighbourhood working

- Independent impact analysis
- OD support to promote team collaboration
- Shared decision-making across partners – particularly with a view to devolution
- Clear communications on what "neighbourhood" means for residents
- Capturing lessons learnt

Aim: learn what works and share it across every neighbourhood

We are developing a 'Team Haringey' approach to how health, care and voluntary sector partners come together to make the best of local community assets, integrate better and design future health and care services in partnership with local residents and communities

3 – Investment focus for those residents most at risk of unplanned hospital admissions

Haringey's test bed programme is using ICB funding to build core Multi-agency Care Co-Ordination Team (MACCT) capacity, adapt skill mix to support broader needs, develop the service model, and build closer links with primary care, the VCSE, and other partners. At this halfway point, the new team is live, including the proactive and mental health (psychiatric) teams, and we have met our monthly caseload target since April. We have now agreed as partners to make fullest use of remaining uncommitted f

1. Core neighbourhood team roles (3x neighbourhoods)

- More administrative support
- More mental health practitioners
- More therapists

Aim: faster, joined-up support for people with complex needs

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2. Wider neighbourhood roles

- Community Health and Wellbeing workers: a clinically-led, community-driven initiative focused in East Haringey
- Citizen advisor
- Extra care navigator
- Health coach pilot in the East to tackle inequalities

Aim: earlier support, in the community, to reduce inequalities

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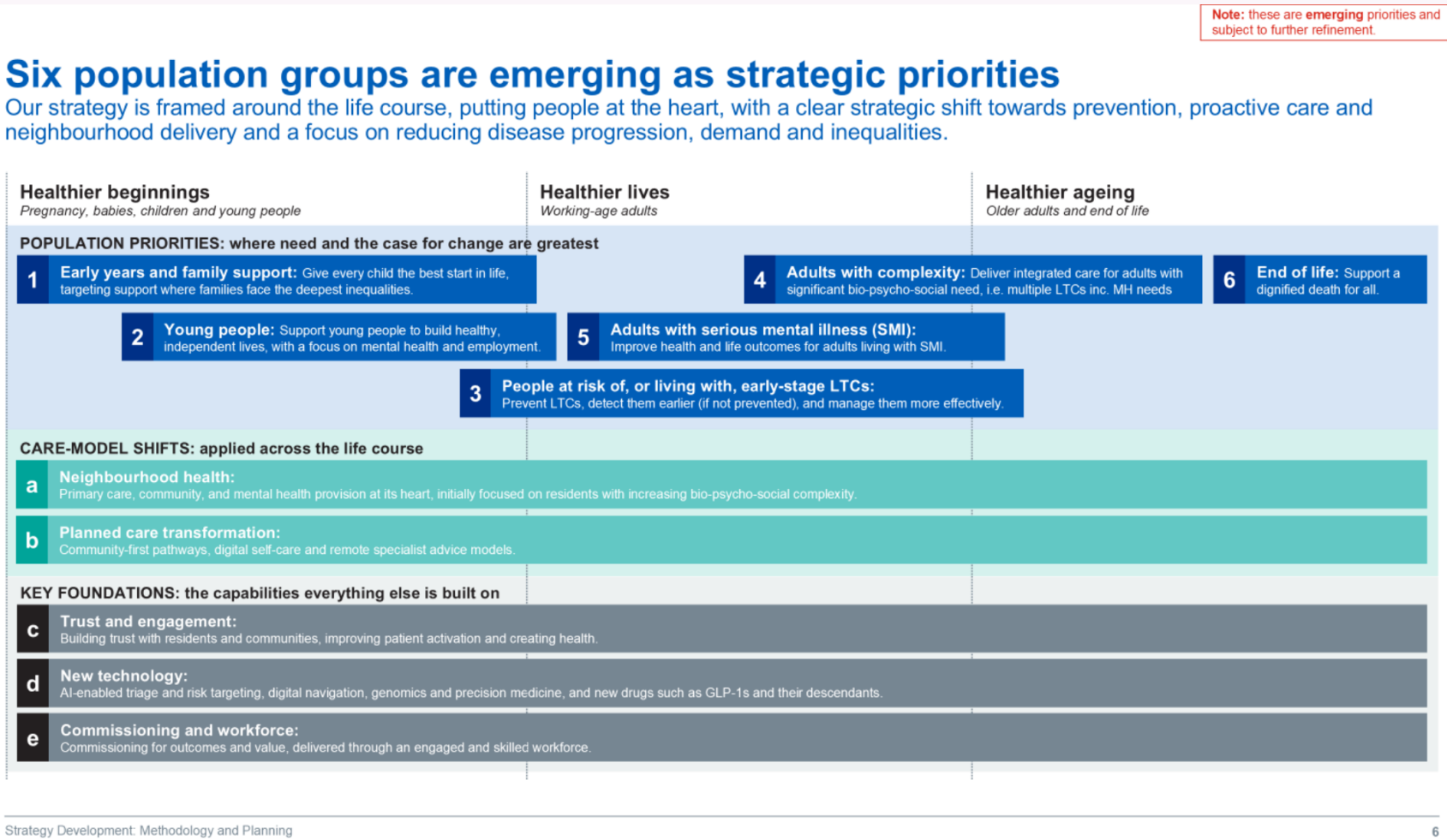
3. Joining up services

- Link roles for North London NHS Foundation Trust, Public Health and Adult Social Care
- A senior lead from each, one day a week

Aim: one joined-up experience across health and care

We are now putting this additional support in place to successfully deliver the original test bed aims, and as the platform for future sustained integrated neighbourhood teams in Haringey

4 – Future focus



Building on WNL ICB 10-year strategy (presented last Board), we are starting to consult with partners on an upcoming focus on

1. Children and young people and the opportunities neighbourhood health can afford them

2. Early identification and early help for residents – how we develop a local care network of integrated neighbourhood partners

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