

## NOTICE OF MEETING

# HEALTH AND WELLBEING BOARD

Thursday, 26th June, 2025, 2.00 pm - Alexandra House, 10 Station Road, London, N22 7TY (watch the live meeting [here](#))

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)

Please see the membership attached to item 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 27.03.2025 as a correct record.

**8. UPDATE ON NORTH CENTRAL LONDON NHS INTEGRATED CARE BOARD CHANGE PROGRAMME AND NEIGHBOURHOOD WORKING-VERBAL UPDATE**

**9. HARINGEY ADULT SOCIAL CARE CARERS STRATEGY (PAGES 9 - 26)**

**10. HARINGEY ALCOHOL STRATEGY (PAGES 27 - 82)**

**11. HARINGEY BETTER CARE FUND 24/25 END OF YEAR SIGN OFF AND 25/26 PLANNING SUBMISSION UPDATE (PAGES 83 - 92)**

**12. NEW ITEMS OF URGENT BUSINESS**

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

**13. FUTURE AGENDA ITEMS AND MEETING DATES**

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

Kodi Sprott, Principal Committee Coordinator

Tel –

Fax – 020 8881 5218

Email: [kodi.sprott@haringey.gov.uk](mailto:kodi.sprott@haringey.gov.uk)

Fiona Alderman

Director of Legal & Governance (Monitoring Officer)

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

Wednesday, 18 June 2025



This page is intentionally left blank

### 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 – Chair	Cllr Lucia Das Neves
			* Cabinet Member for Children, Schools and Families	Cllr Zena Brabazon
			* Cabinet Member for Climate Action Environment, Transport, and Deputy Leader of the Council	Cllr Mike Hakata
	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	North Central London Integrated Care Board	3	Clinical Lead for Haringey	Nadine Jeal
			Borough Director covering Haringey	Clare Henderson
			Executive Director of Place	Sarah McDonnell-Davies
	North Middlesex University Hospital NHS Trust	1	Chief Executive	Dr Nnenna Osuji
	Whittington Health NHS Trust	1	Chief Executive	Dr Clare Dollery (interim)
	Barnet, Enfield and Haringey	1	Executive Lead covering Haringey	Ben Browne

	Mental Health Trust			
	Haringey GP Federation	2	Chief Executive	Tim Fox
			Medical Director	Dr Sheena Patel
<b>Patient and Service User Representative</b>	Healthwatch Haringey	1	* Chair	Sharon Grant
<b>Voluntary Sector Representative</b>	Representative Haringey MIND	1	Chief Executive	Lynette Charles
<b>Haringey Local Safeguarding Board</b>		1	Interim Independent Chair	David Archibald

## **MINUTES OF THE MEETING Health and Wellbeing Board HELD ON Thursday, 27th March, 2025.**

### **PRESENT:**

**Councillors: Lucia das Neves (Chair) and Zena Brabazon**

### **ALSO ATTENDING:**

#### **14. FILMING AT MEETINGS**

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

#### **15. 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.

#### **16. APOLOGIES**

Apologies for absence had been received from Claire Dollery, Cllr Hakata, Nadine Jeal, Gordon Peters and Vida Black

#### **17. URGENT BUSINESS**

There were no items of urgent business.

#### **18. DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **19. QUESTIONS, DEPUTATIONS, AND PETITIONS**

There were none.

#### **20. MINUTES**

##### **RESOLVED**

The minutes of the meetings held on 27<sup>th</sup> November were approved.

**21. UPDATE ON PRIMARY CARE IN NORTH CENTRAL LONDON AND HARINGEY**

Becky Kingsnorth and Clare Henderson presented the report for this agenda item. In response to questions from the committee, the following key points were noted:

- Concerns were raised regarding health inequalities and the impact on vulnerable communities, particularly around inconsistent access to services where digital options were not feasible. Some providers lacked the capacity to adequately support populations with complex health needs. There was also concern about the increasing number of individuals seeking care outside the NHS, with risks of disengagement and delayed diagnoses due to limited suitability of private health services.
- National funding mechanisms were not always effective in enabling practices to engage meaningfully with local communities. Efforts were underway to address this by allocating funding to Primary Care Networks.
- Questions emerged about the practice of reception staff delivering clinical results, particularly the absence of a formal policy and the inability to follow up on clinical details. It was explained that receptionists were generally tasked with gathering information for triage purposes. The team committed to discussing this further with the clinical lead and to providing a written response.
- Accurately gauging demand for general practice services in the borough remained a challenge, largely due to the unavailability of telephone data at the ICB level. Some practices used digital tools to capture this data. The matter would be taken forward for further review.
- The shift toward digital access continued to present barriers for some residents.
- Committee members reported feedback from residents concerning the growing use of physician associates in general practice. There were questions about their roles and the extent of their involvement. From 2026, regulation would fall under the General Medical Council, and an independent review had been commissioned to assess safety. While practices retained discretion over their use, further communication would be developed to ensure patients were informed of their right to opt out. This would be revisited at a future committee meeting.
- Healthwatch had completed a survey measuring the ratio of general practice appointments to doctors, and the findings could be shared.
- There was a call for improved integration and coordination across services, with an emphasis on capturing the local context to enhance understanding within communities.
- The committee also requested more clarity around borough boundaries, as the general practice population exceeded the official borough population. Despite this, it was not believed that Haringey was underserved in terms of practice availability.

**22. UPDATE ON COMMUNITY PHARMACY IN NORTH CENTRAL LONDON AND HARINGEY**

Rachel Clark presented the report to the committee.



In response to questions raised, the following points were highlighted:

- A total of 23 Healthy Living Pharmacies were in operation, offering a broad range of services including contraception, STI testing, and support for residents facing substance misuse challenges. These services were well received and served as an effective means of engaging with local communities.
- The collaboration with the MAC team was viewed positively. However, it was emphasized that care must be taken not to dilute the original purpose of successful initiatives by expanding their scope too broadly. The team acknowledged the importance of maintaining clarity of purpose as changes were implemented.
- The issue of sustainable financing was considered critical. With the national focus shifting towards prevention and community-based care, the team felt this presented a timely opportunity to establish a more sustainable, system-wide approach. They expressed cautious optimism that the current moment offered the right conditions to achieve this.

## **23. NEIGHBOURHOOD MODEL OF HEALTH AND CARE**

Tim Miller introduced the item for discussion.

In response to committee questions, several key points were highlighted:

- Ensuring that the wider clinical community felt acknowledged and valued was seen as essential. There was an emphasis on exploring alternative commissioning methods that would better support grassroots and community organisations—many of which, while not costly, provided highly valuable and enriching services.
- The committee was encouraged to draw inspiration from the care model adopted by the MAC team, not simply by expanding the existing team, but by applying the core principles of the model to other settings. Within Connected Communities, officers were already developing proposals and considering new funding mechanisms. The aim was not to remove the MAC team, but to embed its model and certain resources into adult social care, reflecting the strong alignment with the type of support needed.
- Members expressed a desire for further discussion, with a suggestion to establish a steering group to examine these issues in greater depth.
- For the model to succeed, the team recognised the need to actively support the voluntary sector, which would require aligning various policy areas—including planning policies related to community buildings. It was noted that many of these spaces, essential for resident group activities, were currently closed, creating additional challenges.

## **24. HARINGEY ADULT SOCIAL CARE INSPECTION BY CARE QUALITY COMMISSION - UPDATE**

Jo Baty introduced the item.

- The CQC in essence found that there were many strengths, but overarching areas of improvement could fall far to 5 different areas. The first one was around waiting times for receipts of support from social care across the whole

piece. The second area was around communicating to and from the service, the third area was around carers and inconsistencies in the support that they received and at times, inconsistencies around the attention to their health and well-being. Another key area was around the way in which the team engaged with providers, particularly around safeguarding, follow up work and inconsistencies around transitions; specifically in this instance from children to adult services.

- The team had got a draft improvement plan addressing the areas requiring improvement from CQC. Officers would be bolstering those because there were other areas that CQC may not have looked at that were already on the agenda for further development. To those ends, the team were setting up a new performance management group internally that on a service-by-service basis monitored the delivery of each of the areas of business; one of these being waiting times for the service and improvement on a month-by-month basis in those areas. On carers, there was a carers co-production group, the team held four sessions with residents in locality basis co produce the priorities to work on with carers.
- The Chair's intention was to invite the backbench councillors who sit on the adult social care Improvement Board to attend these meetings.

## **25. BETTER CARE FUND UPDATE**

**Jo Baty introduced the item.**

- For the quarter three submissions Haringey was on track to meet the minimum spends.
- The Chair suggested a move to monthly reporting on progress of the BCF.
- It was important to ensure Social Care users themselves were going to be involved in rebuilding this new phase of the development of new services. The improvement board met every two months and were committed to making sure that voices were heard.

## **26. NEW ITEMS OF URGENT BUSINESS**

There were none.

## **27. FUTURE AGENDA ITEMS AND MEETING DATES**

- Dementia support and prevention strategies around carers and their family members and dementia.
- Mental health community and multi-agency approaches .
- Health and well-being strategy.

CHAIR: Councillor Lucia das Neves

Signed by Chair .....

Date .....

This page is intentionally left blank

# Carers Strategy Development Health and Wellbeing Board 26th June 2025



Jo Baty, Director of Adult Social Services  
Rebecca Cribb, Head of Commissioning  
Sujesh Sundarraj, Commissioning Manager

# Haringey's Carers - Context

---

According to the 2021 Census, approximately 16,891 residents in Haringey—about 7.2% of the population aged five and over—reported providing unpaid care

---

This marks a decrease from 9.3% in 2011, a trend observed across England and Wales, potentially influenced by the COVID-19 pandemic and a change to terminology and phrasing of the Census questions about caring

---

As of the 2021 Census, the ethnic composition of Haringey was approximately 57% White, 17.6% Black, 8.7% Asian, 7% Mixed, and 9.7% identifying as Other ethnic groups. This diversity is reflected in the unpaid Carers population, necessitating culturally sensitive support services. 59.5% of Carers in Haringey are women

---

There's been a 24% increase in residents aged 65 and over between 2011 and 2021. By 2025, there will be approximately 3,800 unpaid Carers aged 65 and above in Haringey

---

The Adult Social Care Quality Commission (CQC) Report (February 2025) highlighted that many Carers were dissatisfied with the level of support they received. This development of the Carers Strategy and our co-production undertaken in the past 18 months gives us good foundations to further develop this critical area of our work and to build trust.

# Carers Strategy Development Timeline



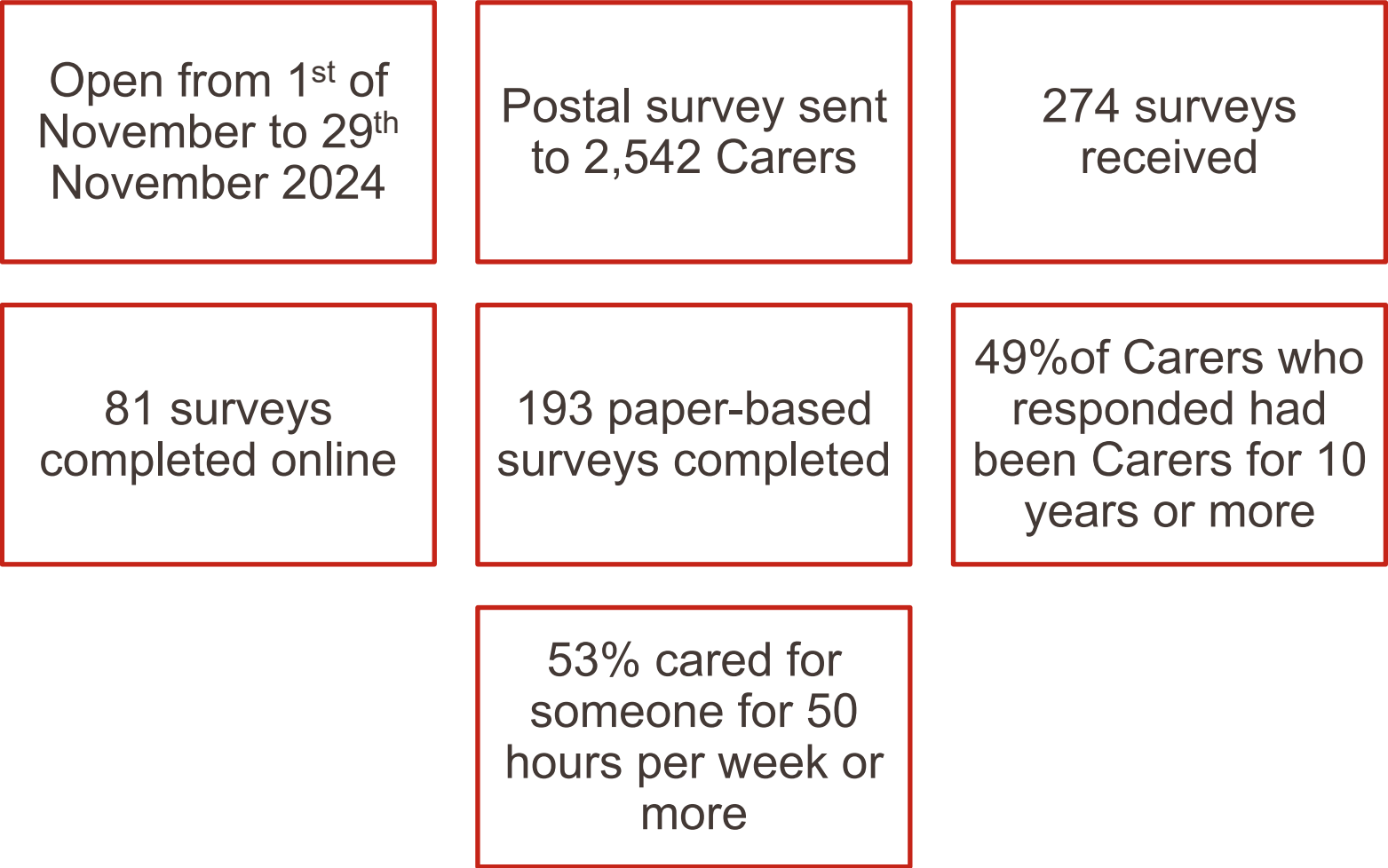
# The Journey so far:

**We have contacted almost 4,000 Carers as part of our co-production and engagement on the Strategy and the work has involved:**

- Using feedback from consultations carried out with East, West and Central Localities in September and October 2023
- Agreeing the course of engagement at the Commissioning Co-production Board
- Codesigning the Carers Strategy Survey with the Carers Co-production Group
  - Carrying out surveys (website and paper based)
- Conducting a series of in-person events as part of the information gathering for the Strategy:
  - Walk-in sessions in libraries
  - Attending Carers Rights Day
  - Attending Reference Groups
  - Obtaining feedback from members in Carers Coffee Mornings, the Learning Disability Carers Forum and Dementia Carers Café
  - Meeting with community groups, such as the African and Caribbean Network, Turkish and Kurdish Community Network and Somali Community Network
- Testing our assumptions from this co-production work through a series of workshops. The workshops were conducted in-person within each Locality, and online, across different days and times. Attendees included local Carers and stakeholders from Health, Social Care, providers of Carer services and Voluntary Community Sector organisations.



# Carers Strategy Survey



# Carers Strategy Survey – Results

---

Most Carers reported very poor, poor or fair wellbeing (68%), and often didn't feel they had enough support to maintain their wellbeing. 26% of respondents indicated good or excellent wellbeing

---

Carers told us we needed to improve in both communication and provision of information

---

Carers prefer communications in a variety of formats, with e-mails and printed information being the highest preferences (66% and 48% respectively)

---

53% of respondents to the Survey told us they never had access to respite from their caring responsibilities. Carers told us respite, support groups and counselling would help them in their caring role

---

68% of Carers said they weren't aware of concessions that might be available to them, so supporting Carers to find out about concessions and other available discounts and financial support would help

---

48% of Carers told us they didn't have access to training to help them in their caring role

---

Carers are dissatisfied with basic services, like healthcare and financial support, that are provided to them. The accessibility to services and financial assistance were the biggest areas for improvement

# Carers Strategy Workshops

- In May 2025, a series of workshops were held in each Locality across Haringey, including one at the weekend, and one online.
- We worked with Carers to review and co-produce the areas of improvement and to prioritise those which would make a difference to their lives and that of the person/people they care for.
- The updated Carers Strategy captures the lived experiences our Carers shared with us and is a good foundation for us to build trust and collaboration going forward.



“All Carers, of all ages, are recognised, respected, and supported.”

Our mission  
is to ensure  
that Carers  
in Haringey:

- Feel valued and respected as an integral part of our community.
- Have access to high-quality information, advice, and resources tailored to their needs.
- Receive timely, effective, and compassionate support.
- Can maintain their physical, mental, and emotional wellbeing.
- Are empowered to balance their caring responsibilities with their personal goals.

# Carers Strategy 2025 - Key Priorities

After our engagement and co-production sessions with Carers across Haringey, we have identified 3 key priorities 6 topics and areas of improvement within each theme. These areas for improvement will direct our work over the next 3 years.

## Key Priorities

**Improving access to timely, clear, and accessible information and support.**

**Strengthening Carers' rights, wellbeing, and resilience.**

**Creating inclusive, culturally responsive services that reflect the diversity of Haringey's communities.**

Page 17

### Action plan themes:

- Getting the basics right
- Information and communication
- Health and Wellbeing
- Respite and breaks
- Financial resilience and employment
- Training

# Getting the Basics Right

## Getting the Basics Right

### Identification of Carers, including those with Disabilities

Raise awareness of **what a Carer is and their rights**, especially among professionals (GPs, hospitals, schools and Council)

- Implement the Carer identification project in hospitals

### Improved Accessibility, Assessments and Reviews

Ensure **evidence of Carers involvement** in assessments and reviews is documented

- Share **realistic timescales** for reviews, assessments, and communication, with an appeals process
- Ensure **timely assessments**, as they unlock access to other forms of support

### Carer Resilience and Emergency Planning

Ensure Carers are aware of **Connected Communities** and other local initiatives

- Create **clear, accessible information** to explain processes, rights, and services
- Improve **signposting to all local organisations** offering support, including housing, benefits and respite

### Housing, Repairs and Adaptations

Treat **housing as a core issue** in Carers' assessments and support planning

- Signpost Carers to Occupational Therapy and / or Housing to receive Housing Support as applicable, based on assessment

# Information and Communication

## Information and Communication

<b>Improve Communication</b>	<p>Provide Carers with <b>multiple channels of communication</b>: in-person, WhatsApp, telephone, and virtual</p> <ul style="list-style-type: none"> <li>• Improve response times to Carers, especially for person-to-person contacts, like in-person visits or phone calls. Ensure support is culturally sensitive.</li> <li>• Develop a <b>centralised, user-friendly website</b> with up-to-date contact details and service information</li> </ul>
<b>One Stop Shops &amp; Carers Drop-Ins</b>	<p>Develop a <b>One Stop Shop</b> for Carers to access council services, benefits and support in one place</p> <ul style="list-style-type: none"> <li>• Use the Localities model as a way to begin development of a place where more advice and support can be found in one place</li> </ul>
<b>Minimum Standards for Carer Support</b>	<p>Establish a <b>feedback loop</b> to ensure Carers' voices shape service delivery and improvement</p> <ul style="list-style-type: none"> <li>• Use current co-production groups to leverage participation and improvement</li> </ul>
<b>Digital Inclusion</b>	<p>Provide <b>digital training</b> to improve Carers' confidence, while maintaining non-digital alternatives</p> <ul style="list-style-type: none"> <li>• Provide <b>tech support initiatives</b> like "Coffee &amp; Computers" to help Carers become digitally confident</li> <li>• Support <b>peer-led IT sessions</b> to improve digital literacy and reduce isolation</li> </ul>



## Health and Wellbeing

<b>Carer Empowerment</b>	<p>Establish <b>peer support networks</b> including locality-based WhatsApp groups and regular in-person/virtual meetups.</p> <ul style="list-style-type: none"> <li>This may include an <b>Experts by Experience Group</b> to engage with professionals and influence practice</li> </ul>
<b>Social, Emotional, Health, and Wellbeing Services</b>	<p>Organise <b>joint sessions with Carers and health professionals</b> to improve mutual understanding</p> <ul style="list-style-type: none"> <li>Engage Carers in the offer of things like the Recovery College model, to ensure things like <b>group counselling sessions</b> for Carers, distinct from Talking Therapy services, can be accessed</li> </ul>
<b>Carers Health Checks</b>	<p>Ensure <b>GPs and frontline professionals</b> are equipped to signpost Carers effectively to other agencies and help</p> <ul style="list-style-type: none"> <li>Work with GP Federation and Primary Care</li> </ul>
<b>Stress Management and Mindfulness</b>	<p>Recognise and respond to the <b>mental health impact of caring</b>, offering counselling, Cognitive Behavioural Therapy, and peer support</p> <ul style="list-style-type: none"> <li>Ensure that other actions in the Carers Strategy help minimise stress management for Carers</li> </ul>
<b>Tackle Health Inequalities</b>	<p>Ensure professionals <b>do not assume understanding based on capacity</b>—information must be explained clearly and respectfully</p> <ul style="list-style-type: none"> <li>Through partnership working, ensure that other partners are supported to share information in a variety of formats, through the Localities model and other interventions</li> </ul>



Respite and Breaks	
Simplifying process	Use <b>digital forms for respite requests</b> for digitally confident Carers to reduce phone traffic
Planning and Payments	Provide <b>Carers cards</b> , clear information on <b>respite rights</b> and <b>emergency planning tools</b> .
Range of Respite Options	<p>Create <b>opportunities for Carers to take time out</b>, including access to events, peer support, and social spaces</p> <ul style="list-style-type: none"><li>• Offer <b>alternative, personalised respite options</b> that reflect Carers' preferences and cultural needs</li></ul>
Innovation	<p>Work with Carers to develop further innovative ways to meet respite needs</p> <ul style="list-style-type: none"><li>• Evaluate the impact of other initiatives to see if they are meeting needs of Carers in as innovative a way as possible.</li></ul>

Financial Resilience and Employment	
Practical Support	Make the process of accessing <b>direct payments and personalised care</b> more transparent
Improve information and access to: Concessions, Benefits Maximisation and Debt Management	<p>Work with other Council departments to improve <b>benefits advice and financial guidance</b>, including about Carers' rights and entitlements, grants, concessions, and debt avoidance support</p> <ul style="list-style-type: none"><li>• Carers will have access to better information via the Council's website, user-guides, and locality drop-ins</li></ul>
Flexible Working and Support in Accessing Paid Work	<p>Support Carers to advocate for workplace policies that support Carers, such as flexible working and paid leave.</p> <ul style="list-style-type: none"><li>• Signpost Carers to voluntary sector organisations that can help them understand and advocate for their needs for flexible working</li></ul>

## Training

### Training for Safe Care

Offer **training in safe care practices**, such as the **Significant 7** (early signs of deterioration).

- Include training in safe care as a feature of lunch-and-learns, one-stop-shop and other initiatives with Carers

### Partnering with Voluntary Sector and local Businesses

Signpost Carers to the local voluntary sector and other community resources for help and support, making sure to signpost and use other initiatives of the Carers Strategy to achieve this aim.

### Training for staff

Cultural competency training for staff to ensure services are culturally sensitive.

# Carers Strategy – Next Steps & Implementation

- Working towards approval at Cabinet in Autumn 2025.
- A Carers Strategy Working Group will be convened following the publication of this Strategy. The Group will engage a diverse range of Carers, all of whom will receive training and support to be meaningfully engaged.
- The Working Group will develop detailed Action Plan and will oversee the implementation of the Carers Strategy, reporting into the Health and Wellbeing Board, the Borough Based Partnership, the ASC Improvement Board and the Adults and Health Scrutiny Panel.
- Continued engagement of Carers, including updates about the Strategy itself and actions that came out of the Workshop in May will be arranged and held. Co-production of outcomes will remain central to implementation of the Strategy's aims.
- A workshop with Health colleagues and Carers will be arranged, to discuss the experience of Carers in GP surgeries, in Hospitals and with the NHS colleagues who provide the services, and ways to improve that experience.
- A core focus will be on strengthening multi-agency collaboration and embedding a whole-system approach to Carer support in Haringey.

## Questions and Comments

This page is intentionally left blank

# Haringey Alcohol Strategy and Action Plan 2025 to 2029

Briefing Slides

Health in All Policies

# Why focus on Alcohol?

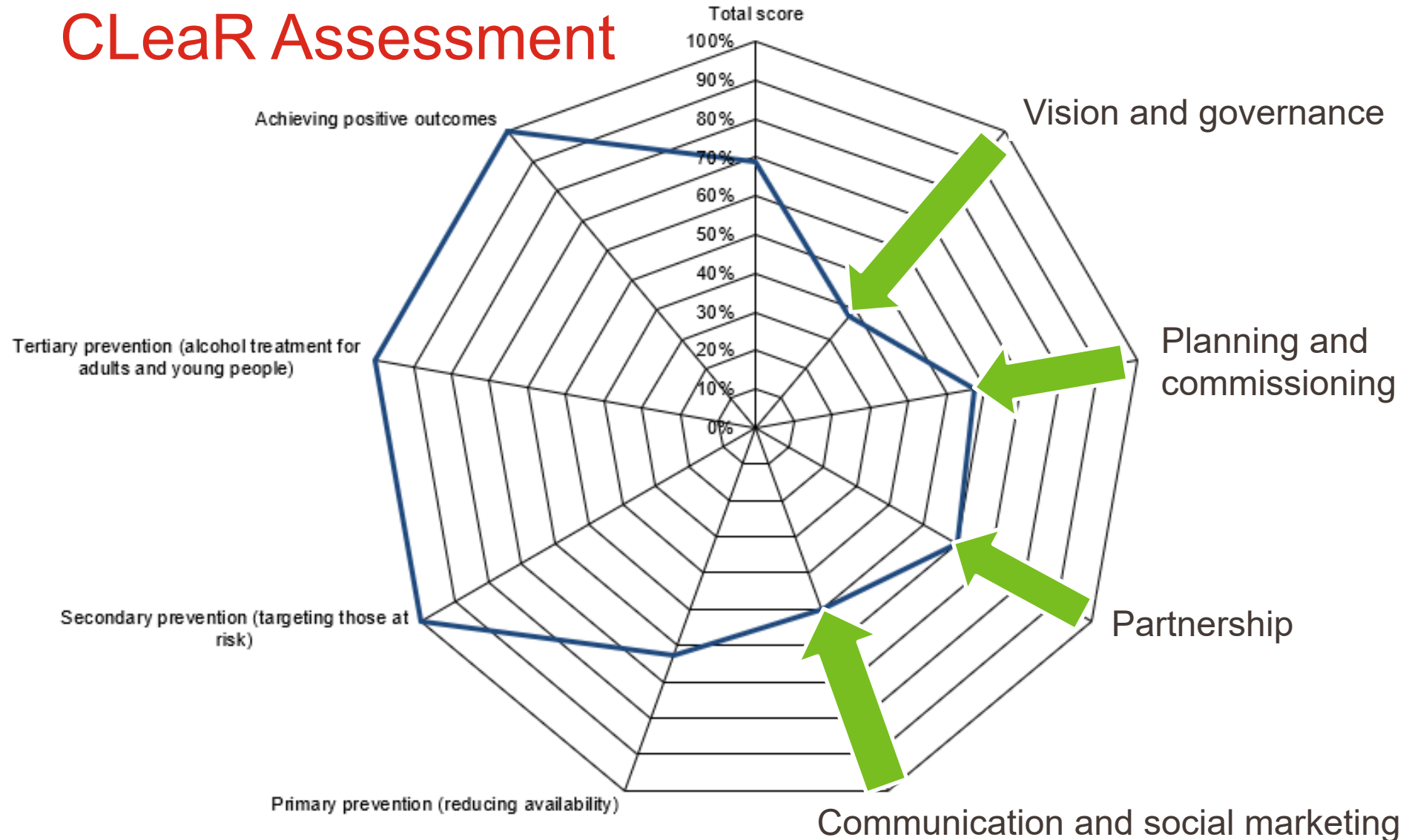
- **23 alcohol specific deaths in 2023.** This includes alcohol poisonings, alcoholic liver disease and alcohol-related neurologic disorders due. This is down from 30 in 2022. **62 alcohol-related deaths in 2023** (down from 70 in 2022).
- **1,148 potential years of life lost due to alcohol-related conditions for males, 379 for females** (2023).
- 1,034 hospital admissions for alcohol-specific conditions, 28 admissions for under 18s (2023/24).
- 662 hospital admissions for mental and behavioural disorders due to use of alcohol (2022/23).
- 15 hospital admissions for alcohol poisoning in Haringey (as of March 2024).
- In 2024, more than half (53%) of individuals in alcohol treatment were aged between 30 and 49.
- White Irish group have a disproportionately high number of hospital admissions for alcohol-specific conditions relative to their population size.
- **1,107 licensed premises that can sell alcohol** (37.4 premises per square kilometre), a continued increase from 660 in 2015/16 and 10<sup>th</sup> highest in England (and London) (2023/24).
- ¼ of secondary students reported that they had drunk alcohol before, 1% said they drank it regularly (2023/24).
- **Overall cost of alcohol harm in Haringey is estimated at £143.3million a year, or £542 per person** (2021/22).

Data last accessed May 2025



# Why a strategic doc and partnership?

## CLear Assessment



# Engagement – discussion points

- How alcohol can harm you – health impacts
- What are the motives for drinking?
- The hidden harm/ casual drinking – for e.g., people drinking more in their homes during COVID19 pandemic
- How accessible it is – often the first thing you see in a shop
- Drinking in public spaces – normalises behaviour
- Be aware of language – not condescending but understandable

# Risk groups

## Deprivation and Alcohol Harm Paradox

- The largest proportion of patients with alcohol dependency or very-high-risk alcohol use live in the least deprived areas of Haringey – **Stroud Green has highest prevalence of patients recorded with alcohol dependency** or very-high-risk alcohol use at 3.4% of adults (1 in 30 people).
- However, **higher hospital admissions for alcohol specific conditions in more deprived areas** of Haringey.

## Homelessness and Rough Sleeping

- **79% of those experiencing rough sleeping** in Haringey have a **drug or alcohol dependency**
- **38% of eviction incidents** were related to alcohol and drug use.

## VAWG

- Women who have **experienced at least one form of gender-based violence** are **3x more likely to be substance dependant** than women not affected by gender-based violence.

**Common drivers of consumption:** stress, anxiety, coping mechanisms, escapism, acceptability, affordability, and availability.

# Reducing Alcohol Harm Partnership



# How did we get here?

## Strategy and Action Plan development

1. Research, data gathering and drafting.
2. Met with lived experience (input on what would be helpful to include).
3. Work with partners, building relationships (contributed sections, evidence and completed own actions).

## Partnership meetings

1. **March 2024**  
Roundtable to introduce the work and agree involvement and how the partnership could work.
2. **March 2025** First partnership meeting to discuss partners work and hear from national partners (Alcohol Change).

## Refine and finalise

1. At least 3 drafts of both docs shared with partners.
2. Discussed at partner meeting.
3. **Present to Lead Member and Health and Wellbeing Board – June 2025.**
4. Publication

# The Strategy and Action Plan

## Haringey Alcohol Strategy

2025 to 2029

## Haringey Alcohol Action Plan

Proposed Objectives  
2025 to 2029

# Action Plan – Start Well

*Our joint ambition: Ensuring young people, families, and communities are free from the harms of alcohol, and treated with dignity and respect.*

Aims	
Prevention	Raise awareness of alcohol-related harms to children, young people, and families.
	Reducing Underage Sales of Alcohol.
Reduction	Ensure that those interacting with children, young people and families can identify hidden harm and alcohol misuse and then signpost to appropriate support and awareness.
Treatment and Support	Ensure quality services are available for children, young people and families affected by alcohol harm using a systemic whole-family approach.



# Action Plan – Live and Age Well

*Our joint ambition: for individuals and communities to make responsible choices around alcohol and support those with needs*

Aims	
Prevention	Promote healthy behaviour and wellbeing among adults in the borough.
	Encourage Haringey residents to seek help in alcohol-related matters, including promoting self-help resources and reaching out for support.
	Promote healthy behaviour and wellbeing in Haringey workplaces.
Early Interventions	Ensure early identification pathways across Haringey are in place, and direct individuals at risk to appropriate services, including easy access to Identification and Brief Advice.
Treatment and Support	Ensure alcohol treatment is available and right for everybody.
	Ensure alcohol treatment is embedded in holistic work supporting individuals facing multiple disadvantages.





# Action Plan – Healthy Place

*Our joint ambition: For alcohol use in Haringey to not negatively impact communities.*

Aims	
Prevention	Continue strategically regulating access and availability of alcohol, especially in areas of vulnerability, around schools, and online.
	Produce a Community Alcohol Toolkit /Improve local vulnerability mapping.
	Identify unlicensed premises.
Early Intervention	Tackling the sales and distribution of illicit alcohol.
	Limit ASB caused by drinking alcohol in public through extension of Public Space Protection Orders.



# Linked to wider strategic work

Violence Against Women and Girls Strategy 2016-2026

2022

bridge  
for happy and healthier communities

METROPOLITAN POLICE  
Territorial Policing

TOTAL POLICING

NHS  
Haringey  
Clinical Commissioning Group


Haringey  
LONDON

Proposed borough wide Public Spaces Protection Order consultation

Haringey  
LONDON

HARINGEY JSNA – FOCUS ON:  
ALCOHOL NEEDS ASSESSMENT

Rough Sleeping Strategy 2023 - 2027



All Strategy artwork produced by Mitchell Coney, 2022

COMBATING DRUGS PARTNERSHIP  
HARINGEY COUNCIL

North Central London Integrated Care System

North Central London Population Health and Integrated Care Strategy

HARINGEY'S HEALTH AND WELLBEING STRATEGY 2024-2029



Haringey  
LONDON

Licensing Act 2003

Haringey Statement of Licensing Policy 2021 - 2026

This Policy should be read in conjunction with:  
The Licensing Act 2003  
Available from [www.legislation.gov.uk/2003](http://www.legislation.gov.uk/2003)

Government Guidance under Section 182 of the Licensing Act 2003  
A Home Office document available from HMSO. Information also available on the GOV.UK website: [www.gov.uk](http://www.gov.uk)

Haringey Council's guidance documents on making applications under the Licensing Act 2003  
Available from Haringey Council's Licensing Service on request and our website: [www.haringey.gov.uk/licensing](http://www.haringey.gov.uk/licensing) or by calling 020 8489 8232.

Haringey  
LONDON

Healthy Weight Strategy 2022-2025

the haringey deal

Corporate Delivery Plan 2024 - 2026



Haringey  
LONDON

# Moving forward

- **Meet twice a year** with updates on the Action Plan.
- **Report annually** to the Health and Wellbeing Board.
- A lead within the relevant boards of Start Well, Age Well, Live Well and Place Boards, to feedback on work of partnership when necessary.
- **Continuous partnership working.**
- **Future focus and discussions:** advertising, licensing and embedding into policy (e.g., Older People Housing and Homelessness Strategy)
- Update Alcohol Joint Strategic Needs Assessment (JSNA)



This page is intentionally left blank

# Haringey Alcohol Strategy

2025 to 2029

# Table of Contents

Background .....	2
Drinking alcohol .....	3
Impact of Alcohol on Health .....	5
Alcohol in Haringey: Snapshot of the Facts.....	7
Intro to Strategic Work.....	9
Haringey Combating Drugs Partnership .....	10
Strategic Priorities .....	11
A whole system and life course approach.....	11
Start Well .....	13
What we know .....	13
How will we achieve our ambition? .....	13
Live and Age Well .....	14
What we know .....	14
How will we achieve our ambition? .....	17
Healthy Place.....	19
What we know .....	19
How will we achieve our ambition? .....	21
Delivering the Strategy.....	22
Partnership working .....	22
Appendices .....	24
Appendix 1: Existing strategies.....	24
National Strategies .....	24
Regional Strategies .....	25
Haringey Strategies .....	25
Appendix 2: Resources.....	26
Online – National .....	26
Online and in person – Haringey .....	26
Appendix 3: Prevention Pyramid.....	27

# Background

Alcohol is the second biggest risk factor for death and years lived with disability, and the biggest risk factor for disability-adjust life years (among 15 to 49 years olds in England). In 2022, there were 2,257 alcohol related deaths in London, equating to a rate of 33.4 per 100,000 population. Approximately 5.5% of Londoners were 'higher risk drinkers' (consuming more than 35 units for women or 50 units for men of alcohol per week), relative to 3.5% for England<sup>1</sup>.

Alcohol misuse contributes, either partially or wholly, to 200 health conditions including cancers, cardiovascular conditions, liver disease and poor mental health. Many of these health conditions lead to hospital admissions due to either acute alcohol intoxication or alcohol misuse over time<sup>2</sup>.

In England, liver disease has increased rapidly since the onset of COVID19 pandemic, becoming the leading cause of alcohol specific deaths<sup>3</sup>. In 2023, it was recognised that dependent users of alcohol are at an eightfold higher risk of developing cirrhosis (scarring of the liver caused by long-term liver damage) than the general population<sup>4</sup>.

The UK also saw a sharp increase in alcohol-specific deaths during the COVID19 pandemic, where community detox and rehabilitation programmes were reduced resulting in substantial waiting lists and reduced capacity in treatment services. Research has highlighted that stress, loneliness and anxiety induced by the pandemic made people more likely to consume alcohol in greater quantities than previous years<sup>5</sup>.

Research by the Institute of Alcohol Studies highlighted the cost of alcohol harms to society in England as £27.44 billion a year, an increase of 40% since 2003<sup>6</sup>.

In 2021, Dame Carol Black's review on drugs and alcohol recognised that national and local co-ordination were essential for providing a framework and meeting the needs of the population. Black's review made a strong case for significant investment in a 'health'-based approach with a focus on treatment and recovery opposed to a strategy solely based on criminal justice. Building on the conclusions of the review, a 10-year drug strategy was created by the UK Government committing

---

<sup>1</sup>Local Alcohol Profiles for England: short statistical commentary, March 2023 (2023). Office for Health Improvement & Disparities (OHID). [Last retrieved [Online](#) Nov 2024].

<sup>2</sup>Implementing health in all policies. (2019). The Health Foundation. [Last retrieved [Online](#) Nov 2024].

<sup>3</sup>Alcoholic liver deaths increased by 21% during year of the pandemic. (2021). Public Health England (disbanded). [Last retrieved [Online](#) Nov 2024].

<sup>4</sup>OHID National Update; data and responses. (2024). OHID. [Last retrieved [Online](#) Nov 2024].

<sup>5</sup>Alcohol-related liver deaths increased by 21% during year of the pandemic. (2021). British Liver Trust. [Last retrieved [Online](#) Nov 2024].

<sup>6</sup>Economy (2024). Institute of Alcohol studies. [Last retrieved [Online](#) Sept 2024]

to having a world-class drug and alcohol treatment recovery system across England within the decade.

Black's review demonstrated that alcohol related harm has a lasting impact on communities and that it affects everyone. Parental alcohol misuse is strongly correlated with family conflict and with domestic abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences. All this highlights a need for a coordinated whole systems approach.

This strategy introduces the harms of alcohol, focusing on the current picture in Haringey, and our priorities tackling alcohol harms for Haringey, recognising our commitments to improving and widening person-centre care across our communities.

## Drinking alcohol

The Commission on Alcohol Harm highlights, "the harm caused by alcohol is everywhere in society, though often hidden from view"<sup>7</sup>.

Alcohol consumption has become a widely accepted and culturally significant pastime associated with socialising, celebration, and relaxation. In England, it is estimated 81% of the adult population drank alcohol in the last 12 months, with more men (84%) than women (78%)<sup>8</sup>. In 2023 37% of children aged between 11 to 15 had had an alcoholic drink at some point in their life, a decrease from 40% the previous year<sup>9</sup>.

Much of this consumption (88% of adults) is considered low risk drink behaviour according to the Alcohol Use Disorders Identification Test (AUDIT)<sup>10</sup>. The health risks associated with drinking alcohol, such as injuries, cancers, and heart disease, increase with higher consumption and can lead to negative impacts on both the drinker and the surrounding community. It is important to understand how much alcohol is considered safe, and how many residents may be drinking in ways that put them at increased risk or that are harmful.

Since 2016 guidelines from the UK Chief Medical Officer define low risk drinking as consuming less than 14 units (more on what a unit and alcohol by volume is [here](#)) of alcohol a week for both men and women<sup>11</sup>.

---

<sup>7</sup>'It's everywhere' – alcohol's public face and private harm. (2021). Commission on Alcohol Harm. [Last retrieved [Online](#) Aug 2024]

<sup>8</sup>Health Survey for England 2022 Part 1. (2024). NHS Digital. [Last retrieved [Online](#) Aug 2024]

<sup>9</sup>Smoking, Drinking and Drug Use among Young People in England (2024). NHS Digital. [Last retrieved [Online](#) Nov 2024]

<sup>10</sup>Health Survey for England 2022 Part 1. (2024). NHS Digital. [Last retrieved [Online](#) Aug 2024]

<sup>11</sup>UK Chief Medical Officers' Low Risk Drinking Guidelines. (2016). Department of Health (then) [Last retrieved [Online](#) Aug 2024]



Drinking above the recommended 14 units puts drinkers at **increased risk**. There is no completely safe level of drinking but sticking to the guidelines lowers risk of harming health.

**Binge drinking** or drinking large quantities of alcohol in a short space of time, increases risk of harm, especially that of injury, loss of control, and misjudging potentially dangerous situations. Binge drinking is harmful even if on a weekly basis the individual drinks fewer than the 14 units recommended for low-risk consumption.

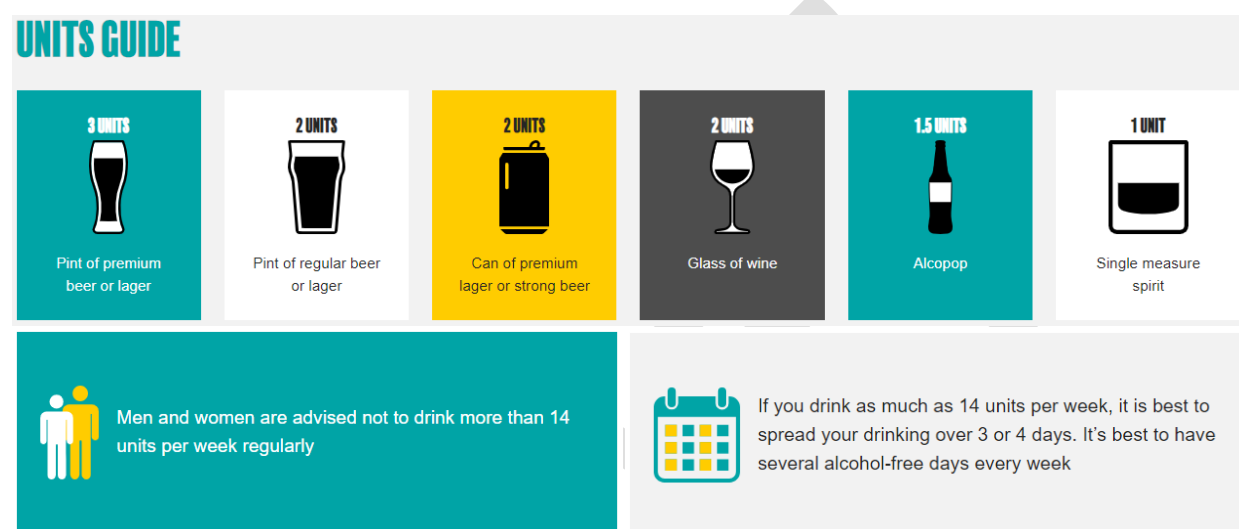


Figure 1 shows units guide and advice on alcohol consumption. Source: [One You Haringey](#).

Harmful drinking can escalate into consistent alcohol cravings and high tolerance leading to possible withdrawal symptoms, and a preoccupation with alcohol despite its harmful consequences. Alcohol-use disorder, or alcohol dependency, is classified as a clinical condition<sup>12</sup>.

From a public health position, it is important to both provide treatment services for those who suffer from alcohol-use disorder, and to reduce the number of increasing risk, high-risk, and binge drinkers to reduce alcohol-related harms and prevent the accumulation of long-term risks.

Residents consuming alcohol, while not necessarily experiencing alcohol-use disorder, would benefit from public health interventions that reduce their consumption to safer levels.

<sup>12</sup>Alcohol-use disorders: prevention. (2010) National Institute for Health and Care Excellence. [Last retrieved [Online](#) Aug 2024]

## Impact of Alcohol on Health

Alcohol can contribute to a wide range of harms which impact both individuals and the community. This includes adverse effects on physical and mental health both immediately after consumption and in the long-term, leading to a burden on NHS services and social care. Alcohol harms also impact family life, community relationships, productivity, employment, and crime. Alcohol consumption is a contributing factor to health inequalities and to experiences of multiple vulnerability.

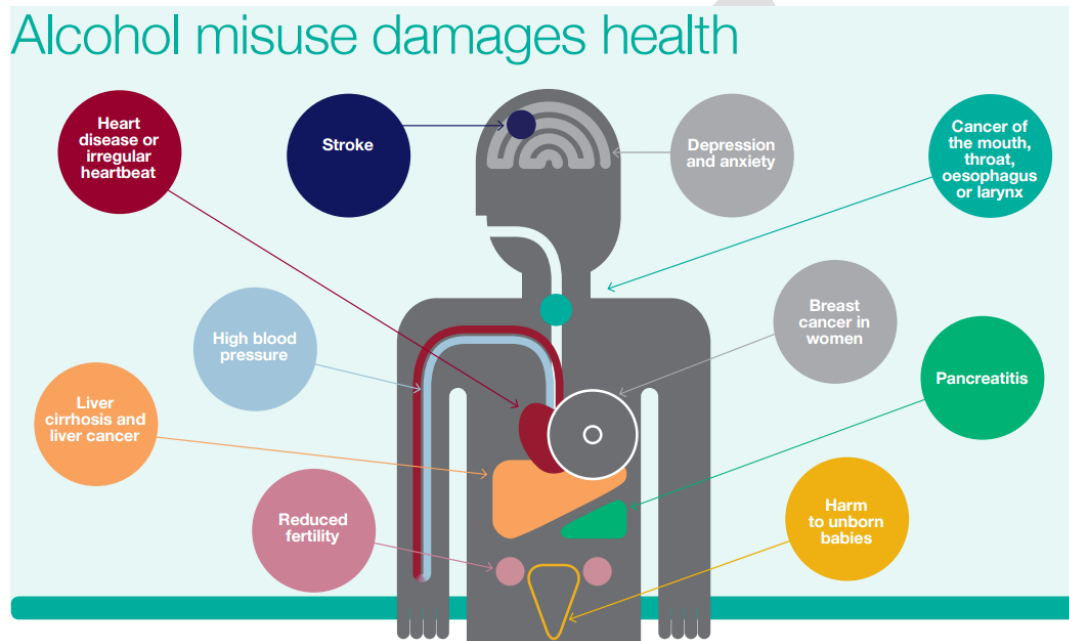


Figure 2 shows damages to health from alcohol misuse. Source: [UK Healthy Security Agency](#).

Harmful alcohol, alongside smoking, poor diet, and inactivity, are the leading factors influencing poor health and early death in the UK<sup>13</sup>. In England in 2023 there were 22,644 alcohol-related deaths (up from 21,912 in 2022), this has been a steady increase since 2016 and is getting worse. There were 8,274 alcohol-specific deaths (up from 7,912 in 2022) in 2023<sup>14</sup>.

Over 200 health conditions such as cancers, cardiovascular conditions, liver disease, road injuries, and poor mental health, are attributable to alcohol misuse either wholly or partially. Alcohol can cause at least seven types of cancer such as bowel and mouth. The more alcohol consumed, the higher the risk of developing cancer<sup>15</sup>.

<sup>13</sup>Addressing the leading risk factors for ill health. (2022). The Health Foundation. [Last retrieved [Online](#) Nov 2024].

<sup>14</sup>Alcohol Profile, Fingertips. Department of Health & Social Care. [Last retrieved [Online](#) Dec 2024]

<sup>15</sup>Alcohol use (2024). WHO. [Last retrieved [online](#) Nov 2024].

These health conditions can lead to hospital admissions due to either acute intoxication or alcohol misuse over time<sup>16</sup>.

Cumulatively, the effect of these conditions has a profound impact on health services, with hospitals in England witnessing 339,916 alcohol-specific conditions admission in 2023/24 (up from 320,082 in 2022/23)<sup>17</sup>.

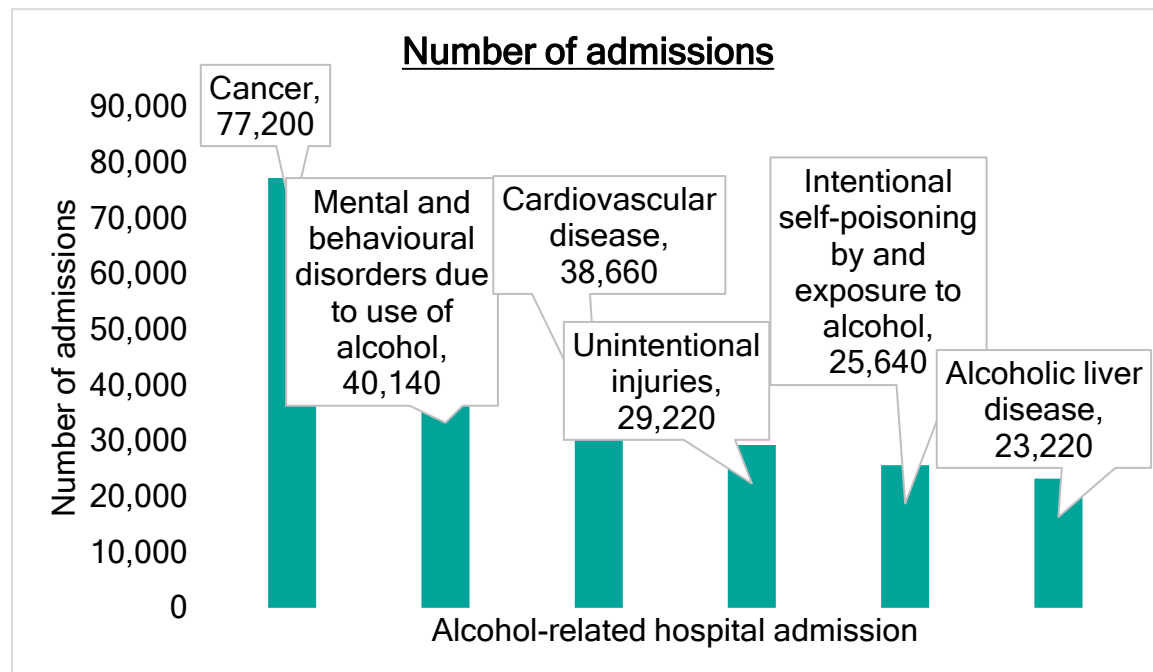


Table 1 shows most common diagnoses admissions for alcohol-related hospital admissions (narrow measure) for 2019/20. Source: [NHS Digital](#) (2022).

Alcohol use is closely linked to mental health, with alcohol-use perpetuating certain mental health conditions, and can be used as an unhealthy coping mechanism for mental suffering. Regular drinking and alcohol-dependency is linked to suicidal thoughts, attempts and death by suicide<sup>18</sup>.

<sup>16</sup>Alcohol: applying All Our Health. (2022). OHID. [Last retrieved [Online](#) Nov 2024].

<sup>17</sup> Alcohol Profile, Fingertips. Department of Health & Social Care. [Last retrieved [Online](#) Dec 2024]

<sup>18</sup> Alcohol dependence and mental health. (2020). UK Healthy Security Agency. [Last retrieved [Online](#) Nov 2024].

# Alcohol in Haringey: Snapshot of the Facts

- There were **23 alcohol specific deaths in 2023**. This includes alcohol poisonings, alcoholic liver disease and alcohol-related neurologic disorders due. This is down from 30 in 2022.
- **62 alcohol-related deaths in 2023** (down from 70 in 2022)<sup>19</sup>.
- **1,148 potential years of life lost due to alcohol-related conditions for males, 379 for females (2023)**.
- **1,034 hospital admissions for alcohol-specific conditions (2023/24)**.
- **28 hospital admissions for alcohol-specific conditions in under 18s** (between 2021/22 – 23/24).
- **662 hospital admissions for mental and behavioural disorders due to use of alcohol (2022/23)**.
- **1,107 licensed premises that can sell alcohol** (37.4 premises per square kilometre), a continued increase from 660 in 2015/16 and 10<sup>th</sup> highest in England (and London) (2023/24)<sup>20</sup>.
- **15 hospital admissions for alcohol poisoning in Haringey** (as of March 2024).
- **455 residents accessing specialist alcohol support service in Haringey** (as of August 2024)<sup>21</sup>.
- **A quarter of secondary students surveyed reported that they had drunk alcohol before**, 1% said they drank it regularly (2023/24)<sup>22</sup>.
- **Overall cost of alcohol harm in Haringey is estimated at £143.3million a year, or £542 per person (2021/22)**<sup>23</sup>.

<sup>19</sup> Alcohol-specific deaths in the UK: registered in 2023 (2025). ONS. [Last Retrieved [online](#) Feb 2025].

<sup>20</sup> Haringey Local Alcohol Profile. OHID. [Last Retrieved [Online](#) Feb 2025].

<sup>21</sup> NDTMS. OHID. [Last Retrieved Online Dec 2024]. Access only by specialist Officers.

<sup>22</sup> Health Related Behaviour Questionnaire (2023/24). Analysis by Haringey Council.

<sup>23</sup> Cost of Alcohol Related Harm in Haringey. Institute of Alcohol Studies. [Last Retrieved [Online](#) Dec 2024].

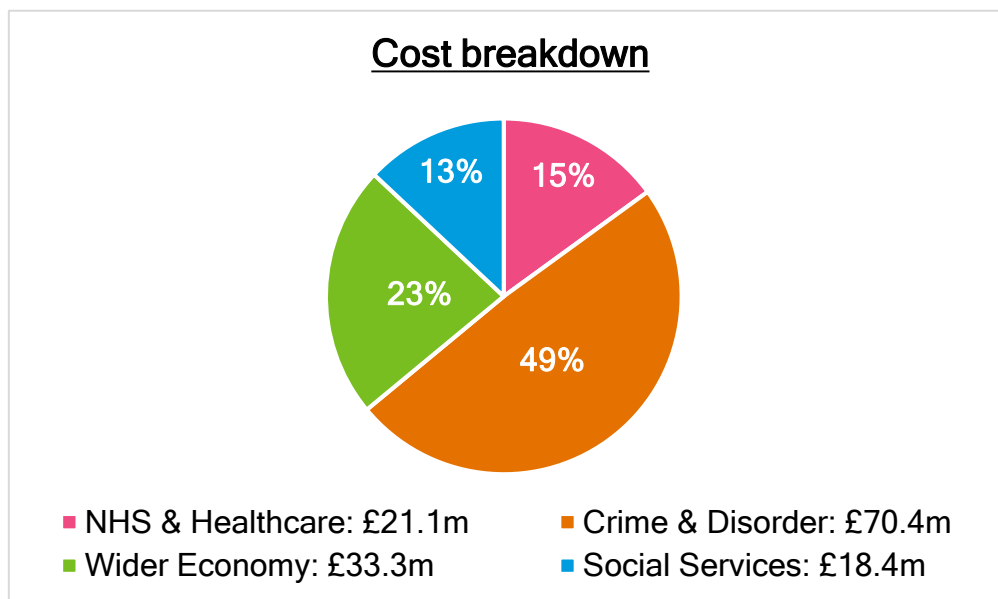


Table 2 shows the breakdown of the annual cost of alcohol harm on different services in Haringey. Source:

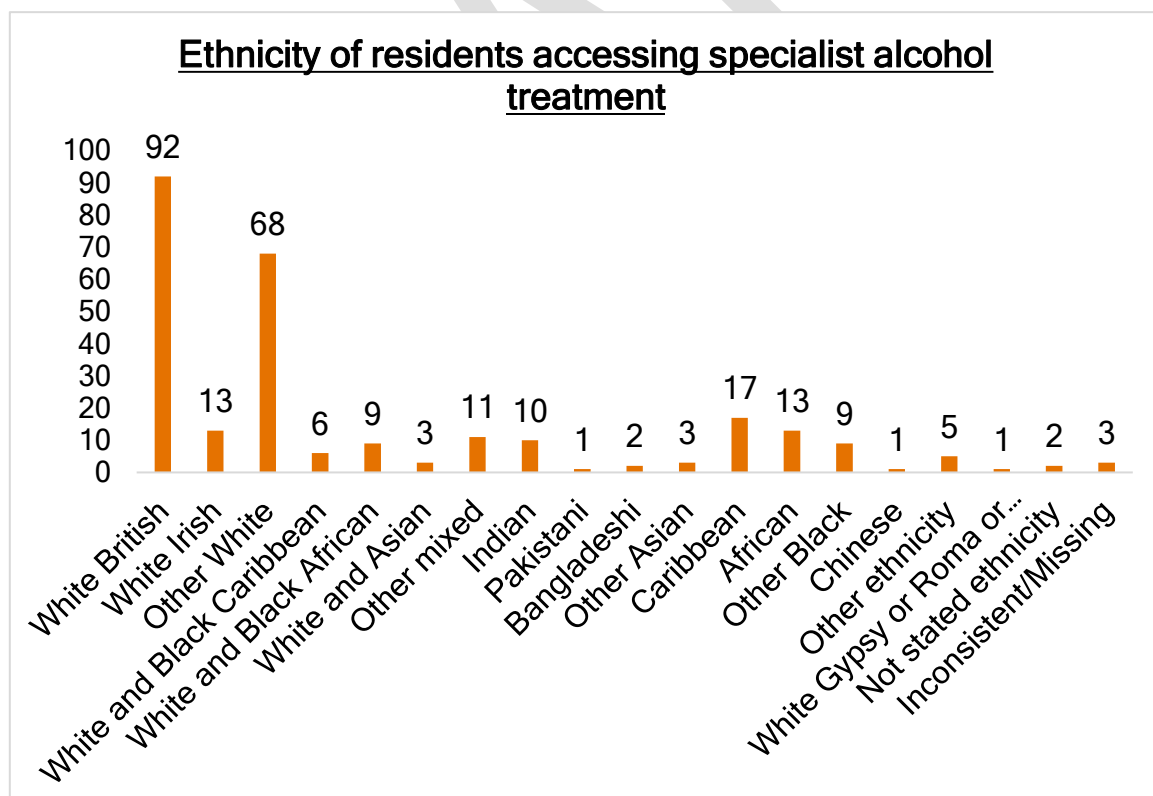


Table 3 shows the ethnicity of residents accessing specialist alcohol treatment in Haringey.

# Intro to Strategic Work

**This Haringey Alcohol Strategy and accompanying Action Plan** sets out to address alcohol related harm in the borough through a cohesive public health approach to alcohol prevention, harm reduction, and treatment.

It does so by presenting alcohol related harms that affect Haringey residents and committing to actions that address alcohol harms by working in partnership with stakeholders across the borough. This includes an action plan for alcohol harm prevention, that will promote a programme of actions for key leaders across the partnership to deliver.

To ensure the **Alcohol Strategy and Action Plan** is set out in partnership, we have applied a Health in All Policies (HiAP) approach<sup>18</sup> to alcohol harm, prevention and treatment. HiAP is well positioned to address challenges which cut across sectors and departments by focusing on the impact of various social policies on the health and wellbeing of communities. Through engaging a variety of partners, HiAP allows stakeholders from public health, licencing, the NHS North Central London Integrate Care Board (NCL ICB), and the Voluntary and Community Sector (VCS) to come together in pursuit of common goals. Joint working is critical in addressing public health challenges, especially when an issue has such far reaching impacts for individual and community wellbeing as alcohol harm.

We are committed to a whole systems and life course approach, supporting the health of our communities throughout a person's life: helping individuals **Start Well**, **Live Well**, and **Age Well**, whilst investing in healthy environments by focusing on **Healthy Place**. A focus on Healthy Place is important as we can work to address health inequalities by considering place-based determinants of health such as the impact of the built environment and safety in public space.

As alcohol harm disproportionately affects those in the most deprived areas and often contributes to compounding multiple vulnerabilities, our strategy aims to provide focused investment, targeted at the places with the greatest need. By partnership working and supporting recovery services, we aim to significantly reduce health inequalities across the borough.

We recognise it is vital are services are accessible and focussed on long term sustained recovery, to reduce the progression of long-term health inequity, and prevent alcohol-related deaths.

This strategy builds onto a recovery orientated system of care (ROSC), ensuring that there are a range of community-based services, groups and pathways to support residents living in Haringey

We aim to provide:

- Safer and better drug and alcohol treatment practice for individuals, families, carers, and affected others.

- Clear communication on treatment available for individuals affected by alcohol and its wider harms.
- A forum for those with lived and living experience to review current alcohol and drug treatment pathways.
- Trauma informed, evidenced-based and peer-led approaches that tackle the stigma experienced by people using drugs and alcohol.

*Our ambition is to create an environment which prevents alcohol harm.*

*Our aspiration is that people have a right to health and life and are respected and treated with dignity.*

*Our vision is to ensure support and treatment can be accessed by all, whilst recognising the complexity of alcohol harm.*

### **Haringey Combating Drugs Partnership**

The national 10 year Drugs Strategy<sup>24</sup> required all local areas to establish their own Combating Drugs Partnership (CDP) to deliver the commitments and ambitions of the strategy. The strategy notes the connection between alcohol and other drugs, particularly that alcohol is a factor in many-drug related deaths and specialist treatment and recovery services also tend to be integrated for alcohol and other drugs.

The partnership includes:

- Haringey Council: Public Health, Community Safety and Enforcement, Early Help, Housing Demand, and Regeneration and Economic Development
- NHS: NCL Integrated Care Board
- Criminal Justice Partners: Metropolitan Police and Probation Service
- Treatment providers for adults and young people

The Haringey CDP's aim is to reduce the harm caused by drugs and alcohol in Haringey by creating a joint strategic approach to making decisions on delivery to ensure that the ambitions of the National Combating Drugs Outcome Framework are met<sup>25</sup>. The work of the CDP interlinks with this Strategy.

<sup>24</sup>From harm to hope: A 10-year drugs plan to cut crime and save lives. (2021). HM Government. [Last Retrieved [online](#) Nov 2024].

<sup>25</sup>Haringey Combating Drugs Partnership. (2024). Haringey Council. [Last retrieved [online](#) Nov 2024].



# Strategic Priorities

## A whole system and life course approach

This Strategy takes a whole system and life course approach to tackling alcohol related harm. This approach acknowledges that health and wellbeing are not dependant on singular instances of ill health, instead are influenced throughout an individual's life by the wider determinants<sup>26</sup>, like environmental factors such as housing quality or economic stability. Creating appropriate environments for individuals to thrive at all critical stages in life, from pregnancy to old age allows for protective health factors to be maximised and health risks to be reduce. This leads to extended healthy life expectancy, reduced disability, as well as greater health equity and cumulative gains for communities, and not just individuals.

In line with the life-course approach this Strategy and the Action Plan is divided into sections based on critical stages in a person's life. These are also aligned with Public Health's work of providing a cohesive approach throughout the borough.

1. **Start Well** focuses on our youngest residents and their families, from pregnancy, through young adulthood, and aims to ensure every child has a safe environment in which they can thrive and will set them up for success throughout their life.
2. **Live Well** and **Age Well** focuses on the wellbeing of all adults (including the special needs of older residents) in the borough, reducing health risks, promoting good physical and mental health, and ensuring individuals have appropriate support in addressing their health, housing, and employment needs.
3. **Healthy Place** focuses on the impact of the build environment on all stages of life and on community cohesion. We believe a focus on healthy place throughout the life course is especially important in addressing inequality and social determinants of health.

In addition to addressing health across an individual's life-course, the whole system approach champions a holistic view to ensuring health and wellbeing by addressing health risks on three different levels: universal prevention, early intervention and targeted support, and specialist treatment<sup>27</sup>. This Strategy and Action Plan follows these principles to ensure fewer individuals encounter health harms, those at risk can be identified and offered support, and those in greatest need can access appropriate specialist treatment.

1. **Universal Prevention** addresses broad health risks on a population level. In the context of alcohol harm, it includes generally available high-quality substance-misuse education, resilience building among young adults, as well

<sup>26</sup> Wider Determinants of Health. (Last updated 2024) Office for Health Improvement & Disparities. [Last retrieved [online](#) Nov 2024].

<sup>27</sup> Health and social care integration: joining up care for people, places and populations (2022) Department of Health & Social Care. [Last retrieved [online](#) Nov 2024].



as targeting the availability and affordability of alcohol in the environment through regulation and thoughtful licencing.

2. **Early Intervention and Targeted Support** ensures individuals at increased risk can be identified and directed to appropriate support to prevent long term harm and risk accumulation. Such targeted support can include training of community workers in Identification and Brief Advice (IBA), good signposting to self-help and community support, as well as addressing multiple vulnerabilities that can lead to escalated alcohol related harm.
3. **Specialist Treatment** is aimed at individuals who are already experiencing serious harm to support their recovery. This treatment can include clinical interventions, a focus on harm-reduction measures for those struggling with substance use disorders, as well as high intensity support for the most vulnerable.

Haringey's alcohol treatment services have already been aligned to this model, targeting low-risk, increasing-risk, and high-risk drinkers through universal prevention, early intervention and targeted support, and specialist treatment. This strategy builds upon our previous work to create a framework for action for the next three years 2024 - 2027 and ensures we continue addressing alcohol-related harms in cohesive ways and in partnership across the borough.

Our overarching preventative aim will be our communications through educating and signposting to services, this will work as a golden thread throughout our action plan – highlighting the importance of cross sectoral working.

## Start Well

Our joint ambition: Ensuring young people, families, and communities are free from the harms of alcohol, and treated with dignity and respect.

### What we know

#### Prevalence

Alcohol use impacts the health and wellbeing of children, young people and families. Parental alcohol dependence can cause serious harm to children from conception to adulthood and alcohol is often present alongside safeguarding concerns, childhood neglect, and in families with children in need. The experience of children and young people that are living with parental alcohol dependence is often referred to as Hidden Harm, as the harm experienced is often hidden, or not recognised as harm. This often means children and young people do not get support as the harm can be concealed by fear or shame.

Children will most commonly be affected by the alcohol use of an adult in their lives, potentially a parent or carer. In Haringey, in 2020, 11% of individuals presenting to alcohol treatment services were parents or adults living with children, while 25% were parents not living with children. This means that more than a third of those in treatment for alcohol misuse may need additional family support to ensure their children experience fewer of the harmful impacts of adult alcohol use. While Haringey's access to family support and treatment is very good compared to a benchmark of similar boroughs, 83% of alcohol dependant adults living with children are not in any form of treatment<sup>28</sup>.

About a quarter of secondary students in Haringey reported to have tried alcohol and 1% of students stated they drank regularly<sup>29</sup>. The rate of hospital admissions for under 18s has been falling nationally and in Haringey, which remains significantly below the national average but above the London average. It is important to ensure young people are aware of alcohol-related harms and are well equipped with coping strategies to make healthy choices around alcohol consumption.

### How will we achieve our ambition?

Aims	
Prevention	Raise awareness of alcohol-related harms to children, young people, and families.
	Reducing Underage Sales of Alcohol.
Reduction	Ensure that those interacting with children, young people and families can identify hidden harm and alcohol misuse and then signpost to appropriate support and awareness.
Treatment and Support	Ensure quality services are available for children, young people and families affected by alcohol harm using a systemic whole-family approach.

<sup>28</sup> Parents with problem alcohol and drug use: Data for England and Haringey. (2020). (Previously) Public Health England. [Last retrieved [online](#) Nov 2024]

<sup>29</sup> Health Related Behaviour Questionnaire (2023/24). Analysis by Haringey Council.

## Live and Age Well

**Our joint ambition: for individuals and communities to make responsible choices around alcohol and support those with needs**

### What we know

The main source of data on drinking among adults in England is the Health Survey for England commissioned by NHS Digital.

### Prevalence

The estimated alcohol dependence prevalence in the adult population of Haringey is 1.5% (2019/20). Prevalence is higher for men (1.3%) than women (0.2%) and has remained a similar rate since 2016/17. This equates to approximately 3,147 adults aged 18 years and over and is slightly higher than the English average at 1.4%. It is also estimated that close to a quarter of Haringey's population are drinking at levels that can lead to an increased risk of alcohol-related harm (more than 14 units a week), of which 4% can be considered high risk drinkers. This puts close to 80,000 Haringey residents at elevated risk of alcohol related harms<sup>30, 31</sup>.

### Hospital Admissions

The prevalence of high-risk drinking is reflected in Haringey's high rates of hospital admissions. Hospital admissions for adults 40 to 65 years old for alcohol-related conditions are higher than the London average. Haringey has the seventh highest rate of broad measure alcohol-related hospital admissions in London. Admission episodes for alcohol-related cardiovascular disease have remained above the English average and mostly aligned to the London average but has been increasing since 2020/21. A similar increase since 2020/21 has been seen for hospital admissions for alcoholic liver disease, however local figure has remained below the national and London averages since 2017/18. Admission episodes for mental and behavioural health disorders due to alcohol in Haringey have remained below the national and London averages and had been steadily decreasing since 2018/29, with no significant change in 2022/23. However, prevalence remains much higher among men. The total alcohol related mortality in the borough has seen no significant change since 2016 but tends to be below the national average, yet above the London average<sup>32</sup>. Alcohol-specific mortality has decreased since 2022 and is now significantly better than the English average and lower than the London average. Combined, this data points to alcohol use that leads to hospitalisation still being a significant challenge for Haringey, especially compared to other London boroughs. A public health approach to reducing alcohol use and harm across the whole borough will encompass the whole population and hopefully reduce hospital admissions in the future.

### Access to Treatment

Haringey has done well in ensuring those struggling with alcohol-dependency can access high quality treatment. The rate of alcohol-dependant adults in contact with

<sup>30</sup> Haringey Local Alcohol Profile. OHID. [Last Retrieved [online](#) Dec 2024].

<sup>31</sup> Haringey Alcohol JSNA. (2021). Haringey Council. [Last retrieved [online](#) Nov 2024]

<sup>32</sup> Haringey Local Alcohol Profile. OHID. [Last Retrieved [online](#) Dec 2024].

specialist treatment services is slightly higher than the English average and slightly lower than neighbouring Boroughs in North Central London, Camden and Islington but above Barnet and Enfield<sup>33</sup>. A self-assessment conducted in both 2018 and 2021 measuring the strength of local alcohol harm prevention (using the CLear tool developed by Public Health England) revealed high scores for Haringey in secondary and tertiary care. This indicates strong targeted provision for adults and young people at increased risk and quality treatment for those already in contact with alcohol services<sup>34</sup>.

### Inequality and Vulnerability

It is critically important to consider questions of inequality in Haringey, as the borough is split between areas of high and low deprivation. Data points to higher alcohol dependency in the west of the borough, where deprivation levels are significantly lower than in the east. However, the more-deprived wards in the east of the borough experience higher levels of alcohol-related hospital admissions despite, overall, consuming less alcohol. This is called the '[alcohol harm paradox](#)' where due to interactions of alcohol consumption with other health behaviours which are more prevalent in deprived areas such as smoking, poor diet and exercise, communities with lower socioeconomic backgrounds experience more alcohol-harm on average, despite lower alcohol consumption compared to their more affluent counterparts<sup>35</sup>. Highlighting that alcohol-harm affects the more vulnerable residents in the borough and is contributing to the widening of inequalities.

Two vulnerabilities that are especially worth considering are Violence against Women and Girls (VAWG) and Homelessness.

### Violence Against Women and Girls

There is a strong relationship between alcohol and domestic abuse, physical violence, and sexual assault. Alcohol is well documented as a risk factor for many aggressive and violent acts<sup>36</sup> and research shows that alcohol use can also increase the severity of a violent incident. Excessive alcohol use by perpetrators, and to a lesser extent by victim/survivors, does increase the frequency of intimate partner abuse, as well as the seriousness of the outcomes<sup>37</sup>. This evidence leads alcohol and domestic abuse charities alike to warn that drinking and domestic abuse often occur at the same time.

It is important to recognise that where alcohol is involved in domestic abuse, much of the evidence suggests that it is not the root cause; but rather a compounding factor. Alcohol can make existing abuse worse, or be a catalyst for abuse, but it does not cause domestic abuse<sup>38</sup>, nor is it ever an excuse. Thus, domestic abuse

<sup>33</sup> NDTMS. OHID. [Last Retrieved Online Dec 2024]. Access only by specialist Officers.

<sup>34</sup> Haringey Alcohol JSNA. (2021). Haringey Council. [Last retrieved [online](#) Nov 2024]

<sup>35</sup> Haringey Drugs JSNA. (2021). Haringey Council. [Last retrieved [online](#) Nov 2024]

<sup>36</sup> Institute of Alcohol Studies [Last retrieved [online](#) August 2024]

<sup>37</sup> Russell and Webster Research and Policy [Last retrieved [online](#) September 2024]

<sup>38</sup> Women's Aid [Last retrieved [online](#) August 2024]

organisations agree that alcohol misuse should not be seen as taking responsibility away from those who commit harm.

However, interventions in the context of alcohol misuse can be used in conjunction with specialist support to reduce domestic abuse in some cases and ensure that those who use alcohol problematically are better supported to access support for domestic abuse and identify how services can improve their ability to recognise domestic abuse in terms of both victims and perpetrators.

Alcohol has been described as ‘the UK’s favourite coping mechanism’<sup>39</sup>, and many victim/survivors of domestic abuse and sexual violence often turn to alcohol to cope with the fear and stress that they are facing, or they may be forced to misuse alcohol by the perpetrator as a means of control. Research has found that those who experience extensive physical and sexual violence by an intimate partner are more than twice as likely to misuse alcohol than those with little experience of violence and abuse<sup>40</sup>. Moreover, perpetrators may use alcohol as a way to manipulate their victim; for example, by claiming that any physical injuries were caused by a fall when the victim/survivor was drunk, and the victim/survivor may not remember how the injuries were caused.

Additionally, it is likely that a victim/survivor experiencing alcohol misuse may feel embarrassed, or they may feel that they won’t be believed or fear that their children will be removed from their care. All these factors make it more difficult to disclose the abuse. Consequently, alcohol can leave an individual more vulnerable to further abuse; especially if drinking prevents survivors from accessing support or worsens their mental health. Alcohol use can also increase victim/survivor’s vulnerabilities and challenges in keeping themselves safe and escaping the abuse.

### Homelessness and Rough Sleeping

Homelessness and rough sleeping significantly increase the risk of alcohol related harm, creating a cycle of health disparities, substance dependency, and increased vulnerabilities.

Homelessness, particularly rough sleeping, is often linked with high levels of alcohol misuse. Research indicates that alcohol may be used as a coping mechanism for the trauma and stress associated with being homeless. For many individuals, the experience of homelessness is compounded by challenges such as mental health issues, relationship breakdowns, and loss of social support—factors that can lead to increased alcohol consumption.

Table 4 shows the percentage of people seen rough sleeping in Haringey between October and December 2024 who were assessed for at least one of the three support needs (alcohol, drugs, and mental health), highlighting the support needs of those rough sleeping around substance misuse, and mental health.

---

<sup>39</sup> Coping Strategies: Alcohol (Education Support) [Last retrieved [online](#) March 2025]

<sup>40</sup> Alcohol and Domestic Abuse Fact Sheet (Alcohol Change) [Last retrieved [online](#) March 2025]

It is important that a borough-wide approach to alcohol harm prevention remains sensitive to the needs of vulnerable group. The Rough Sleeping Drug and Alcohol Treatment (RSDAT) Service has been instrumental in improving access to substance misuse treatment for individuals experiencing rough sleeping and substance misuse by creating a dedicated rough sleeping substance misuse treatment team.

#### **People seen rough sleeping in 2024 (October – December) by support needs**

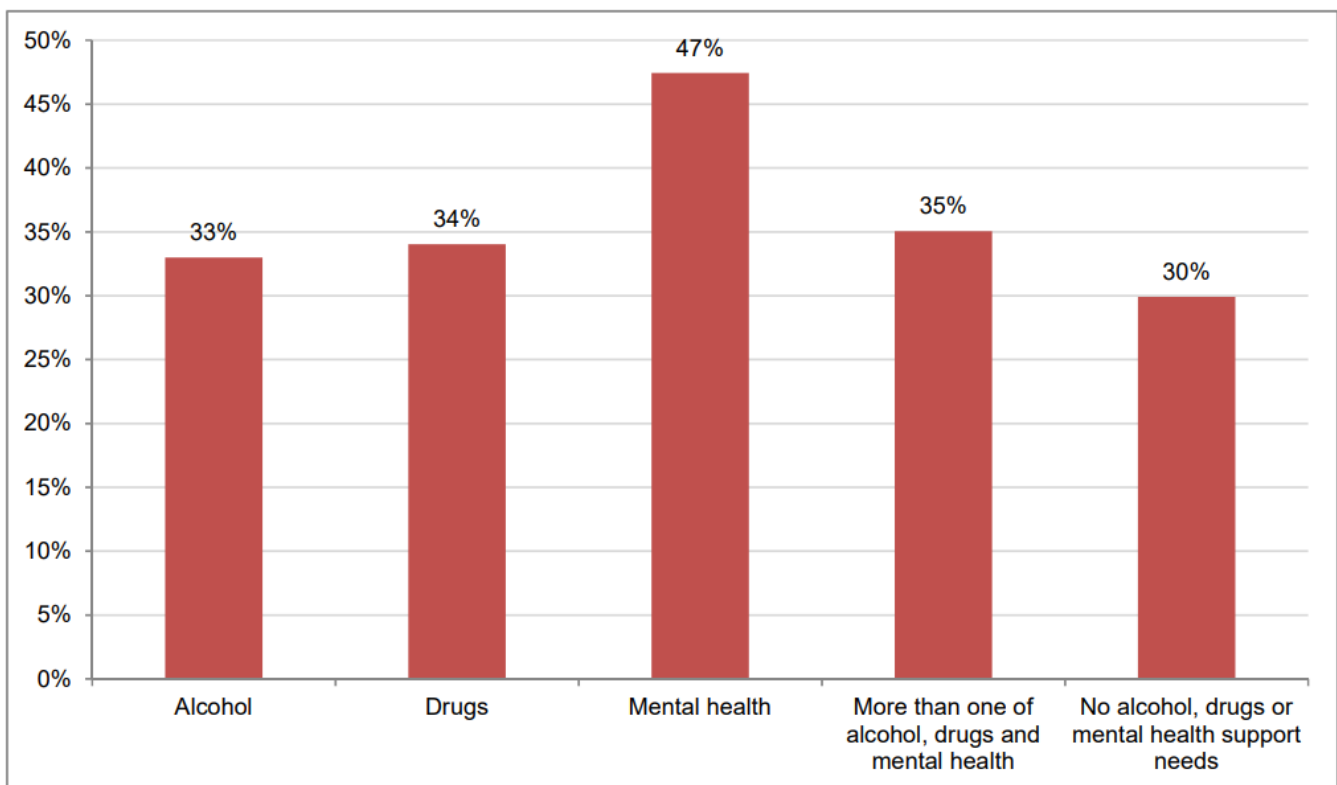


Table 4 shows 97 people seen rough sleeping during the period who were assessed for at least one of the three support needs.

### **How will we achieve our ambition?**

Aims	
Prevention	Promote healthy behaviour and wellbeing among adults in the borough.
	Encourage Haringey residents to seek help in alcohol-related matters, including promoting self-help resources and reaching out for support.
	Promote healthy behaviour and wellbeing in Haringey workplaces.
Early Interventions	Ensure early identification pathways across Haringey are in place, and direct individuals at risk to appropriate services, including easy access to Identification and Brief Advice.
	Ensure alcohol treatment is available and right for everybody.



**Treatment and Support**

Ensure alcohol treatment is embedded in holistic work supporting individuals facing multiple disadvantages.

DRAFT

## Healthy Place

Our joint ambition: For alcohol use in Haringey not to negatively impact communities.

### What we know

#### Availability of alcohol

In Haringey the density of off-licence shops selling alcohol is higher in more deprived areas of the borough (shown in the below map with the green circles), further perpetuating the link between alcohol-related harms and inequality. Haringey has the tenth highest number of licenced premises in London but does not have a significant night-time economy. This points to thoughtful licencing and control of alcohol availability being crucial in a public health approach to reducing alcohol-related harm. Evidence suggests making it less easy to buy alcohol by controlling outlet density and late night sales is the most effective strategy for reducing consumption and alcohol related harm<sup>41</sup>.

#### Alcohol Licensing and Deprivation

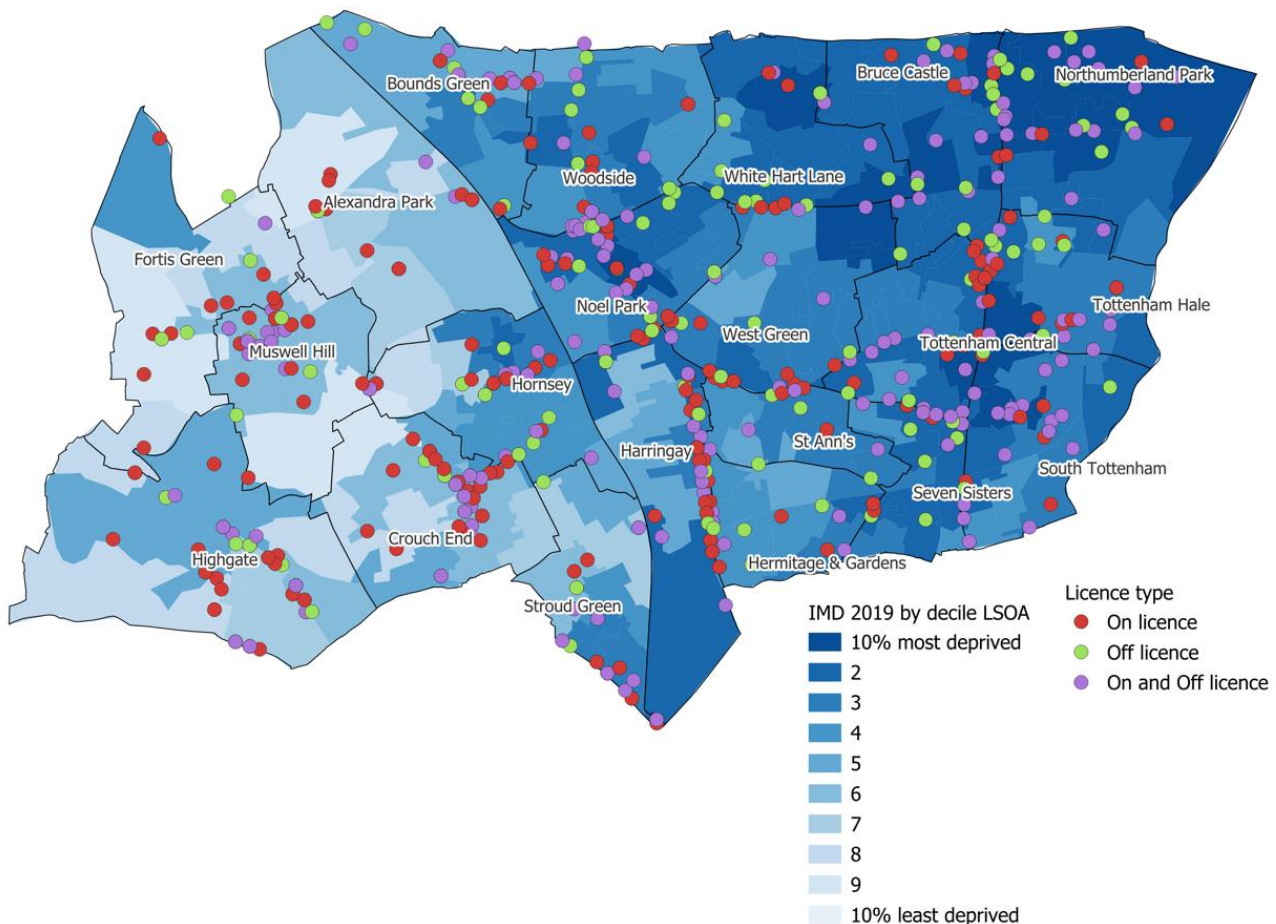


Figure 3 Licensed premises mapped against deprivation. March 2024. Source: Haringey Council.

<sup>41</sup>The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies: An evidence review (2018). Public Health England. [Last retrieved [online](#) Aug 2024].



Haringey sells the most litres of alcohol per adult in all of London (7.5 litres of alcohol sold per adult in 2014). This is 35% more than the London average and this high level of sales is a worrying statistic linked to unsafe drinking<sup>42</sup>.

As alcohol availability is mainly regulated through the alcohol licensing system, the Public Health team respond to all relevant alcohol licensing applications to regulate availability by reducing density and hours of sale.

### Safety

Antisocial behaviour associated with street drinking, such as litter, noise and intimidation, is recognised as a concern in Haringey causing detrimental impact on local residents. The map highlights the number of reported alcohol and/ or street drinking reported to the police, highlighting higher incidents in wards such as Woodside, Noel Park and Bruce Castle, noticeably worse in the East more deprived areas.

#### **Alcohol/ Street Drinking ASB Reported to the Police (April 2024 – March 2025)**

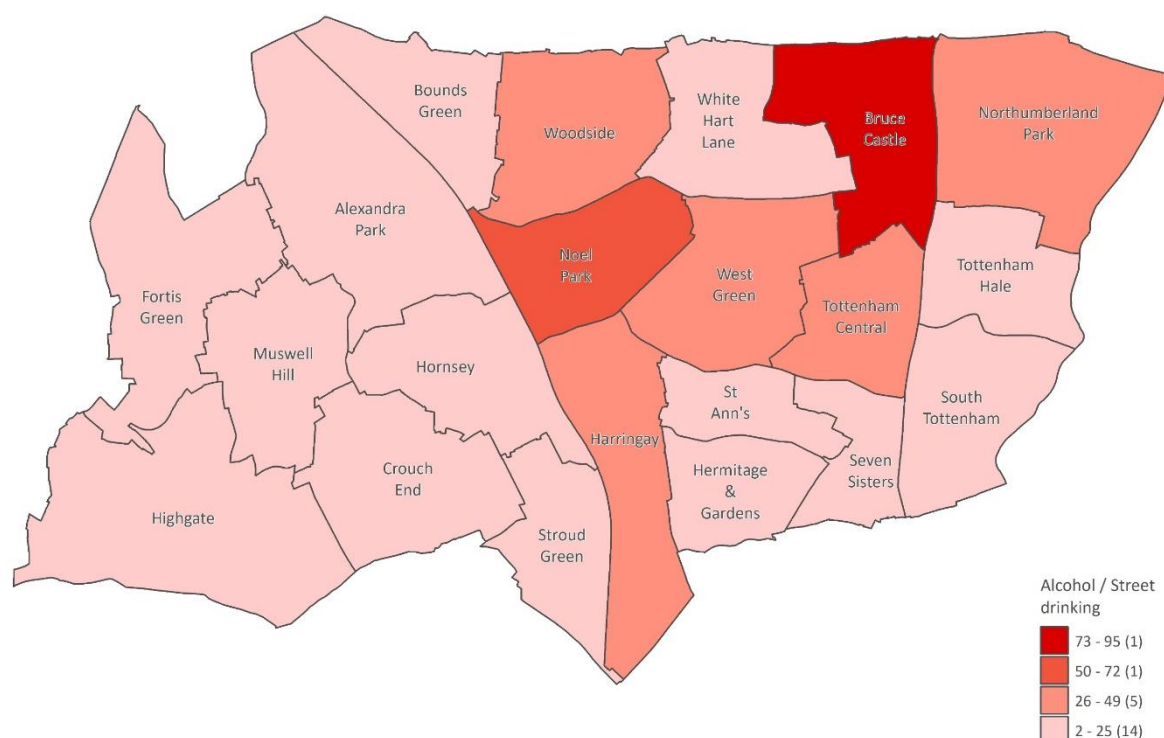


Figure 4 shows where the highest number of anti-social behaviour linked to alcohol and/ or social behaviour reported to the police. Source: [London Datastore](#). Accessed March 2025.

A Public Space Protection Orders (PSPO) were introduced under the Anti-Social Behaviour, Crime and Policing Act 2014 in 11 wards and prohibits drinking in public

<sup>42</sup>Haringey annual public health report 2023. (2023). Haringey Council. [Last retrieved [online](#) August 2024].

within the boundary<sup>43</sup>. A new borough-wide PSPO has been consulted on, to try to control behaviour that is either having or likely to have a harmful effect on the local community's quality of life<sup>44</sup>.

### Advertising

It is well evidenced the impact advertising has on consumption<sup>45</sup>. Recognising this, the Council prohibits alcohol advertising, and other health harming products, on council-owned spaces and infrastructure through the Corporate Advertising and Sponsorship Policy 2019<sup>46</sup>. This is a local policy and not mandated Nationally or on privately owned spaces.

### How will we achieve our ambition?

Aims	
Prevention	Continue strategically regulating access and availability of alcohol, especially in areas of vulnerability, around schools, and online.
	Produce a Community Alcohol Toolkit /Improve local vulnerability mapping.
	Identify unlicensed premises.
Early Intervention	Tackling the sales and distribution of illicit alcohol.
	Limit ASB caused by drinking alcohol in public through extension of Public Space Protection Orders.

<sup>43</sup> Drinking alcohol in public: Public spaces protection order (PSPO) rules about drinking alcohol in public. Haringey Council. [Last retrieved [online](#) August 2024].

<sup>44</sup> Proposed borough wide Public Spaces Protection Order consultation. Haringey Council. [Last retrieved [online](#) March 2025].

<sup>45</sup> The power of advertising in society: does advertising help or hinder consumer well-being? (2021). Stafford, M. R., and Pounders, K. (International Journal of Advertising). [Last retrieved [online](#) Dec 2024].

<sup>46</sup> Haringey Council's Corporate Advertising and Sponsorship Policy 2019 (2019). Haringey Council. [Last retrieved [online](#) Dec 2024].

# Delivering the Strategy

## Partnership working

Prior to the creation of this strategy there has been no singular partnership group aimed at addressing alcohol-related harm, though partnership working around licencing (which includes public health representation) has been ongoing, and the commissioning team for substance-misuse services regularly works with partners across public health, housing demand, and community safety.

The lack of a singular partnership to address alcohol harm was identified as an area for improvement during both the 2018 and 2021 CLeaR profile self-assessment conducted in Haringey<sup>47</sup>.

### CLeaR Profile

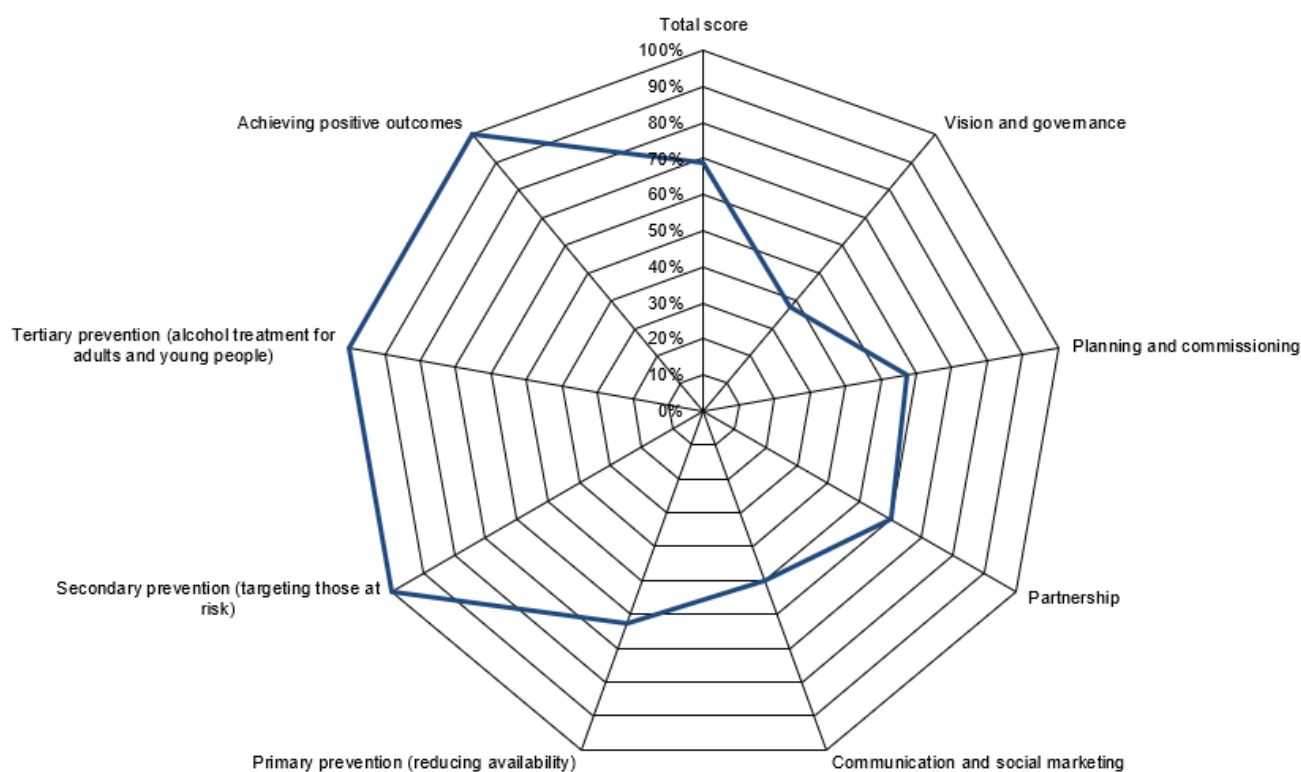


Figure 5 Haringey CLeaR profile self-assessment (2021).

While the borough scored highly on its provision of treatment services, the lowest scores were in areas of leadership (including partnership working and vision and governance).

The creation of this strategy will enable a partnership group to come together around alcohol-related harm to implement the action plan. Improving how we work in partnership around alcohol related harms and implement a comprehensive approach that spans prevention, early intervention, and treatment.

<sup>47</sup>CLeaR Profile - Self Assessment, 2021

## Governance

This Strategy and supporting Action Plan is led and monitored by Haringey Public Health. It will be monitored annually in collaboration with appropriate stakeholders against the chosen measures of success outlined in the Action Plan. The outcome of this monitoring will be reported annually to the Health and Wellbeing Board. The Health and Wellbeing Board (HWB) is a statutory partnership set up in 2013, which leads on promoting health in Haringey in line with the 2012 Health and Social Care Act. Membership includes elected members, representation from the local authority, the NHS, and the voluntary sector.

A nominated lead for each section will sit within the relevant board and feedback when necessary. Start Well Board, Age Well Board, Live Well Board and Place Board.

## Engagement with our community

There has been a lot of co-production with our residents around alcohol.

During writing the Alcohol Strategy we engaged with Inspirit Training to learn more about the environment and what is seen as biggest issues surrounding alcohol. Clear definitions around the health impacts of alcohol, short and long term and what number of units look like were highlighted as important and included in the document. Further information on 'casual' drinking, drinking outdoors in public places such as parks and where to access support were also discussed. This conversation also fed into the action plan with a goal of clearer campaigns and messaging.

Inspirit has been commissioned to produce a peer-led review of recovery services in Haringey. The work will review current service design, service specifications, and quality of care. The review will be used to direct the commissioning of services and inform the delivery of recovery-orientated care systems.

## COVID-19

The pandemic has had a serious impact on Haringey's public health services. The borough has had to adapt and become more resilient with the new ways of working. This has led to disruption and delays in some programmes. From this a lot of work for moving ahead will focus on getting services back on track and scoping out new pathways to address results of COVID-19 on the health of Haringey residents.

# Appendices

## Appendix 1: Existing strategies

### National Strategies

Name	Date	Scope of Focus on Alcohol
<a href="#">From harm to hope: a 10-year drugs plan to cut crime and save lives</a>	2022	<p>A 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system.</p> <p>Addresses alcohol as part of a general drug strategy directed primarily at illegal drug use and markets. Focuses on prevention (especially among young people), restricting availability of drugs, and providing appropriate support for those with drug dependencies, including alcohol.</p>
<a href="#">Independent review of drugs by Professor Dame Carol Black</a>	2020	Two-part review examining the ways in which drugs are fuelling serious violence in the UK, alongside improvements in treatment, recovery and prevention framework.
<a href="#">Modern Crime Prevention Strategy</a>	2016	Addresses alcohol as a driver for crime and focuses on making the night-time economy safe for drinkers. Mentions working with families that may be affected by alcohol, but only in the context of crime prevention.
<a href="#">Alcohol Strategy</a>	2012	Devoted to alcohol, with a focus on binge drinking culture, alcohol fuelled violence, and hazardous drinking. The strategy includes objectives around reducing alcohol consumption among young people and among adults who drink above NHS guidelines, the focus is primarily on crime and violence prevention over health. It does propose including Public Health bodies in the licensing process. Aim: to tackle alcohol through market approaches reducing accessibility to cheap alcohol, controlling advertising, and investing in licensing and enforcement strategies

In 2018 the Government announced that a new alcohol strategy is under development. In response, an [Alcohol Charter](#) was produced by the Drugs, Alcohol & Justice Cross Party Parliamentary Group. This charter sets out evidence-based strategies to tackle broad ranging alcohol harms from a public health perspective. Despite the strong support for a renewed approach to alcohol harm prevention, a date for a new national strategy has not yet been announced.

## Regional Strategies

Strategy name	Date	Scope of focus on alcohol
<a href="#">NHS North Central London (NCL) Integrated Care System: Population Health and Integrated Care Strategy</a>	2023	Collaborating to tackle the root causes of poor health by tackling key population health risks such as alcohol.
<a href="#">NCL Outcomes Framework</a>		Develop sustainable and equitable core offer across smoking cessation, alcohol, and weight management services.

## Haringey Strategies

Strategy name	Date	Scope of focus on alcohol
<a href="#">The Haringey Deal and Corporate Delivery Plan</a>	2024 to 2026	<p>The key focus of the Haringey Deal is working in partnership with communities to address residents' priorities.</p> <p>A healthy and active population is to finalise and sign off the Alcohol Strategy.</p>
<a href="#">Haringey Health and Wellbeing Strategy</a>	2024 to 2029	Proposes an objective to achieve Healthy High Streets and Healthy Place Shaping through the development of key partnership strategies that support this.
<a href="#">Rough sleeping strategy 2023 – 2027</a>	2023 to 2027	Mentions the high-rate need for signposting to mental health and substance misuse services, as well as a better coordination of those services to meet the complex needs of those experiencing homelessness and rough sleeping.
<a href="#">Haringey Statement of Licencing Policy</a>	2021 to 2026	<p>Aims to provide balance between regulating alcohol sales and contributing towards vibrant economy. Hopes to avoid costly enforcement by working with businesses to educate them on alcohol harm and underage drinking. Where evidence of the negative impact of alcohol is demonstratable, the policy allows the council to adopt local saturation policies to limit licenced premises.</p>

### Other Important Haringey Documents

<a href="#">Joint Strategic Needs Assessment on Alcohol</a>	The Last Joint Strategic Needs Assessment on Alcohol was conducted in 2021. An updated version is currently under development, with predicted completion in 2025.
---	---



## Appendix 2: Resources

### Online – National

Who	Info
<a href="#">NHS – Better Health</a>	'Drink less' webpage with tips to help cut down on alcohol and free app 'drink free days'.
<a href="#">Alcohol Change UK</a>	Charity working for a society free from harm caused by alcohol. Includes help, support and facts on alcohol.
<a href="#">Drink Aware</a>	Charity that aims to change the UK's drinking habits for the better. Teaches about the impact of alcohol on individuals and relationships. Offers advice, strategies and tools to help.
<a href="#">Talk to Frank</a>	National charity with local Haringey service.
<a href="#">Drink Coach</a>	A quick and confidential way for residents to find out how risky their drinking is. By answering 10 simple questions, the test taker receives advice and, where appropriate, information on local face-to-face support options available.

### Online and in person – Haringey

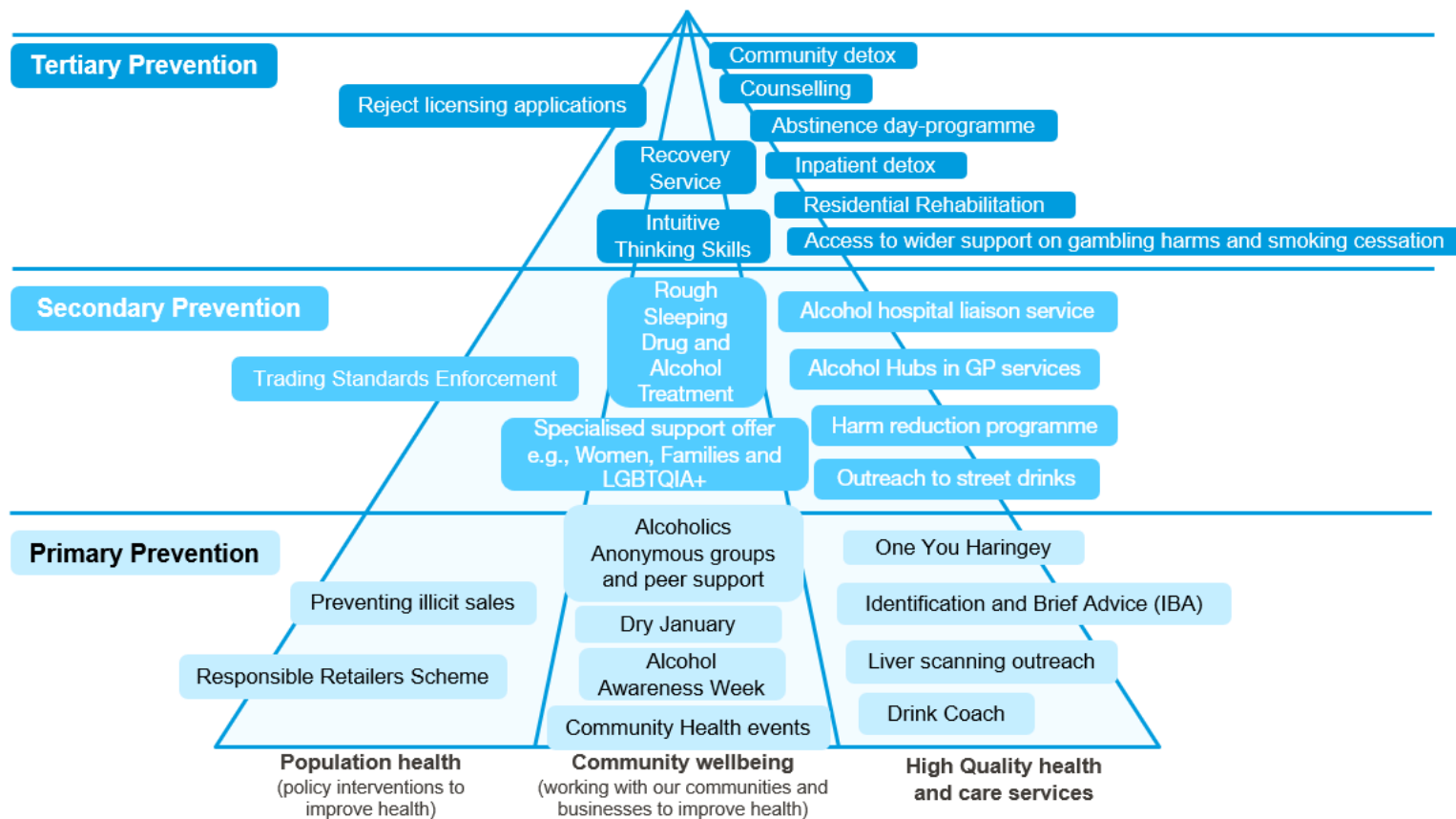
Who	Info
<a href="#">One You Haringey</a>	Offers free health advice and access to different detox and rehabilitation options if ready to reduce or stop drinking.
<a href="#">Haringey Advisory Group on Alcohol (HAGA)</a>	Provides a range of services and recovery support depending on what you need and want. This includes: <ul style="list-style-type: none"> <li>• alcohol detox and safe reduction plans</li> <li>• liver health scans</li> <li>• <a href="#">SMART recovery plans</a></li> <li>• counselling</li> <li>• online appointments</li> <li>• women's only space</li> <li>• Polish-speaking service</li> </ul> support to family members who are affected by substance or alcohol use
<a href="#">Insight Families</a>	Offer a free, friendly and confidential support for children and young residents (up to the age of 21) who are living with or affected by drug or alcohol issues. They also provide training to professionals who work with young people in the borough.

## Appendix 3: Prevention Pyramid

The prevention pyramid works at 3 levels:

1. A **population health** approach to make Haringey a healthier place to live – this includes using a Health in All Policies framework.
2. A **community health** approach that will build capacity to support improved health and wellbeing in our communities.
3. A **personal health** approach, which is about developing joined up services which prevent and respond to individual health and care needs.

The pyramid on the next page shows a collection of our current local services and practice examples to tackle alcohol harm and shows innovative approaches being taken across Haringey which we will continue to do so in the coming years.





# Haringey Alcohol Action Plan

Proposed Objectives  
2025 to 2029

# Haringey Alcohol Action Plan

## Proposed Objectives

### 2025 to 2029

Following a life course approach there are three main aims. Aim 1: Prevention, aim 2: Reduction, aim 3: Alcohol Treatment and Support.

DRAFT

## Start Well

Our joint ambition: ensuring young people, families, and communities are free from the harms of alcohol, and treated with dignity and respect.

Objective	Y1 Actions	Y2 Actions	Monitoring	Lead/s	Notes/ Comms
<b>Aim 1: Prevention</b>					
Raise awareness of alcohol-related harms to children, young people, and families.	<ul style="list-style-type: none"> <li>Education through school curriculum.</li> <li>Continue support sessions for carers, friends &amp; family.</li> <li>Continue parenting workshops.</li> <li>Continue roll out of e-referral tool.</li> </ul>	<ul style="list-style-type: none"> <li>Education through school curriculum.</li> <li>Continue support sessions for carers, friends &amp; family.</li> <li>Continue parenting workshops.</li> </ul>	<ul style="list-style-type: none"> <li>Number Of sessions conducted.</li> <li>Feedback from those engaged.</li> <li>Quarterly monitoring meeting.</li> </ul>	Waythrough (drug awareness every quarter at schools)  Public Health - Substance Misuse Team	Haringey Council communications team to share information on our channels when relevant and appropriate.
Reducing Underage Sales of Alcohol.	<ul style="list-style-type: none"> <li>Underage test purchasing.</li> </ul>	<ul style="list-style-type: none"> <li>Underage test purchasing.</li> </ul>	<ul style="list-style-type: none"> <li>Number of test purchases conducted – number of successful.</li> <li>Number of enforcement activity.</li> <li>Number of visits</li> </ul>	Commercial Environmental Health & Trading Standard Team	
<b>Aim 2: Reduction</b>					
Ensure that those interacting with children, young people and families are able to identify hidden harm and alcohol misuse and then signpost to	<ul style="list-style-type: none"> <li>Roll out of the conversational tool for frontline (Early Help, Social Care) the OC screening referral tool – purpose is to identify hidden harm.</li> </ul>	<ul style="list-style-type: none"> <li>Aim for the tool to be fully embedded.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate effectiveness of the tool.</li> <li>As a result of the tool, how many referrals.</li> </ul>	Public Health - Substance Misuse Team  VCS - Waythrough	

appropriate services.					
<b>Aim 3: Alcohol Treatment and Support</b>					
Ensure quality services are available for children young people and families affected by alcohol harm using a systemic whole-family approach.	<ul style="list-style-type: none"> <li>Continued work with young people's treatment provider Insight Platform.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct You're Welcome self-audit for services.</li> <li>Outcome stars – feedback mechanism to capture the voice of the young person.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure quality – review feedback mechanisms.</li> <li>Quarterly monitoring meeting and report. (provider supplies report on engagement, numbers in treatment).</li> </ul>	Public Health - Substance Misuse Team  VCS - Waythrough	

DRAFT

## Live Well and Age Well

Our joint ambition: For individuals and communities to make responsible choices around alcohol and support those with needs.

Objective	Y1 Actions	Y2 Actions	Monitoring	Lead/s	Notes/ Comms
<b>Aim 1: Prevention</b>					
Promote healthy behaviour and wellbeing among adults in the borough.	<ul style="list-style-type: none"> <li>Continue 1-2-1 support directly to residents. Ensure support is provided over digital interventions as well as in-person</li> <li>Continue group support.</li> <li>Ensure there is in-reach from alcohol treatment to homelessness and other services</li> <li>Host smaller health and wellbeing events that will conduct liver scanning and blood borne virus testing.</li> <li>Specialise services providing satellite support building pathways with primary and secondary care</li> </ul>	<ul style="list-style-type: none"> <li>More strategic direction on implementation of liver scanning opportunities across the borough.</li> <li>Scope on how to better communicate services available.</li> <li>Expand mutual aid group offers with creative health and leisure activities</li> <li>Widen information on Foetal Alcohol Spectrum Disorder (FASD) and support for mothers, families and carers</li> <li>Promote the availability of training to bar staff and door staff to enable them to</li> </ul>	<ul style="list-style-type: none"> <li>Number of people in alcohol treatment.</li> <li>Successful completion of alcohol treatment.</li> <li>Number of health screening events held and people attending.</li> <li>Number of liver scans conducted.</li> <li>Number of Hep C tests and vaccinations.</li> <li>Number of alcohol specific mortality rates and alcohol-related deaths.</li> <li>Prevalence of alcohol dependency.</li> <li>Number of alcohol-related ambulance call outs.</li> <li>Number of training sessions delivered to professionals and residents.</li> </ul>	Public Health - Substance Misuse Team and Communications  VCS - Waythrough	Haringey Council communications team to run campaigns across multiple channels to support the health and wellbeing of adults in the borough.

	<p>(GP Shared Care, pharmacies, emergency departments and criminal justice.</p> <ul style="list-style-type: none"> <li>• Expand women's group offer with VAWG, including employment and benefit support.</li> <li>• Ensure all services are Ask Angela compliant.</li> <li>• Provide and promote alcohol brief intervention training for professionals and residents in the borough, including pharmacies, police, and social care teams.</li> <li>• Widen access to trauma informed training.</li> <li>• Tier 4 treatment pathways – review with OHID.</li> <li>• Improve continuity of care.</li> </ul>	<p>effectively recognise the signs of vulnerability and how to support affected individuals</p>	<ul style="list-style-type: none"> <li>• Quarterly monitoring report and meeting. Go through challenges faced.</li> </ul>		
--	---	---	---	--	--

<p><b>Encourage Haringey residents to seek help in alcohol-related matters, including promoting self-help resources and reaching out for support.</b></p>	<ul style="list-style-type: none"> <li>• Continue roll out of e-referral tool working with comms and GP shared care across Haringey.</li> <li>• Produce resources in a variety of languages.</li> <li>• Encourage attendance to peer led groups.</li> <li>• Continue to promote and encourage use of Drink Coach (digital support for adults, educate around alcohol).</li> </ul>	<ul style="list-style-type: none"> <li>• Co-develop peer-delivered and peer-led approached to enhance outreach.</li> <li>• Ensure event organisers consider creating an organiser pack which includes information on local services, referral pathways, and a risk assessment template</li> <li>• Expand and support lived experience forums in Haringey</li> <li>• Continue to promote and encourage use of Drink Coach.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of e-referrals.</li> <li>• Number of click throughs.</li> <li>• Number of people in alcohol treatment services</li> <li>• Number of lived experienced forums in the borough</li> <li>• Collating feedback of those using peer led groups/ forums.</li> <li>• Number of people accessing Drink Coach</li> <li>• Quarterly monitoring report and meeting. Go through challenges faced.</li> </ul>	<p>Human Resources</p> <p>Public Health – Health in All Policies Team and Communications</p>	<p>Haringey Council communications team to run campaigns across multiple channels to support the health and wellbeing of adults in the borough.</p>
<p><b>Promote healthy behaviour and wellbeing in Haringey workplaces.</b></p>	<ul style="list-style-type: none"> <li>• Review and update Haringey alcohol policy and guidance.</li> <li>• Review guidance and create alcohol policy templates and information for Haringey businesses online.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement alcohol policy updates.</li> <li>• Promote updated policy templates to businesses.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate impact of revised policy and suggest future required amendments to documentation.</li> <li>• Increased number of views and downloads of Strategy from Haringey website</li> </ul>	<p>Public Health – Health in All Policies Team and Communications</p>	<p>Haringey Council communications team to run campaigns across multiple channels to support the health and wellbeing of adults in the borough.</p>

Aim 2: Early Intervention					
Ensure early identification pathways across Haringey are in place, and direct individuals at risk to appropriate services, including easy access to Identification and Brief Advice.	<ul style="list-style-type: none"> <li>Co-location across the Borough (AUDIT-C screening on families). [5 family hubs].</li> <li>Support referrals to Insightful Families (into service – structured treatment).</li> <li>Promote Drink Coach across hubs.</li> </ul>	To be decided.	<ul style="list-style-type: none"> <li>Number of completions of the 8 sessions (structured treatment) with discharge.</li> <li>Number of people using Drink Coach.</li> </ul>	Public Health - Substance Misuse Team.	
Aim 3: Alcohol Treatment and Support					
Ensure alcohol treatment is available and right for everybody.	<ul style="list-style-type: none"> <li>Audit C is embedded across the council (include Brief Advice, Structured Treatment, Spot purchase, Rehab).</li> </ul>	To be decided.	<ul style="list-style-type: none"> <li>Number of colleagues (and different teams) attending training to understand the pathways.</li> </ul>	Public Health - Substance Misuse Team.	
Ensure alcohol treatment is embedded in holistic work supporting individuals facing multiple disadvantages	<b>Violence Against Women and Girls (VAWG)</b> <ul style="list-style-type: none"> <li>Alcohol Services representation on the VOF (VAWG Operational Forum) to ensure intelligence sharing, effective</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol Services to be enrolled in commissioned DA training, including training on identifying and working with perpetrators.</li> </ul>	<ul style="list-style-type: none"> <li>Number of training sessions delivered to Alcohol Services, and number of staff members attended.</li> </ul>	Public Health – VAWG Team (Abi Wycherley)	



	<p>and collaborative working, and appropriate referrals at the right time.</p> <ul style="list-style-type: none"> <li>• Safe Havens to be trained on Alcohol Support Service pathways and how to signpost individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• Mandatory training on VAWG to be included in commissioning bids and information in specifications to reference how Alcohol Services can engage with VAWG governance.</li> <li>• Training on Domestic Abuse Related Death Reviews to ensure Alcohol Service panel representatives are effective review members.</li> </ul>			
	<p><b>Homelessness</b></p> <ul style="list-style-type: none"> <li>• Continue outreach with accommodation services such as Mulberry Junction</li> <li>• Health events at accommodation services, this includes access to substance misuse services</li> </ul>	To be decided.	<ul style="list-style-type: none"> <li>• Monitoring numbers of those engaged.</li> <li>• Number of people referred into treatment.</li> </ul>	Housing Demand - Housing Related Support team (Emma Law)	
	<b>Rough Sleeping</b>			Housing Demand - Rough Sleeping	

	<ul style="list-style-type: none"> <li>• Weekly outreach with the Grove and HAGA to engage and signpost to services.</li> <li>• Homeless Health inclusion group to do street liver testing.</li> </ul>	<ul style="list-style-type: none"> <li>• To investigate commissioning an outreach worker to focus on Women (lead by The Grove) that will sit between substance misuse, housing and street outreach.</li> <li>• Set-up a Dry House for those stepping down from treatment</li> <li>• Continue to gather data around deaths and substance misuse, and improve working collaboratively, integrating services to ensure preventative measures are in place.</li> <li>• Provide access to all databases to understand holistic picture.</li> <li>• Remove barriers by improving services for people whose</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring numbers of those engaged.</li> <li>• Monitor number of liver scans.</li> </ul>	team (Monika Zerbin)	
--	--	---	--	----------------------	--

first language is not  
English –  
particularly around  
detox or rehab.

DRAFT

## Healthy Place

Our joint ambition: For alcohol use in Haringey not to negatively impact communities.

Objective	Y1 Actions	Y2 Actions	Monitoring	Lead/s	Notes/ Comms
<b>Aim 1: Prevention</b>					
<b>Continue strategically regulating access and availability of alcohol, especially in areas of vulnerability, around schools, and online.</b>	<ul style="list-style-type: none"> <li>Respond to all relevant Alcohol licensing applications with public health data and intelligence.</li> <li>Explore setting-up London wide Alcohol Licensing network with ADPH to share and inform.</li> <li>Promote responsible retailer scheme with new premises.</li> </ul>	<ul style="list-style-type: none"> <li>Respond to all relevant Alcohol licensing applications with public health data and intelligence.</li> <li>Collecting evidence for statement of Alcohol License Review.</li> <li>Promote responsible retailer scheme with new premises.</li> <li>Potential for test purchasing at dark supermarkets.</li> </ul>	<ul style="list-style-type: none"> <li>Track responses and strengthen conditions to minimise harm.</li> <li>Attendance at London wide Alcohol Licensing network. Share Haringey works and learning.</li> <li>Strengthened data available for partners to use in the statement of Alcohol License Review.</li> <li>More businesses compliant with the Responsible Retailers Scheme.</li> </ul>	Public Health – Health in All Policies and Intelligence.  Commercial Environmental Health & Trading Standard Team	
<b>Produce a Community Alcohol Toolkit /Improve local vulnerability mapping.</b>	<ul style="list-style-type: none"> <li>Scoping and writing Toolkit with stakeholders.</li> <li>Look into gathering alcohol crime related data to support this work.</li> </ul>	<ul style="list-style-type: none"> <li>Implement and promote the Community Alcohol Toolkit.</li> </ul>	<ul style="list-style-type: none"> <li>Embedding the toolkit within the Statement of Alcohol Licensing Policy.</li> <li>Use throughout the community – number of communications from community.</li> </ul>	Public Health – Health in All Policies Team	

	<ul style="list-style-type: none"> <li>Improved intelligence and data sharing.</li> </ul>				
<b>Identify unlicensed premises.</b>	<ul style="list-style-type: none"> <li>Continue to identify unlicensed premises through intelligence.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to identify unlicensed premises through intelligence.</li> </ul>	<ul style="list-style-type: none"> <li>Work towards all premises being licensed.</li> </ul>	Licensing Team	<ul style="list-style-type: none"> <li>Comms to support more premises to apply for licensing.</li> </ul>
<b>Aim 2: Early Intervention</b>					
<b>Tackling the sales and distribution of illicit alcohol.</b>	<ul style="list-style-type: none"> <li>Investigating incidents of illicit alcohol.</li> <li>Test purchasing (not age restrictive).</li> <li>Enforcement (precautions/ seizures/ prosecutions).</li> </ul>	<ul style="list-style-type: none"> <li>To be decided.</li> </ul>	<ul style="list-style-type: none"> <li>Seizure and detentions of illicit alcohol.</li> <li>Following through to prosecution. (Numbers/ quantities)</li> <li>Number of test purchases conducted – number of successful.</li> <li>Number of enforcement activity.</li> <li>Number of visits.</li> </ul>	Commercial Environmental Health & Trading Standard Team	<ul style="list-style-type: none"> <li>Share Comms around raids and illicit alcohol findings</li> </ul>
<b>Limit ASB caused by drinking alcohol in public.</b>	<p>Implementation of borough wide PSPO.</p> <p>Working in partnership with police and other stakeholders to increase enforcement against</p>	Implementation of borough wide PSPO.	<ul style="list-style-type: none"> <li>Safer communities -</li> </ul>	Anti-social Behaviour Team	<p>To discuss with Regeneration and Town Centre teams to understand the link between alcohol and encouraging an evening economy.</p>

	anti-social behaviour linked to alcohol consumption.				To consider communication between shops throughout town centres with scheme/ radios.
--	--	--	--	--	--

DRAFT

# Health and Wellbeing Board

## 17<sup>th</sup> June 2025

### Better Care Fund – EOY 24/25 Submission & 25/26 Planning Submission Update

# Reason for the decision

As a condition of the Better Care Fund (BCF), the Health and Wellbeing Board is required to confirm that the Plan meets national BCF requirements and to provide oversight for its successful delivery.

We are now seeking the Board's approval to:

- Acknowledge the progress made and validate the 2024/25 end-of-year submission.
- Approve the submission of the 2025/26 Plan.



# End of Year Reporting Highlights and Exceptions - Metrics

## Metrics Overview for 2024/2025

- BCF for 2024/2025 focused on four key metrics: Avoidable Admissions, Discharge to Normal Place of Residence, Falls, and Residential Admissions. Only Residential Admissions met its target. However, all others showed steady improvement from Q1 to Q4.

Metric	Outputs	Challenges	Key Success
<b>Avoidable Admissions</b>	Target not met; actuals were lower than planned in all quarters (Q4 was 163.8 vs 138 admissions per 100k)	Data inaccuracies from merging virtual ward and LA data; staffing shortages and recruitment issues in virtual wards	Whittington Virtual Ward reaching 75% of target; NMUH launched High-Intensity User project; 90% two-hour response rate; 519% increase in Universal Care Plan usage
<b>Discharge to Normal Place of Residence</b>	Target of 95% not met in any quarter; performance improved steadily from 91.9% in Q1 to 92.6% in Q4.	Lack of system-wide digital tools limited real-time tracking and accountability; delayed response to underperformance	New digital solution; improved data and discharge coordination; Q3 co-location of Social Workers sped up discharges home
<b>Falls</b>	Admissions remained above 300 target but declined from 439.9 in Q1 to 339.8 in Q4, a 22.8% reduction	No dedicated falls service earlier in the year; limited specialist staff and high demand exceeded capacity	Falls Clinic launched in Q4; therapy teams restructured; awareness raising Age Well Guide and outreach
<b>Residential Admissions</b>	Target met by year-end	No major challenges reported; continued focus needed to sustain performance	Effective investment in home-first care enabled residents to remain at home, supporting national outcome goals

# End Of Year Reporting Highlights and Exceptions - Expenditure

The full 2024/25 allocation of £42,249,798 was fully spent as planned. However, some outputs didn't not match to the planned target.

- Scheme 50 (Community Equipment) aimed to support 10,752 individuals but reached 6,505; however, 33,753 items of equipment were delivered, reflecting higher complexity and more equipment needed per person.
- Scheme 52 (Wheelchair Provision) aimed to support 2424 individuals but reached 1,886. This variance reflects the original target not being adjusted annually to reflect actual performance. A commissioning review is planned to ensure the service continues to meet its intended outcomes for 2025/26.
- Scheme 65 and Scheme 74 (Discharge Funding for P1 Packages) did not meet planned outputs. This is due to increased unit costs, which resulted in fewer care hours/packages being delivered within the same investment.

# 25/26 BCF Submission

The BCF 2025/26 policy objectives focus on two overarching goals: supporting the shift from sickness to prevention and supporting people living independently and the shift from hospital to home

These objectives are designed to enhance the integration of health and social care services, ensuring that people receive the right care at the right time and in the right place. The key elements of these objectives include:

- 1. Shift from Sickness to Prevention:** This objective emphasises the importance of preventive care to reduce the incidence of illness and the need for acute care services. By focusing on prevention, the BCF aims to improve overall health outcomes and reduce the burden on healthcare systems.
- 2. Supporting People Living Independently and the Shift from Hospital to Home:** This objective aims to enable individuals to live independently in their own homes for as long as possible. It includes initiatives to improve discharge processes, enhance community-based care, and reduce the reliance on hospital and long-term residential care

# 25/26 BCF Funding Allocation

The total BCF allocation for Haringey in 2025/26 is £42,991,774, an increase of £741,976 from 2024/25.

Funding Source	25/26 Amount (£)	Difference from 24/25	Comments
Disabled Facilities Grant (DFG)	£3,324,019	£402,061	
NHS Minimum Contribution	£27,569,953	£339,915	3.93% uplift
Local Authority Better Care Grant (Formerly iBCF)	£12,097,802	£0	The Improved Better Care Fund (iBCF) has merged with Local Discharge Funding, no changes.
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
<b>Total</b>	<b>£42,991,774</b>	<b>£741,976</b>	

# 25/26 BCF Schemes

Below is an overview of how Haringey's total BCF allocation of **£42,991,774** for 2025/26 will be distributed and used.

Activity	Number of Schemes	Sum of Expenditure for 2025-26 (£)
Assistive technologies and equipment	2	£1,843,206
Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	5	£1,885,465
Disabled Facilities Grant related schemes	1	£3,324,019
Discharge support and infrastructure	14	£24,722,393
End of life care	1	£766,000
Evaluation and enabling integration	2	£355,424
Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	2	£3,706,100
Housing related schemes	1	£99,768
Long-term home-based community health services	1	£651,988
Long-term residential/nursing home care	1	£216,000
Other	6	£1,205,731
Personalised budgeting and commissioning	2	£854,975
Support to carers, including unpaid carers	1	£1,491,238
Wider local support to promote prevention and independence	11	£1,869,468
<b>Grand Total</b>	<b>50</b>	<b>£42,991,774</b>

# 25/26 BCF Metrics

This year the focus will be on three key metrics in 2025/26 to monitor the effectiveness of its BCF initiatives.

Metric	Target/Aim	How We Will Achieve This
<b>Emergency Admissions (65+)</b>	Reduce avoidable emergency admissions to 5,379 (1.4% improvement from previous year)	Through community-based interventions including Urgent Community Response, Virtual Wards, and Proactive Care Planning. Expansion of virtual ward capacity, integration of digital triaging and telehealth, and a shift to proactive, community-based care models will support this. The borough will also use local data and seasonal adjustments to monitor progress.
<b>Discharge Delays</b>	92% of patients discharged on their Discharge Ready Date; average delay ≤ 7.5 days	Implementation of the 'Home First' approach, use of the Discharge to Assess model, and a dedicated stepdown flat for complex discharges. An NCL Hub provides access to 225 step-down beds across NCL, reducing delays. Enhanced discharge coordination through the Single Point of Access (SPA) and 7-day Hospital Discharge Team operations will also support timely discharges.
<b>Residential Admissions (65+)</b>	Reduce long-term care admissions to 144 (rate of 494.2 per 100,000 population)	Promotion of home-first and reablement-based care, investment in assistive technology and telecare and enhanced community navigation support. The Connected Care Service and home adaptations like stairlifts and level-access showers help residents remain at home. The localities model and integrated neighbourhood teams also support early intervention and reduce the need for long-term residential placements.

# 25/26 BCF Oversight

Additional areas to support to achieve the delivery and outcome of the BCF plan.

Oversight Area	Description
Evaluation Templates for Scheme Review	Evaluation templates will be used to reassess BCF schemes to ensure they deliver value for money and that output targets are realistic and aligned with actual performance.
Governance and Oversight Structures	Oversight is provided through the Haringey Finance and Performance Partnership Board, which reports to internal governance structures and the Borough Partnership. The Health and Wellbeing Board provides ultimate oversight and formal decision-making authority for the BCF.
NCL Oversight and Benchmarking	Regular updates are shared at North Central London (NCL) community of practice meetings. These sessions allow for benchmarking against other NCL boroughs and ensure consistency in performance monitoring and improvement.
Working Groups and Workshops	A workshop focused on admission avoidance is scheduled this month, supporting the achievement of 2025/26 target metrics. This complements ongoing workstreams under the Age Well Board and other thematic groups.
New Oversight Group	A new oversight group will provide strategic direction and ensure that schemes remain aligned with broader transformation goals and deliver intended outcomes.
Improvement Plan Implementation	The Adult Social Care (ASC) Improvement Plan supports BCF delivery through co-production governance and targeted improvement actions.
Age Well Board Engagement	The Age Well Board is playing a more active role in shaping and monitoring BCF priorities, particularly around early help, dementia, and out-of-hospital care.
Joint Action Plans and Locality Working	Action plans are in place for key areas of joint working, including the integration of Connected Communities into localities and the co-location of Adult Social Care within discharge teams.
Pan-London Collaboration	Haringey actively engages in pan-London sessions to share ideas, coordinate efforts, and adopt best practices across boroughs.
Continuity from 2024/25	Many initiatives introduced in 2024/25 such as the ICE Hub, virtual wards, and the Home First model will continue into 2025/26, providing a stable foundation for improved performance.
Enhanced Performance Information	Better data systems and improved real-time tracking will support more accurate performance monitoring and timely interventions.

# Conclusion

We are now seeking the Board's approval to:

- Acknowledge the progress made and validate the 2024/25 end-of-year submission.
- Approve the submission of the 2025/26 Plan.