

MINUTES OF THE MEETING Health and Wellbeing Board HELD ON Thursday, 18th September, 2025, 2:00 – 4pm

PRESENT:

Councillors: Lucia das Neves (Chair) and Zena Brabazon

1. FILMING AT MEETINGS

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

2. WELCOME AND INTRODUCTIONS

The Health and Wellbeing Board members were senior Council officers, Cabinet Members, and representatives from Healthwatch, Bridge Renewal Trust, and the North Central London Clinical Commissioning Group.

3. APOLOGIES

Apologies for absence were received from Cllr Hakata.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

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

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

7. MINUTES

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

RESOLVED

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

8. NHS 10 YEAR PLAN AND IMPLICATIONS.

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

- There was a national programme seeking pilot sites for neighbourhood work but unfortunately Haringey was not selected.
- Members would continue to speak on this and were disappointed that they did not succeed in the pilot but were pleased that the work was driving forward.
- Further engagement with the community and grassroot organisations was important. This would ensure that people felt connected to the work and were supported.
- John Porter local Haringey resident attended the board and noted concerns around the lack of communication from hospital discharge teams with patients. He also raised concerns around the lack of allergy testing at a local level and whether it was possible for this to be rolled out wider. • Members were struck that there wasn't a mention of adult's social care within neighbourhoods.
- At the London Jewish health partnership issues were raised there about particular health needs of the Jewish community, and it was noted it was important to continue to engage with communities.
- Action - how to make sure that creativity was unlocked in terms of wider council areas of work and that we engaged at a cabinet level.
- Members sought clarity as to how this would be delivered and hoped that it wasn't simply old plans weren't being rejuvenated. Strategy meetings should be held on how teams will work together to support scale delivery and systems efficiency.
- Officers within the Council were working closely with health colleagues, meeting with providers including Whittington. There was an admission avoidance workshop coming up and workshops to look at how social care and wider community services could better support residents. Officers will also be updating scrutiny on progress.

9. HARINGEY TOILET STRATEGY

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

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

- Members called for simple handrails in toilets to help assist people with mobility issues or who were elderly.

10. DISCUSSION ON THE EMERGING HOMELESSNESS STRATEGY FOR HARINGEY

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

- It was important to capture people before they got to the homeless stage. Housing demand service would be the place to send concerns to. There was a clear and up to date regularly shared protocol.
- There was work being done on homelessness health inclusion. Loss of tenancy was critical, more needed to be done in preventative state.
- Officers were actively working on the homelessness prevention hub. This would have a refreshed approach for how residents could access this and partners could refer into this. This was a fundamental shift in the way that referral pathways worked. There was provision within Mulberry Junction for those facing homelessness. Housing needs service co-located if people needed to make a homelessness application.
- Through neighbourhood work, officers were working directly with housing colleagues. This would not just be delivered by one council service, but sometimes within private rented sector.
- Strengthened operational support within hospital discharge function with housing representation, also on the mental health side.
- The Government were introducing the renters right bill; this would end section 21 (no fault evictions) This was welcomed as positive.
- Strengthening resources in housing liaison team was needed and there was work to do with the registered social landlords and the issue around early intervention and mental health support.
- In regard to housing first it was important that there was a respect for the neighbours to avoid conflict. This would be promoted through dispersed accommodation providing housing with wrap around support, this would not create significant community impact.
- Members discussed RSLs and the support they provided for vulnerable people. There was certain work to do, this was a dedicated role that was recently embedded as part of the structure to act as an escalation point.
- The borough did not have a Home Improvement Agency and more support should be provided for people with hoarding disorder.

- Regarding people experiencing rough sleeping attending local hospitals it was important to provide training for security staff and consistent compassionate messaging.

11. HARINGEY HEALTHWATCH ANNUAL REPORT

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

Officers worked closely with Healthwatch and would continue collaboration.

12. HARINGEY PHARMACEUTICAL NEEDS ASSESSMENT

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

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

13. NEW ITEMS OF URGENT BUSINESS

14. FUTURE AGENDA ITEMS AND MEETING DATES

6th November and 26th February.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date