

## NOTICE OF MEETING

# HEALTH AND WELLBEING BOARD

**Thursday, 18th September, 2025, 2.00 pm - George Meehan House, Woodside Room, 294 High Road, N22 8JZ (watch the live meeting [here](#), watch the recording [here](#))**

Membership: Please see attached Membership and Quorum in Item 2

### **1. FILMING AT MEETINGS**

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

### **2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)**

### **3. APOLOGIES**

To receive any apologies for absence.

### **4. URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item **13**).

### **5. DECLARATIONS OF INTEREST**

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

**6. QUESTIONS, DEPUTATIONS, AND PETITIONS**

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

**7. MINUTES (PAGES 3 - 6)**

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 26/06/2025 as a correct record.

**8. NHS 10 YEAR PLAN AND IMPLICATIONS. (PAGES 7 - 16)**

**9. HARINGEY TOILET STRATEGY (PAGES 17 - 54)**

**10. DISCUSSION ON THE EMERGING HOMELESSNESS STRATEGY FOR HARINGEY (PAGES 55 - 88)**

**11. HARINGEY HEALTHWATCH ANNUAL REPORT (PAGES 89 - 128)**

**12. HARINGEY PHARMACEUTICAL NEEDS ASSESSMENT (PAGES 129 - 130)**

**13. NEW ITEMS OF URGENT BUSINESS**

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

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

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

To note the dates of future meetings:

18<sup>th</sup> September 2025

6<sup>th</sup> November 2025

26<sup>th</sup> February 2026

Kodi Sprott, Principal Committee Co-ordinator

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Fiona Alderman

Assistant Director of Legal & Governance (Monitoring Officer)

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

Wednesday, 10 September 2025

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**Membership of the Health and Wellbeing Board**

\* Denotes voting Member of the Board

Organisation		Representation	Role	Name
<b>Local Authority</b>	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 Communities	Cllr Ajda Ovat
	Officer Representatives	4	Director of Adults, Health and Communities	Beverley Tarka (Sara Sutton from 1 <sup>st</sup> April)
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
<b>NHS</b>	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 Mental Health Trust	1	Executive Lead covering Haringey	Ben Browne
		2	Chief Executive	Tim Fox

	Haringey GP Federation		Medical Director	Dr Sheena Patel
<b>Patient and Service User Representative</b>	Healthwatch Haringey	1	* Chair	TBC
<b>Voluntary Sector Representative</b>	Haringey MIND	1	Chief Executive	Lynette Charles
<b>Haringey Local Safeguarding Board</b>		1	Interim Independent Chair	David Archibald

## 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

## 4. URGENT BUSINESS

There were no items of urgent business.

## 5. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

## 7. Minutes

Members queried any further information on physician associates. Guidance would be developed regarding patient's rights. National guidance on this would be coming out – GMC would be introducing regulation of physician associates in 2026.

## RESOLVED

The minutes of the 27<sup>th</sup> March meeting were approved.

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

Tim Miller introduced the item. Along with the other ICBs in London, they had submitted their initial proposals and sent this to NHS England. There was a moderation process following those discussions. There was a developing proposal expected to go to the boards of northwest London and North Central London Integrated care boards in July, proposing a merger between those with the two ICBs.

The following was noted in response to questions from the committee:

- There would be an appraisal and evaluation that would go to the ICB board in July. Officers expected those papers and reports to address concerns such as health inequalities.
- There were various challenges faced by ICBs, but officers valued how it was currently structured.

- Officers welcomed the fact that ICB was inviting local authorities to speak on SEND and safeguarding.
- There were several areas of ICB functions that were identified as potentially transferred out of ICB. There were discussions going on and stand with the Councils around those and between the two ICBs who are in discussion.
- Tim Fox, Chief Exec of Haringey GP federation explained that there was a PPG meeting which explored the structure of NHS. They worked to engage with community and patients on changes but noted that clearer messaging and support on this was required.
- Officers were looking at what was in the best interest of patients and in public involvement. The PPG would come back to the committee when to talk about what patient involvement would look like in the future.
- There were residents who were very engaged in the system and health advocacy. However, it was difficult to explain what ICBs do for most patients and residents. It was complex to manage the messaging, and the comms team would work further on this.

### 9. Haringey Adult Social Carers Strategy

Jo Baty presented the item, and the following was noted in response to questions from the committee:

- Of the 11% response rate, the profile of carers was above the age of 50. As part of the EQIA, officers recognised more voices and perspectives were needed. The team visited different faith and community groups as an attempt to maximise consultation results. There was an ongoing transitions programme around young carers which was a collaboration across adults and children's.
- Officers had put together workshops so carers could give a sense of any tangible improvements that they were feeling on the ground. There were many networks that would be utilised to evaluate the success of implementation of the carers structure. There was national benchmarking and KPI's within this that related to carers directly.
- Officers noted that they could provide external training on lifting.
- It was noted that members wanted to see some representations with carers looking after people with severe mental illness. Particularly, with young carers.
- Many carers asked for Peer Support Groups to be established around Mental Health
- Bring back young carers work to the Health and Wellbeing Board as a specific item.
- There were conversations around social prescribing, and how they could be part of solutions.
- The survey conducted showed that there was a higher prevalence of health issues in carers who look after their loved ones than usual. Some of the qualitative feedback did suggest that carers often put the needs of their loved ones above their own. The board really welcomed health service involvement to support carers to address these health inequalities.
- There was a call to have a future session on a strategy for dementia, and pre-dementia [MCI] as it clearly related to many carers but also to many in the population [a lot more than the circa 2,000 currently recorded].

### 10. Haringey Alcohol Strategy



Marlene D'Aguilar introduced the report for this item, the following was noted in response to questions from the committee:

- Officers would circulate the joint strategic needs assessment.
- More data was sought on the level of drinking in older age. Officers did not hold specific data around the percentage of middle-aged to older age drinkers but had noted social isolation driving drinking at home. Individuals had often been drinking for excessively long periods of time. There is currently a hospital care team that works quite closely with the hospital liaison team and they're identifying clients with alcohol dependency who were admitted onto the wards.
- A point of exploration would be the links between health and housing and the diversity of the borough, there was a high prevalence of drinking heavily, could this be approached in a cultural way?
- The Local plan was being developed at the moment, could this pose an opportunity to reduce access to alcohol in the community?
- Lockdown changes had seen an increase in applications for alcohol licenses with an increase of cafes selling alcohol.
- There was a drinking culture within the country, we are limited locally in how to change the narrative and availability.

### 12. HARINGEY BETTER CARE FUND 24/25 END OF YEAR SIGN OFF AND 25/26 PLANNING SUBMISSION UPDATE

The BCF 2025/26 policy objectives focused 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 were 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 included:

1. Shift from Sickness to Prevention: This objective emphasised the importance of preventive care to reduce the incidence of illness and the need for acute care services. By focusing on prevention, the BCF aimed 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 aimed to enable individuals to live independently in their own homes for as long as possible. It included initiatives to improve discharge processes, enhance community-based care, and reduce the reliance on hospital and longterm residential care

### 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

Any points requiring discussion – bring back to chair/kodi

Black maternal health/ women's health

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# Fit for the Future

## The 10 Year Health Plan for England

**July 2025**

Prepared by the Strategic Communications team.  
Contact [strategic.comms@nhs.net](mailto:strategic.comms@nhs.net)

# Key messages

- The 10 Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.
- It seizes the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.
- We are fundamentally reinventing our approach to healthcare, so that we can guarantee the NHS will be there for all who need it for generations to come.
- Through our three shifts – from hospital to community, from analogue to digital, and from treatment to prevention – we will personalise care, give more power to patients, and ensure that the best of the NHS is available to all.

# How engagement shaped the plan

This plan has been shaped by the experiences and expectations of members of the public, patients, our health and care workforce and our partners.

Through the 'Change NHS' engagement exercise – the biggest ever conversation about the future of the NHS - we heard about the changes people wanted to see. We received over a million insights from patients and staff during the engagement exercise – including thousands from seldom heard groups. And from many of you and stakeholders you work with.

These themes included: getting the care you need, when you need it; making healthcare seamless; fixing the basics; and making the NHS a great place to work.

All of these themes, and more, are reflected in the final plan.

# NCL ICB Response



- The ICB CEO and colleagues in North Central London Integrated Care Board (NCL ICB) welcome this ambitious vision for the future of the NHS. We particularly welcome focusing on neighbourhoods as key to delivering this care. By providing services where people live, the neighbourhood model recognises the many wider social and economic factors that shape people's health, and the challenges people can face in accessing care.
- The Plan gives fresh drive to deliver local, preventative care to more of our residents and to progress this more rapidly. A key task will be making sure that local people are supported to manage their own health, equipped with the knowledge and opportunities to have a greater impact on staying well.
- As part of the Change NHS engagement, in NCL we held a series of events to ensure the voices of local residents were fed into both the national 10 Year Plan and our own, more local, strategic direction. We were pleased to see many views reflected in the Plan, such as a shared patient record so people don't have to tell their story so often.
- We also welcome the clear commitment to modernising the NHS through better use of digital technology to support staff and patients. We know that when technology is designed around people, it can support better outcomes, empower patients, and free up time for frontline staff. We also know that some patients find it hard to access or use technology, and that offline options must always be available for those who either can't, or choose not to, use digital access. Residents felt that, used wisely, AI could support some tasks.
- We heard that it's important to residents that initiatives such as this are visible, well-communicated, and inclusive enough to meet the diverse needs of local people. People told us they want care wherever it is delivered to be responsive and provide clear contact points for patients and carers to raise concerns quickly.
- Working with families and communities is essential. Health conditions and disabilities can have a significant impact on people's work life, and through our WorkWell programme we are supporting people to find jobs, stay in their current role, or planning to return to work through one-to-one coaching.

# What we heard

## GETTING THE CARE YOU NEED

### People told us:

- Access to GP and dental care is a struggle.
- Waits for ambulances, A&E and essential treatment are too long.

### The 10 Year Health Plan delivers:

- An end to the 8am phone queue - with thousands more GPs and a transformed NHS app.
- Better dental access – with new dentists to serve NHS patients first.
- Faster emergency care - allowing pre-booking through the NHS App or 111.
- Care closer to home - through a new Neighbourhood Health Service.

## SEAMLESS HEALTHCARE

### People told us:

- They have to repeat their medical history too often and travel extensively between appointments.
- NHS departments operate in isolation rather than as a coordinated service.

### The 10 Year Health Plan delivers:

- A single patient record - giving people control while ensuring every healthcare professional has their complete information.
- Care built around people via integrated healthcare teams working together in communities.

## FIXING THE BASICS

### People told us:

NHS systems are outdated, inefficient and time consuming.

### The 10 Year Health Plan sets out how we will:

- Upgrade IT so staff spend more time with patients.
- Enable appointment booking and health management on the NHS App.
- Ensure systems talk to each other.

## SICKNESS TO PREVENTION

### People told us:

The NHS should focus more on preventing illness and addressing the causes of poor health. More support is needed for mental health and healthy lifestyles.

### The 10 Year Health Plan sets out how we will:

- Invest in local health services with personalised care.
- Expand school mental health support.
- Increase access to free and healthier school meals.
- Create the first smoke-free generation.
- Improve the healthiness of food sales.
- Use scientific breakthroughs to develop gene-tailored preventative treatments.
- Invest in life-saving vaccine research.

## GREAT PLACE TO WORK

### People told us:

NHS staff are overworked, undervalued, and burdened by bureaucracy.

### The 10 Year Health Plan sets out how we will:

- Set new standards for flexible, modern NHS employment.
- Expand training with 2,000 more nursing apprenticeships and 1,000 postgraduate posts.
- Cut unnecessary mandatory training.
- Empower local leadership and reduce top-down micromanagement.
- Digitise records and use AI to reduce admin burden.

# The three shifts

**This is the 10 Year Health Plan to get the NHS back on its feet and to make it fit for the future, delivered through three big shifts.**

- **From hospital to community;** transforming healthcare with easier GP appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.
- **From analogue to digital;** creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, AI-enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.
- **From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier—banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families.



# What will we deliver by 2028/29?

While this is a plan for the next 10 years, much of what is in the plan will be delivered more quickly than this.

## HOSPITAL TO COMMUNITY

- Same-day digital and telephone GP appointments will be available and calls to GPs will be answered more quickly – ending the 8am scramble.
- A GP led Neighbourhood Health Service with teams organised around groups with most need.
- Neighbourhood Health Centres in every community; increased pharmacy services and more NHS dentists.
- Redesigning outpatient and diagnostic services.
- Redesigning urgent and emergency care, allowing people to book into UEC services before attending via the NHS App or NHS 111.
- People with complex needs will have the offer of a care plan by 2027 and the number of people offered a personal health budget will have doubled.
- Patient-initiated follow-up will be a standard approach.

## ANALOGUE TO DIGITAL

- **The NHS App** will be the front door to the NHS, making it simpler to manage medicines and prescriptions, check vaccine status and manage the health of your children.
- **‘HealthStore’ to access approved health apps:** Enabling innovative SMEs to work more collaboratively with the NHS and regulators.
- **A Single Patient Record** will mean patient information will flow safely, securely and seamlessly between care providers.
- **Digital liberation for staff** with the scale of proven technology to boost clinical productivity.

## SICKNESS TO PREVENTION

- **Health Coach** will be launched to help people take greater control of their health, including smoking and vaping habits later this year.
- **New weight loss treatments and incentive schemes** to help reduce obesity.
- **The Tobacco and Vapes Bill** will be passed, creating the first smoke-free generation.
- **Women** will be able to carry out cervical screening at home using self-sample kits from 2026.

# A devolved and diverse NHS: a new operating model



- The new operating model will **devolve power from the centre to local providers, frontline staff and patients**.
- **Integrated Care Boards** will be strategic commissioners of local health services, including neighbourhood health services, with a focus on population health outcomes and financial sustainability.
- Where local providers perform well, they will have **greater autonomy and flexibility to develop services free from central control**. Our ambition over a 10-year period is for high autonomy to be the norm across every part of the country by authorising a **new wave of NHS Foundation Trusts (FTs) in 2026**. By 2035, we want every NHS provider to be an FT. The most mature, high performing organisations will be designated Integrated Health Organisations, taking responsibility for the health (and budget) of a whole population.
- **We will use multi-year budgets and financial incentives to enable investment in population health outcomes, not just into inputs and activity**. Resources will be tied to outcome-based targets, which all commissioners and providers will have a responsibility to help meet.
- **ICBs will be supported to shape the provider landscape to encourage innovation**, including the use of the VCSE and Independent sectors.
- **A new partnership with local government to develop neighbourhood health** along with other local partners and a stronger role for Strategic Authorities as ICB board members.
- **An end to bureaucratic planning process** with a much simpler set of requirements – a strategic commissioning plan for ICBs and a neighbourhood health plan for local partners at single or upper tier level. We will also see the abolition of Integrated Care Partnerships.
- **A rules-based approach to managing failure** with targeted support and an emphasis on supporting organisations to manage their own sustained improvement as quickly as possible. For our leaders, **good work will be rewarded and NHS providers should be able to reward clinical teams that provide high quality care**.
- **A new Choice Charter for patients will be introduced to put power in the hands of patients**. This will start in the areas of highest health need.

# NCL ICB Neighbourhoods Update



North Central London partners continue to make rapid progress in developing the approach to neighbourhood health care

Current focus areas include: -

1. Confirming in each borough which partners will act as an 'integrator' to lead the operational development of neighbourhood health services – this will be confirmed after the Haringey Borough Partnership Executive on 9<sup>th</sup> September.
2. Implementing plans in estates, digital and workforce to act as 'enablers' for integrated working in each neighbourhood
3. Deepening our data insights into the specific needs of the population, so neighbourhood teams can target their work most effectively on those most excluded and at greatest risk
4. Continuing our Community Advisory Group of residents and VCSE partners to shape the NCL wide programme

In Haringey we are:

- a) Establishing networks in each of our 3 neighbourhoods to begin meeting, planning and improving services together
- b) Transitioning oversight of community outreach and health champion projects from borough to neighbourhood levels
- c) Engaging Organisational Development colleagues to support our neighbourhood teams to form and build relationships
- d) Deep-diving into specific areas through sprint workshops, e.g. mental health and carers' health over the coming months to agree implementation plans for improving care.

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# A Summary of Haringey's Toilet Strategy and Action Plan

Rick Geer

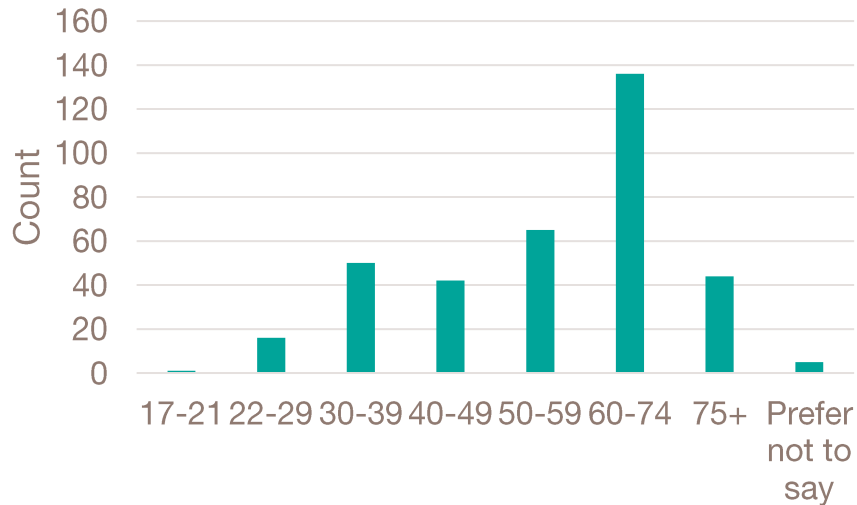
Public Health Intelligence Specialist  
18 September 2025

# Background

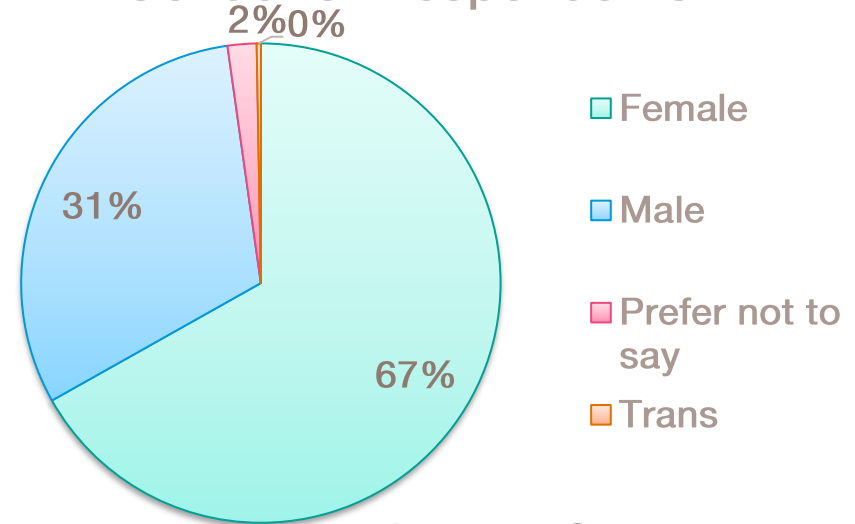
- Members of the Loos for Haringey group and Age UK raised the issue around a lack of suitable public toilet provision in Haringey. The issue was previously discussed at Haringey's Overview and Scrutiny panel meeting in March 2023.
- The Loos for Haringey group, which includes membership from Haringey Over 50s forum and Friends of Chestnut Park have recognised the need for more public toilets to be provided throughout Haringey.
- A general lack of public toilets in the borough raised a number of concerns among different population groups.
- Age UK recognises that a toilet strategy is an important framework around which local authorities could co-ordinate the actions required to improve public toilet availability.
- A strategy/action plan provides a co-ordinated approach to assess local need and evaluate current provision with input from residents and businesses.
- NOTE – in these slides when we refer to “public toilets”, this term captures not only council run public toilets but any toilets that are accessible to the public (e.g. in libraries, supermarkets etc)

# Consultation Findings

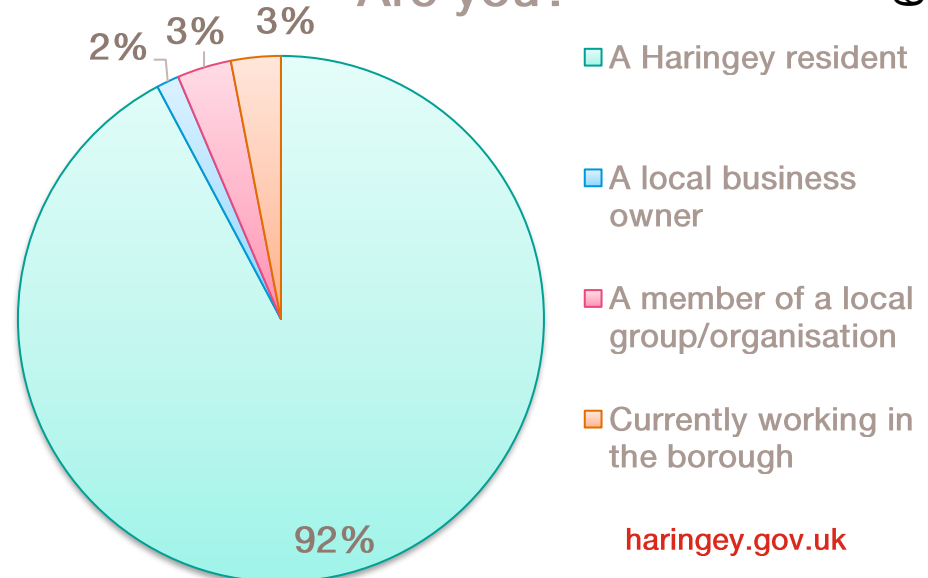
Age breakdown of consultation respondents



Gender of Respondents

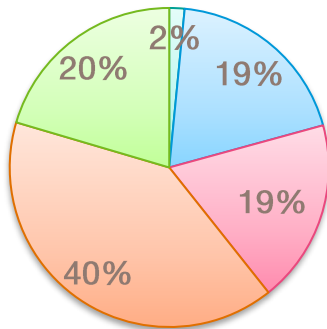


Are you?



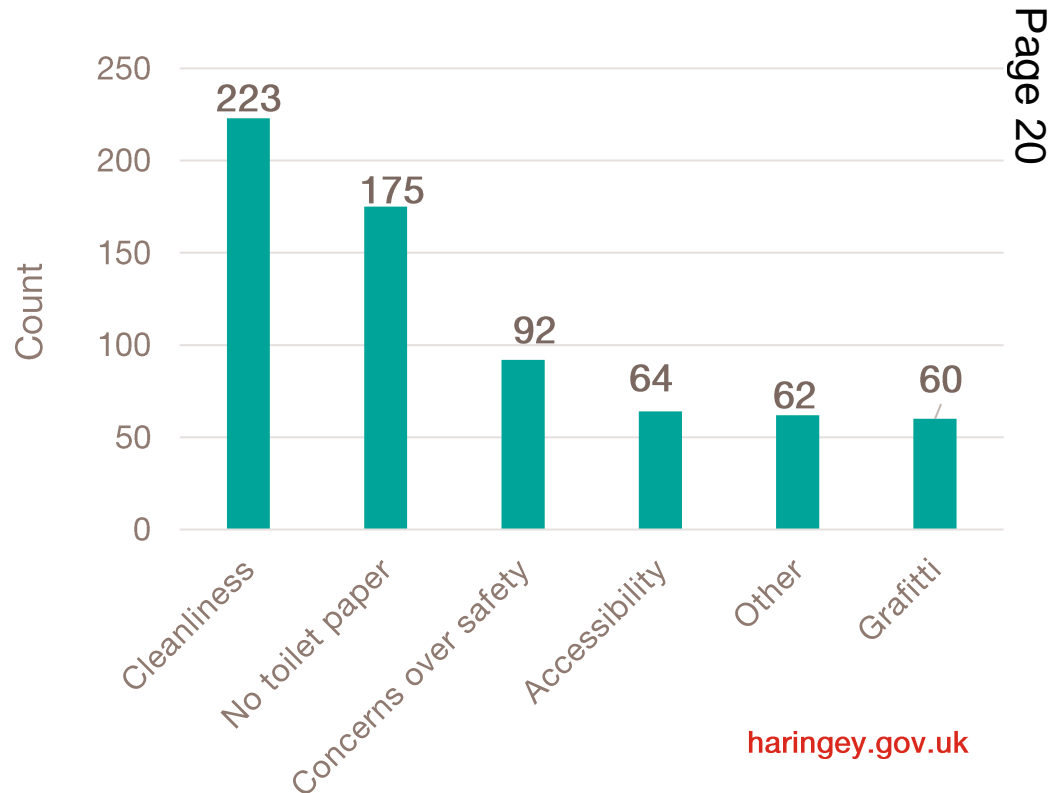
# Consultation Findings

What impact would a lack of public toilets have on you and what may it prevent you from doing?



- Seeing family and friends
- Going shopping
- Going for a walk
- Spending time in park/green space
- Other

Are there any particular issues listed below which you have experienced when using publicly accessible toilets when out and about in Haringey?





# Consultation Findings

Please indicate whether you agree with the following statements relating to the provision of toilets in Haringey?

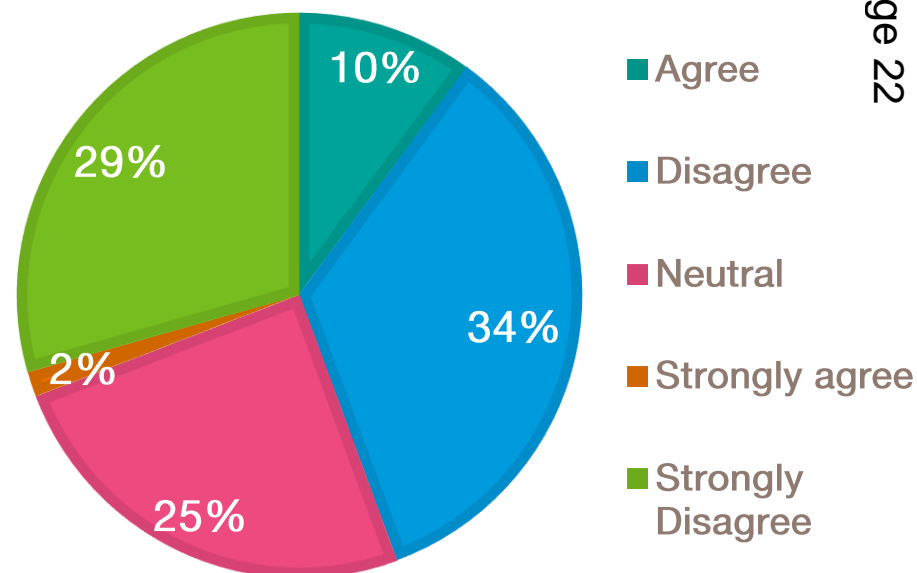
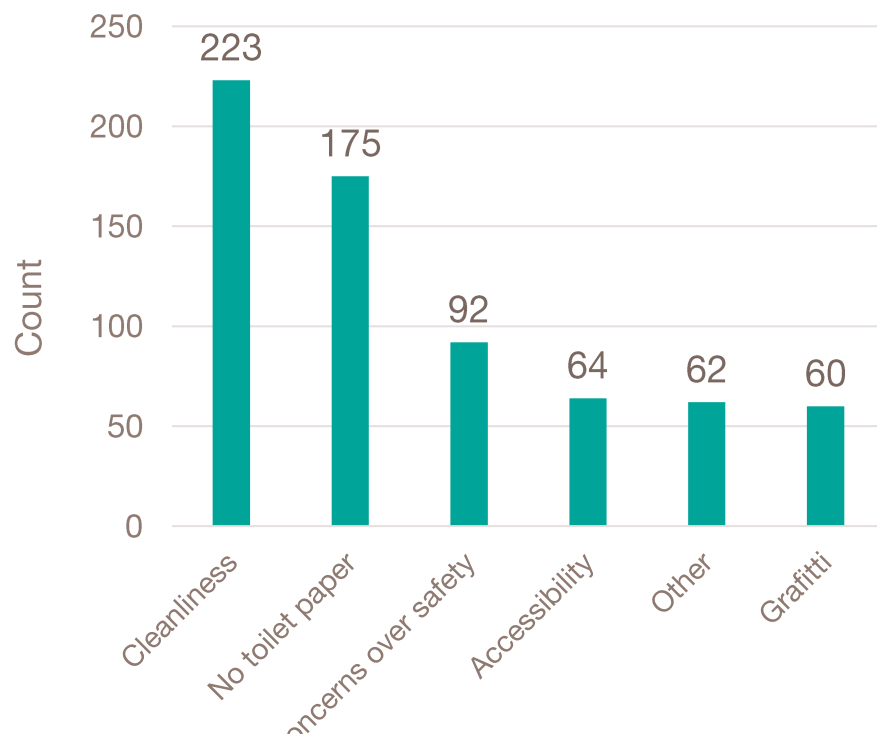


# Consultation Findings

Responses in the charts below were based on the questions:

**i) Are there any issues which you have experienced when using public toilets when out and about in Haringey (left chart)?**

**ii) Do you feel that toilets are clean and well maintained when you visit them (right chart)?**



# Strategy Development

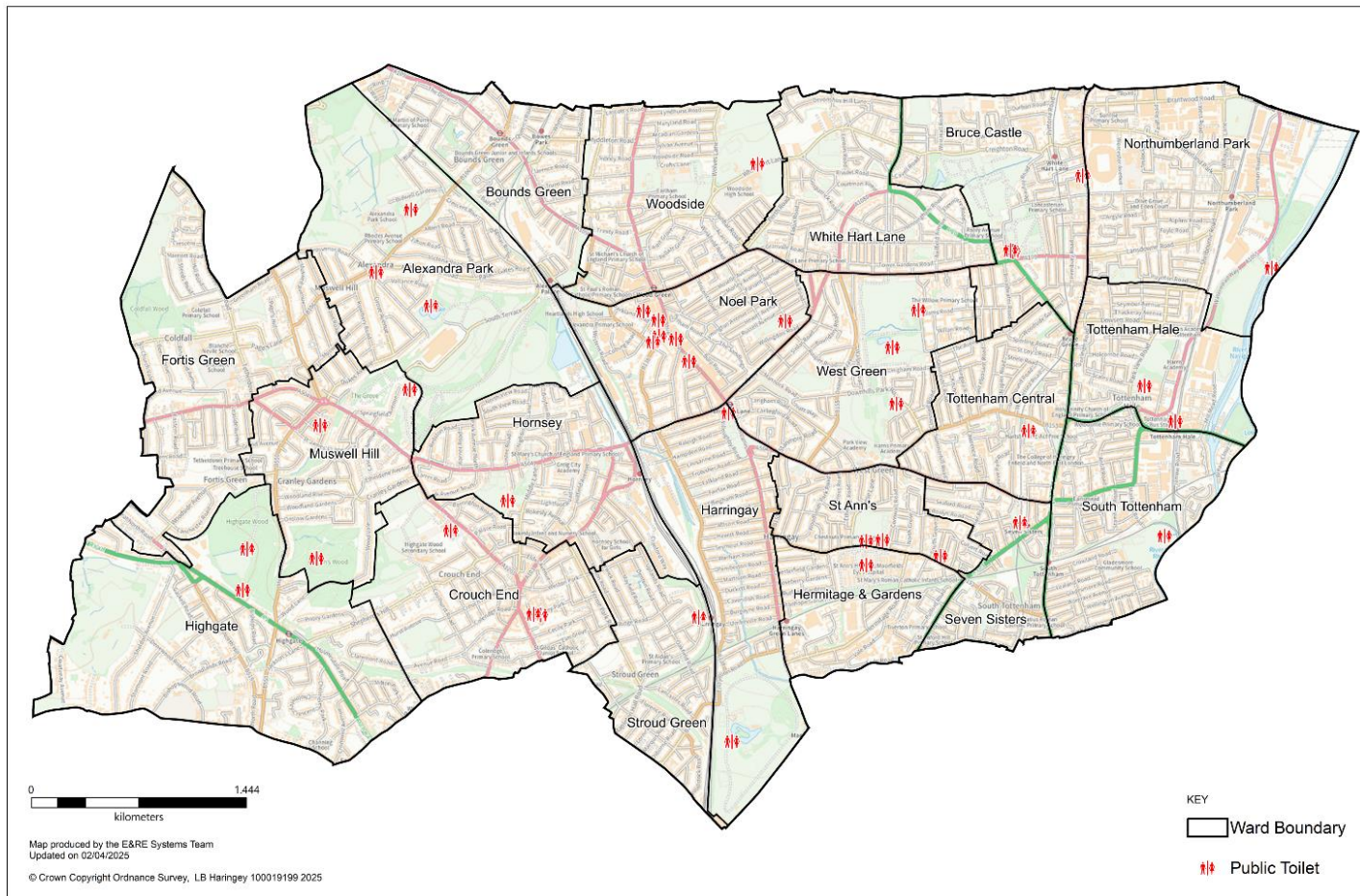
Strategic priorities and actions set out in the strategy are broken down into **five thematic areas**. These are:

1. Location and Gaps
2. Planning and Transport
3. Safety and Hygiene
4. Inclusive Access
5. Communication and Signage

These were agreed based on the findings of the consultation process and engagement with different groups including the Haringey Older Peoples Reference Group, Tottenham Pensioners, Wheelchair User Group and the Carers Forum.

# Location and Gaps

**Haringey** LONDON Map of Public Toilets



# Planning and Transport

Opportunities and actions include:

- Improving public toilet provision in Haringey is highlighted in the Local Plan as an issue which needs to be addressed. Large scale developments will be required to consider opportunities which seek to address this.
- The Council collects two types of infrastructure funding from developers: Community Infrastructure Levy (CIL) and Section 106 planning obligations. There may be opportunities to use some of this funding to help deliver new or improved toilet provision.
- In 2024, Transport for London (TfL) allocated £3 million in funding per year to improve toilet provision on its network, including at three Haringey stations. TfL have installed a new accessible toilet at White Hart Lane station. An accessible toilet will be installed at South Tottenham station and upgrades to existing facilities will be carried out at Seven Sisters station in 2025/26.

# Safety and Hygiene

Opportunities and actions include:

- Further engagement between Regeneration and Town Centre Management to review where facilities are currently located and if the location meets best practice guidelines.
- New designs are fully integral and configured to the local streetscape with the aim of discouraging crime and anti-social behaviour within the facility/ immediate surroundings.
- Opportunities for natural surveillance to discourage loitering and improve feelings of safety are considered at some facilities. The removal of obstructions to improve sight lines from within buildings would help to achieve this.
- Further work by Corporate Landlord to determine safety concerns raised at certain toilets such as those in Chestnuts Park/St Anns Road.

# Inclusive Access

Opportunities and actions include:

- Undertake an annual review of toilet facilities across the borough to ensure that toilet configuration and design features do not discriminate against protected characteristics such as gender, sexuality, race, religion and age.
- Ensure that necessary amenities such as toilet seat sanitiser, menstrual products for women and incontinence pads for men are made available wherever feasible.
- Explore the feasibility of integrating Changing Places facilities into future developments which offer adequate space for a disabled person and their carer.
- Further consideration of the installation of self-cleaning toilets with automatic disinfection of the toilet bowl, seat and walls after every use at agreed locations.



# Communication and Signage

Opportunities and actions include:

- Review the quality of signage, maps and webpage information on public toilets across the borough.
- Update council websites, social media and posters to raise awareness of any changes to public toilet provision.
- Undertake a regular audit of the toilet map and update this with information received from Loos for Haringey and feedback from the public.
- Ensure that there is clear communication with businesses and residents to publicise the toilet access card and radar scheme.



## Next Steps

- Aim for sign-off of the Haringey toilet strategy and action plan at Cabinet in December or early 2026.
- Implement the strategy and action plan once signed off at Cabinet.
- Monitor the actions over the course of the next two years to ensure that these are being delivered on.
- Explore opportunities to use CIL and Section 106 funding to help deliver new or improved toilet provision.

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# HARINGEY TOILET STRATEGY AND ACTION PLAN

2025-2030

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What impact would a lack of public toilets have on you and what may it prevent you from doing? .....	20
Are there any particular issues which you have experienced when using publicly accessible toilets when out and about in Haringey? .....	21
Which of the following statements relating to the provision of public toilets in Haringey do you agree with?.....	21
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Would you be prepared to pay to use a public toilet if required? ..... 22

## Background

### Why are public toilets important?

The World Health Organization highlights that access to safe, clean toilets is crucial for promoting public health<sup>1</sup>. Public toilet accessibility is important to people of all ages and particularly for older people, disabled people, families with young children and people with chronic illnesses.

Public toilets are a key element of the built environment and influence our health behaviours and lifestyles<sup>2</sup>. A lack of adequate public toilets will affect some people's decisions to leave their home to access parks and green spaces, high streets and shopping centres. Furthermore, a lack of public toilets can contribute to loneliness and social isolation as some residents choose to stay at home instead of seeking social interaction<sup>3</sup>. In Haringey, social isolation and loneliness are an issue among some adult social care users. In actual fact, 43% of adult social care users aged 65+ reported that they have as much social contact as they would like in 2022/23. This was similar to the England average of 42%<sup>4</sup>.

Publicly accessible toilets also contribute to the economic wellbeing of places. Good quality toilet facilities will make it more likely for people to go out and spend money in a high street for example.

### Why are we developing this strategy?

Following publication of the Toilet Manifesto for London in November 2020, Age UK have campaigned to improve public toilet provision in the city, highlighting its importance for all Londoners, particularly older people and those with certain health conditions<sup>5</sup>. **Age UK reports a “worrying decline” in access to public toilets in London over the past decade and recommends that local authorities in London develop and implement a toilet strategy for their borough**<sup>6</sup>. The Loos for Haringey group, which includes membership from Haringey Over 50s forum and the Friends of Chestnut Park group identified a need for more public toilets to be provided throughout the borough to meet current and future demand. Loos for Haringey took a deputation to Haringey's Overview and Scrutiny Panel meeting in March 2023.

**Despite current and ongoing financial constraints to the council's budget, the panel agreed that a strategy and action plan were needed to:**

1. Deliver improvements to toilet access in the borough and address gaps with a focus on the east of the borough in and around Tottenham.

<sup>1</sup> World Health Organization. WHO Water, Sanitation and Hygiene Strategy 2018–2025. 2019.

<sup>2</sup> [What Is A Population Health Approach? | The King's Fund](#)

<sup>3</sup> Webpage: [Richard & Knight.pdf](#)

<sup>4</sup> NHS England, *Adult Social Care and Outcomes Framework*

<sup>5</sup> Age UK webpage: [Out and About](#)

<sup>6</sup> Age UK London (report published in January 2025), *Lifting the lid: looking for a better understanding of local authorities and public toilet provision in London*.

2. Raise awareness of existing publicly accessible toilets in Haringey including in parks, transport terminals etc.
3. Raise awareness of the benefits of having a community toilet scheme in cafes, restaurants, pubs etc.

## Achievements to date

Key achievements thus far to improve the quality and quantity of public toilets in the borough are as follows:

- Collaborative meetings between Loos for Haringey, Senior Council Officers, and NHS representatives to agree the approach to producing a strategy, principles and priorities.
- Restoration of the toilets at Morrisons supermarket in Wood Green.
- A revised interactive [toilet map](#) published on the council's website following an audit by the Loos for Haringey group.
- A review of the unequal and uneven distribution of public toilets across the borough with better provision currently concentrated in the west of Haringey.
- Installation of new handwash dispensers in three Haringey owned facilities.

## Risk Groups

The table below shows the main risk groups with additional needs and key considerations.

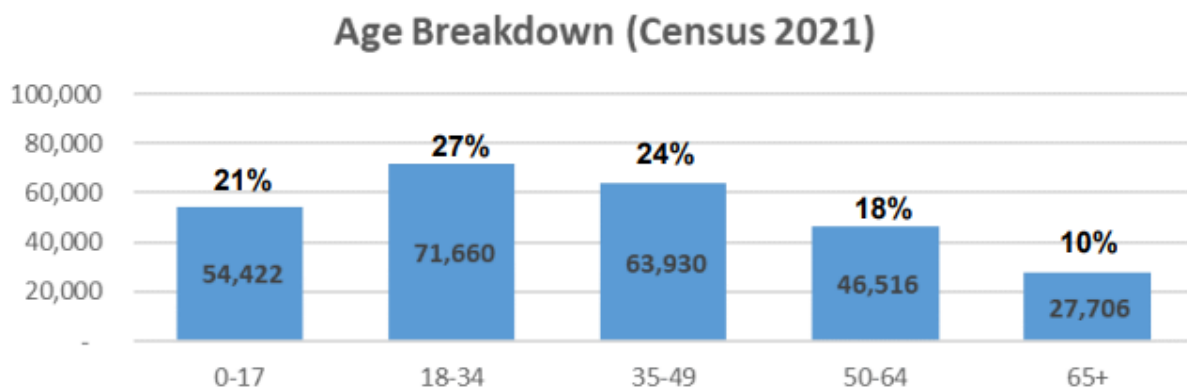
Group	Key considerations and additional needs of the group
Older Adults	<ul style="list-style-type: none"> <li>• Increased availability across the borough so that older adults can leave their homes and maintain social lives to prevent isolation.</li> <li>• Prioritize the cleanliness and hygiene of public toilets so that they are safe and comfortable for everyone.</li> </ul>
People with Medical Conditions	<ul style="list-style-type: none"> <li>• Provision of toilets which are accessible to people with medical needs such as bowel and bladder conditions.</li> </ul>
Women and Girls	<ul style="list-style-type: none"> <li>• Access to clean, safe, and private toilet facilities to manage their periods with dignity.</li> <li>• Access to sanitary products</li> <li>• Well maintained, accessible and readily available public toilets for women going through menopause.</li> </ul>
Pregnant mothers	<ul style="list-style-type: none"> <li>• Support rails are provided</li> <li>• Sufficient space</li> <li>• Comfortable seat height</li> <li>• Ensure soap, water and drying facilities are stocked and in working order</li> <li>• Sanitary bins are provided</li> </ul>
Children and Young People	<ul style="list-style-type: none"> <li>• Baby changing facilities in both male and female public toilets.</li> </ul>
Carers	<ul style="list-style-type: none"> <li>• Provide practical adjustments such as grab rails and raised toilet seats.</li> <li>• Increased availability of Changing Places toilet.</li> <li>• More space available to maneuver a wheelchair.</li> </ul>

<b>People with Disabilities</b>	<ul style="list-style-type: none"> <li>Facilities are configured to meet the needs of people with mobility impairments including the provision of ramps, height adjustable changing benches, space for a wheelchair and carer.</li> <li>Increased availability of Changing Places toilets.</li> </ul>
<b>General Public</b>	<ul style="list-style-type: none"> <li>Clean and well-maintained facilities</li> <li>Good lighting and feels safe</li> <li>Clear signage and maps to indicate toilet locations.</li> </ul>

## Introduction

### Population and Demographics

Haringey has a young, ethnically diverse population. The total resident population in Haringey is 264,300<sup>7</sup>. There are 27,706 people sixty-five or over living in Haringey according to the ONS 2021 Census.

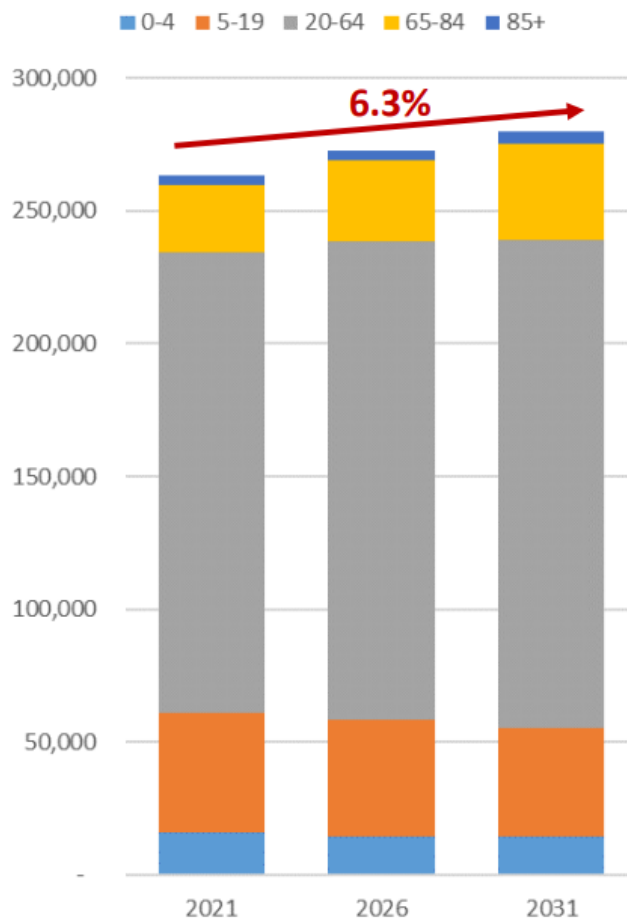


Source of data: ONS 2021 Census. Reported in the State of the Borough report, December 2024.

Haringey's population is predicted to increase by 6.3% by 2031 to 280,100, with the largest percentage growth in older adults (aged 65+). Notably, the population growth projected over the next ten years will be within the age-groups most affected by the lack of access to toilets.

<sup>7</sup> ONS 2021 Census

### Population Projections for Haringey (2021, 2026, 2031)



Source: Data sourced from GLA-2020 based population projections. Chart published in State of the Borough Report, December 2024.

Sixty-five percent of the Haringey population are from a Black and Minority Ethnic (BME) group or Other White ethnic group compared to 61% in London<sup>8</sup>.

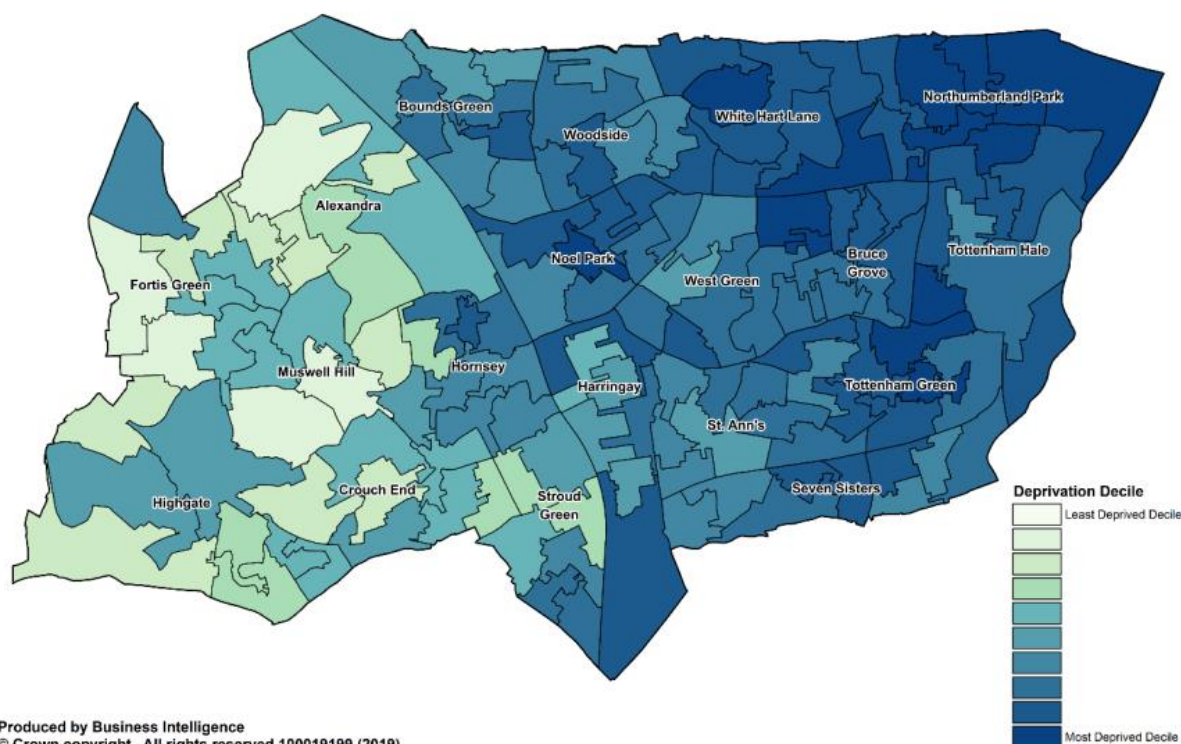
## Deprivation

Haringey is the fourth most deprived borough in London, with deprivation more concentrated in wards situated in the north-east such as Northumberland Park and White Hart Lane.

<sup>8</sup> ONS Census 2021



### 2019 IMD Decile Ranks



Source of data: IMD 2019. Map produced by Haringey Business Intelligence Team.

## Aims of the strategy

The overall aims of the strategy are to:

- Improve the quality and quantity of public toilet provision in the borough
- Provide facilities which are suitable and inclusive for diverse groups
- Improve the cleanliness of facilities and address safety concerns.

## Alignment to other council strategies

The strategy aligns closely with the **Health and Wellbeing Strategy, 2024-29**, which includes the theme of Healthier High Streets and Healthy Place Shaping. An underlying priority of this theme is to **develop a Toilet Strategy reporting into the Health and Wellbeing Board**.

The Health and Wellbeing Strategy includes mental health as a priority and tackling issues including social isolation and loneliness. Improving toilet availability would help more residents to connect with one another where they currently feel unable to leave their home due to a fear of being unable to access a toilet. Apart from social isolation, a lack of public toilets can lead to people not drinking before they go out, resulting in dehydration and Urinary Tract Infections (UTIs).

The **Haringey Vision**, which was adopted in 2025, includes the following key priorities:

- All our residents have the opportunity to thrive and enjoy the best possible version of their life.

- The quality of life in every part of the borough is comparable to our cleanest, greenest and safest neighbourhoods.
- At a time of insecurity and change, Haringey is a place where people can put down roots and feel they really belong.

**Haringey Vision sets out six calls to action to deliver in 2035. These are:**

1. Safe and affordable housing
2. Thriving places
3. Supporting children and young people's experiences and skills
4. Feeling safe and being safe
5. Tackling inequalities in health and wellbeing
6. Supporting greener choices

However, the two main calls to action which this strategy is focused on are:

- **Thriving places**
- **Tackling inequalities in health and wellbeing.**

## Consultation and Engagement

### Consultation

A consultation survey was published online for a period of three months between January 2024 and April 2024.

A multi-disciplinary toilet strategy delivery group was established to analyse the findings of the public consultation. The group included representation from:

- **Haringey Public Health**
- **Planning**
- **Placemaking**
- **Corporate Landlord**
- **NHS North Central London Integrated Care Board**
- **Loos for Haringey**



- The consultation was open to residents of Haringey, Elected Members, anyone who works in the borough, local business owners, visitors and members of local community groups.
- A total of 371 responses were received: 346 online and twenty-five paper copies.

Data and information gathered throughout the consultation process was analysed. A summary of the main findings are:

- Twenty-six respondents agreed that the location of facilities is convenient.
- Twenty respondents felt that toilet provision was good in Haringey and fifty-eight thought that it is satisfactory.
- Thirty-five respondents agreed that toilets are clean and maintained when they visit them.
- Forty-two percent of respondents felt that current toilet provision in Haringey is bad.
- Forty-one percent of respondents disagreed that the location of facilities was convenient followed by 31% of respondents who strongly disagreed.
- Forty percent of respondents felt that a lack of public toilets would prevent them from spending time in parks or green space.
- Thirty-four percent of respondents disagreed that toilets are clean and well maintained, followed by 29% of respondents who strongly disagreed.
- Forty-four percent of respondents would be prepared to pay to use a public toilet.
- Forty-nine percent of respondents would feel comfortable using a public toilet access card in shops, cafes, restaurants etc.

Charts showing a summary of the consultation findings can be found in the Appendix.

## Engagement

Various user groups were engaged with to obtain resident and community feedback. The table below shows the key points.

User Group	Summary of the key points
Severe Complex Autism Learning Disability Group	<ul style="list-style-type: none"> <li>• Some public toilets have been closed for many years such as those at Turnpike Lane bus station and Bruce Grove.</li> <li>• In some restaurants and cafes, the toilets can be too small and not suitable for wheelchairs and that it can be difficult for people with autism and learning disabilities to access these facilities.</li> <li>• Park toilets are often closed when the adjoining café is closed such as those in Priory Park.</li> <li>• There are discrepancies between the provision of toilets between the east and the west of the borough.</li> <li>• There is a need to improve the availability of full-sized changing tables and hoists.</li> </ul>
	<ul style="list-style-type: none"> <li>• There are no longer any toilet facilities in Downhills Park and the nearest facilities are at Lordship Hub.</li> </ul>

<b>Tottenham Pensioners Group</b>	<ul style="list-style-type: none"> <li>• It would be beneficial for people aged 70 years and over to be provided with a radar key to access facilities whenever they need to do so.</li> <li>• There is a lack of public toilets on Tottenham High Road. However, coverage around Wood Green High Road is significantly better highlighting the disparity in the borough.</li> <li>• Having suitable toilet provision is vital in supporting residents, communities and visitors to embrace the opportunities and enjoyment of services in Haringey.</li> </ul>
<b>Carers Group</b>	<ul style="list-style-type: none"> <li>• There are inequalities in provision across the east and west of the borough, with better availability around the most affluent parts of Haringey in the west.</li> <li>• People with medical conditions or long-term health problems are apprehensive about leaving the home due to being caught short. A toilet access card would help reduce these concerns.</li> <li>• Improved toilet provision is required on the transport system in Haringey including at tube and train stations. More signs are needed to direct people to the nearest facilities.</li> </ul>
<b>Period Dignity Group</b>	<ul style="list-style-type: none"> <li>• The “Boys Need Bins” campaign led by Prostate Cancer UK promotes the use of sanitary bins in male toilets to help people with incontinence.</li> <li>• The availability of menstrual products and specialised amenities in toilet facilities including touch free disposable bins, toilet seat and hand sanitisers could be improved.</li> </ul>



## Strategic Priorities and Considerations

Strategic priorities were identified through the analyses of the consultation responses, engagement with diverse user groups, and reports from officers, members and colleagues at Loos for Haringey. The key findings are set out below under broad themes from the consultation and engagement process.

## 1. Location of Public Toilets and Gaps in Provision

The convenience and location of a public toilet has a significant influence on whether a person decides to use it, or not, as illustrated by the consultation and engagement findings.

Responses to the consultation show that twenty respondents felt that current provision is good and fifty-eight respondents thought that it is satisfactory.

The engagement findings show that toilets located in the Mall Shopping Centre in Wood Green meet a good quality standard in terms of cleanliness and provide a benchmark for other facilities to achieve. Most of the other facilities in Wood Green are offered by commercial and retail businesses such as Morrisons and Wetherspoons, so toilet coverage in this part of the borough is good overall.

Community toilet schemes, where businesses make toilets available for the public to use in return for financial incentives from the council are an option being explored in parts of the borough where there are gaps.


In the west of the borough, there is good provision offered in most parks and green spaces including those in Alexandra Palace Park and Finsbury Park.

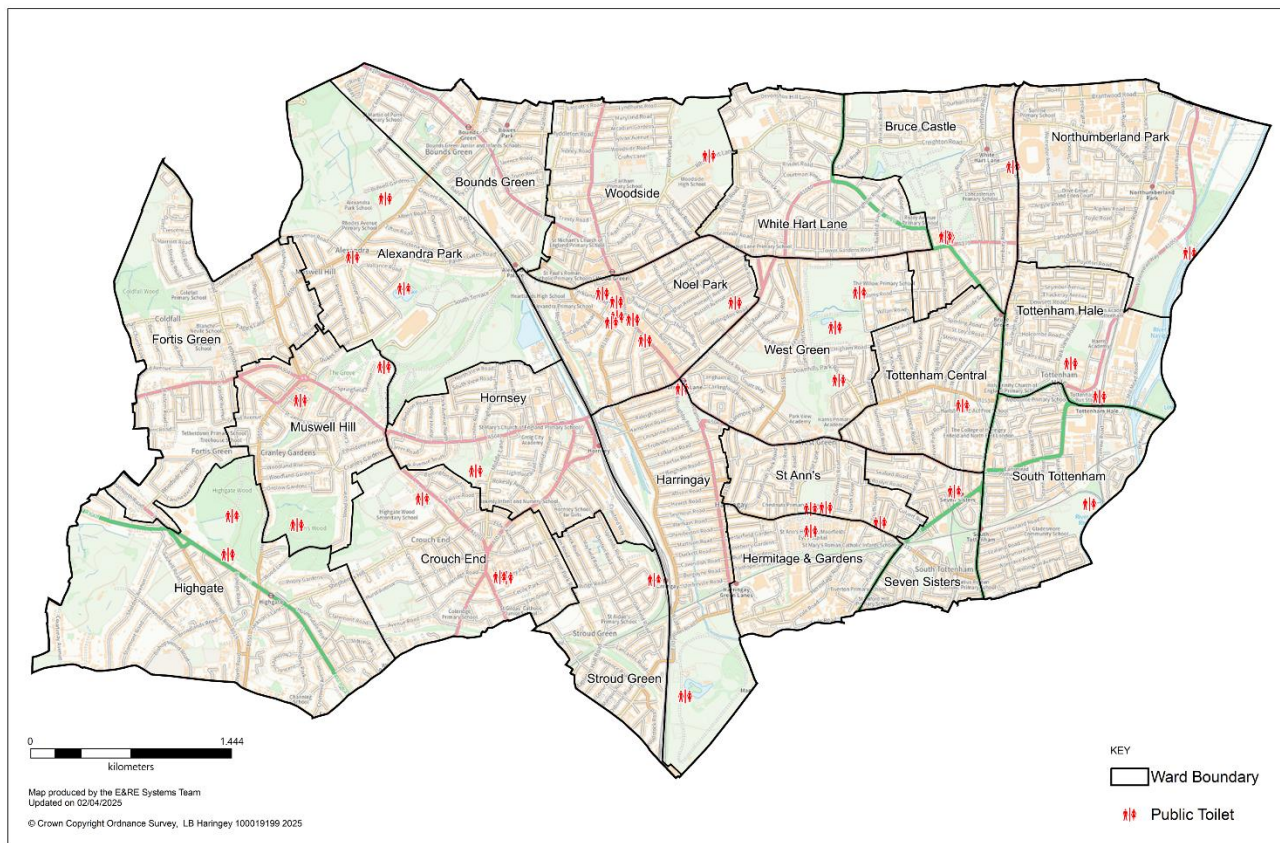
Other key points to note from the responses are:

- Thirty-one percent of respondents strongly disagreed that the location of facilities in the borough was convenient.
- Some toilets in the borough are co-located in a café in a park, such as those in Priory Park. These toilets are only accessible during the cafés opening hours. Other toilets are co-located in libraries. These toilets tend to have better cleanliness overall compared to standalone facilities.
- Toilets at some stations including those at Turnpike Lane underground and bus station are currently closed off to the public. Some of the mainline and overground stations in the borough do not have any toilet facilities available for public use.
- In other parts of the borough such as Bounds Green and Northumberland Park there are gaps or areas regarded as “loo deserts”. These are correlated with the most deprived parts in the east of the borough.
- Location of facilities is correlated to other factors such as perceptions of safety and attractiveness. Some toilets in the borough don’t feel safe to use including those located on St Anns Road due to anti-social behaviour and people loitering.
- In some parts of the borough, there is a mismatch relating to the location of a public toilet and the actual demand of local residents and communities who access the facility. For example, the toilet situated at Stonebridge lock is convenient for those people who are using the Lea River navigation towpath but has limited benefit for people living or working in Northumberland Park.
- Toilet cubicles such as those put up around Tottenham Hotspur Stadium to coincide with match days and concerts offer a temporary solution but are not available all year round.



The map below shows the current distribution of toilets in Haringey highlighting gaps and inequalities in provision.

 Map of Public Toilets



Based on the gaps identified, key priorities are to:

- Identify opportunities to integrate the actions set out in this strategy into the councils wider placemaking agenda and the shaping of public spaces and buildings through community-based participation, planning, and design.
- Keep community navigators and social prescribers informed on improvements to toilet access in their localities and provide feedback on any gaps identified where toilets are not meeting resident need.
- Work with businesses or their forums to negotiate better toilet access for members of the public.
- Work with primary care to negotiate better access to toilet facilities in GP surgeries and health centres where this is considered a feasible option.

## 2. Planning and Transport

The Council is preparing a new Local Plan which will provide a planning framework for new developments in the borough. The Plan contains enhanced policies around delivering social value through new development including the provision of social infrastructure. Specific reference will be made to the need to improve public toilet provision in Haringey and large developments will be required to consider opportunities to contribute to this objective.

The Council collects two types of infrastructure funding from developers: Community Infrastructure Levy and Section 106 planning obligations. There may be opportunities to use some of this funding to help deliver new or improved toilet provision in the borough although it is noted that there are many competing uses for this type of funding and securing it for the purpose of supporting this strategy cannot be guaranteed.

National Rail public toilets are located at Finsbury Park, Seven Sisters and Tottenham Hale train and overground stations for customers who are accessing the platforms but are not directly accessible from the street. In 2024, Transport for London (TfL) allocated £3 million in funding per year to improve toilet provision on its network, including at three Haringey stations. Thus far, TfL have installed a new accessible toilet at White Hart Lane station. A new accessible toilet will be installed at Seven Sisters and at South Tottenham station later in 2025.

### 3. Safety and Hygiene

Responses to the survey and engagement with different groups highlighted a range of issues relating to the safety and hygiene of public toilets, including:

- Some toilet blocks are in a very poor condition or dilapidated, even in the most affluent parts of the borough in Muswell Hill and Crouch End.
- Toilets are in a very poor condition at Markfield Park and St Anns Road (Chestnuts Park) where graffiti and anti-social behaviour have been reported.
- Some toilets only have basic facilities such as a cold water tap and hand basin.
- Some toilets don't have a hand dryer or one that works.
- Toilets in Hornsey and Chestnuts Park are often blocked, and the locks don't work on doors.
- Toilets in Bruce Castle Park are open from 7am-5pm in the bowling pavilion. After 5pm, local residents reported that people urinate in the bushes in the park.
- The water pressure at the toilets in Finsbury Park is sometimes too weak to wash hands properly with.

To improve safety, best practice guidelines indicate that public toilets should be located in highly visible areas such as car parks which allow for passive and active natural surveillance<sup>9</sup>.

The following opportunities exist to tackle issues relating to safety and hygiene in and around toilet facilities.

- Further engagement between Regeneration and Town Centre Management to review where facilities are currently sited and if the location meets best practice guidelines and safety considerations.
- Corporate Landlord to explore with Veolia whether the frequency of sanitising toilets could be increased and re-stocking supplies such as toilet paper and liquid soap.
- New designs are fully integral and configured to the local streetscape and public realm with the aim of discouraging crime and anti-social behaviour within the facility and immediate surroundings.

<sup>9</sup> British Toilet Association: [PubliclyAvailableToiletsProblemReductionGuide.pdf](#)

- Opportunities for natural surveillance is improved to discourage loitering and improve feelings of safety. The installation of better lighting and the removal of obstructions to improve sight lines from within buildings would help to achieve this.

## 4. Inclusive Access

The strategy and action plan are developed within the context of the Public Sector Equality Duty (PSED), a legal obligation for public bodies in the UK to support inclusivity and diversity.

Creating a more inclusive built environments is a key element of the planning agenda in Haringey. To help achieve inclusivity and accessibility, the following considerations are suggested.

- Undertake an annual review of toilet facilities across the borough to ensure that the toilet configuration and design features do not discriminate against protected characteristics such as gender, sexuality, race, religion and age.
- Ensure the provision of all gender toilets when upgrading or building new facilities.
- Ensure that necessary amenities such as toilet seat sanitiser, menstrual products for women and incontinence pads for men are made available wherever feasible.
- Explore the feasibility of integrating Changing Places facilities into future developments ensuring adequate space for a disabled person and their carer. Grab rails, wheelchair friendly layouts and adequate lighting for safety will improve accessibility.
- Upgrading facilities in all female facilities to ensure that there are baby change tables, space for prams and dedicated spaces for nursing mothers.
- Provision of all gender facilities which are accessible to all people regardless of gender to support the needs of members of the LGBTQ+ community who do not identify as either male or female. The implications of the April 2025 supreme court ruling on gender definitions should be considered in decision making processes<sup>10</sup>.
- Working with certain businesses to encourage them to sign up to the toilet access card scheme and that its purpose is clearly defined and understood by all staff working in cafés, restaurants, entertainment venues etc.

## 5. Communication and Signage

As part of the action plan, further consideration will be given to the quality of website information, and the use of newsletters, media, posters and leaflets to raise awareness about toilet locations in the borough.

<sup>10</sup> The supreme court ruling on gender definition were that the words “woman” and “sex” in the Equality Act refer to a biological woman and biological sex. The ruling has been interpreted to mean that trans women, who are considered to be biologically male but identify as women, can be excluded from women-only spaces like toilets and changing rooms.



Improved signage directing people to the nearest public toilets in parks, green spaces and other sites were highlighted as an important consideration in the consultation and engagement findings.

A review of existing wayfinding signage will facilitate improvements so that information is not misleading, does not confuse or does not discriminate against diverse groups. Guidelines suggests that using clear, easily understood signage, including icons and visual cues, to guide users to restrooms and specific features is recommended in toilet design<sup>11</sup>. Furthermore, the [British Toilet Association](#) recommends that the following is displayed on the outside of all toilet buildings.

- Opening hours
- Contact information to report issues
- Accessibility and Changing Places facilities.

The list of public toilets on the council's webpage will be updated to reflect any changes to the above.

## Action Plan

The actions in the table below are based on the consultation findings and engagement with diverse groups.

Priority	Action	Lead/Governance	By when?
<b>Identify and address gaps in current toilet provision in the borough – focusing on Tottenham</b>	Engage with businesses, libraries and leisure centres to improve public access to toilets in Tottenham and 'loo deserts' in the east of the borough.	Placemaking and Town Centre Management	December 2026
	Engage TfL to progress new toilet facilities at South Tottenham Station and improve existing provision at Seven Sisters Overground station.	Placemaking to work with TfL	April 2026
	Identify opportunities to increase toilet access through the council's corporate estate.	Corporate Landlord	April 2026
	Work with businesses including cafés and pubs to incentivise toilet access so that there is mutual benefit to the community and local business.	Placemaking and Town Centre Management	Ongoing
	Ensure that there is adequate provision of toilets including Portaloo availability year-round in the vicinity of Tottenham	Transport and Travel through the stadium's Local Area Management Plan team.	Ongoing

<sup>11</sup> Webpage: [Equality impact assessment for the provision of toilets - GOV.UK](#)

	Hotspur stadium and that these are configured to the local streetscape and public realm.		
	Recommended improvements in toilet facilities at Down Lane Park are progressed.	Placemaking/ Property Delivery	April 2026
	Completion of the installation of a new public toilet at Bruce Grove Cafe which includes an accessible toilet.	Placemaking/Property Delivery	December 2025
<b>Planning and New Developments</b>	Ensure that the Haringey Local Plan includes a commitment for new large-scale developments to incorporate publicly accessible toilet facilities where these can be accommodated.	Planning	December 2025
	Further work to consider how S106 and CIL monies can be used to support toilet provision in the borough	Planning team and Toilet Strategy Delivery group	Ongoing
<b>Addressing issues relating to toilet cleanliness, safety, standard and anti-social behaviour</b>	Engage with businesses to make sure that toilet facilities are clean and maintained to the required standard.	Regeneration and Town Centre Management	Ongoing
	Review the contractual and management arrangements with Veolia of the three existing council owned public toilets to standardise cleaning and maintenance of these sites.	Corporate Landlord	April 2026
	Review toilet provision in libraries, parks and leisure centres and that these are meeting consistent standards of accessibility and cleanliness.	Libraries, Parks and Leisure and Corporate Landlord	Ongoing
	Further investigation to better understand the safety concerns raised by the community on St Anns Road/Chestnuts Park toilets. Improve the safety of the public toilets where this was raised as a	Corporate Landlord	April 2026

	concern including better lighting.		
<b>Improve accessibility and inclusive access for different groups</b>	Implement the toilet access card scheme so that people with certain medical conditions have better access to toilet facilities in cafes/NHS buildings etc which meet their needs.	NHS NCL ICB	April 2026
	Improve the provision of menstrual products and specialised amenities in council run toilet facilities including touch free disposable bins, toilet seat and hand sanitisers.	Haringey Council departments (Public health linking with libraries, leisure, parks etc)	Ongoing
	Improve the provision of facilities to dispose of men's incontinence pads and align to the work of Prostate Cancer UK's Boys Need Bins campaign.	NHS NCL ICB/Public Health	Ongoing
	Consider the implications of the Supreme Court ruling on gender definitions in public toilet design plans.	Corporate Landlord	December 2025
<b>Communication of the strategy, action plan and toilet map using relevant forums and media</b>	Present the strategy findings and actions at Haringey's Age Well Board and Neighbourhood Delivery Board. Agree sign off of the strategy and action plan at Health and Wellbeing Board/Cabinet.	Public Health	December 2025
	Review the quality of signage, maps and website information and update council webpages, social media, posters and flyers to raise awareness of any changes to toilet locations.	Public Health/ Communications	Ongoing
	Undertake a regular audit of the toilet map and update this every 12 month with feedback and new information from Loos for Haringey and the public.	Environment Team Loos for Haringey	Ongoing
	Ensure that there is clear communication with businesses and residents to publicise the toilet access card and radar key schemes	NHS NCL ICB/Public Health/ Communications	April 2026

Funding	Developer funding contribution is sought to support the sustainability of public toilets relating to the overall maintenance and upkeep.	Capital Projects and Property	December 2025
	Ensure that the councils medium to long- term financial strategy addresses the sustainability and maintenance of public toilets in Haringey	Capital Projects and Property	Ongoing

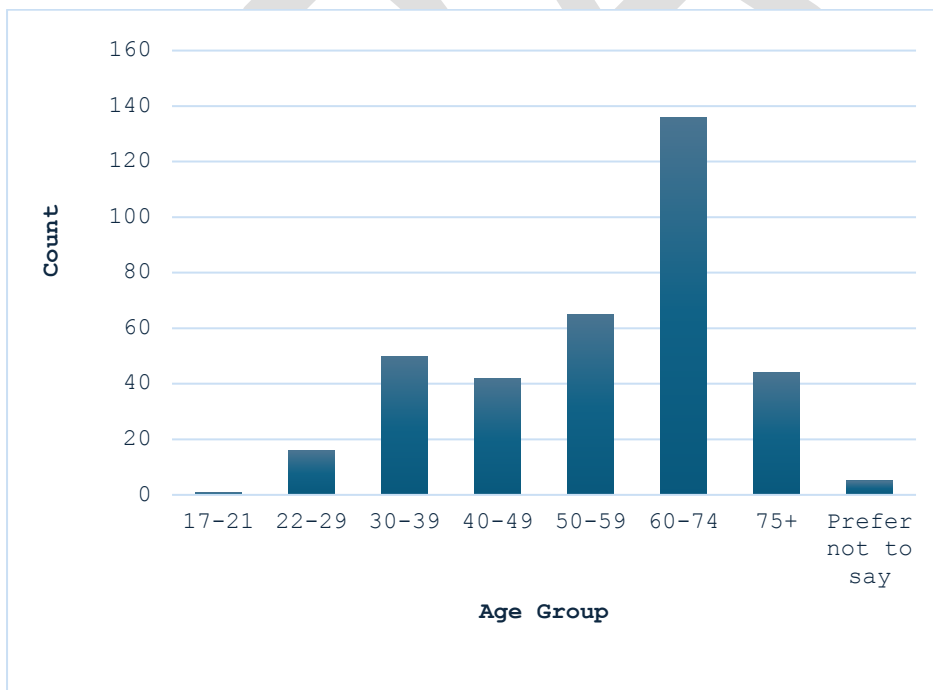
## Monitoring and Reviewing the Strategy

The Strategy and Action Plan will be **reviewed every two years** following sign off to determine progress against each action and any further measures required. The actions in the above plan are based around this timeframe and will be progressed over the next two years.

## Appendix – Consultation Responses

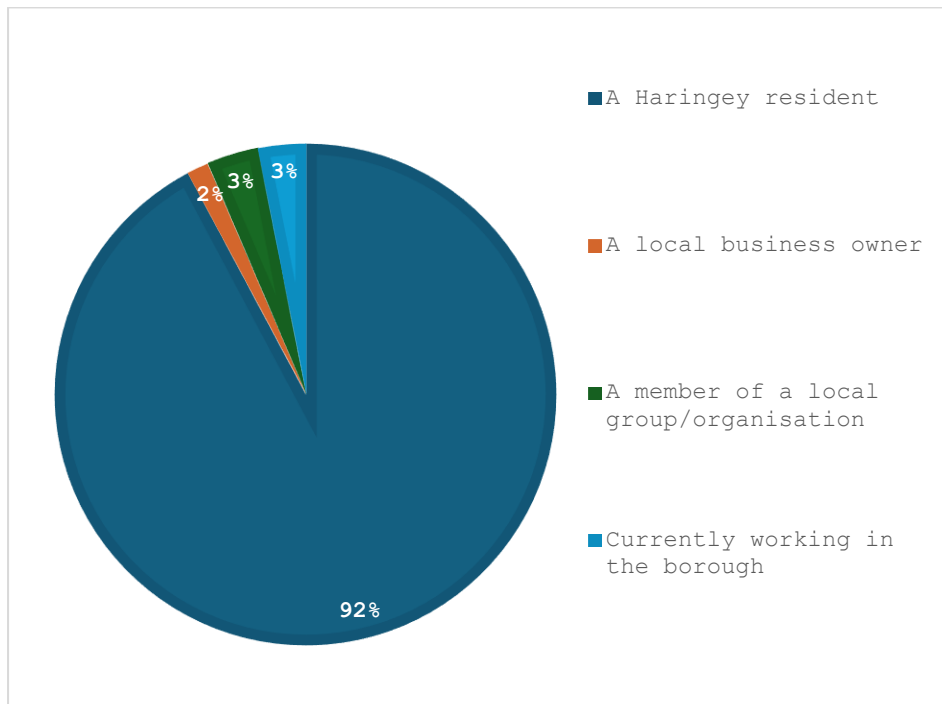
### Age Breakdown

The majority of respondents (136) were aged 60-74 years, followed by people aged 50-59 years (65).



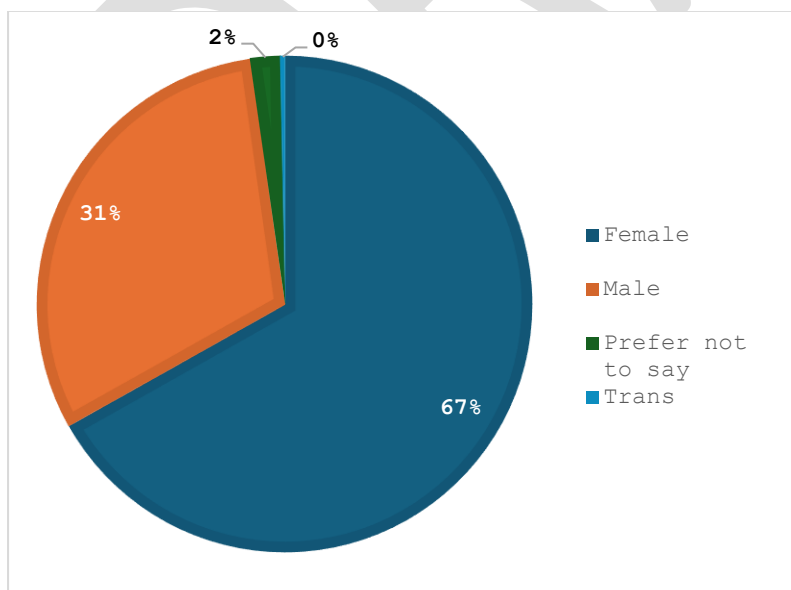
Are you a resident, business owner, a member of a local group or do you work in the borough?

Haringey residents (92%) accounted for the highest proportion of survey respondents. Members of a local group/organisation and people currently working in the borough both accounted for 3% of respondents.



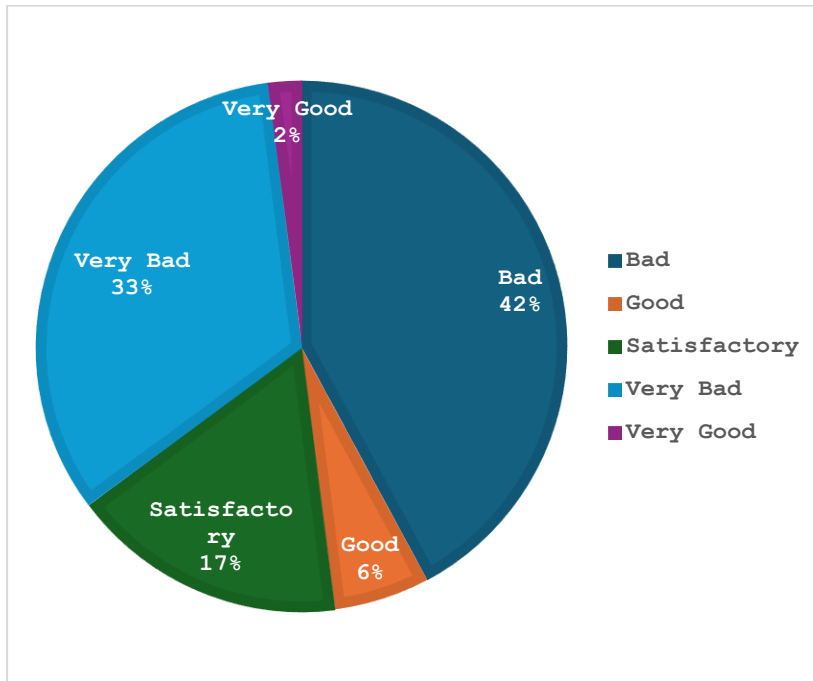
## Gender of Respondents

The highest proportion of respondents were female (67%), and males accounted for 31% of responses.



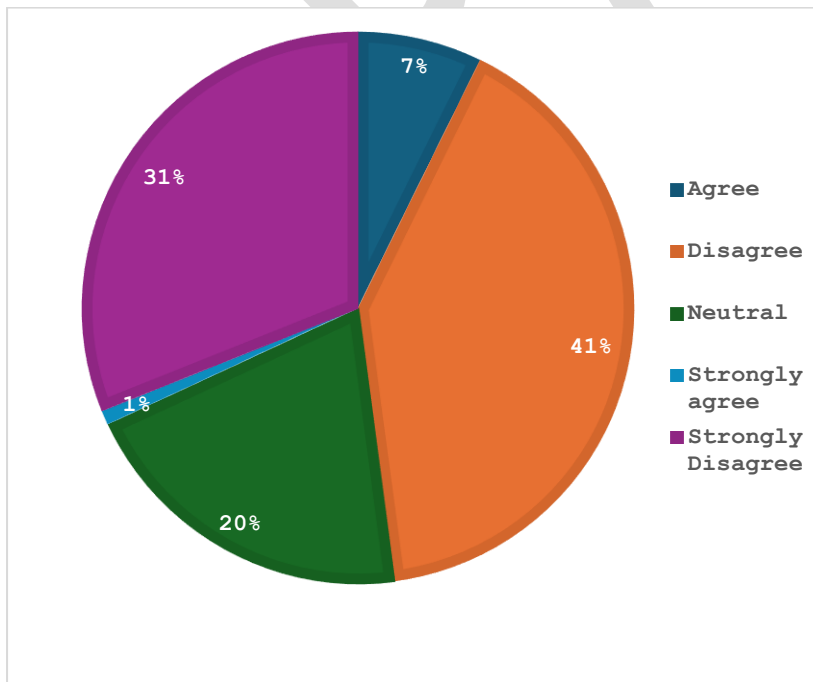
## What do you think about public toilet provision in Haringey?

The highest proportion of respondents felt that current provision was bad (42%), followed by very bad (33%).



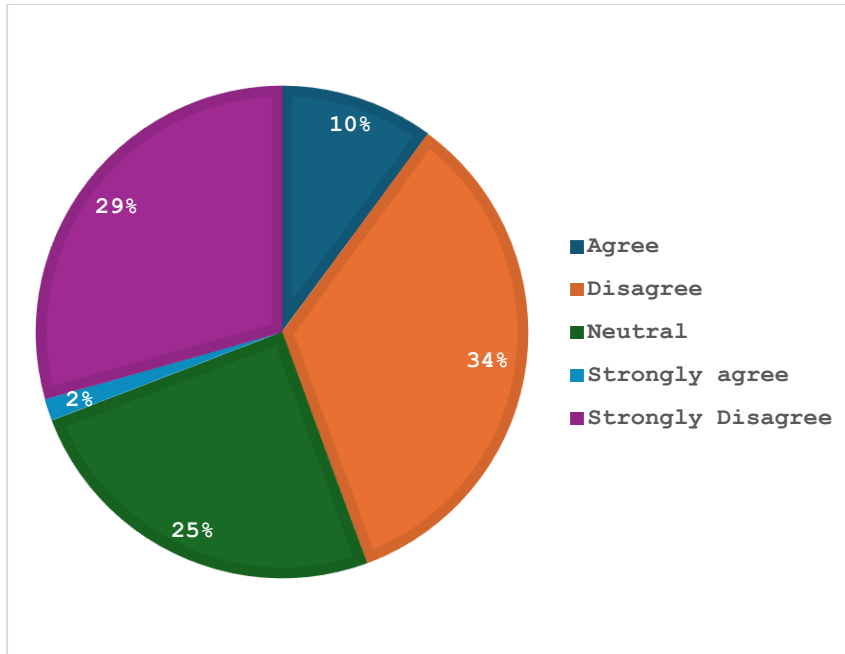
## Do you think that the location of facilities is convenient?

Forty-one percent, or 145 respondents, disagreed that the location of facilities was convenient followed by 31% of 111 respondents who strongly disagreed. Only 1% felt that the location of facilities is convenient.



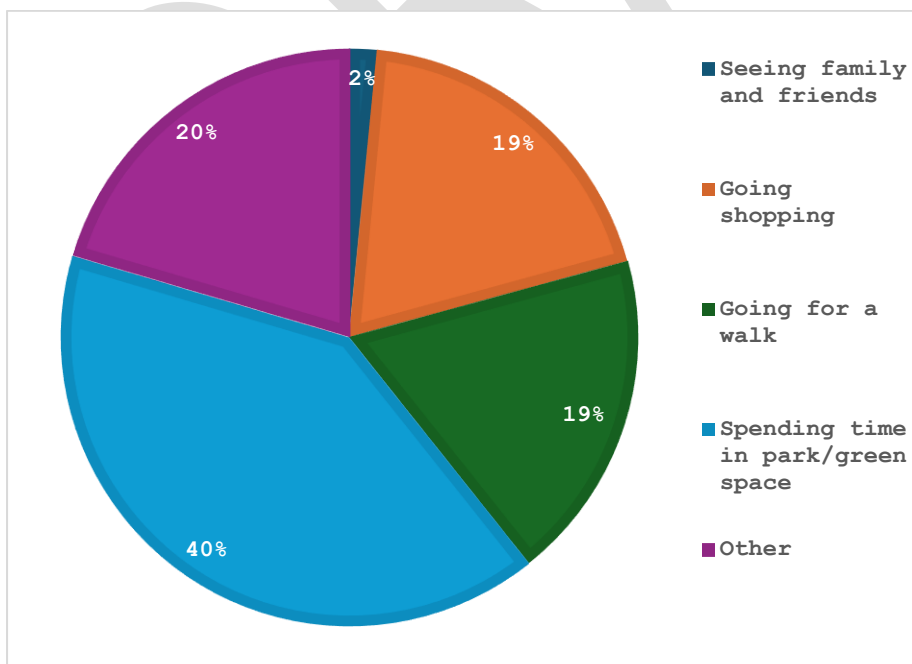
Do you feel that toilets are clean and well maintained when you visit them?

Thirty-four percent or 119 respondents disagreed that toilets are clean and well maintained, followed by 29% or 102 respondents who strongly disagreed.

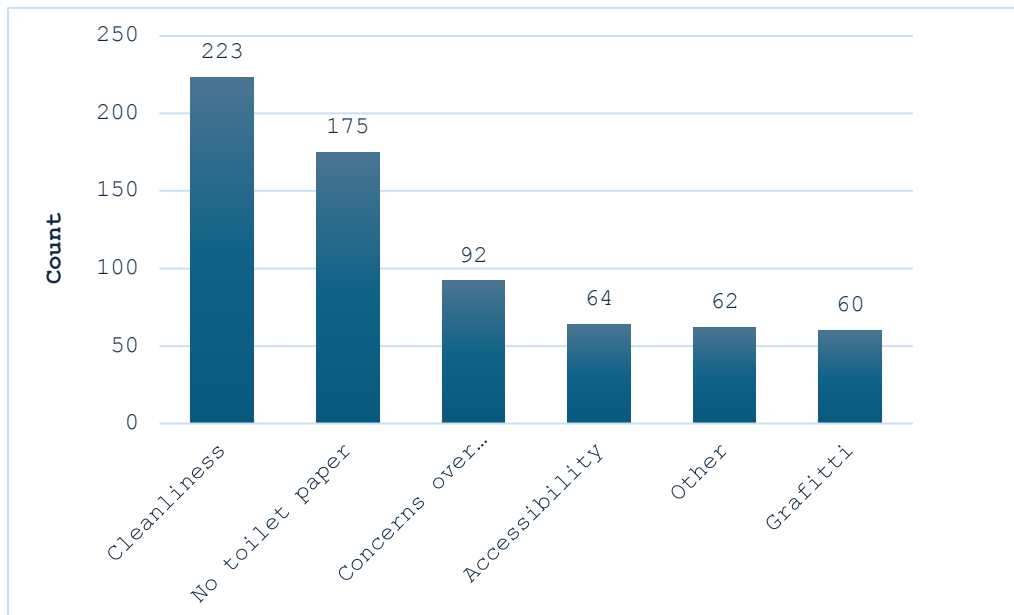


What impact would a lack of public toilets have on you and what may it prevent you from doing?

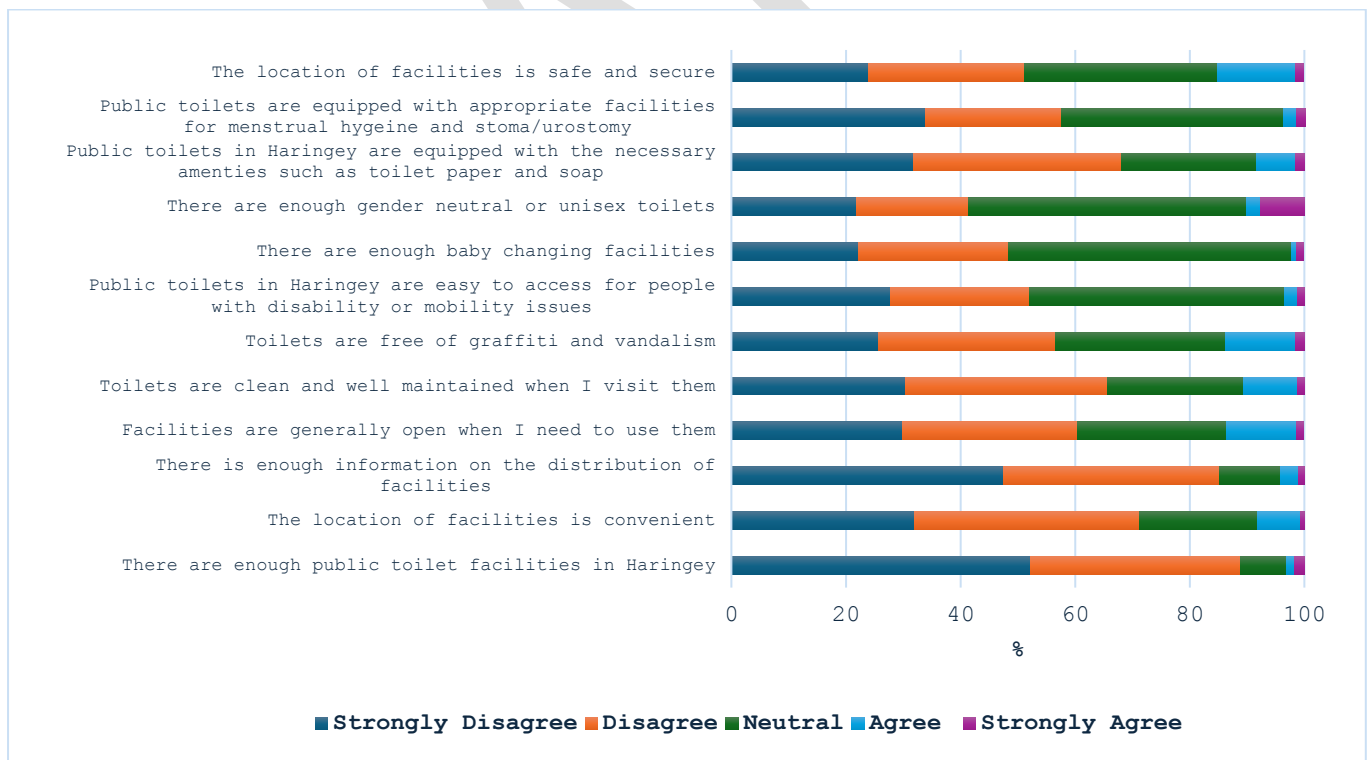
Forty percent or 130 respondents felt that a lack of public toilets would prevent them from spending time in parks or green space.



Are there any particular issues which you have experienced when using publicly accessible toilets when out and about in Haringey?

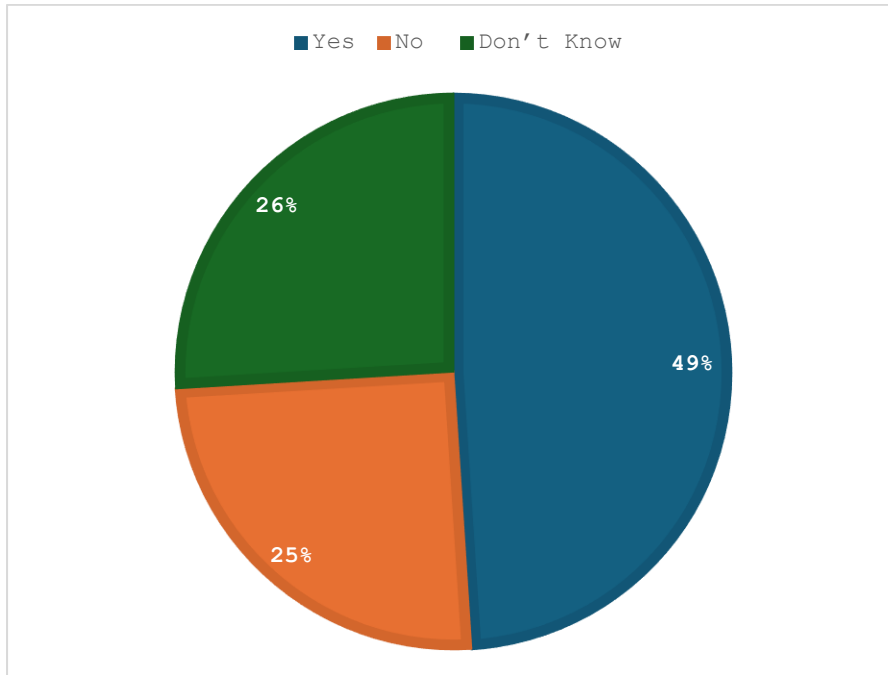


Which of the following statements relating to the provision of public toilets in Haringey do you agree with?

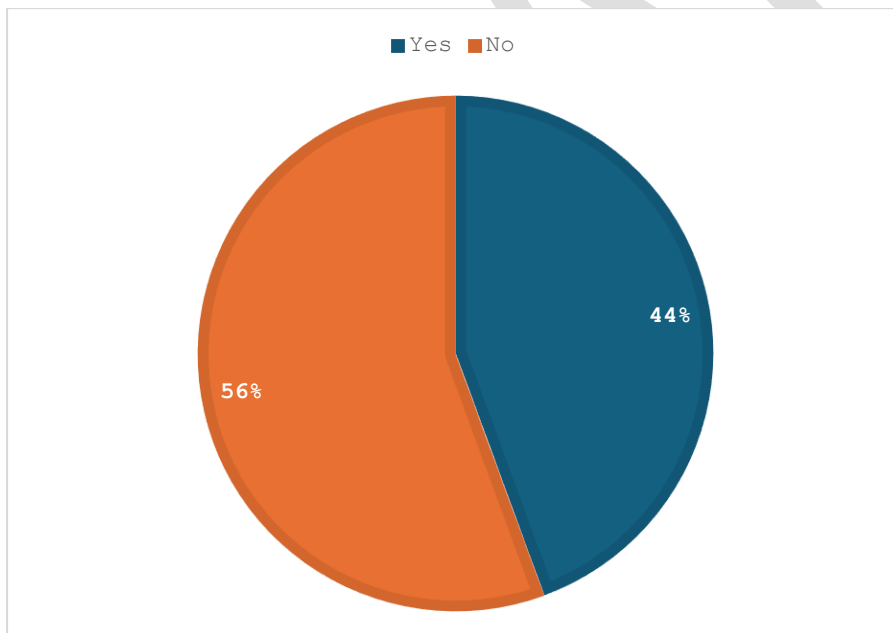




Would you feel comfortable using a toilet access card in local shops etc if a designated toilet wasn't available?



Would you be prepared to pay to use a public toilet if required?



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**Report for:** Health and Wellbeing Board, 18 September 2025

**Title:** **Draft Homelessness Strategy**

**Lead Officer:** Marc Lancaster

## **1. The purpose of this report**

- 1.1. On 11 November 2025, Haringey's Cabinet will consider approving a draft homelessness strategy for consultation. If Cabinet approve that draft, officers will formally consult residents and other stakeholder until late January 2026, analyse responses to that consultation, and develop a final draft for Cabinet to consider adopting in March 2026.
- 1.2. Homelessness is a crisis that has devastating impacts on health and wellbeing, so any action that reduces homelessness will have a positive impact from a public health perspective. Alongside that, and before it is considered by Cabinet in November, the council would like to strengthen the draft strategy's explicit focus on the health and wellbeing of homeless people and those threatened with homelessness.
- 1.3. This report provides a brief summary of work to date developing the draft homelessness strategy before setting out the key actions proposed within it for the council and its partners. It focuses on the proposals related most closely to promoting health and wellbeing.
- 1.4. Health and Wellbeing Board are therefore asked:
  - 1.4.1. To agree that services represented on the Health and Wellbeing Board will seek to meet commitments given in the strategy for member organisation of the Homelessness Reduction Board (set out here in paragraph 3.3)
  - 1.4.2. To give directions so that the draft sent for consultation has a much clearer and more explicit focus on health and wellbeing.

## **2. Background: A new homelessness strategy for Haringey**

- 2.1. The Homelessness Act 2002 requires local authorities to have a homelessness strategy that deals with the prevention of homelessness, the supply of appropriate accommodation, and the provision of support for people who are homeless or at risk of homelessness.
- 2.2. The council has a separate, standalone rough sleeping strategy in place until 2027. After 2027, it plans to produce a unified homelessness and rough sleeping strategy.
- 2.3. The council is in the final stages of producing a draft homelessness strategy for the period to the end of 2027.
- 2.4. The draft strategy will be considered by Cabinet in November 2025. If Cabinet agree the draft, it will be subject to formal consultation before returning to Cabinet in amended form for adoption by March 2025.
- 2.5. The current draft of the homelessness strategy has been driven by three processes:

- The council has undertaken a thorough review of evidence.
  - A Homelessness Reduction Board has met every two to three months since November 2023 to consider issues feeding into the draft homelessness strategy. The Board comprises statutory and voluntary organisations from across the borough – including - and council officers from across housing and social care services.
  - Between October 2024 and April 2025, the council spoke to more than 100 people with experience of homelessness across 26 different organisations and venues. At the same time a survey on the council's Commonplace site received 136 responses. Almost everyone asked the council to improve the way that it communicates with people experiencing homelessness - and with organisations supporting them. Many people identified a need for the council to provide better support for people experiencing homelessness, especially in terms of person-centred and trauma-informed approaches.
- 2.6. The current draft of the homelessness strategy aims to build on best practice and the positive work already being done – for example our exemplar homelessness support service at Mulberry Junction and impacts of our new build programme.
- 2.7. Partnership and prevention are key themes – we know we cannot deliver our objectives alone. We want to build on the strong and positive relationships we have in place locally to improve the way we work with colleagues in our communities, with landlords and with residents to provide better and more joined up support – especially to more vulnerable groups.

### **3. Structure and Key Actions within the Draft Homelessness Strategy**

- 3.1. The strategy proposes five strategic objectives, each with a series of commitments that will help us to meet those objectives and actions to achieve them. This section sets out the key actions.

#### **First strategic objective: To prevent homelessness in Haringey through more effective partnership working**

- 3.2. The council and each HRB member organisation will take a cooperative and partnership approach to homelessness based on mutual trust, the open acknowledgement of mistakes as a learning opportunity, and the avoidance of a blame culture.
- 3.3. To support that approach, over the next two years each member of the Homelessness Reduction Board will:
- Take an 'ask and act' approach, asking as early as possible about each service user's housing situation, and then acting urgently and effectively to avoid them becoming homeless wherever that is a risk.
  - Agree and publicise a shared protocol setting out the roles and responsibilities of all HRB partner agencies around homelessness.
  - Produce and regularly update a guide for other HRB members summarising the work of their own organisation or department in relation to homelessness, its key

procedures, and the contact details of key staff with descriptions of their responsibilities.

- Nominate an agreed individual to take strategic responsibility for facilitating joint work around homelessness.
- Provide opportunities for joint training and visits between agencies.
- Put in place and monitor Service Level Agreements, Memoranda of Understanding or protocols where relationships critical to the prevention of homelessness generate conflict or uncertainty – including between housing, the DWP, hospitals, and mental health services.
- Review mechanisms for ensuring that homeless people have clear access to assessment by Adults' and Children's Services through joint protocols between housing, social services, health, probation, police, and voluntary agencies.
- Take individual and shared responsibility for adult safeguarding and improving the health of homeless people.

**Second strategic objective: To protect Haringey's population from the risk of homelessness**

- 3.4. The council will work with partners to support the delivery of new homes, with the right mix to meet our communities' diverse needs.
- 3.5. At the heart of this is the commitment to deliver 3,000 new council homes by 2031. In the last two years, we have completed and let more than 500 new council homes. Between January 2026 and December 2027, we will complete and let another 500 new council homes.
- 3.6. The council will take an approach to homelessness prevention where Every Contact Matters. By the end of this strategy, all council officers working directly with residents will be trained to provide good quality signposting to advice and support around tenancy rights and homelessness.
- 3.7. The council will improve its online offering to provide accessible, quality and consistent advice on homelessness and tenancy rights, enabling residents to service their own help.
- 3.8. The council will pilot two tenancy sustainment officer posts within the housing management services to provide support to vulnerable council tenants who may be at risk of homelessness. The council will evaluate the success of this pilot by 2027.
- 3.9. The council will strengthen its partnership with Housing Associations... its approach will include a formal focus on developing best practice and shared approaches to tenancy sustainment and early intervention.

**Third Strategic Objective: To improve the council's homelessness prevention services for those facing the crisis of homelessness**

- 3.10. The council will open a new homelessness prevention hub to provide a trauma-informed, person-centred approach at an in-person, appointment only assessment space for those at risk of or experiencing homelessness, providing a more sensitive

and dignified experience, and maximising opportunities for homelessness prevention work.

- 3.11. The council will co-locate an independent advice service at its new homelessness prevention hub.

**Fourth Strategic Objective: To provide specific interventions for groups at high risk of homelessness**

**Private renters**

- 3.12. The council will work in a coordinated, planned way to enforce the rights of private renters' including as set out in the new Renters Rights Act. The council will be ready to advise and support private renters around all aspects of the new Act across a series of defined timelines over the next two years.
- 3.13. Through 2026 and 2027 the council will conduct planned and sustained renters' rights campaigns.

**Young people**

- 3.14. The council will provide housing needs staff with specialist training on mediation...
- 3.15. The council commit to stopping its young care leavers becoming homeless
- 3.16. The council will continue to grant care leavers priority status on the housing register...
- 3.17. During the first year of a young care leaver's council tenancy, they may at any point end that tenancy and return to supported housing, with the opportunity to be placed back on the housing register when they are more ready for independent living.

**Survivors and victims of sexual and domestic violence and abuse**

- 3.18. By 2027 the council will gain Domestic Abuse Housing Alliance (DAHA) accreditation so that its housing and housing needs services reflect best practice in the way they respond to domestic abuse.
- 3.19. As a landlord, the council will use the Domestic Abuse Act to exclude perpetrators and facilitate safe housing for victims, including like-for-like transfers and other preventative measures.
- 3.20. Victims and survivors will not be required to provide its housing management or Housing Needs services with inappropriate levels of evidence or statements from the police...
- 3.21. Housing Needs staff will be trained in trauma-informed care and domestic abuse awareness. Housing Needs services will be culturally competent and inclusive of LGBTQ+ survivors.
- 3.22. Housing Needs services will attend and participate in Multi Agency Risk Assessment Conferences
- 3.23. When the council provide Temporary Accommodation or other kinds of emergency accommodation for survivors and victims of Domestic Abuse, the council will take a Whole Housing Approach within DAHA principles.

**Vulnerable single people and those with complex needs**

- 3.24. The council will develop a new delivery model that can significantly increase the quality and quantity of supported housing options for vulnerable homeless people.

- 3.25. The council aim to move single people with complex support needs out of emergency and Temporary Accommodation into supported housing.
- 3.26. The council will provide access to council tenancies for single people with complex needs through Housing First alongside the provision of long-term support
- 3.27. The council will work towards agreements with partners so that during the first year of their council tenancy, anybody moving from supported housing or through Housing First into a council tenancy can end that tenancy and return to supported housing, with the opportunity to be placed back on the housing register with the same level of priority when they are assessed as being more ready to cope with independent living.
- 3.28. The council will develop a new supported housing commissioning model between Housing Related Support and Adult Social Care to provide better alternatives to supported living for adults with mental health needs and learning disabilities.

#### **Victims of cuckooing**

- 3.29. The council will establish a new Haringey Cuckooing Team to provide victim-focused, multiagency support where a vulnerable person has had their home taken over.
- 3.30. Alongside this the council will establish a Cuckooing Protocol, Cuckooing Panel, and Steering Group. The team will provide specialist training for staff and frontline professionals to identify and refer potential cuckooing cases.

#### **Communities experiencing racial inequality**

- 3.31. The council will work to improve the way we collect data and other intelligence on the needs of our most marginalised racialised communities, including in relation to households approaching the council as homeless or threatened with homelessness. We will use that data to inform a strategic approach from 2027 that will be centred on partnership working with specialist organisations.
- 3.32. The council will make specific arrangements for communicating information about benefits and key housing rights information connected with the Renters Rights Act.

#### **Fifth Strategic Commitment: To improve accommodation options for those experiencing the emergency of homelessness**

- 3.33. The council will expand its programme of acquisitions of homes from the open market for use as good quality settled accommodation, acquiring 250 homes every year.
- 3.34. The council will take a series of steps to increase the number of good quality homes it can lease – especially over longer periods – from private landlords for use either as Temporary Accommodation or longer-term settled accommodation.
- 3.35. The council will work with its agents and partners to ensure that all Temporary Accommodation fully meets its quality and safety standards...
- 3.36. The council will build two new Temporary Accommodation lodges in the borough. They will provide high quality Temporary Accommodation that includes ensuite shower rooms and generous storage alongside shared cooking facilities, bathtubs for younger children, and external play space...



- 3.37. The council will ensure that families moving into Temporary Accommodation have basic furniture and appliances in their accommodation. We will seek to budget from April 2026 to provide safe sleeping equipment - such as cots, moses baskets, new baby mattresses with waterproof covers and baby gates – wherever these are needed for households with babies.
- 3.38. The council will improve move-on support for households in Temporary Accommodation, with dedicated staff providing tailored support to individual households.
- 3.39. The council will consider how to put in place an expanded support offer for households in Temporary Accommodation. This will include working with NHS and public health partners to improve the health outcomes for people in Temporary Accommodation – for example, through teen health assessments and outreach around mental health, sexual health, and dental health.
- 3.40. During the next two years the council will work to understand better the health needs of children and young people in Temporary Accommodation, and we will work with partners including NHS and education services to deliver more structured and effective ways of meeting those needs.
- 3.41. When we place households with children in Temporary Accommodation, and when we move them between placements, the council will always use London Councils' Notify system to make education, social care, and health services aware so that families can be properly supported.
- 3.42. During 2026 we will bring forward a Supported Housing Strategy that will include our approach to Exempt Accommodation. We will aim through the strategy to preserve the number of supported bedspaces in Haringey at the same time as we drive out poor quality provision.
- 3.43. We aim to place more of the vulnerable people who present to our Housing Needs services into good quality supported housing.
- 3.44. 10% of the new council homes we build will be delivered as supported housing. This will include Housing First options and specialist schemes for specific cohorts of vulnerable people including young people leaving care, adults with mental health needs, and adults with learning disabilities

### **People who sleep rough**

- 3.45. During the next two years, the council will work with partners to produce an integrated Homelessness and Rough Sleeping Strategy for 2027 – 2032.

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# Haringey Homelessness Strategy 2025 – 2027: A draft strategy for consultation

## Introduction

We believe every Haringey resident should have a safe, decent and comfortable home – which is why preventing residents from becoming homeless or helping them off the streets is a priority for the council.

But it's a tough job – and it's getting harder.

This strategy is the council's response to an extremely challenging external environment and increasing pressures on our frontline services.

It aims to build on best practice and the positive work we are already doing – for example our exemplar homelessness support service at Mulberry Junction and impacts of our new build programme which is enabling us to house a higher proportion of people in local temporary accommodation. It will also seek to take full advantage of the opportunities that new legislation (Renters Rights) will offer us.

Partnership and prevention are key themes – we know we cannot deliver our objectives alone. We want to build on the strong and positive relationships we have in place locally to improve the way we work with colleagues in our communities, with landlords and with residents to provide better and more joined up support – especially to more vulnerable groups. We will be acting on the insight they've provided us to shape our systems and communications going forward.

We have identified the following core priorities and actions for achieving them in the strategy:

- to prevent homelessness in Haringey through more effective partnership working
- to protect Haringey's population from the risk of homelessness
- to improve the council's homelessness prevention services for those facing the crisis of homelessness
- to provide specific interventions for groups at high risk of homelessness.
- to improve accommodation options for those experiencing the emergency of homelessness

*A great deal of work is already underway, and the strategy will set out progress on that work reflecting publication date and including*

- *Partnership working*
- *New homelessness hub opening*
- *Arrangements being put in place for renters rights act*
- *housing delivery programme figures (by the time this gets to cabinet we should have completed nearly 1,000 new council homes);*
- *designs and plans of TA lodges being developed*
- *acquisition programme figures*
- *housing demand modernisation project*
- *exempt accommodation work*

## **The strategy's context and key challenges**

Haringey's population is growing – and many residents are under pressure.

Haringey's population expected to rise by 7,410 people over the next five years from 268,400 to 275,852 people. Half that growth is associated with people aged over 55.

Around a quarter of Haringey households live in financial poverty. 35% of Haringey's children live in poverty.

Housing has become increasingly unaffordable. For many people, home ownership and even private renting are out of reach.

The average house price to earnings ratio in Haringey is now 16.63. In the decade to 2024, the median house price in Haringey rose by 47%. At the same time, earnings increased by 30%.

The average monthly private rent in Haringey rose by 12.5% in the year to March 2025 and would cost the average Haringey household 41.1% of their income.

Only 5% of homes listed for private rent in London are affordable for low-income households relying on LHA.

In spite of the council's new housing delivery programme - which has built 721 new council homes in the last five years – 3,200 households are living in overcrowded or unsuitable housing waiting on our housing register for a social rent home.

Public services that support this population are under strain.

In the decade to 2021, local authorities suffered a real terms decline of more than 52% in government-funded spending power. Today, London boroughs' funding per Londoner is 28% since 2010.

The worsening homelessness emergency and spiralling spending on temporary accommodation pose a particular risk to London boroughs' finances.

Haringey is one of 29 Local Authorities – seven of them in London - that needed Emergency Financial Support through additional borrowing in 2025-26.

Since the end of Covid and the 'Everyone In' initiative, the number of people having to sleep on Haringey's streets has been rising sharply. Nearly half of all people moving from the streets into accommodation were placed by the council into Temporary Accommodation.

The number of households owed an immediate homelessness prevention or relief duty is rising. It rose very sharply during 2023-24 when the council owed either a relief or a prevention duty to 2,571 households.

Most people needing assistance either to prevent or relieve homelessness are single people or couples without children.

The most common reason for the threat of homelessness is the threat of eviction by a private landlord.

More and more people are coming to us when they're already homeless and it's too late to do prevention work.

Eviction by a private landlord is the most common cause of homelessness – but significant and increasing numbers are homeless because they have had to leave family or friends'

homes, because they are escaping domestic abuse, or because they have had to leave institutions, Home Office accommodation, or supported housing.

### **Homelessness and Temporary Accommodation**

There are currently 2,666 households in Temporary Accommodation.

The number of full homelessness assessments more than doubled in 2023-24, and the number of new applicants owed a full housing duty is also rising sharply, more than doubling since 2022 and 50% higher than before covid.

The number of households without children owed a full housing duty has risen sharply during and since covid – both as a proportion and as a quantum. The numbers of people owed a full housing duty because of their experience of mental or physical ill health or domestic abuse have increased significantly.

Until January 2025, the number of households being placed each month in Temporary Accommodation has been consistently higher than during the last two years.

In spite of this, we have managed to keep our numbers in Temporary Accommodation relatively stable after a sharp increase between April 2023 and July 2024. It remains significantly below pre-covid numbers.

We still manage to place half our homeless households in Temporary Accommodation in Haringey. Almost all the other placements are in London – including 30% in Enfield and Barnet. Only 1% of TA households are out of London, most of which are in Broxbourne

On average, households with children have to live in Temporary Accommodation for 6.2 years. Households without dependent children have to live in Temporary Accommodation for an average of 5.73 years.

Market challenges have severely affected the ability to secure affordable private sector accommodation to prevent homelessness or end a main housing duty.

While the number of households living in Temporary Accommodation remains lower than during the period 2008-2018, the costs of that accommodation for the council has soared, especially in the last two years.

The cost to the council of placing people in Temporary Accommodation is in total nearly five times what it was just two years ago.

### **Homelessness and commercial B&Bs**

Living in a commercial hotel or B&B is extremely challenging, with space and basic facilities very limited. The council therefore only places homeless households in B&Bs when there are no other options available. For many years, the council managed not to place anyone in a commercial hotel or B&B in connection with a homelessness duty. However, this changed from July 2023, when eight households were placed in B&Bs. By March 2024, 41 households were placed in B&Bs. Today, 136 homeless Haringey households are having to live in commercial hotels or B&Bs.

These are particularly challenging conditions for households with children. The number of families with dependents living in B&B accommodation rose sharply after July 2023, reaching its peak of 124 in September 2024. Since then numbers have steadily reduced, with 95 households with children in B&B in January 2025. 81 of those households had been living in B&Bs for more than six weeks, with the average length of stay 18 weeks.

## **Engagement and codesign**

Between October 2024 and April 2025, we spoke to more than 100 people with experience of homelessness across 26 different organisations and venues. At the same time we ran a survey on our Commonplace site that received 136 responses.

Almost everyone asked the council to improve the way that it communicates with people experiencing homelessness and with the organisations supporting them.

Many people identified a need for the council to provide better support for people experiencing homelessness.

Many cited the need for in-person assessment and support.

The most frequently raised area related to calls for more supportive, person-centred, and trauma-informed approaches.

A recurring theme was the shortage of social housing.

Many people asked for improvements in the quality and availability of local temporary accommodation. There were repeated concerns about families being placed far from support networks and schools, with suggestions that temporary accommodation should be local, family-friendly, and appropriately equipped.

## **What partner organisations have told us**

Our Homelessness Reduction Board has steered the commitments in this strategy including in response to issues raised by member organisations such as around partnership working and the role of closure orders in causing homelessness.

During engagement with organisations not currently represented on the HRB, a recurring concern was that organisations did not feel treated as equal partners by the council. There was repeated feedback that multi-agency collaboration needed strengthening.

Communication challenges between homelessness services, commissioned partners, and the council were the most frequently raised concern, mentioned by over half of contributors. Stakeholders called for better use of different communication methods — including face-to-face drop-ins, emergency lines for safeguarding cases, and clear, jargon-free, compassionate conversations. There was a repeated request for a directory or pathway document listing key housing contacts and managers. Improved communication was also needed around case outcomes, domestic abuse-related decisions, and housing placements.

Commissioned services expressed frustration that without a named contact or accessible pathway into housing teams, they struggled to escalate issues or manage client expectations effectively.

**Mulberry Junction was identified as a good model of partnership working and colocation**

Many organisations emphasised the need to improve the support offer for people facing homelessness. Domestic abuse support was a significant theme.

## **Introduction**

The Homelessness Act 2002 requires local authorities to carry out a homelessness review and to formulate and publish a homelessness strategy based on that review. That strategy must be a strategy for:

- preventing homelessness
- securing that sufficient accommodation (of a range of types) is available for people who are or may become homeless
- providing satisfactory support for people who are or may become homeless, or who need support to prevent them becoming homeless again

We have developed this strategy in partnership through the Haringey Homelessness Reduction Board, led by Councillor Sarah Williams, Cabinet Member for Housing and Planning, and Deputy Leader of the Council. It held its first meeting in November 2023.

The Haringey HRB is made up of senior officers from across the Council including from Housing Strategy and Policy, Housing Needs, Adult Social Care, Children's Services, and Housing Services. External partners include:

- Metropolitan Thames Valley Housing, representing Housing Associations.
- Depaul UK
- Hestia
- Citizens Advice Haringey
- National Probation Service
- Northwest London NHS Integrated Care Board
- Metropolitan Police
- Department for Work and Pensions

Key to its development has been a wide-reaching engagement exercise with people who have lived experience of homelessness and with the organisations not represented on the HRB.

The following draft strategy will be subject to further formal consultation and as such constitutes a series of proposals.

The strategy proposes five strategic objectives, each with a series of commitments we make that will help us to meet those objectives. Each commitment has a set of actions for us to take over the next two years.

**First strategic objective: To prevent homelessness in Haringey through more effective partnership working**

- The council and each member organisation of the Homelessness Reduction Board commit to building shared commitment and coordination so that services across the borough work together to prevent and respond to homelessness.

**Second strategic objective: To protect Haringey's population from the risk of homelessness**

- We commit to doing all we can to create a housing sector that works for everyone in Haringey.
- We commit to doing all we can to support people in Haringey who are facing financial poverty and disadvantage.
- We commit to improving early-stage homelessness prevention.

**Third Strategic Objective: To improve the council's homelessness prevention services for those facing the crisis of homelessness**

- We commit to providing a face-to-face, trauma-informed, person-centred assessment and support service to people who are facing or experiencing homelessness, including those who are living in Temporary Accommodation.
- We commit to improving the way in which we communicate with applicants throughout their journey through our Housing Needs services so that we are always open, honest, respectful, and clear.
- We commit to using digital and online resources more effectively.

**Fourth Strategic Objective: To provide specific interventions for groups at high risk of homelessness.**

- We commit to stopping our young care leavers becoming homeless.
- We commit to helping people within the criminal justice system people find accommodation.
- We commit to reducing homelessness and harm for women and men who have been subjected to sexual and domestic violence and abuse.
- We commit to supporting vulnerable single people and those with complex needs so that they do not become homeless.
- We commit to preventing victims of cuckooing from becoming homeless.
- We commit to providing new pitches for our Gypsy and Traveller community.
- We commit to understanding better the housing needs of communities experiencing racial inequality.

**Fifth Strategic Commitment: To improve accommodation options for those experiencing the emergency of homelessness**

- We commit to increasing the availability of good quality homes to use as Temporary Accommodation and settled accommodation.
- We commit to empowering people who are facing or experiencing homelessness, including those who are living in Temporary Accommodation, to make well-informed choices.
- We commit to improve health and wellbeing outcomes of people in Temporary Accommodation and ensure a seamless move into settled accommodation.
- We commit to improving the quality of supported housing in Haringey – and, in challenging financial circumstances, to increase the overall number of supported housing places available.
- We commit to enabling people who rough sleep to achieve their aspirations, access the support they need and build a happy life off the streets.



## **First strategic commitment: To prevent homelessness in Haringey through more effective partnership working**

**The council and each member organisation of the Homelessness Reduction Board commit to building shared commitment and coordination so that services across the borough work together to prevent and respond to homelessness**

Any serious response to homelessness in Haringey requires shared commitment and coordination between many different organisations - including the council, housing associations, charities, community and faith groups, NHS services, and probation and police services - as well as people with lived experience.

The council and all members of the Homelessness Reduction Board (HRB) are committed to continuing to build that commitment and coordination through a partnership approach to homelessness.

We will build on the many positive relationships and practices that exist across Haringey to achieve it.

We recognise that partnership approach as a core part of our shared Homelessness Strategy, and so it is embodied by many commitments in each of its areas. This section of the Strategy focuses on the ways in which we will work together over the next two years to build up and support that partnership approach.

The HRB will play a key role in building that partnership approach strategically but also by responding to operational issues and developing relationships.

The council will put in place a new structure of HRB meetings to promote partnerships with a much wider range of members, meetings that focus on networking, problem-solving, and more informal conversations, and a bi-annual homelessness reduction workshop.

The council and each HRB member organisation will take a cooperative and partnership approach to homelessness based on mutual trust, the open acknowledgement of mistakes as a learning opportunity, and the avoidance of a blame culture.

To support that approach, over the next two years each member of the Homelessness Reduction Board will:

- Take an 'ask and act' approach, asking as early as possible about each service user's housing situation, and then acting urgently and effectively to avoid them becoming homeless wherever that is a risk.
- Agree and publicise a shared protocol setting out the roles and responsibilities of all HRB partner agencies around homelessness.
- Produce and regularly update a guide for other HRB members summarising the work of their own organisation or department in relation to homelessness, its key procedures, and the contact details of key staff with descriptions of their responsibilities.
- Nominate an agreed individual to take strategic responsibility for facilitating joint work around homelessness.
- Provide opportunities for joint training and visits between agencies.

- Put in place and monitor Service Level Agreements, Memoranda of Understanding or protocols where relationships critical to the prevention of homelessness generate conflict or uncertainty – including between housing, the DWP, hospitals, and mental health services.
- Review mechanisms for ensuring that homeless people have clear access to assessment by Adults' and Children's Services through joint protocols between housing, social services, health, probation, police, and voluntary agencies.
- Take individual and shared responsibility for adult safeguarding and improving the health of homeless people.

The council has a unique role at the heart of this partnership approach, and to support it over the next two years will:

- Take a "no wrong door" approach to homelessness, responding to homelessness as an integrated organisation rather than separate teams so that residents quickly get the right support to prevent or relieve homelessness when they need it - even when they present to a service which is not directly responsible for meeting that need. We will support that approach by creating training modules on signposting and referrals, basic housing rights and homelessness, and we will make that training mandatory for all staff that have direct contact with residents or who manage staff that do.
- Set up a new homelessness hub that includes co-location of an independent advice service and creates opportunities for multi-agency assessment and support.
- Identify further opportunities for co-location of council and non-council services that can work together to prevent homelessness.
- Improve Adults' and Children's Service procedures for identifying clients at risk of losing their homes along with agreed referral protocols to Housing Needs and to specialist agencies that can meet their underlying needs including around mental health, drug, or alcohol problems.
- Continue to run and convene a range of practice and partnership forums for the wider homelessness community, including Housing Related Support Community of Practice forums and a restructured HRB.
- Continue to support capacity-building in the Voluntary and Third Sectors.
- Work with partners to continuously improve the structure and operation of partnership boards including those around Closure Orders and Safeguarding.
- Improve internal joint-working processes to improve the speed at which empty council homes are repaired, redecorated, and re-let.
- Ensure that housing needs officers give appropriate, supportive, and consistent advice to third sector providers on the impact of immigration status on housing rights.
- Put in place named partnership contacts in key services including across Housing, Adults,' and Children's Services.
- Create and publicise a clearer escalation process for partners to use in the event of mistakes or failures in relation to homelessness and the risk of homelessness.

- Work towards a subregional hospital discharge protocol that aims to prevent people being homeless when they leave hospital.
- Continue to build partnership approaches with Housing Associations working in the borough including around homelessness prevention and antisocial behaviour.
- Put in place new digital and technology solutions to make it easier for other organisations – and individuals - to get advice and make homeless applications.
- Provide commissioned services with a named point of contact in Housing Needs that can be used to raise strategic casework issues.
- Work towards including commissioned and HRB partners in the 'Duty to Refer' system so that a wider range of organisations take responsibility for referring individuals they believe to be homeless or threatened with homelessness to the council's Housing Needs service.
- Work with partners to develop shared metrics across housing and NHS services for implementation after 2027.
- Ensure residents and professionals have access to accurate advice on housing pathways, policies, and re-housing, including social prescribing pathways, North Middlesex Connected Communities Pilot, hospital discharge teams and multidisciplinary health and care teams such as the MACC team Haringey Borough Partnership.

## **Second strategic objective: To protect Haringey's population from the risk of homelessness**

**We commit to doing all we can to create a housing sector that works for everyone in Haringey.**

The right to a home is a fundamental human right. A good quality, secure home allows people to put down roots in a community. It gives children a safe place to play and learn. Good housing contributes to good health, both physical and mental. It helps with access to local jobs.

There is a housing shortage in Haringey, and a chronic shortage of homes that residents can afford – as there is across the whole of London.

Alongside the failure to build enough homes, our homelessness emergency stems from a failure to deliver enough affordable homes. This is a national crisis, but it has deep local impacts.

We will do everything in our power to address this. We will work with partners to support the delivery of new homes, with the right mix to meet our communities' diverse needs.

At the heart of this is our commitment to deliver 3,000 new council homes by 2031. Each one of those 3,000 homes will give a fresh start to people who have been homeless or struggling in overcrowded and deeply unsuitable conditions.

Many of these new homes will be let directly to homeless households in Temporary Accommodation. Those that are not let directly to homeless households will almost all be let to people living in severely overcrowded or otherwise unsuitable social housing, freeing up existing homes to be let to homeless households in Temporary Accommodation.

So the 3,000 new council homes we build and let at council rents and on secure tenancies will not only protect many thousands of people from homelessness in the future, but they will also move thousands of people out of Temporary Accommodation.

In the last two years, we have completed and let more than 500 new council homes.

Between December 2025 and December 2027, we will complete and let another 500 new council homes.

10% of the new council homes we build will be designed and delivered as supported housing for vulnerable people, providing vulnerable people with a secure and affordable home and the support they need to sustain it and prepare for independent living.

We will consult on a new Local Plan as we work towards its adoption in 2027. The Local Plan will set our policies as a Local Planning Authority. These local planning policies will guide new development in the borough and ensure that thousands of new homes are built in Haringey so that we meet the housing targets set for us by the Greater London Authority.

We will use the framework of the New Local Plan to ensure that the right mix of homes is built in Haringey – including new affordable housing. Our new Local Plan will set out in detail how we will use our planning powers to maximise the supply of affordable housing.

We will consult on a new Allocations Policy in 2026 that will determine how we allocate council and housing association rented homes across the borough. We know that homelessness and insecure housing has a profound and particular impact on children, so we want our new Allocations Policy to prioritise children when we allocate council and housing association homes through the housing register.

We want to make sure that there are routes to an affordable home for as many Haringey people as possible. For some this will be a secure home with an affordable rent; for others it will be a form of intermediate home ownership. We want any shared ownership homes built in Haringey to be genuinely affordable to as many people as possible, and we want Haringey households on median salaries to get priority access to them. During 2026 we will bring forward a new Intermediate Housing Policy to support these objectives.

During 2026 we will formally consult on a new Older Peoples Housing Strategy. The Strategy will **aim to** bring forward a better range of age friendly homes for older people - including additional extra care and specialist supported housing for older people - and better housing advice and support for older people.

### **We commit to doing all we can to support people in Haringey who are facing financial poverty and disadvantage**

We will continue to use our website to provide up-to-date and accessible information about the services available to help all residents facing financial pressures.

We will continue through our financial support team to provide residents with personalised advice and support to help them improve their financial situation – including in relation to debt and budgeting, maximising access to social security benefits, council tax, employment support, and the cost of utilities.

We will continue to provide emergency financial assistance to residents in crisis through our Haringey Support Fund, Household Support Fund, and Discretionary Housing Payments.

We will continue to provide food vouchers to help support children eligible for Free School Meals during the school holidays. The number of children in Haringey eligible for free school meals is estimated to increase from around 10,000 to 17,500 as a result of the new link to Universal Credit announced in the Government's 2025 Spending Review.

Through Haringey Works we will continue to help residents into sustainable employment. Through close collaboration with Housing Needs and Financial Inclusion teams, we will develop robust referral pathways that enable early intervention. By offering support before a housing crisis develops and using warm handovers to connect residents directly with employment advisors, we will increase engagement and improve outcomes.

The Haringey Works employment support offer is designed for residents facing multiple and complex barriers to work. This includes individuals with health conditions or disabilities, care leavers, NEET young people, and those already at risk of homelessness. Each resident will continue to receive personalised support, including access to a dedicated employment advisor, careers guidance, CV and interview preparation, sector-specific training, apprenticeships, and live job vacancies. We will also continue to provide ongoing support once employment is secured to help residents maintain stability.

We will encourage early referral to employment support when tenancy issues arise. Employment can be a key factor in sustaining housing, and timely intervention can prevent escalation into homelessness. Haringey Works prioritises access to “good work”— jobs that are stable, fairly paid, and offer long-term prospects. By helping residents achieve financial independence and job security, we contribute directly to the borough's wider homelessness prevention goals.

### **We commit to improving early-stage homelessness prevention**

We will take an approach to homelessness prevention where Every Contact Matters. By the end of this strategy, all council officers working directly with residents will be trained to provide good quality signposting to advice and support around tenancy rights and homelessness. To achieve this we will make training modules available on the intranet for all council staff on basic housing rights and homelessness, and we will make that training mandatory for all staff that have direct contact with residents or who manage staff that do.

We will improve our online offering to provide accessible, quality, and consistent advice on homelessness and tenancy rights, enabling residents to service their own help. By 2027, we will include on our website accredited AI and a system such as Advice Aid to move advice further upstream.

Over the next two years we will transform our data architecture in housing services. We will use that opportunity to help identify and proactively support residents at risk of homelessness.

We will use data already brought together through our commissioning of Policy in Practice's LIFT platform to identify residents and households at risk of homelessness in order to proactively reach out and provide tailored information and support.

We will ensure through implementation of our new Vulnerable Council Tenants Policy that we help vulnerable Council tenants and leaseholder access our housing management services and to sustain their tenancy. We recognise that helping vulnerable people access basic landlord services such as repairs is a critical part of helping people sustain their tenancies and avoid becoming homeless. Our housing management services take a holistic view of tenancy sustainment: supporting people to live well in the community is a key factor in preventing homelessness and is therefore a core part of housing management for us. Tenancy sustainment includes help with isolation or accessing healthcare, education, and employment, as well as help with money management, debt or rent arrears, and support with complex problems such as hoarding.

We will pilot two tenancy sustainment officer posts within the housing management services to provide support to vulnerable council tenants who may be at risk of homelessness. We will evaluate the success of this pilot by 2027.

Working within the limits of a highly constrained budget over the next two years, we will continue to commission as many high-quality floating support services as possible that are free, confidential, and work through visiting support to achieve outcomes that help residents across Haringey to both prevent and respond to a range of issues that if unaddressed might lead to homelessness such as rent arrears, mental ill health, unemployment or hospitalisation.

Similarly, we will continue as far as we can to commission and fund partners to provide free information, advice, and guidance on a range of issues affecting people living in Haringey. Key to this is the Haringey Advice Partnership which aims to ensure that people living in Haringey receive the right kind of information, advice, and guidance when they need it.

Housing-related support providers play a critical part in tackling homelessness, focusing on prevention and early intervention, and sitting between the council and universal services. We will work to include these partners in Homelessness Reduction Board partnerships.

We will strengthen our partnership with Housing Associations through a new programme of bi-annual round tables and bilateral meetings over the next two years. Our approach will include

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a formal focus on developing best practice and shared approaches to tenancy sustainment and early intervention.

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### **Third Strategic Objective: To improve the council's homelessness prevention services for those facing the crisis of homelessness**

**We commit to providing a face-to-face, trauma-informed, person-centred assessment and support service to people who are facing or experiencing homelessness, including those who are living in Temporary Accommodation.**

We will always carry out a holistic assessment of applicants' housing needs, support needs and the circumstances that led to them facing homeless; and to agree a Personal Housing Plan with all eligible applicants who are threatened with homelessness or homeless.

We value and support our staff working across Housing Needs services. We recognise that the quality of the service we provide to homeless people depends on the quality of the support and training we provide to those staff. We will ensure all officers working with homeless people, including those living in Temporary Accommodation, can access comprehensive training and support on: good communication; mediation; mental health first aid; the specific needs of neurodiverse people and people with disabilities and mental ill health; domestic and sexual violence and abuse; and the principles of trauma-informed practice - safety, trust, choice, collaboration, empowerment and cultural consideration.

We will continue to provide trauma-informed, person-centred in-person assessment and support for homeless single people at Mulberry Junction.

We will build on the success of Mulberry Junction and open a new homelessness prevention hub. The new prevention hub will provide that trauma-informed, person-centred approach at an in-person, appointment-only assessment space for those at risk of or experiencing homelessness, providing a more sensitive and dignified experience, and maximising opportunities for homelessness prevention work.

We will co-locate an independent advice service at our new homelessness prevention hub.

We will review our online customer form to improve accessibility.

As set out above, we will improve our online offering to provide accessible, quality, and consistent advice on homelessness and tenancy rights, including through a system such as Advice Aid.

We will make better use of digital technology – including by redesigning our digital architecture - to manage homelessness cases more efficiently so that timeframes are met and communication with applicants is better and more prompt. The increased efficiency of processes will free up staff to do more relational and preventative work.

Our Housing Needs services will work in a coordinated, planned way with the Private Sector Housing Team and Trading Standards to enforce the rights of private renters' including as set out in the new Renters Rights Act. We set this out in detail in our Fifth Strategic Commitment.

We will make new arrangements to enforce against unlawful eviction, welcoming the fact that the Renters Rights Act introduces a duty for us to do so.

**We commit to improving the way in which we communicate with applicants throughout their journey through our Housing Needs services so that we are always open, honest, respectful, and clear.**

We will put in place a charter setting out customer standards including our commitments to:



- treat everybody - as a fundamental starting point - with empathy and respect
- clearly communicate what can be expected from our services
- apologise when we make a mistake
- respond to emails or calls within specified periods
- work with all eligible applicants who are homeless or threatened with homelessness to agree, share, and keep updated a Personal Housing Plan
- communicate options and provide basic support about personal storage of applicants' belongings when moving into or between emergency or Temporary Accommodation
- provide applicants with regular, routine updates on their case
- ensure standard communications about accommodation are clear but not threatening
- prioritise personal communication
- give applicants reasonable time to consider offers of accommodation, balancing the council's responsibility to run an efficient and cost-effective service with an understanding that for the individual households concerned the decision is a significant and complex one – especially where that household has additional vulnerabilities or needs.

We will ensure that each applicant has an identified caseworker. That caseworker will be responsible for communicating significant development and outcomes throughout the applicant's journey through the council's Housing Needs and Temporary Accommodation services.

We will work with every eligible applicant who is homeless, threatened with homelessness, or placed in Temporary Accommodation to agree an up-to-date Personal Housing Plan setting out a clear and realistic pathway towards a home, with information on stages and timescales. Each Personal Housing Plan will also identify the way in which each individual applicant has agreed they would like the council to communicate with them.

We will provide all applicants with clear written information on their rights as people who are homeless or threatened with homelessness, the legal duties of the council to homeless people and people threatened with homelessness, and clear commitments and timeframes that the council will work to in meeting those obligations.

We will always give applicants reasonable time to consider offers of accommodation - when offering moves, we will be clear about timescales but build in time for people to consider the offers they receive. We will ensure our communications about accommodation offers are clear but not threatening

We will ensure an integrated approach and good communication between council services and officers such as caseworkers and rehousing officers.

### **We commit to using digital and online resources more effectively**

We will put in place digital communications with applicants to provide regular, routine updates about their case, contacting them in person whenever there is a significant development.

We will improve our online advice and information on the rights of people who are homeless or threatened with homelessness, and on the rights of people to access social security benefits including Universal Credit.

We will better integrate IT systems – including LIFT and our internal housing systems – to manage cases better and to drive better services and outcomes for people who are homeless or threatened with homelessness.

We will seek to create open-access case notes so that within GDPR requirements applicants and those housed in Temporary Accommodation can view key parts of their records and see progress on key aspects of their case.

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## **Fourth Strategic Objective: To provide specific interventions for groups at high risk of homelessness.**

### **We commit to preventing more private renters from becoming homeless**

More homeless people have been made homeless by the loss of a privately rented home than by any other single, immediate cause.

Working in partnership across the borough, we will do everything in our power to ensure all privately rented homes are decent and safe. We will make sure that private renters understand their rights and know how to exercise them.

The Renters' Rights Act 2025 gives us an opportunity over the next two years to make homes in the private rented sector more secure and to reduce the numbers of people becoming homeless from the private rented sector.

Our Housing Needs services will work in a coordinated, planned way with the council's Private Sector Housing, Licensing, Trading Standards, and Legal services to enforce the rights of private renters' including as set out in the new Renters Rights Act.

We welcome the fact that we will have a new duty to enforce against unlawful eviction. We will ensure that we are ready to take on the duty and enforce it robustly.

We welcome the government's commitment to fund any additional net costs incurred by local authorities due to the Renters' Rights Act, in line with the New Burdens Doctrine.

We will work closely with the government to quantify the costs of implementing the following actions through New Burdens Assessment. We will continue to review the increased pressure on services that these new duties and powers bring and work with government through post-implementation evaluation to ensure funding estimates were accurate.

It is only by ensuring that the additional costs are met in full that we will be able to implement all commitments in this area.

Through 2026 and 2027 we will conduct planned and sustained renters' rights campaigns, including through communications targeted at groups of renters who are hard to reach.

We will use our Private Landlords Forum to educate and support landlords around the Renters' Rights Act. We will supplement this with online information and advice.

Licensing gives the opportunity to educate and improve the professionalism of landlords, allowing the move from a reactive to a strategic approach, so that all landlords and agents in Haringey understand their basic obligation to provide decent, safe, and secure homes for their tenants, and to treat renters fairly under the law. Licensing allows us to identify good landlords, to support inexperienced landlords, and to challenge those that fail to improve.

- We will use our landlord licensing scheme as an opportunity to educate and support landlords and agents around the Renters' Rights Act.
- We will use the opportunity given by landlord Licensing to engage with and educate renters, so that they understand their rights and responsibilities.
- We will ensure that officers across the council are trained at an appropriate level to provide information, advice and signposting to private renters about their new rights.
- Housing Advice & Homelessness Officers responsible for delivering housing advice services & the assessments of statutory homeless applications will be trained with:

- Detailed understanding of the Act and how it changes the current private tenancy regime.
- Expected implementation dates
- Specific changes to homelessness legislation
- Practical knowledge of all the grounds for possession, when they can be used, the evidence needed to support that ground and defence and court procedures.
- Practical knowledge to be able to challenge a rent increase on behalf of a tenant including tribunal procedures.
- Full understanding of the new powers and duties on enforcement with regard to the general duty to enforce (including Protection from Eviction Act), new investigatory powers, and civil penalties.
- Practical knowledge of the changes to Rent Repayment Orders, when and how they can be used, and the format for doing so.

Housing Needs Officers in a support/collaborative role with Housing Advice & Homelessness Officers and Customer Service Officers providing a frontline housing needs triage service will be trained with a detailed understanding of how the Act changes the current private tenancy regime, its implementation dates, specific changes to homelessness legislation, and practical knowledge of grounds for possession. They will be trained with a basic understanding of other aspects of the new rights around rent increase the new powers and duties on enforcement and Rent Repayment Orders.

All other council officers working directly with members of the public will be trained with a basic understanding of all aspects of the new renters rights regime and equipped to signpost renters to appropriate advice and support services.

We will contract with trusted third-party providers to directly support tenant engagement, casework, and tribunal readiness for private renters in Haringey.

We will ensure that the Landlord Licensing and Enforcement Teams can draw on expertise within their own services to provide a detailed understanding of all aspects of the new Renters Rights Act.

We will put in place monitoring systems, processes, and reporting mechanisms processes that enable us from April 2026 to provide accurate and timely compliance and outcome reporting including around quantitative metrics, cases resolved, and satisfaction rates.

The Act will become operational in stages, and our preparations to enforce its provisions will work to those timelines.

From October 2025, we will be ready to advise and support private renters around

- Conversion of Assured Shorthold Tenancies to periodic Assured Tenancies
- Consequent end of 'no fault' 'section 21' eviction
- New framework of grounds for ending Assured Tenancies
- Tribunal-ready rent challenge framework
- Pet request process
- Ban on rental bidding
- Anti-discrimination enforcement and data collection

From September 2026, we will be ready to advise and support private renters around

- Decent Homes inspections & standards checks-
- Hazards remediation under Awaab's Law with clear response timelines-

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- Local owner-landlord standards policy-
- Staff training and tenant tools.

From September 2026, we will be ready to advise and support private renters around

- Digital integration with PRS Database and Ombudsman-
- Local authority enforcement protocols & penalties-
- Rent repayment order upgrades.

We are committed to ensuring that by April 2027:

- tenant and staff feedback shows improved security and satisfaction
- Enforcement action and compliance rates have increased compared to benchmarks
- Civil Penalty Notice recovery and procedurally correct CPN issuance have increased compared to benchmarks
- Effective third-party support partnerships are in place
- We have capacity to meet demand from tenants and landlords without undue pressure on Council teams
- We have put in place a clear and operational reporting and governance framework with third-party partners
- We are providing tribunal advocacy and tenancy advice
- We are supporting tenant applications (pet requests, rent challenge cases)
- We are providing digital and in-person drop-in sessions for tenants to access advice
- We are reducing direct pressure on council staff by triaging cases and offering specialist tenant support.

**We commit to preventing more young people from becoming homeless because of exclusion from the family home**

Mediation can play a valuable role in preventing homelessness by helping to resolve family conflicts and improve communication, which can be key factors in preventing young people from becoming homeless.

We will provide housing needs staff with specialist training on mediation so that we can help young people and others at risk of being excluded from the family home, both to prevent the relationship breakdown where this is appropriate and to prevent the housing crisis that can arise where it is not.

**We commit to stopping our young care leavers becoming homeless**

As Corporate Parents we recognise that young people leaving care often face particular challenges. Within the terms of an agreed protocol, our Housing and Housing needs Services will work closely with our Children and Young People's Services to prevent homelessness and to ensure care leavers are provided with the right support and accommodation to help them successfully transition into adulthood.

We will provide new supported housing for young people with support needs leaving care to help them prepare for independent living.

We will continue to grant care leavers priority status on the housing register for secure and affordable social housing as soon as they are ready for independent living.

During the first year of a young care leaver's council tenancy, they may at any point end that tenancy and return to supported housing, with the opportunity to be placed back on the housing register when they are assessed as being more ready to cope with independent living.

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We will put in place a protocol between Housing Associations in the borough and council services to underpin the better partnership working we need to ensure that young care leavers can sustain their Housing Association tenancies.

**We commit to helping people within the criminal justice system people find accommodation**

We will continue to work in close partnership with the Probation Service.

We will continue to collocate a housing needs officer at our local Probation Office in order to support, advise and assess clients of the probation service who are homeless or threatened with homelessness.

We are committed to the Haringey Resettlement Panel through which we work in partnership with the Probation Service, Single Homelessness Project, and St Mungo's to help those returning to the community after a period of detention find suitable housing and support services.

We will continue with the Probation Service to jointly commission supported accommodation for prison leavers without settled accommodation, helping ex-offenders to integrate back into the community, live independently, and access education training and employment.

**We commit to reducing homeless and harm for women and men who have been subjected to sexual and domestic violence and abuse.**

By 2027 we will gain Domestic Abuse Housing Alliance (DAHA) accreditation that our housing and housing needs services reflect best practice in the way they respond to domestic abuse.

That means that over the next two years we will work towards a Whole Housing Approach so that we work together to address the immediate and longer-term housing needs of victims/survivors across all tenure types, increase survivor accommodation sustainment and reduce homelessness.

As a landlord, we will use the Domestic Abuse Act to exclude perpetrators and facilitate safe housing for victims, including like-for-like transfers and other preventative measures.

We will formalise links between Domestic Abuse and tenancy management services.

Survivors will be offered genuine choices about where they live, including the option to remain in their own home with safety measures.

Victims and survivors will not be required to provide our housing management or Housing Needs services with inappropriate levels of evidence or statements from the police before being accommodated or helped. We recognise that those who are homeless or threatened with homelessness as a result of sexual and domestic violence and abuse will often be unable to provide documentary evidence. We do not require them to do so before being accommodated. We will investigate these situations with the utmost sensitivity.

Housing Needs staff will be trained in trauma-informed care and domestic abuse awareness. Housing Needs services will be culturally competent and inclusive of LGBTQ+ survivors.

Our Housing Needs services will work closely with Domestic Abuse services to ensure a safe and comprehensive assessment that leads to a safe and appropriate housing solution for women escaping sexual and domestic violence and abuse.



Housing Needs services will attend and participate in Multi Agency Risk Assessment Conferences which help protect high-risk victims and survivors of domestic abuse through multi-agency risk management.

We will put in place structures for more effective collaboration between Housing Needs, Children's Services and Domestic Abuse services to improve provision for people with No Recourse to Public Funds escaping sexual and domestic violence and abuse.

When we provide Temporary Accommodation or other kinds of emergency accommodation for survivors and victims of Domestic Abuse, we will take a Whole Housing Approach within DAHA principles.

This means that Temporary Accommodation will be safe and secure, meet decent home standards and be suitable for families, including by providing space for children. It will be located in areas that do not isolate survivors from support networks, schools, or employment. We will work to ensure that residents of Temporary Accommodation are linked to wraparound support services, including advocacy, mental health, legal, and housing advice. Women who are victims and survivors will never have to share facilities with men and will never be placed in accommodation that houses known perpetrators of Domestic Abuse or gendered violence.

With support from the Mayor of London's Domestic Abuse Safe Accommodation Homes Programme, we will also build new specialist supported housing in the borough for women who have been subjected to sexual and domestic violence and abuse. We will complete new supported housing for 14 women by the end of summer 2027.

**We commit to supporting vulnerable single people and those with complex needs so that they do not become homeless**

As set out below, we will develop a new delivery model that can significantly increase the quality and quantity of supported housing options for vulnerable homeless people.

We will provide access to council tenancies for single people with complex needs through the Housing First approach alongside the provision of long-term support.

We aim to move single people with complex support needs out of emergency and Temporary Accommodation into supported housing.

We will develop a new supported housing commissioning model between our Housing Related Support services and Adult Social Care services to provide better alternatives to supported living for adults with mental health needs and learning disabilities.

We will work towards a set of agreements with our partners so that during the first year of their council tenancy, anybody moving from supported housing or through Housing First into a council tenancy can at any point end that tenancy and return to supported housing, with the opportunity to be placed back on the housing register with the same level of priority when they are assessed as being more ready to cope with independent living.

**We commit to preventing victims of cuckooing from becoming homeless**

Cuckooing is the practice where somebody's home is taken over by another person, or by a group, for criminal purposes such as dealing or storing drugs, or for illegal sex work.

The experience of being "cuckooed" is often one of violence, psychological distress, substance addiction, and being indebted to criminal networks. Female victims have been known to disproportionately experience the additional torment of sexual coercion and assault. It puts its victims at a high risk of homelessness.

We do not seek to apportion blame to the victim: we view cuckooing as abuse. Like many forms of abuse, the relationship of the victim to the abuser can be complex.

We will establish a new Haringey Cuckooing Team to provide victim-focused, multiagency support where a vulnerable person has had their home taken over.

Alongside this we will establish a Cuckooing Protocol, Cuckooing Panel, and Steering Group.

The team will provide specialist training for staff and frontline professionals to identify and refer potential cuckooing cases.

**We commit to providing new pitches for our Gypsy and Traveller community**

By September 2026 we will complete construction work on five new pitches for the Gypsy and Traveller community.

**We commit to understanding and meeting the housing needs of communities experiencing racial inequality**

Structural racism means some communities are disproportionately affected, and affected in specific ways, by homelessness. In the case of some communities, the needs arising from that structural disadvantage are poorly understood – including in some cases because of a lack of data that causes a kind of official invisibility.

Over the next two years we will work to improve the way we collect data and other intelligence on the needs of our most marginalised racialised communities, including in relation to households approaching the council as homeless or threatened with homelessness. We will use that data to inform a strategic approach from 2027 that will be centred on partnership working with specialist organisations.

To begin to improve the way we prevent homelessness amongst those communities, we will also make specific arrangements during the next two years for communicating information about benefits and key housing rights information connected with the Renters Rights Act.



## **Fifth Strategic Commitment: To improve accommodation options for those experiencing the emergency of homelessness**

**We commit to increase the availability of good quality homes for use as Temporary Accommodation and settled accommodation.**

**This means that we can commit to reducing our use of commercial hotels and B&Bs over the next two years very dramatically. By March 2027, children will have to live in commercial B&Bs or hotels for more than six weeks only in exceptional cases.**

We will expand our programme of acquisitions from the open market so that every year we acquire 250 homes for use as good quality settled accommodation.

We will improve homeless households' access to private rented accommodation by improving our own offer to landlords so that we grow the number of homes we lease for use as Temporary Accommodation or good quality, affordable and settled accommodation for homeless households.

We will use the additional demands on landlords of the Renters' Rights Act as an opportunity to encourage more landlords to lease their properties to us so that we can manage them in accordance with the new legislation.

We will introduce longer-term leases with private landlords and property owners, establishing an approach for leasing properties over a 40–50-year timeframe. We aim to introduce long leases of this kind for 500 homes that we will be able to use as good quality, affordable and settled accommodation for homeless households.

We will implement a revised Temporary Accommodation Retention Strategy so that, as the best partner we can be, we work in a more flexible and responsive way with landlords.

We will ensure that rents in Temporary Accommodation are clear, consistent, and affordable, set in line with our new Rent Setting policy.

We will improve standards in Temporary Accommodation by increasing the number of tenancy audits, improving void turnaround time, and working with our agents and partners to ensure that all Temporary Accommodation fully meets our quality and safety standards. We will require documentation that demonstrates this compliance, and we will carry out a rigorous programme of inspection and audit to confirm that standards are maintained - and that accommodation is occupied appropriately.

We will ensure that wherever we place a homeless household into accommodation, it has an up-to-date fire risk assessment and electrical safety checks in place.

We will review our Temporary Accommodation Placement Policy and Discharge of Homelessness Duty Policy to improve placement efficiency, reduce time in Temporary Accommodation, and support quicker transitions into a wider range of settled housing options.

We will provide as much stability as we can for children who become homeless, including around their school placements.

We will build two new Temporary Accommodation lodges in the borough for homeless households with children. They will provide high quality Temporary Accommodation that includes ensuite shower rooms and generous storage alongside shared cooking facilities, bathtubs for younger children, and external play space.

We will ensure that families moving into Temporary Accommodation have basic furniture and appliances in their accommodation. We will seek to budget from April 2026 to provide safe sleeping equipment - such as cots, Moses baskets, new baby mattresses with waterproof covers and baby gates – wherever these are needed for households with babies.

**We commit to supporting better outcomes for people in Temporary Accommodation**

We will improve move-on support for households in Temporary Accommodation, with dedicated staff providing tailored support to individual households.

We will consider how to put in place an expanded support offer for households in Temporary Accommodation. This will include working with NHS and public health partners to improve the health outcomes for people in Temporary Accommodation – for example, through teen health assessments and outreach around mental health, sexual health, and dental health.

During the next two years we will work to understand better the health needs of children and young people in Temporary Accommodation, and we will work with partners including NHS and education services to deliver more structured and effective ways of meeting those needs.

When we place households with children in Temporary Accommodation, and when we move them between placements, we will always use London Councils' Notify system to make education, social care, and health services aware so that families can be properly supported.

We will introduce additional capacity in Income Management and our Lettings and Rehousing teams to support Temporary Accommodation tenants with benefit applications and maximise the number of eligible receiving Housing Benefits.

**We commit to improving the quality of supported housing in Haringey – and, in challenging financial circumstances, to increasing the overall number of supported housing places available**

We will continue to commission and, in some cases, directly deliver high-quality hostels and supported housing for that helps Haringey's most vulnerable single adult residents build independent lives, in appropriate and safe housing, with the support from all services available to help them achieve their goals and vision of a good life.

During 2026 we will bring forward a Supported Housing Strategy that will include our approach to Exempt Accommodation. We will aim through the strategy to preserve the number of supported bedspaces in Haringey at the same time as we drive out poor quality provision.

We aim to place more of the vulnerable people who present to our Housing Needs services into good quality supported housing. Over the next two years we will develop a new delivery model that can significantly increase the quality and quantity of supported housing options for vulnerable homeless people – predominantly those who are vulnerable single people, but also vulnerable households with children.

10% of the new council homes we build will be delivered as supported housing. This will include Housing First options and specialist schemes for specific cohorts of vulnerable people including young people leaving care, adults with mental health needs, and adults with learning disabilities.

**We commit to enabling people who sleep rough to achieve their aspirations, access the support they need, and build a happy life off the streets**

We have a Rough Sleeping Strategy in place until 2027. The Rough Sleeping Strategy sets out a shared approach to enabling people who rough sleep to achieve their aspirations, access the support they need and build a happy life off the streets. It makes four clear commitments:

1. To ensure that rough sleeping is prevented where possible and that where it does occur, that it is rare
2. To ensure that where rough sleeping does occur, that it is brief
3. To ensure that rough sleeping is nonrecurrent
4. To exhaust all options to secure routes off the street for people who face immigration restrictions.

We will continue to follow this strategy when working with those who are at risk of sleeping rough, those who are having to sleep rough, and those who are moving away from the trauma of sleeping rough.

During the next two years, we will work with partners to produce an integrated Homelessness and Rough Sleeping Strategy for 2027 – 2032.

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# Healthwatch Haringey

2024/2025 Annual Report Summary

**healthwatch**

# Who are Healthwatch Haringey?

**We are your local independent health and social care champion.**

Our work includes:

- Gathering views and experiences across the community
- Providing information and support for people to access or navigate services
- Conducting independent research to gather evidence / insights on local priority issues
- Working with providers/commissioners to act on recommendations
- Representing the views of residents and service users at key stakeholder meetings
- Keeping residents informed about services, raise awareness



# Our Year in Numbers

We've supported more than **849** people to have their say and get information about their care.



Over the past year, **741** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.



**108** people came to us for clear advice and information on topics such as adult social care, GP surgeries and hospital services.



We published **three** reports about improvements people would like to see in areas such as adult social care, long-acting reversible contraception services and sickle cell support.

Our work was supported this year by **five** volunteers – thank you!

# Key Projects and Themes

## **Supporting people living with sickle cell disease in Haringey**

*Access to benefits, lived experiences of sickle cell disease crisis and how hard it is to live with, context of historical medical racism and current challenges faced.*

## **Caring for elderly loved ones in Haringey**

*The role of care homes, local people caring for their elderly loved ones in Haringey, how access to adult social care be made more accessible.*

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## **Digital booking systems in Haringey**

*Service user experiences on trying to book appointments digitally, the functionality of this technology and how to address the current struggles people face.*

## **Access to Long-Acting Reversible Contraception (LARC) in Haringey**

*Hearing from seldom-heard groups about their knowledge of and access to LARCs. Identifying how services could be more inclusive.*



# Case Study; Access to LARCs in Haringey

## What did we do?

We launched a survey to better understand the knowledge that different residents had around LARCs, what the potential barriers were, and what LARC services need to consider for underrepresented communities.

## What difference did this make?

“We felt the research was prepared and delivered well, it took into consideration our key areas of interest whilst also adding to our broader scope by suggesting additional points, i.e. how we can engage with women from seldom heard groups/communities to ensure a more equitable response to the survey. The survey has contributed to our sexual health strategy (yet to be published), particularly around women’s health (sexual and reproductive) and the importance of commissioning services that are dedicated and accessible locally and sub-regionally.”

**Public Health, Haringey Council**

## Key things we heard

**79%** of participants did not know that LARCs are free in the UK.

**52%** had not seen information around LARCs in their language.

**75%** were not aware of the side effects of the different LARC options.

# Supporting People Locally

## Supporting Turkish Women to access their local GP

We worked with GP practices in Tottenham and Roj Women's Association, which supports Kurdish and Turkish women, to encourage better engagement with Turkish women at GP practices.

*"It has been a pleasure working closely with Healthwatch Haringey over the past year. Our collaboration has led to several community initiatives, particularly through our work with Roj Women's Association. This partnership has enabled us to better support Turkish and Kurdish women in Haringey, many of whom are patients at Somerset Gardens Family Health Care Centre."* **Somerset Gardens GP Practice**

## Social care assessment issue

Through intervention from Healthwatch Haringey, Harry, a cancer patient living alone, finally received a social care assessment which resulted in suitable support from Haringey's Connected Communities.

*"The support was so good in the end, and Healthwatch Haringey did their best to help me."*

# The Year Ahead

## Current Projects and Themes

- Access to Health and Social Care Services for Latin American Communities in Haringey
- Experiences of Mental Health Services in Haringey
- Ageing Well in Haringey

## The Year Ahead

- The future of local Healthwatch
- New Chair of Healthwatch Haringey



## For more information

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**Annual Report 2024–2025**

**Unlocking the power of  
people-driven care**

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Public Voice through the Haringey Healthwatch team carried out Haringey Council's statutory Healthwatch functions in accordance with the Health and Social Care Act 2012 and any subsequent relevant legislation.

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“The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They’re changing the health and care landscape and making sure that people’s views are central to making care better and tackling health inequalities.”

Louise Ansari  
Chief Executive, Healthwatch England

## Message from our Chair

Again, we present the important work we have done this year, as we have tried to reflect the concerns of our Haringey community in health and social care. We have been aware as always of the specific needs of our community, and the differences and variety in the borough of which we are proud.

And yet, the vulnerabilities that come with that variety present service users with huge challenges. The ability of services to respond to the inequalities that are known to sit side by side with ethnic diversity, poverty, poor housing and digital exclusion have become so much more evident in our borough. This is despite good intentions on the part of many stakeholders in an unprecedentedly tough financial climate.

The year has brought changes in the way our NHS services are organised, with mergers, and administrative changes in abundance, which have caused us concern about accountability. However, we have at last seen some much needed, and very welcome, new primary care facilities. These do owe a good deal to the work of Healthwatch Haringey from previous years in exposing the chronic under-provision of GP services in some of the most disadvantaged parts of the borough.

As we look ahead to further restructuring of the Integrated Care System, I want to thank all those patients, community groups, and others who work hard to ensure that the user voice is influential in decision making. As we have often declared, there should be nothing done about us, without us!

I must also thank our Healthwatch team and our new Advisory Board, and wish them well as I finally stand down after over a decade in this role.



**“As we look ahead to further restructuring of the Integrated Care System, I want to thank all those patients, community groups, and others who work hard to ensure that the user voice is influential in decision making. As we have often declared, there should be nothing done about us, without us!”**

Sharon Grant OBE, Healthwatch Haringey



## About us

### Healthwatch Haringey is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



#### Our vision

A world where we can all get the health and care we need.



#### Our mission

To make sure people's experiences help make health and care better.



#### Our values

- **Equity:** We're compassionate and inclusive. We build strong connections and empower the communities we serve.
- **Collaboration:** We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.
- **Impact:** We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.
- **Independence:** Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.
- **Truth:** We work with integrity and honesty, and we speak truth to power.

## Meet the team

Healthwatch Haringey is delivered by a small team of five, with additional staffing and resources provided by service delivery manager, Public Voice.



### Paul Addae

#### Healthwatch Haringey Manager

Paul has been with Healthwatch Haringey since May 2023. He has extensive experience in health inequalities research, and has worked in a range of environments, including with young offenders, people with complex needs, and those with a range of long-term care needs. Paul is passionate about capturing the experiences of seldom-heard communities in Haringey and the healthcare access challenges they face.



### Anushka Shahrouz

#### Information and Signposting Manager

Anushka oversees and manages enquiries, supporting Haringey residents with information and signposting about NHS Primary and Secondary care and other health related matters. She carries out community engagement, providing support and information to groups and organisations in Haringey as well as contributing to Healthwatch projects.



## Tanya Murat

### Engagement and Communications Officer

Tanya supports our team with engagement and communications activities including the Haringey Patient Participation Groups Network and the North Central London Mental Health Experts by Experience Board. She researches, writes and helps design Healthwatch Haringey reports. Tanya regularly provides content for our website and social media and is responsible for the Healthwatch Haringey monthly newsletter.



## Emily Arama Sánchez

### Information, Policy and Research Officer

Emily supports our research projects, presentations, engagement and reporting, and identifies service failures and policy gaps. Emily is passionate about bringing light to the concerns of under-represented communities.

## Fardowsa Sharif

### Information and Signposting Officer

Fardowsa acts as our first point of contact to emails and phone enquiries, dealing with casework and light-touch advocacy in relation to health and social care services. She records data on our systems and prepares case studies, whilst also supporting the team in engaging with communities for research projects. Fardowsa liaises with GPs and hospitals on behalf of residents, escalating matters where relevant as well as offering holistic support.

## Our Local Advisory Board

**Healthwatch Haringey has a Local Advisory Board which consists of five members. Two of our Local Advisory Board members are Menha and David.**

### Menha Zola

Menha has lived in Haringey for 29 years and brings a deep understanding of the borough's communities, challenges, and strengths. His long-standing local knowledge helps him recognise the real issues people face, particularly around access to health and social care. With a professional background focused on advocating for fair and transparent services, Menha is committed to making sure the voices of local people are genuinely heard.

Healthwatch Haringey is important to Menha because it plays a vital role in amplifying the lived experiences of residents. As a Board Member (Resident) for Clarion Housing Association, supporting 360,000 social housing residents nationwide, he knows how critical it is to listen to communities. He believes Healthwatch is key to driving real improvements by focusing on what matters most to Haringey's diverse population.

### David Winskill

David was born in Hornsey and was the primary carer for his mother as she drifted into dementia. David's career included 15 years with the British Standards Institution (offering an understanding of how organisations achieve consensus) and then a decade in public relations, specialising in healthcare. In 2002, David started twelve years as a Haringey councillor. From 2006, David chaired the Health Overview and Scrutiny Committee. This gave him valuable insights into NHS policy and delivery, adult social care and the dynamics and main issues in public health as well as the skills needed to be a "critical friend". In 2014 David became chair of London Patient Voice, further learning how to improve services and narrow health inequalities by providing different perspectives to bring about service and policy improvement. David is eager to use this knowledge to improve access to services and help reduce health inequalities in Haringey.

## Our year in numbers

We've supported more than **849** people to have their say and get information about their care. We currently employ **five** staff and, our work is supported by **five** volunteers.

### Reaching out:



**741** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**108** people came to us for clear advice and information on topics such as adult social care, GP surgeries and hospital services.

### Championing your voice:



We published **three** reports about the improvements people would like to see in areas like adult social care, long-acting reversible contraception services and sickle cell support.

Our most popular report was '**Supporting people living with sickle cell disease in Haringey**' highlighting people's struggles faced around accessing benefits and services.

### Statutory funding:



We're funded by Haringey Council. In 2024/25 we received **£150,292**, which is 1% less than last year.

## A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Haringey. Here are a few highlights.

### Spring

Hearing the experiences with digital booking systems among local people in the borough.

Our insights on digital booking systems highlighted how digital systems, applications and platforms can improve by involving local people.

### Summer

Attending several community events in the local area to deliver free blood pressure checks residents, with advice on how to maintain a healthy blood pressure.

This included us delivering blood pressure checks at Breadline, London's 4-week workshop series for local residents focused on 'Budgeting for Health and Nutrition'.

### Autumn

Understanding the barriers that affect women and other service users from seldom-heard communities in relation to LARC contraceptives.

We heard from multiple women and other service users about how the promotion of LARCs could be less sexualized to foster better inclusion.

### Winter

We listened to the challenges that people are facing with adult social care provisions for older people.

Our findings have highlighted the fact that many Haringey residents are caring for elderly loved ones without support.

## Working together for change

**We've worked with neighbouring Healthwatch to ensure people's experiences of care in North Central London are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at North Central London Integrated Care Board.**

This year, we've worked with Healthwatch across North Central London to achieve the following:

### A collaborative network of local Healthwatch:



Healthwatch Haringey provided local insights on primary care services which have directly informed discussions and decision making at the North Central London (NCL) Integrated Care Board's (ICB) Primary Care Committees. We will assume the role of lead NCL Healthwatch to the NCL ICB from May 2025 until March 2026 to ensure that the voices of people across the five North Central London boroughs are heard.

### The big conversation:



We carried out a vaping research project with schools across Haringey. We presented our findings to NCL ICB and have presented at various events organised by the Haringey Public Health Team.

### Building strong relationships to achieve more:



Healthwatch Haringey, along with the other NCL Healthwatch, have been involved in the planning of interpreting and translation services within North Central London. Through our community engagement work and projects we have worked with seldom-heard communities who are struggling with language barriers and have identified areas for improvement which we have shared with the NCL ICB. We will continue to monitor the outcomes to ensure that access to these services improves.

## Making a difference in the community

**We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.**

Here are some examples of our work in Haringey this year:

### Creating empathy by bringing experiences to life



Hearing personal experiences and their impact on people's lives helps services better understand the issues people face. As well as conducting research on the experiences that residents have with care homes in Haringey, we also led a discussion with the Haringey over 50s Forum on Patient Participation Groups (PPGs) in the borough. Here, we encouraged people to join their local PPG to share their views, and ran a Q&A to navigate any issues people have had with doing so.

### Getting services to involve the public



By involving local people, services help improve care for everyone. In January 2025 we were commissioned by Healthwatch England to support their research project on GP practices and the idea of 'choice'. For this, we conducted interviews with Haringey residents who face barriers with accessing their GP. Our patient stories and experiences will help inform Healthwatch England's policy recommendations to improve GP access for everyone.

### Improving care over time



Change takes time. We work behind the scenes with services to consistently raise issues and bring about change. With Haringey's Latin American population having grown significantly in recent years, we decided to raise the profile of Chagas disease by publishing news and information to increase awareness of what it is and how residents can be screened for it. As part of this, we interviewed Dr Natalie Elkheir at the UK Chagas Hub, and published our findings.



# Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed. This year, we've listened to feedback from all areas of our community. People's experiences of care help us to understand what's working and what isn't, so we can provide feedback to help improve services.



## Listening to your experiences

### Exploring access to LARC services for service users from minority communities in Haringey

This year, we were commissioned by Haringey Public Health to gather insight into the perceptions, knowledge and access to Long-Acting Reversible Contraceptives (LARC) amongst women, trans and non-binary people in Haringey.

#### What did we do?

We launched a survey to better understand the knowledge that different residents had around LARCs, what the potential barriers were, and what LARC services need to consider for underrepresented communities. To increase accessibility, this survey was translated into 18 languages.

#### Key things we heard:



**79%**

**of participants did not know that LARCs are free in the UK.**

**52%**

**had not seen information around LARCs in their language.**

**75%**

**were not aware of the side effects of the different LARC options.**

After hearing from 103 people, our work brought attention to the key barriers residents faced when trying to access LARC services.

#### What difference did this make?

“We felt the research was prepared and delivered well, it took into consideration our key areas of interest whilst also adding to our broader scope by suggesting additional points, i.e. how we can engage with women from seldom heard groups/communities to ensure a more equitable response to the survey. The survey has contributed to our sexual health strategy (yet to be published), particularly around women’s health (sexual and reproductive) and the importance of commissioning services that are dedicated and accessible locally and sub-regionally.” **Public Health, Haringey Council.**

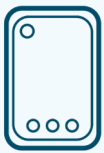
## Listening to your experiences

### Digital booking systems in Haringey

The pace of the digital shift has also led to a digital divide which is exacerbating health inequalities.

We spoke to people across Haringey about their experiences. Many respondents struggled with the digital booking system for various reasons. From the web links not opening, to apps not working properly, to not understanding how things work. GP practices users had mixed experiences of digital booking systems.

#### Key things we heard:



**51%**

**of respondents told us they had never used an app or digital platform to book an appointment.**

**37%**

**of respondents said they had found it difficult, somewhat difficult, or very difficult to book an appointment with an app.**



**“I struggled [booking online], but then I got the app ‘Dr IQ’, I found that a little easier than ringing in and waiting for ages for someone to answer the phone. You’d ring and ring and no one would answer.”**

Whilst some people did find digital booking services to be efficient, these people also mentioned that others could struggle to use the same services. Hence, digital inclusion must include increasing access; upskilling people and thereby improving outcomes. But it must also mean that service providers account for those patients who may choose not to use digital services and would prefer to book in person.

#### What difference did this make?

Our report will highlight gaps, and key areas where digital access can be improved locally. It will also recommend improvements to the support for people who struggle with digital technologies. We are planning further engagement activities in the upcoming months to further highlight the changes that are needed.

# Hearing from all communities

We're here for all residents of Haringey. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

This year, we have reached different communities by:

- Improving access to healthcare for Latin American communities in Haringey.
- Supporting Turkish women to access their local GP.
- Listening to all communities through our General Survey.



## Hearing from all communities

### Supporting Turkish women to access their local GP

We worked with GP practices in Tottenham and Roj Women's Association, which supports Kurdish and Turkish women, to encourage better engagement with Turkish women at GP practices.

Facilitating this partnership has led to increased engagement at practices, with materials now translated into Turkish.

#### What difference did this make?

"Healthwatch Haringey's involvement has been instrumental in helping us identify local needs and in building trust with participants. The insights and guidance you've provided have added real value to our planning and outreach, and we truly appreciate your role in facilitating this work." **Roj Women's Association**

"It has been a pleasure working closely with Healthwatch Haringey over the past year. Our collaboration has led to several community initiatives, particularly through our work with Roj Women's Association. This partnership has enabled us to better support Turkish and Kurdish women in Haringey, many of whom are patients at Somerset Gardens Family Health Care Centre." **Somerset Gardens GP Practice**

### Improving access to healthcare for Latin American communities in Haringey

We commenced a project to engage with the Latin American communities in Haringey to understand their experiences of health and social care services.

To do this, we have reached out to researchers from King's College London and many Latin American community groups to hear more about the current obstacles for the community such as the lack of data disaggregation for this ethnic group. This work will carry over into 2025-2026.

#### What difference did this make?

We have instigated discussions around our project with the NCL ICB, to highlight our project and report, which will be published later in 2025. Our aim is improve access, the inclusivity of ethnic data monitoring, and to address health inequalities. Our work has already brought greater visibility to the growing Latin American population in Haringey to different service providers.



# Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us.

This year, we've helped people by:

- Providing up-to-date information people can trust.
- Helping people access the services they need.
- Supporting people to look after their health.
- Signposting people to additional support services.



## Information and signposting

### Social care assessment issue

Through intervention from Healthwatch Haringey, Harry finally received a social care assessment which resulted in suitable support from Haringey's Connected Communities.

Harry is a cancer patient living alone who contacted our team as he had not received the social care assessment he was expecting. Harry was concerned that he was being left alone without support due to his health issues and self-isolation. During our engagement with him, he also raised concerns about a pest infestation in his home.

We made contact with Haringey's Central Locality Team via email, highlighting our concerns about Harry. As a result of this communication a social worker contacted Harry to conduct an assessment. We also contacted the Housing Repairs team who recommended a deep clean, and Harry was referred to Connected Communities for additional support.



**"The support was so good in the end, and Healthwatch Haringey did their best to help me."**

### GP complaint resolution

**This case emphasised the need for better understanding of the mental health of patients by GP practice staff.**

Wendy contacted us as she was concerned that her GP was not addressing some of her unmet needs and were ignoring her attempts at contact. We contacted the practice who suggested that we act as a mediator to resolve the issues between the practice and Wendy.

During the mediation it was evident that Wendy could have been better supported and signposted, or referred to mental health support, alongside greater professional understanding and response to an individual's experiences with trauma in a sensitive and supportive manner.

# Showcasing volunteer impact

Our fantastic volunteers have given 140 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Visited communities to promote our work.
- Collected experiences and supported their communities to share their views.





## Showcasing volunteer impact

### At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care. This year we also had four students from our neighbour, the College of North East London, complete 120 hours of their student placements with Healthwatch Haringey.

**Haneet joined Healthwatch Haringey as a volunteer in March 2025.**



"I had recently moved to Haringey and I was looking for a way to explore my interest in minimising health inequalities when I found Healthwatch Haringey. They got me started on a project straight away! I was able to get out into the community and encourage Latin American residents to tell us their experiences of access to healthcare, which will be used to inform practice in the borough. This was a great opportunity for me to get involved with and give back to my local community!"

**Asla conducted her student placement with us for three months.**



"Being involved with Healthwatch Haringey has had many impacts on me both personally and professionally. I've had the opportunity to be more involved with the community and to witness how health and social care services have affected individuals lives and experiences. I learned how to communicate and talk about important topics. Through learning how to communicate with individuals, I got to connect with professionals. These experiences pushed me out of my comfort zone and helped me feel more engaged and purposeful."

## Finance and future priorities

To help us carry out our work we receive funding from Haringey Council under the Health and Social Care Act 2012.

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.



## Finance and future priorities

We receive annual funding from the Government via Haringey Council under the Health and Social Care Act 2012 to help us do our work.

Income		Expenditure	
Annual grant from Government	£150,292	Expenditure on pay	£119,603
Additional funding	£17,814	Non-pay expenditure	£6,786
		Office / management fee	£41,717
Total income	£168,106	Total expenditure	£168,106

### Additional income is broken down by:

- Various small projects covering research into Maternity users, GP Choice, LARC, Healthy Hearts (blood pressure monitoring) and:

### North Central London Integrated Care System (NCL ICS) funding

Healthwatch across North Central London also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Healthy Hearts project	£9,100
NCL Healthwatch Committees	£2,500

## Finance and future priorities

### Next steps:

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

### Top three priorities for 2024–25

1. Interpreting and translation services.
2. Barriers to mental health access in Haringey.
3. Access to Health and Social Care Services for Latin American Communities in Haringey.

# Statutory statements

Healthwatch Haringey, Tottenham Town Hall, Town Hall Approach Road, London. N15 4RX.

Healthwatch Haringey is hosted by Public Voice. Public Voice translates the insights and needs of people into actions to improve public services, leading to reduced inequalities and improved outcomes for the community. Healthwatch Haringey uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.





## Statutory statements

### The way we work

#### Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of six members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the Board met twice and made decisions on local health service provision and local health and social care trends to explore in the years ahead. We ensure wider public involvement in deciding our work priorities.

### Methods and systems used across the year's work to obtain people's experience

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and social media. But also, we will be circulating this to our various partners and will bring copies of it to our engagement events to help show members of the public how we strive to make a difference to health and social care in the local community.

### Responses to recommendations

We had one provider who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

## Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to various stakeholder meetings, including the Haringey Borough Partnership Exec Group, Health Inequalities Investment Oversight Group, and the Neighbourhoods and Health Inequalities Board; as well as participating in Haringey's service user co-production forum, the Joint Partnership Board.

We also take insight and experiences to decision-makers at the North Central London Integrated Care Board. For example, we attend the Race Equity Committee and also the Haringey Adult Safeguarding Committee.

We also share our data with Healthwatch England to help address health and care issues at a national level.

## Healthwatch representatives

Healthwatch Haringey is represented by Chair Sharon Grant OBE on the Haringey Health and Wellbeing Board. During 2024/25 our representative has effectively carried out this role by helping shape the borough's Health and Wellbeing Strategy. Healthwatch Haringey currently represents itself and other North Central London Healthwatch on a selection of North Central London Integrated Care Board committees.

Healthwatch Haringey is also invited to the NCL Integrated Care Board's Community Partnership Forum.

## Enter and view

This year, we have not conducted any Enter and View visits. We plan to utilise this function in the upcoming year where necessary.

## 2024 – 2025 Outcomes

Project / Activity Area	Outcomes achieved
LARC Project	<ul style="list-style-type: none"> <li>• Following the findings from our project, Haringey's Public Health team have committed to ensuring women's sexual and reproductive health needs continue to form part of their core commissioned services, and will work to improve Long Acting Reversible Contraception (LARC) provision for women in Haringey.</li> <li>• We will continue to work collaboratively with services to raise awareness and promote LARC services in Haringey.</li> <li>• Our report will inform the development of a dedicated women's LARC service to reduce barriers to access.</li> </ul>
Digital Booking Systems	<ul style="list-style-type: none"> <li>• We will present our findings to the Haringey GP Federation and the Haringey Public Health Team.</li> <li>• We will present our findings to the Haringey Over 50s Forum and other community stakeholders.</li> <li>• We will promote digital literacy sessions.</li> <li>• We will increase collaboration with the Haringey GP Federation on best practice for digital booking systems.</li> </ul>
Caring for Elderly Loved Ones in Haringey	<ul style="list-style-type: none"> <li>• The project revealed how many people locally have assumed the care for elderly loved ones in Haringey.</li> <li>• Our report will help inform the borough's approach to caring for elderly loved ones and particularly in raising awareness locally about the care options available for elderly people and their families.</li> <li>• Our project revealed that the options available for elderly people were often not clearly communicated in Haringey.</li> </ul>



## 2024 – 2025 Outcomes

Project / Activity Area	Outcomes achieved
<b>CONEL Student Placements</b>	<ul style="list-style-type: none"> <li>Over the last year Healthwatch Haringey welcomed four Health and Social Care students who in total completed 120 hours of work experience with us.</li> </ul>
<b>The Experiences of People with Sickle Cell in Haringey</b>	<ul style="list-style-type: none"> <li>Based on our previous work last year around experiences living with sickle cell and thalassemia, in October 2024 Healthwatch Haringey were invited to attend and speak at an awareness raising event in Tottenham.</li> <li>Our work highlighted the challenges faced by people with sickle cell and accessing benefits.</li> <li>Since our project, the new NCL Red Cell Service has been including regular welfare benefit advice for people with sickle cell in North Central London.</li> </ul>
<b>Somerset Gardens Health Centre and Turkish Women Engagement</b>	<ul style="list-style-type: none"> <li>We listened to the concerns of a local GP Surgery about engaging Turkish women.</li> <li>We collaborated with a local Turkish and Kurdish women's organisation (Roj Women).</li> <li>We facilitated a meeting between the GP practice and the organisation about the concerns.</li> <li>Roj Women translated relevant health-related materials into Turkish, along with organising information dissemination at the GP practice.</li> </ul>

Project / Activity Area	Outcomes achieved
St Ann's GP Surgery PPG Engagement	<ul style="list-style-type: none"> <li>• We facilitated the participation of patients at the practice who historically have not had a PPG.</li> <li>• We heard direct experiences, which helps to inform both the practice, our projects, and engagement work.</li> <li>• We reported developments and feedback to the NCL ICB.</li> </ul>
PPG Development Engagement	<ul style="list-style-type: none"> <li>• We developed PPG training on running inclusive PPGs and expanding participation.</li> <li>• We were invited to help inform PPG network engagement activities by Islington GP Federation</li> </ul>



## Contact us



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## HARINGEY PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

**Report for:** Haringey Health and Wellbeing Board, September 2025

**Title:** Delegated sign off of Haringey's Pharmacy Needs Assessment 2025.

**Report authorised by:** Damani Goldstein, Consultant in Public Health  
Dr Will Maimaris, Director of Public Health

**Lead Officer:** Rick Geer, Public Health Intelligence Specialist

**Ward(s) affected:** All

**Report for Key/  
Non-Key Decision:** N/A

### 1. Purpose of the Report

The purpose of this report is to:

- Remind the Health and Wellbeing Board of the statutory duty to undertake a Pharmaceutical Needs Assessment (PNA) and the requirement to produce an updated and approved PNA for Haringey for publication by 1<sup>st</sup> October 2025; and;
- Provide information on the work undertaken by the PNA Steering Group to produce an updated PNA for Haringey in line with this statutory duty.
- To formally seek delegated authority for the sign-off of the draft and final PNA to Haringey Councils Director of Public Health in consultation with the Chair of the Health and Wellbeing Board.

### 2. Background

Under the Health and Social Care Act 2012, the responsibility for conducting PNAs was transferred to Health and Wellbeing Boards, effective from 1st April 2013. This process is governed by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and any subsequent amendments.

The previous PNA for Haringey was published on 1<sup>st</sup> October 2022. According to regulations, PNAs must be reviewed and updated at least every three years. Therefore, the next PNA must be renewed and published by 1<sup>st</sup> October 2025.

The Health and Wellbeing Board is tasked with producing the PNA as part of its wider responsibility to foster a comprehensive understanding of Haringey's current and future health needs. The North of England Commissioning Support Unit (NECS) were

commissioned to provide specialist input and project management to support the Health and Wellbeing Board in producing the PNA.

### 3. PNA process

In line with DHSC guidance on PNAs the work to produce the PNA was supported by a PNA Steering Group. This was led by the Council's public health team with representation, advice and support as required from communications teams, the ICB, Local Pharmaceutical Committee and Healthwatch. The Steering Group reports directly to the Health and Wellbeing Board.

Guidance recommends that that the Health and Wellbeing Board has a named board member to take overall responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner. **It is therefore recommended that the Health and Wellbeing Board requests that Haringey Council's Director of Public Health takes responsibility for ensuring the PNA is reviewed, updated and published in line with the statutory requirements, and has delegated authority to approve the PNA (in consultation with the Chair of the Health and Wellbeing Board) prior to consultation and publication.** This will ensure that the timelines outlined in the project plan are met and also allows for flexibility if required, in order to meet the designated publication date.

The regulations require the Health and Wellbeing Board to consult for a minimum of 60 days with the following statutory consultees about the contents of the PNA:

- the Local Pharmaceutical Committee.
- the Local Medical Committee.
- all those currently on the pharmaceutical list in the council area.
- Healthwatch, and through them with any other patient, consumer or community groups with an interest in the issue.
- all NHS foundation trusts providing services in Haringey.
- NHS England and NHS Improvement (staff managing the pharmacy contracts transferred to the ICB on 1<sup>st</sup> April 2023)
- Neighbouring Health and Wellbeing Boards
- North Central London ICS Integrated Care System (ICS).

### 4. Recommendations

The Health and Wellbeing Board is recommended to:

- Note its statutory role in relation to pharmaceutical needs assessment, and to note the work that has been undertaken so far to produce an updated PNA for Haringey.**
- Formally delegate the sign-off of the draft and final PNAs to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board.**