

Minutes

HEALTH AND WELLBEING BOARD

24 September 2019

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge



	Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and John Riley (In place of Douglas Mills), and Dr Ian Goodman and Ms Lynn Hill Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health Co-opted Board Members Present: Graeme Caul - Central and North West London NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (substitute) Sarah Crowther - Hillingdon Clinical Commissioning Group Dan Kennedy - LBH Director Housing, Environment, Education, Performance, Health and Wellbeing LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager) Others Present: Tahir Ahmed (Executive Director of Estates and Facilities, The Hillingdon Hospitals NHS Foundation Trust) and Dan West (Director of Operations, Healthwatch Hillingdon)
18.	APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>) Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis, Douglas Mills (Councillor John Riley was present as his substitute) and Ray Puddifoot, and Ms Robyn Doran (Mr Graeme Caul was present as her substitute), Mr Mark Easton (Ms Caroline Morison was present as his substitute) and Mr Bob Bell. It was noted that neither Ms Sarah Tedford nor her named substitute, Professor Elisabeth Paice, were in attendance. In their absence, the Chairman asked Mr Tahir Ahmed to provide the verbal update on the recovery planning for The Hillingdon Hospitals NHS Foundation Trust (THH) at Agenda Item 16.
19.	TO APPROVE THE MINUTES OF THE MEETING ON 25 JUNE 2019 (<i>Agenda Item 3</i>) It was agreed that the fifth word of the second sentence in the first paragraph be changed from "CGG" to "CCG". RESOLVED: That, subject to the above amendment, the minutes of the meeting held on 25 June 2019 be agreed as a correct record.

20.	TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>) It was confirmed that Agenda Items 1 to 19 would be considered in public and Agenda Items 20 and 21 would be considered in private.
21.	BOARD MEMBERSHIP UPDATE (<i>Agenda Item 5</i>) RESOLVED: That Ms Sandra Taylor be noted as the replacement for Ms Ana Popovici as the Statutory Director of Children’s Services Substitute member on the Board.
22.	HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021 (<i>Agenda Item 6</i>) Since the Board’s last meeting on 25 June 2019, a meeting had been held with Mr Mark Easton on 17 July 2019 to look at the Case for Change and what this meant with regard to local approaches to services. It was noted that nothing of significance had arisen from the meeting and that questions went largely unanswered. Consideration still needed to be given to the implications for local autonomy and for the Health and Wellbeing Board. Concern was expressed that Hillingdon’s Integrated Care Partnership (ICP) was currently in a good position and that the proposals could result in the local standards, aspirations and achievements of the ICP being levelled down. With regard to the financial perspective and the historic deficit, concern was expressed about what this would mean for Hillingdon. Mr Easton had advised that an additional £61m in savings was needed across North West London (NWL) but had not indicated what the impact of this would be locally. As the main pressure being faced in NWL was in relation to finance, the transition to a single CCG had been deferred from 2020 to enable these challenges to be addressed. Whilst the reasons for the delay had merit, concern was expressed that this could have ramifications for the NWL ability to draw down transformation funding and it was suggested that all implications would need to be looked at closely going forward. The Board noted that there were also tensions between the way that things were done by Hillingdon CCG the way they might be done by NWL. This would need to be managed carefully. It was noted that the report did not include any information about Brexit preparedness. The Board was advised that assurance had already been provided with regard to continuity of vaccine supplies for flu, etc. However, it was questioned whether sufficient consideration had been given locally to managing the additional demand that could be created by the number of UK citizens not currently domiciled in the UK that might need to return to the UK to seek medical treatment post Brexit. Ms Caroline Morison, Managing Director at Hillingdon CCG, advised that Brexit preparedness was being led for the NHS at a sub-regional level (i.e. NWL). She knew that this was up for discussion at the next Borough Resilience Forum and would seek feedback. RESOLVED: That the Health and Wellbeing Board: 1. considered the issues raised at 3.1 in the report in relation to live and urgent issues in the Hillingdon health and care economy. 2. noted the performance issues contained at Appendix 1 of the report.
23.	2019/20 BETTER CARE FUND PLAN (<i>Agenda Item 7</i>) The Chairman noted that a significant volume of paper had been included on this agenda despite taking off superfluous appendices to some reports. Although it had

been important to include the BCF appendices on the agenda, this had contributed towards the unusually large amount of paper.

As was fairly commonplace these days, Government guidance had not arrived on time which meant that officers had had to develop the plan in its absence. The guidance had subsequently arrived.

It was noted that the report provided a breakdown of the mandated financial requirements for 2019/20 and that there had been a sizeable uplift in financial contributions for 2019/20. As the Delayed Transfers of Care (DTOC) target for the previous year had been overly stretching, it was good that the target for this year had been left largely the same. The issue of DTOCs remained important and a full report on DTOCs would be included in the performance update at the Board in December 2019.

It was recognised that front line staff did a great job in what was sometimes difficult circumstances.

RESOLVED: That the Health and Wellbeing Board:

- 1) approved the 2019/20 Better Care Fund plan for submission to the London Regional Assurance Team by 27 September 2019 as described in the report;**
- 2) noted the delayed transfers of care (DTOC) target for 2019/20; and**
- 3) noted the content of the updated Health and Equality Impact Assessments.**

24. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING (Agenda Item 8)

As the annual refresh of the Children and Young People's Mental Health Services Local Transformation Plan (CYPMH LTP) needed to be submitted to NHS England by 31 October 2019, it was agreed that its approval would be delegated to the Chairman of the Health and Wellbeing Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon.

The report highlighted the continued progress and performance of the new online counselling service, Kooth, and the Thrive model. These interventions had helped to reduce the number of referrals which had reduced the pressure on waiting lists. The Board noted that Kooth had delivered cashable benefits in successfully addressing the escalation of need and early intervention with only 3 referrals or signposting to external services (specialist CAMHS) from 182 new registrations by Q1. Consideration was being given to extending the Kooth service to include supporting issues regarding knife crime.

Children and young people's mental health and emotional wellbeing had been a standing item on the Board's agenda for some time and the service provision appeared to have benefited from this. However, caution would need to be exercised as performance was not yet where it needed to be.

CAMHS was going through a significant transformation to enable it to meet the demands of a growing population which needed to access CAMHS services (currently only 65% of children were treated within 18 weeks of referral against a contract target of 85%). Whilst this target had been met for some months recently, the current approach did not seem to be able to deliver against this target consistently. A record system update had been undertaken which had also affected data quality. New staffing models and new service types were also being investigated. It was anticipated

that early intervention models would prevent referrals and therefore free up resources to deal with more acute cases.

It was noted that the GPs and Hillingdon Hospital would be seeing those patients where the interventions had not worked. As such, it would be useful to hear from them about the impact that this work had had on them. Dr Goodman advised that GPs had noticed an impact on the waiting lists and the routes of access. Kooth had provided a portal of entry and had reduced waiting lists as it provided instant attention which was needed by this generation so that they did not lose momentum. It was also thought that the waiting lists obscured the time to treatment which had shortened. There was no one in attendance that was able to provide a Hillingdon Hospital perspective.

RESOLVED: That the Health and Wellbeing Board:

- 1. approved the request to delegate authority to approve the annual refresh of the (CYPMH LTP) for submission to NHSE on 31 October 2019, to the Chairman of the Health and Wellbeing Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon.**
- 2. noted the progress made in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the continued progress and performance in Q1/2 2019, by the new on-line counselling service KOOTH which had increased access to emotional wellbeing and mental health services for children in Hillingdon in 2019/20.**
- 3. noted the progress made in the development of a new integrated early intervention and prevention model.**
- 4. noted that the CCG had been successful in securing DOH funding over the next 3 years to support this work.**

25. UPDATE: STRATEGIC ESTATE DEVELOPMENT (*Agenda Item 9*)

It was noted that revisions to the proposed scheme for the North Hillingdon hub had delayed the business case process which, it was anticipated, would be submitted in January 2020, creating a further three month delay. A business case had been received by the two incumbent GP practices and Hillingdon CCG had been working with them to refine this case for change.

The Uxbridge and West Drayton hub had been delayed as, although a single expression of interest from Uxbridge Surgery had been received, no formal business case had yet been completed. Although the report stated that the target date for the outline business case was January 2020, it was hoped that this would be completed by the end of November 2019 so that the formal planning process could be started in early 2020.

Hillingdon CCG had approved the final one off costs to the business case regarding new premises for Shakespeare Medical Centre and Yeading Court Surgery. Agreements for the lease had been signed and the process with NHS England had been started.

A site in Holloway Lane on the edge of Harmondsworth had been identified for a possible new health facility in Heathrow Villages. The main challenge now was in relation to identifying a GP that would act as leaseholder. It was noted that the Council had completed an evaluation of this site and, as such, it would be worth Hillingdon CCG liaising with the Planning Department as it might be possible to share this information.

It was noted that some of these updates had not progressed since the Board's last meeting on 25 June 2019. However, in the last report there had been mention made of 11 improvement grant schemes that needed to be completed by March 2020. Although these had not been included in the report this time, it was noted that they were on track. If internal arrangements were not working, this would need to be discussed.

RESOLVED: That the Health and Wellbeing Board noted the progress being made towards the delivery of the CCGs strategic estates plans.

26. **HILLINGDON CCG UPDATE** (*Agenda Item 10*)

It was noted that some of the information in this report overlapped with the Joint Health and Wellbeing Strategy performance report. The Case for Change had been delayed so that the creation of a single CCG would not be effective until April 2021. In the meantime, work would have to be undertaken to align to the strategies. Consideration would also need to be given to the determining the responsibilities of the local authorities and local authorities would need to be forwarding their concerns alongside possible solutions.

The establishment of primary care networks (PCN) had been embedded in the Five Year Plan for general practice. Each PCN covered a population of between 30k and 50k patients. Although there had been some challenges in the south of the Borough, all but two Hillingdon practices were now included in a PCN. It was anticipated that levers would be provided in the next week or so to encourage those two remaining practices to join a PCN so that their patients were afforded the same opportunities.

The Board was advised that PCNs had funding for support workers such as: social prescribing link workers, clinical pharmacists, physician associates, physiotherapists and community paramedics. It was anticipated that the introduction of these roles would reduce the demand on GPs services and play a key role in the Out of Hospital Strategy. Although there had been some confusion between PCNs and neighbourhoods, both aimed to support the Integrated Care Partnership (ICP) to transform patient care.

London North West (formerly known as Northwick Park) posed the biggest concern financially within North West London (NWL). NWL CCGs were working with CNWL to reduce spend but further work was needed to control elective spending. It was also noted that there had been some slippage with regard to QIPP savings that had been impacted by workforce issues. Plans were already being put in place regarding workforce to mitigate the impact of Brexit but a more detailed review of manpower was needed.

It was noted that Harlington Hospice had been commissioned to provide inpatient care at Michael Sobell Hospice on the Mount Vernon site. Refurbishment of the site was currently underway and was expected to be completed by the end of November 2019. It was anticipated that, in future, a more modern end of life care service would be provided. For example, the recent introduction of a 24/7 telephone advice line had resulted in reducing the number of patients dying in hospital. Those involved in getting Michael Sobell Hospice reopened, including Members of the External Services Select Committee, were commended for their efforts.

The review of Mount Vernon Cancer Centre continued. A number of recommendations had arisen from the first stage of the review which looked at possible options on a way forward, such as, a hub and spoke system, links to another cancer hospital and a full replacement. It was suggested that any hub would need to have an intensive care

provision. Although it was thought likely that cancer services would be maintained at Mount Vernon Hospital, there needed to be a focus on the needs of patients as well as the advantages of the Mount Vernon Hospital location.

RESOLVED: That the update be noted.

27. **HILLINGDON CLINICAL COMMISSIONING GROUP'S STRATEGIC INTENTIONS 2020-2022** (*Agenda Item 11*)

It was noted that effort had been made to change the tone when the Commissioning Intentions document moved to Strategic Intentions (SI). The SI provided a more coherent plan that was jointly owned and aimed to improve care, services and the use of resources in Hillingdon. Work had been undertaken in North West London (NWL) in relation to system intentions across the eight NWL CCGs and the resultant document would be considered by the Board at its meeting on 3 December 2019.

The Board was advised that the SI themes had been aligned to the Health and Wellbeing Strategy and to the Better Care Fund. The report provided a two year plan which looked at the work of the Integrated Care Partnership and Primary Care Networks to identify how this would move Hillingdon forward.

It was noted that Hillingdon was below target with regard to measles vaccinations and work was also needed to increase tuberculosis (TB) vaccinations. Concern was expressed about whether progress was being made to vaccinate the cohort of unvaccinated residents in the Borough. Barriers tended to be in relation to patient choice rather than supply / delivery. As such action was being taken by Hillingdon CCG (HCCG) to focus on prevention and self care.

Although TB vaccinations were not provided by HCCG, it did have a scheme in place to identify patients at risk of TB and refer them on. Fifteen years ago, Hillingdon had had one of the highest rates of TB vaccination in London. The PCT had commissioned GPs and the Health Visiting Service to target specific communities. When NHS England (NHSE) took over responsibility, Health Visitors were no longer involved in vaccinations. Responsibility had since passed back to councils via Public Health with the Council funding Health Visitors and NHSE funding the vaccinations. It was suggested that consideration be given to reinstating Health Visitor involvement in vaccinations in the short term or appeal to NHSE for increased action whilst the uptake was low. It was noted that there was no reason why the role of Health Visitors could not be re-profiled to include vaccinations and refresher training put in place to deliver this. The Board was assured that, whilst measles posed a significant risk, TB did not pose a huge risk to residents in Hillingdon.

As MMR immunisation rates had reduced, London no longer benefited from herd immunity. A team within the Department of Health had identified the barriers to immunisation as:

- Chaotic lives preventing engagement (Health Visitors had been great at catching these individuals);
- Affluent individuals who had believed the media hype about the risks of MMR; and
- Minority ethnic individuals who might query the appropriateness / content of the vaccinations (misinformation needed to be corrected).

The Board was advised that the model contract for hospitals included neonatal so a catch up TB service was provided by CNWL. However, it was queried whether the neonatal service would be retained in Hillingdon.

Concern was expressed that, despite Hillingdon Hospital having a contractual obligation to provide TB vaccinations, this did not appear to be happening. It was suggested that this inaction could be as a result of anything from staff workload or midwife/patient ratios, to discipline or leadership. The Council's External Services Select Committee would be asked to seek further information from NHSE and The Hillingdon Hospital NHS Foundation Trust (THH) at a future meeting. Mr Tahir Ahmed, THH's Executive Director of Estates and Facilities, advised that he would raise this issue with the THH management team.

It was acknowledged that the Strategic Intentions document read better than the Commissioning Intentions iteration had. It provided a narrative and placed prevention at the forefront of work. Although reference to work around health based places of safety was encouraging, it was noted that further information as still needed with regard to shaping services.

RESOLVED: That Hillingdon CCG's Strategic Intentions for 2020-2022 be noted.

28. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 12*)

It was noted that Healthwatch Hillingdon (HH) had been supporting the work to reopen Michael Sobell House and had been involved in work around the primary care networks. Focus groups had also been established to engage members of the public on the NHS Long Term Plan.

The Board was advised that Hillingdon Hospital had asked HH to revisit a previous review that it had undertaken and contribute to the Trust's current discharge planning work. It would be interesting to see what progress had been made following the implementation of recommendations that had arisen from the previous review.

It was noted that HH had been shortlisted for a national award in relation to the work that it had undertaken on lower back pain. Representatives from HH would be attending the awards presentation in Birmingham the following week.

Young Healthwatch Hillingdon had featured prominently in the report and had made a significant contribution to the work that had been undertaken on CAMHS.

RESOLVED: That the report be noted.

29. **HOMELESSNESS** (*Agenda Item 13*)

It was noted that the Council was about to start a consultation on its Homeless and Rough Sleeper Strategy. Rough sleepers were disproportionate users of emergency care and it was hoped that the development of services such as the night shelter and other accommodation options would help to reduce the need for emergency care. The CNWL ARCH service was available to rough sleepers as there was a direct link between rough sleeping and alcohol abuse. It was agreed that a further report on this issue be added to the Health and Wellbeing Board agenda for the meeting on 3 March 2020.

It was queried what the level of ambition was for dealing with rough sleeping and how successful action had been to date. Consideration needed to be given to what 'good' looked like. It was noted that significant pressure was being levied by Government to deal with rough sleeping and that funding was available. However, it was recognised that the presence of Heathrow Airport in the Borough skewed Hillingdon's performance.

Hillingdon aimed to halve the number of rough sleepers by 2022 and eliminate the need to sleep rough by 2027.

RESOLVED: That the report be noted.

30. **HILLINGDON'S KNIFE CRIME REDUCTION PLAN** (*Agenda Item 14*)

Knife crime was a significant issue and the links to the Kooth project commissioned by Hillingdon CCG was noted. Operation Honey Badger and Operation Catalyst had been used by the Metropolitan Police Service to tackle knife crime. A controlled drugs operation had also been undertaken to establish and prioritise areas of concern. It was agreed that a further report would be included on the agenda for the Health and Wellbeing Board meeting on 3 March 2020 to identify what outcomes had been delivered from the autumn projects.

RESOLVED: That the multi-agency work being taken in relation to knife crime be acknowledged and endorsed.

31. **CHILD HEALTHY WEIGHT ACTION PLAN** (*Agenda Item 15*)

At the Health and Wellbeing Board meeting on 25 June 2019, officers had been charged with progressing the Child Healthy Weight Action Plan through a task and finish group of partners. The report contained updates on progress against the 7 priorities in the plan. In addition, the Board agreed that officers should develop proposals for further effort in: developing the roles of schools, promoting healthy eating and nutrition and in developing the evidence base behind the plan, so that it remained current and focussed. Any proposals would need to be proportionate and demonstrate value for money and officers were asked to identify 2-3 actions that would make a specific and tangible difference, progress on which should be reported back to the Board's next meeting. It was agreed that this item be added to future Health and Wellbeing Board agendas as a standing item.

Concern was expressed that the work identified in the Action Plan seemed to be process heavy and outcome light. To address this, it was suggested that officers concentrate on implementing 2-3 specific deliverables and then just get on with delivering them.

For example, the plan referenced a range of physical activity programmes such as The Daily Mile. It was suggested that, to further support physical activity, consideration could potentially be given to programmes such as Park Run in Hillingdon and that residents should be encouraged to take advantage of the high quality sport and leisure facilities in the Borough.

In addition, it was also noted that work to encourage and promote the importance of breast feeding formed a key part of the plan. There was some concern, however, that milk formula companies were implying that breast milk did not provide as much nutritional value as formula which could counteract local efforts. Consideration needed to be given to how this myth could be dispelled and to identifying which interventions could increase breastfeeding levels in Hillingdon.

Young Healthwatch Hillingdon had been working with Public Health on tackling child obesity issues. It was noted that, generally, physical interventions would have a marginal impact on obesity and that nutritional interventions could have a significant impact. A project had been undertaken in Manchester where firefighters had led sessions where they showed young men how to cook a healthy meal for a family. This

had been free to deliver and had been impactful.

RESOLVED: That the Health and Wellbeing Board:

- 1) agreed to the updated delivery plan at Appendix 1 of the report.**
- 2) agreed that officers develop proposals and business cases for further activity in relation to:**
 - a. strengthening our evidence base;**
 - b. increasing our work with schools; and**
 - c. developing support for healthy eating.**

32. THH UPDATE - RECOVERY PLAN *(Agenda Item 16)*

The Chairman noted that it was disappointing that The Hillingdon Hospitals NHS Foundation Trust (THH) had not provided the Board with a written report as had been requested. This had been compounded by the fact that neither Ms Sarah Tedford, nor her named substitute had attended the meeting. As such, the Board had been given no idea of any progress that had been made with regard to recovery plans.

However, it was noted that Mr Tahir Ahmed, THH's Executive Director of Estates and Facilities, was in attendance and was asked to provide the Board with an update. Mr Ahmed confirmed that a written report would be provided in future.

THH had a new management team and plans were in place to address the issues of concern raised in the CQC report. The Trust's improvement plan had been aligned with its strategic objectives and, over the next two years, THH would be looking to deliver the best services for local people, within budget. This work included the establishment of a ward accreditation programme.

The Board was advised that recruitment, retention and training continued to be a challenge for the Trust. In addition, THH faced issues in relation to financial pressures and was undertaking a review of internal governance. The Trust Board met on a monthly basis to monitor the delivery of its strategies.

It was noted that, with regard to the strategy for hospital redevelopment, NHS England (NHSE) had completed the OGC Gateway Review 0: strategic assessment. The resultant report had made nine recommendations which would need to be used to prepare the Strategic Outline Case (SOC) for the redevelopment – this would need to be a collaborative response. As Hillingdon Hospital was in dire need of investment, a funding request had been submitted to NHSE/NHS Improvement (NHSI) to develop a SOC. During this process, consideration would be given to all options as well as what this would mean for the NHS. The work would be led by the Clinical Services Strategy which was currently in development and which would dovetail with the Estates Strategy in the New Year.

It was noted that Ms Tedford had been asked for further information about the Working Group that had been established to look at the Trust's recovery planning. However no information had yet been received. As such, the Board had no sense of where THH was on its journey. Mr Ahmed advised that the Trust was making progress but that, as the desired outcomes would not be achieved overnight, THH was looking for measured improvements.

All health partners had been working together to try to support the Trust and address the problems faced by Hillingdon Hospital. However, concern was expressed that Hillingdon Hospital had been letting residents down for a long time and that the programme for a new hospital might not be prioritised by NHSE, resulting in Hillingdon

	losing the opportunity for a new hospital. It was suggested that there needed to be a greater sense of urgency from THH and a proper timescale for action needed to be developed. The Board was advised that THH did not want to lose any traction and had been having regular meetings with its regulators. It was noted that THH had received £16.5m in funding to spend on its failing infrastructure and that conversations had been taking place which showed support from the centre for a new hospital in Hillingdon. RESOLVED: That the verbal update be noted.
33.	HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD (LSCB): ANNUAL REPORT 2018/2019 (<i>Agenda Item 17</i>) It was noted that this was the last time that the Board would receive a report from the Local Safeguarding Children Board in its current form as new arrangements were in place. Concern was expressed in relation to Child Death Overview Panels (CDOP) as they appeared to be a bureaucratic mess and NHS colleagues needed to be aware of this if they weren't already. The Council's Corporate Director of Social Care would be keeping abreast of any developments in relation to CDOP. RESOLVED: That the content of the annual report and work of the Local Safeguarding Children Board during 2018/19 be noted.
34.	HILLINGDON SAFEGUARDING ADULTS BOARD (SAB): ANNUAL REPORT 2018/2019 (<i>Agenda Item 18</i>) The Annual Report covered a range of issues which included trafficking and modern slavery. It was anticipated that the new arrangements being brought in for the Hillingdon Safeguarding Adults Board would be an improvement. RESOLVED: That the Hillingdon Safeguarding Adults Board (HSAB) Annual Report 2018/19 be noted.
35.	BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 19</i>) It was noted that the following report be added to the Board's planner: • Better Care Fund/Delayed Transfers of Care – 3 December 2019 • Knife crime – 3 March 2020 • Rough sleepers – 3 March 2020 • Child Healthy Weight Action Plan - standing item RESOLVED: That the 2019/2020 Board Planner, as amended, be agreed.
36.	TO APPROVE PART II MINUTES OF THE MEETING ON 25 JUNE 2019 (<i>Agenda Item 20</i>) RESOLVED: That the confidential minutes of the meeting held on 25 June 2019 be agreed as a correct record.
37.	UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 21</i>) There were no items for consideration.
	The meeting, which commenced at 2.30 pm, closed at 4.12 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.