

**Harrow Voluntary and Community Sector Forum  
Health & Wellbeing Sub Group**

**Date:** Tuesday, 27 July 2016

**Venue:** Harrow Civic Centre

**Time:** 2pm-4pm

**Attendees**

<b>Attendance:</b>		
<b>Attendee</b>	<b>Organisation</b>	<b>Forum Role</b>
Varsha Dodhia	Harrow Interfaith	VCS Forum Rep & HWB Sub-Group Lead
Ahmed	Harrow Association Of Somalia Organisations	
Jenny Stephany	Positive Connections	
Julian Maw	Hatch End Resident Association	
Bharti Vyas	Harrow User Group	
Shahshi Shah	The National Council of Vanik Associations (UK)	
Eileen Martell	HOPE Harrow	
Buchi Onteeru	Harrow Council	

**Introductions**

Everyone introduced themselves. Julian Maw introduced himself as Vice chair of healthwatch harrow but today was present in capacity as Hatch End Residents Association.

**Round table discussion**

*1. What is the purpose of the Health and Wellbeing Sub-group*

- Working together
- Bridge needs funding, the service will be closed and no alternative at the moment
- Lots of talk but not many outcomes. No joined up thinking CCG, Council, big charities CAMHS, Social services
- CCG focus on voluntary sector is different, for people they have issue with GP service so where can they get support
- Confusion on what are the priorities
- Lots happening, question is how we all work together
- Key aims are about Information exchange with groups large and small, all working with different residents. Some groups already work with people who statutory sector say are hard to reach. There needs to be active partnership, coproduction and shaping what needs improvement. Council has better track record of working with different groups, CCG is not so engaged
- Statutory sector know they cannot do all with the financial and people constraints so are looking to work with voluntary sector. Question is What is the size of the “prize”, some funds for day to day work but what about Infrastructure and transformation. Significant gaps in delivery.

*2. Discussion on Draft Terms of Reference*

- The ToR needs to focus on organisations and not individual members.
- To have any impact, there needs to frequent sessions and co=ordination. Currently there is limited capacity

- Public health also does not resources as before
- Workplan when developed needs different areas to work better together.

3. *Areas to be explored as part of the Sub-group*

- Social prescribing, self care
- Bringing physical health and mental health together
- Those answering calls should take responsibility when a service is called. For example, they should say who they are and whom you will be transferred to.
- Helping in looking at information so that it is in simple language.
- Understand and support people who are isolated, social isolation has significant impact on people's health and wellbeing
- Wider determinants of health and wellbeing like housing, debt
- Work of big national charities in health like Diabetes UK, what are local chapters of these organisations

**Other points raised:**

- Children and young people account more than 20% of residents
- VCS closer to people so are more aware of the gaps in services
- Joint working, some organisations can become delivery partners and others can support.
- VCS can support in measuring impact of change.
- Need to think through what is effective engagement and how coproduction can be better for service redesign and delivery

**Next Meeting:**

- No date set for next meeting. The sub-group membership and draft ToR will be approved and the sub-group informed.