

Community Wellbeing Board

Agenda

Friday, 2 October 2015
2.30 pm

Westminster Suite, 8th Floor, Local
Government House, Smith Square, London,
SW1P 3HZ

To: Members of the Community Wellbeing Board
cc: Named officers for briefing purposes

www.local.gov.uk

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LGA Community Wellbeing Portfolio

2 October 2015

There will be a meeting of the Community Wellbeing Portfolio at **2.30 pm on Friday, 2 October 2015** Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ.

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Conservative:	Group Office: 020 7664 3223	email: lgaconservatives@local.gov.uk
Liberal Democrat:	Group Office: 020 7664 3235	email: libdem@local.gov.uk
Independent:	Group Office: 020 7664 3224	email: independent.group@local.gov.uk

Location:

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LGA Contact:

Paul Goodchild
0207 664 3005 / paul.goodchild@local.gov.uk

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Community Wellbeing Portfolio – Membership 2015/2016

Councillor	Authority
Conservative (7)	
Izzi Seccombe (Chairman)	Warwickshire County Council
Colin Noble	Suffolk County Council
Vic Pritchard	Bath & North East Somerset Council
Bill Bentley	East Sussex County Council
Claire-Louise Leyland	London Borough of Camden
Liz Mallinson	Cumbria County Council
Teresa O'Neill	London Borough of Bexley
Substitutes	
Patricia Bradwell	Lincolnshire County Council
Gareth Barnard	Bracknell Forest Borough Council
Graham Gibbens	Kent County Council
Michael Lee	Blackburn with Darwen Borough Council
Labour (7)	
Linda Thomas (Vice-Chair)	Bolton Council
Barbara Cannon	Allerdale Borough Council
Iain Malcolm	South Tyneside Metropolitan Borough Council
Sandra Samuels	Wolverhampton City Council
Lynn Travis	Tameside Metropolitan Borough Council
Rachel Eden	Reading Borough Council
Jackie Meldrum	London Borough of Lambeth
Substitutes	
Maureen Cummings	Wakefield Metropolitan District Council
Jonathan McShane	London Borough of Hackney
Independent (2)	
Gillian Ford (Deputy Chair)	London Borough of Havering
Mark Ereira-Guya	Suffolk County Council
Substitutes	
Adrian Naylor	Bradford Metropolitan District Council
Helen Grant	North Yorkshire County Council
Liberal Democrat (2)	
Richard Kemp (Deputy Chair)	Liverpool City Council
Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Lucy Nethsingha	Cambridgeshire County Council

Agenda

Community Wellbeing Portfolio

Friday 2 October 2015

2.30 pm

Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ

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2 October 2015

Membership and Terms of Reference

Purpose

For discussion and direction.

Summary

For members to note the membership (set out on the page before the agenda in this pack) and the Terms of Reference of the Community Wellbeing Portfolio.

Recommendation

Members note the membership of the board and the Terms of Reference.

Action

Officers to take forward as directed by members.

Contact officer: Paul Goodchild
Position: Assistant Member Services Manager
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Email: paul.goodchild@local.gov.uk

Terms of Reference

1. The purpose of the Community Wellbeing Portfolio is to engage and develop a thorough understanding of the issues within their brief and how legislation does or could affect councils and their communities, in particular with regard to the growing integration of health and social care services.
2. The Portfolio works to support local government in delivery of its public health, as well as issues relating to an ageing society and the reform and funding of adult social care.
3. It is also responsible for maintaining a close relationship with the work of the Asylum, Refugee and Migration Task Group.
4. The Community Wellbeing Portfolio's responsibilities include:
 - 4.1. Representing and lobbying on behalf of the LGA including making public statements on its areas of responsibility;
 - 4.2. Building and maintaining relationships with key stakeholders;
 - 4.3. Ensuring the priorities of councils are fed into the business planning process;
 - 4.4. Developing a work programme to deliver the business plan priorities relevant to their brief, covering lobbying campaigns, research, improvement support in the context of the strategic framework set by the Improvement & Innovation Board and events and linking with other boards where appropriate;
 - 4.5. Sharing good practice and ideas to stimulate innovation and improvement;
 - 4.6. Involving representatives from councils in its work, through task groups, Commissions, Special Interest Groups, regional networks and mechanisms;
 - 4.7. Responding to specific issues referred to the Portfolio by one or more member councils or groupings of councils.
5. The Community Wellbeing Portfolio may:
 - 5.1. Appoint members to lead on key issues and;
 - 5.2. Appoint members to relevant outside bodies.

Portfolio Priorities and representation for 2015/16

Purpose of report

For discussion and decision.

Summary

This paper suggests priorities and a work programme for the Community Wellbeing Portfolio for 2015/16.

It outlines the LGA-wide priorities the Leadership Board has requested Boards/Portfolios develop and sets out priorities based on the proposals considered by members at the June Board. It also provides details of the outside bodies the portfolio has to appoint to in 2015/16.

Recommendation

Members are asked to:

1. Note the commissions from the Leadership Board;
2. Discuss and agree the Portfolio's priorities and work programme for 2015/16; and
3. Agree the list of outside bodies set out at Appendix A by Portfolio Group and make appointments to them for 2015/16.

Action

Officers to take forward as directed by members, informing outside bodies of any changes, or confirming continuation in LGA representatives.

Contact officer: Mark Norris
Position: Principal Policy Adviser
Phone no: 020 7664 3241
E-mail: mark.norris@local.gov.uk

Portfolio Priorities and representation for 2015-16

Overview

1. Members are asked to consider the policy priorities for the Portfolio's work programme for the coming year. The suggested priorities are drawn from two sources:
 - 1.1. Specific policy priorities building on the work the Community Wellbeing Board did over 2014/15 and based on the proposals considered by members at the June Board meeting; and
 - 1.2. The work that the LGA Leadership Board has asked Boards/Portfolios to undertake based on the overall policy priorities of the LGA.

CWB's work in 2014/15

2. The Board's work over 2014/15 was summarised in the Annual Review paper that was considered at the June meeting, and included work on:
 - 2.1. Influencing the 2015 Spending Review and highlighting the severe funding pressures on adult social care.
 - 2.2. Supporting implementation of the Care Act and lobbying on issues related to the legislation.
 - 2.3. The Better Care Fund and integration, including supporting areas and the pilots.
 - 2.4. Public health transformation and health protection issues such as obesity, sexual health and the sale of 'legal highs'.
 - 2.5. Funding and implementation of 0-5 public health responsibilities.
 - 2.6. Influencing and shaping the national system for health care, including developing an ambitious vision for Health and Wellbeing Boards.
 - 2.7. Child and adolescent mental health with CWB members contributing to the Children and Young People's Mental Health and Wellbeing Taskforce report.
 - 2.8. Influencing government on support for people who need health and care services such as older people and those with dementia.
 - 2.9. Sector-led improvement for health and care.

Work commissioned by the LGA Leadership from Boards/Portfolios

3. As part of the recent member-led review of governance, the LGA Executive and Leadership Board have been asked to commission work from our Policy Boards/Portfolios where a clear corporate priority has been identified or where an important policy issue straddles more than one Board/Portfolio.
4. The Leadership Board met in July 2015 and agreed the following remit for the commissioning of policy work from Boards/Portfolios on behalf of the LGA leadership:
 - 4.1. The Leadership Board's commissioning is related to the most important (current and future) issues for LGA membership.
 - 4.2. The issues commissioned cover the terms of reference of more than one Board/Portfolio.
 - 4.3. There will be no more than five corporate commissions.
 - 4.4. Boards/Portfolios will continue to set policy priorities based on their specific terms of reference. These will be reported back to the LGA Executive.
5. The following cross-cutting areas of work were agreed and are being commissioned from relevant Boards/Portfolios in 2015/16. Specific Boards/Portfolios have been asked to lead this work (and these are indicated below), with the Community Wellbeing Portfolio expected to take forward the work on promoting health and wellbeing.
 - 5.1. **Devolution and the future shape of local government**
To be led jointly by the City Regions and People and Places Boards, with any supporting evidence submitted to these Boards from other relevant Boards/Portfolios.

This work is likely to focus on supporting councils to develop and implement bespoke devolution deals within the framework provided by the Cities and Local Government Devolution Bill. The City Regions and People and Places Boards have already suggested the LGA can best add value by looking at the models and mechanisms of future governance (including work on policing and fire), and extending the evidence base for devolution deals to new service areas. The LGA will also need to work with Whitehall once the Bill is enacted to ensure that government departments do "let go". The LGA's political lobbying will be a critical factor for success, as will partnership with business and other public service bodies, such as the NHS.

5.2. **Housing**

To be led by the Economy, Environment, Housing and Transport Board, with any supporting evidence submitted to EEHT from other relevant Boards/Portfolios.

This work will focus on addressing housing need, and the clear role councils have in supporting their communities on this agenda. The introduction of the new Housing Bill will provide an opportunity for the LGA to lead the debate to ensure the wider agenda around place shaping is developed and the role issues such as skills, welfare reform, community safety and an aging population have in the delivery of our housing ambition are considered. However the Leadership Board were clear the focus needs to remain on housing, rather than on the wider debate about infrastructure in general. The work would be able to draw on new and existing work such as the cross-board work on the role of housing in supporting vulnerable adults.

5.3. **Finance**

To be led by the Resources Board, with any supporting evidence submitted to the Board from other relevant Boards/Portfolios.

This work will build on the LGA's future funding outlook and will be largely driven by the Spending Review and the decisions announced by the government around it at the end of November. This work is well-established in the organisation and it will be an important continuing priority.

5.4. **Promoting health and wellbeing**

This is the work the Community Wellbeing Portfolio is expected to lead, with input from other relevant boards and potential wider contributions from think-tanks and other parts of the public sector including the NHS and Public Health England.

The Leadership Board suggested that this work look at the integration of the health and care system, and the wider role other local services such as schools, children's services, the fire service, public health, housing, transport and leisure can play in promoting wellbeing across the life course, as well as keeping people physically and mentally healthy, in work, and in their own homes. It should also look to raise the profile of social care as an equal to the NHS, and build a business case for council-led investment as part of a much wider integrated approach to improve health outcomes and address health inequalities, as well as keep pressure off the NHS and other expensive services. Additionally it was suggested this work should consider the role of citizens and communities in supporting themselves and each other and promoting resilience and independence.

Taking forward cross-cutting work on promoting health and wellbeing

6. All the lead Boards/Portfolios have been asked to detail the scope of the Leadership Board's request at their first meeting and to report back to the LGA Executive. The greatest opportunity over the longer term for maximising citizens' health and wellbeing, as well as reducing the financial pressures on the health and care systems, is through addressing the factors and behaviour that determine how much health and care support individuals need, especially as they age. It is therefore suggested that the cross-cutting work the Community Wellbeing Portfolio has been asked by the Leadership Board to lead, focuses on the prevention of poor health and wellbeing outcomes for people. It would look across the life-course, and seek to draw in contributions from the other Boards to capture the full range of local government services that contribute to people's health and wellbeing including housing, leisure and culture, and skills and employment – for example in maximising the health of employees and understanding the importance of pathways into work for people with long term conditions and health problems. It would also seek to identify partner bodies and stakeholders (and any levers they have) that local government and the LGA engages with in other spheres who, knowingly or not, have an impact on health and wellbeing.
7. Within this package of work we would look to map the contributions made by different services and agencies to health and wellbeing; better understand the cost benefits and economic case for investing in prevention programmes; educate different sectors about what local government is trying to achieve, how they can help and highlight the benefits of doing so – for example the impact on the NHS; and examine what more councils and other key stakeholders can do to encourage the public to take a greater role by living well and providing self-care. This would involve a mixture of policy, campaigning and improvement related work.
8. The expectation is for all the cross-cutting projects identified by the Leadership Board to be drawn on to inform work launched at next year's annual conference, setting out a more forward-looking vision for the future of local public services and their relationship with communities. With this timeframe it is proposed that this cross-cutting work is conducted as part of the four broad themes identified below for the Portfolio's own priorities.

Contributions to the other cross-cutting projects

9. As well as its own cross-cutting work the Portfolio will wish to contribute to the other cross-cutting projects:
 - 9.1. Housing – promote the contribution of housing to the integration agenda, especially links to social care (for example around dementia) and the role of councils in helping people to remain living in their own homes. This work can draw on the Housing work undertaken by the Community Wellbeing Board with others last year.

- 9.2. Finance – the LGA’s spending review submission included a thematic paper covering adult social care, health and wellbeing and the portfolio will continue to contribute to the LGA’s work on the funding for councils.
- 9.3. Devolution – the portfolio is already working with the devolution team and with other key stakeholders such as NHS England, the Department of Health, ADASS and the NHS Confederation to support areas in developing proposals for health devolution. With around half of the devolution deal bids submitted to DCLG including proposals around health and care, this will also be an ongoing area of work for the portfolio.

The other lead Boards are meeting at about the same time or after the Portfolio Away Day, so as the other cross-cutting commissions are developed we will seek contributions from the Portfolio to this work.

Community Wellbeing priorities in 2015/16

10. Drawing on the Board’s work in 2014/15 and the discussion on priorities in June, as well as the cross-cutting work identified by the Leadership Board this paper suggests four key overarching themes. Members’ views are sought on whether these capture the right priorities to make a difference to our member authorities and ensure we are well positioned to influence government thinking on key health and wellbeing issues. Although these priorities can be delivered in available resources, adding substantially to them will impact both on the ability to deliver all the projects and also to respond effectively to any issues that arise throughout the year.
11. The proposed priorities include:
 - 11.1. **Future vision for health and care systems**
 - 11.1.1. Lead the debate on the future of health and care by continuing to support social care and health integration and lobbying for closing the funding gap in adult social care, investment in a transformation fund for prevention and the expansion and improvement of the Better Care Fund.
 - 11.1.2. Develop and promote a clear vision for the local authority role in health and social care, with health and wellbeing boards leading a place based approach to health and social care commissioning.
 - 11.1.3. Develop an offer to support areas negotiating for the devolution of health resources and decision making.
 - 11.1.4. Develop and deliver a programme on the key challenges for local leaders in care and health and work with the grant funded Care and Health Improvement Programme (CHIP) to support sector led improvement, including, for example, work on quality, safety and dignity; developing an integrated workforce, managing risk, Transforming Care, and implementation of the Mental Capacity Act.
 - 11.1.5. Work with providers and commissioners of independent health complaints advocacy and local Healthwatch, to assess the need for further good practice support on complaints services.

11.2. Funding for social care and support

- 11.2.1. Support councils on implementing the Care Act Phase 1 through work on costs and eligibility, and continue to engage with the government about the future implementation of the Phase 2 reforms.
- 11.2.2. Support the LGA's work on the Budget and Spending Review, including setting up a joint working group to create a common understanding of the future challenges in both adult and children's care.
- 11.2.3. Consider a new state of the nation publication, continue work on winter pressures and Deprivation of Liberty Safeguards, and explore the impact of the Government's commitment to implement the Living Wage on adult social care commissioners and providers.
- 11.2.4. Understand the pressures on, and the sustainability of, the provider market and the risk of failure of care home providers.
- 11.2.5. Continue to co-sponsor the Integrated Personal Commissioning Programme with NHS England and offer support to demonstrator sites, encourage the alignment of IPC with other national programmes on integration, and to consider how to disseminate key messages on integration to all areas.

11.3. The role of councils and place-based leadership in promoting health and wellbeing

- 11.3.1. Take forward the proposals related to prevention set out earlier in the paper around the Leadership Board's commission to the Portfolio.
- 11.3.2. Continue to make the case for increased investment in public health, and disseminate and showcase knowledge and best practice including delivering a whole systems and whole age approach to tackling obesity and the impact of alcohol misuse on health, health services and employment.
- 11.3.3. Embed public health across councils' policies and work.
- 11.3.4. Ensure that systems and processes are in place to support public health to deal with extreme events and health protection emergencies.
- 11.3.5. Support councils to make the most of new 0 - 5 public health commissioning responsibilities and to engage with work to improve CAMHS.

11.4. Vulnerable people and older people

- 11.4.1. Develop policy proposals which assist councils in:
 - improving dementia and across age mental health services and support;
 - develop integrated approaches to meeting the housing, health and care needs of vulnerable adults;
 - implementing the Armed Forces Community Covenant;
 - providing better support to those with autism and learning difficulties;
 - driving innovation which tackles and challenges and exploits the opportunities posed by an ageing population;
 - supporting the embedding of the Think Local Act Personal (TLAP) partnership priorities of personalisation, coproduction and community capacity building; and

- as and when appropriate addressing ordinary residence issues in access to housing and also for looked after children who are placed out of area and their access to health checks.

It is suggested that the Policy Groups proposed in the governance paper elsewhere on the agenda reflect these four themes.

12. Members also identified a number of strands of joint work with the Children and Young People's Board. These include supporting councils to take a place-based approach to children and young people's health issues, including childhood obesity and child and adolescent mental health services, and identifying how best to develop approaches in both children's and adult services for people with learning disabilities that are both efficient and provide better outcomes for individuals.
13. The portfolio will also continue to provide input to, and receive reports from, a number of elements of the Department of Health funded CHIP including:
 - 13.1. Health and Wellbeing Systems Leadership;
 - 13.2. Towards Excellence in Adult Social Care;
 - 13.3. Winterbourne View Joint Improvement Programme; and
 - 13.4. Care and Reform Support joint programme office.

Communications and events

14. A number of internal and external communications channels are available to help the Community Wellbeing Portfolio promote the work it is doing and to seek views from member authorities. Some of these are detailed in the paper on the governance for the Portfolio in 2015/16.
15. In addition to these there is a full programme of conferences and events which can support the delivery of the proposed priorities, and are designed to support members and officers around a range of health and wellbeing issues. Conferences already being planned include:
 - 15.1. 14-16 October 2015: National Children and Adult Services Conference
 - 15.2. 3 February 2016: Public Health Conference

16. We also have a dedicated section on the LGA website, regular e-bulletins, outside speaking engagements and interviews, features and news items in First magazine, as well as twitter accounts which are used to keep in touch with our members.

Outside Bodies

17. The LGA currently benefits from a wide network of member representatives on outside bodies across all its Boards. These appointments are reviewed on an annual basis across the organisation to ensure that the aims and objectives of the outside bodies remain pertinent to the LGA.

18. The organisations to which the Board currently appoints member representatives are listed by proposed Portfolio Group (more detail is provided on these in the paper on the agenda on the portfolio's governance). In order to establish a pool of interested councillors from across the political groups Lead Members propose that members self-nominate themselves for a Portfolio Group of interest as well as outside bodies they are interested in representing the LGA on.
19. To maximise the value of members attending regular or ad-hoc outside engagements it is proposed that members continue to provide updates to the rest of the portfolio, which will be included in a quarterly report circulated to all members of the portfolio.
20. Reasonable travel and subsistence costs will be paid by the LGA for expenses incurred by a member appointee, whilst carrying out a representative role on an outside body or attending an ad-hoc meeting on behalf of the LGA.

Next steps

21. Members are asked to:
 - 21.1. Note the commissions from the Leadership Board;
 - 21.2. Discuss and agree the Portfolio's priorities and work programme for 2015/16; and
 - 21.3. Agree the list of outside bodies and overarching priority themes set out at Appendix A and make appointments to them for 2015/16.

Financial implications

22. This programme of work can be delivered in existing resources but any additional priorities will impact both on the ability to deliver all the projects and also to respond effectively to any issues that arise throughout the year.

Appendix A: Portfolio Groups and associated outside bodies

1. The future vision for health and care systems
Member: Member: Member: Member: Member: Member: Portfolio holder (Lead Member):
Supporting LGA Officers: Alyson Morley, Emma Jenkins, Andrew Webster
Related Outside Bodies:
Public Health System Group & Stakeholder Forum Chair - 4/y
Planning for care roundtable
DH Care and Support Transformation Group
Ministerial regular integrated care meetings - Pioneers
2. The funding and support for adult social care
Member: Member: Member: Member: Member: Member: Portfolio holder (Lead Member):
Related Outside Bodies:
Supporting LGA Officers: Matt Hibberd, Emma Jenkins
3. The role of councils in promoting health and wellbeing
Member: Member: Member: Member: Member: Member: Portfolio holder (Lead Member):

Related Outside Bodies:		
Tuberculosis Oversight Group	Vacant/Paul Ogden	4/y
Obesity Review Board		Jan and June
Ministerial Obesity Roundtables -		
Public Health Responsibility Deal Network Meetings	Various	
Sexual Health Forum	/Paul Ogden attend	
CAMHS Task Force		
Supporting LGA Officers: Paul Ogden		
4. Vulnerable people and older people		
Member:		
Member:		
Member:		
Member:		
Member:		
Member:		
Portfolio holder (Lead Member):		
Related Outside Bodies:		
Dementia Action Alliance Quarterly Meetings		4/year
Mental Health System Board		
Ministerial advisory group on mental health		3 / year
Ministerial Learning Disability Programme Board		
Disability Action Alliance		
Ministerial Autism Programme Board		
PM's Dementia Friendly Communities Champion Group Cllr		
Dignity in care working group -		2 / year
Supporting LGA Officers: Abigail Gallop, Kevin Halden		



**Community Wellbeing
Portfolio**

2 October 2015

Community Wellbeing Portfolio Governance

Purpose

For discussion and decision.

Summary

At its meeting on 15 July the Leadership Board agreed to trial a new portfolio holder governance structure for the LGA. The Community Wellbeing Board was identified as one of two boards to pilot the new structures during 2015/16. This paper sets out a possible model for the Board to use to implement the portfolio holder structure, and seeks members' views and comments on it.

Recommendations

Members are asked to:

- Note the decision of the Leadership Board to pilot the new portfolio holder governance structures.
- Agree the proposals set out in paragraphs 7, 9, 10, 11 and 12 and comment on how the success of the arrangements could be evaluated.

Action

Officers to progress as directed by members.

Contact officer: Mark Norris
Position: Principal Policy Adviser
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Email: mark.norris@local.gov.uk

Community Wellbeing Portfolio Governance

Background

1. The LGA's independent peer review in January 2015 found that *"a consistent message from stakeholders was the need for a more flexible governance arrangement that better reflects the changing nature of local government, and is quicker in bringing about decisions and focus on priorities... A number of stakeholders, including some Board members, told us that a more radical approach is needed and structures should be less rigid"*.
2. Following the peer review report a task group of four LGA members was set up to review the LGA's governance arrangements. The Task Group proposed a new governance model based on three core principles:
 - 2.1. It is more efficient than the existing arrangements;
 - 2.2. It is less costly than the existing arrangements; and
 - 2.3. It creates high levels of involvement by members and member councils.
3. The Task Group proposed moving from policy boards to a portfolio holder structure, with the portfolio holder supported by 3 vice/deputy portfolio holders, and a number of members broadly comparable to the number of members currently appointed to each board, with specific areas of responsibility. It also suggested that the allocation of roles and responsibilities across a portfolio area should be politically proportionate.
4. To ensure the LGA's broader membership is able to contribute to the development of policy and campaigns under the portfolio holder structure, the Task Group recommended that each portfolio hold twice yearly Forums. These would be open to all members with lead responsibility in that area and should be held around the country. The Forum meetings could be linked to a relevant conference where there is one, or to the LGA's Annual Conference.
5. The necessary changes to the LGA constitution were made at the General Assembly at the end of June to allow the portfolio holder approach to be adopted if the LGA's Executive wished. On 15 July the Leadership Board agreed to pilot the portfolio holder governance model from 1 September, with a review after six months, in two areas: the Community Wellbeing and Resources Boards.

Proposed portfolio holder structure for community wellbeing

6. Implementing the new portfolio holder arrangements across the Board's remit carries a degree of risk in ensuring the Board's work is driven forward, especially as the government is making key decisions about the future funding of public services through the Spending Review. Building on and adapting the established system of Lead Members and portfolio holders the Board has had in place over the last year offers a means of minimising that risk.

7. In order to ensure that the new governance structure for the portfolio costs less than supporting the Board, it is proposed that the following governance structure is adopted for the Community Wellbeing Portfolio:

7.1. A **Portfolio Holders Group** is set up made up of the community wellbeing portfolio holder and the vice and deputy portfolio holders. This will meet on a monthly basis with the aim of being more innovative in how it conducts its business (including meeting in person and using tele and videoconferencing), and will set LGA policy on matters within the community wellbeing portfolio. Members of the Group will approve work carried out across the portfolio, represent the portfolio at external events and meetings as well as LGA events, engage with key national stakeholders and act as spokespeople for the portfolio in the media. One of the Group's key responsibilities will be leading cross-cutting work with other LGA boards and portfolios.

7.2. Four **Policy Groups** are created. There will be one Group for each of the four priority areas set out in the paper on the Portfolio's priorities for 2015/16 included in the Away Day's agenda. The four Policy Groups will therefore cover the following areas:

- 7.2.1. The future vision for health and care systems;
- 7.2.2. The funding and support for adult social care;
- 7.2.3. The role of councils in promoting health and wellbeing; and
- 7.2.4. Vulnerable people and older people.

Each Group will determine priorities in its own area and then deliver specific pieces of work, represent the portfolio at external and LGA events relevant to its policy area, engage with stakeholders and develop awareness of practice in other authorities. Where significant new policy work was needed in their area a Group would develop a constructive conversation about the LGA position with this being approved by the Portfolio Holders Group.

7.3. All the members of each Policy Group would contribute to its work, though there is also the option of assigning particular areas of work to particular members dependent on interest and expertise. As with the Portfolio Holders Group the intention is for the Policy Groups to be innovative in how they conduct their work, making use of new and emerging means of doing business, so there may only be two meetings a year where the Policy Group meets in person.

7.4. Each Policy Group will have six members and a portfolio holder. This would allow each member (including substitutes) to be involved in at least one Group and allow them to be politically proportionate with 2 Conservative, 1 Independent, 2 Labour and 1 Liberal Democrat member per Policy Group.

8. Members are asked to comment on and then agree the model for the portfolio's governance structures in 2015/16. Lead Members' comments and views are sought on the model outlined above.

Meeting, speaking engagement, and media requests

9. As the portfolio holder structure becomes embedded and stakeholders and the media become more familiar with it there is the likelihood that individual members will receive requests to attend meetings, invitations to speak at events or to speak to the media

directly. The current arrangements where any meeting, speaking or media requests are passed on to the relevant officers will be carried forward into the new governance structure, with members passing these sorts of requests on to the officers supporting their Policy Group.

Keeping members informed

10. Under the Board arrangements all members have received regular updates on the work of the Board through the meetings and the papers for them. As well as the specific items brought to the Board for decision, the update paper brought to each Board meeting provides members with an overview of the work carried out since the last meeting. Under the new arrangements there is a risk only the portfolio holders are aware of all the work being carried out across the portfolio's remit. In light of the principles identified for the new portfolio holder arrangements of having high level of member involvement a new mechanism will be needed to keep Board members informed of work across the portfolio area. It is proposed this is achieved by circulating an update paper to all members of the portfolio on a quarterly basis.

LGA membership engagement

11. To increase engagement with member councils the Task Group recommended that each portfolio hold twice yearly Forums, open to all members with lead responsibility in that area. It was also suggested that the Forums could be linked to relevant conferences where they exist. The Task Group did not however define what the Forums might do and what role those invited to them might have. It is proposed that the community wellbeing Forums are used as a means to:
 - 11.1. set out what work the LGA has been carrying out for member authorities within the remit of the community wellbeing portfolio;
 - 11.2. to seek member authority views on current issues related to the work of the portfolio; and
 - 11.3. to check that the priorities identified across the portfolio are ones that member authorities share.

The National Children and Adult Services Conference in October and the LGA Annual Conference in July 2016 offer suitable opportunities for holding the Forums without having to arrange bespoke events council portfolio holders would have to specifically attend. If members were of the view that there would be too long a gap between the Forums an alternative option could be to hold a Forum at Public Health Conference in February – which would mean there would have been two forums held before the new arrangements are evaluated. One issue in holding the Forums at any of these meetings is that those attending will need to pay for a delegate pass. In light of that consideration members are asked to agree the proposed purposes for the Forums outlined above, and that the portfolio's Forums are held at the NCAS and LGA Annual Conference (or alternatively the annual Public Health conference).

12. There are other measures the portfolio could adopt to increase its engagement with member authorities and councillors:
 - 12.1. Using the model provided by the ambassadors the Board appointed last year, the portfolio could appoint ambassadors to represent it at a regional level engaging with

- adult social care and public health portfolio holders in LGA member authorities, and also building relations with health and wellbeing boards and their regional structures.
- 12.2. In the immediate future councillors with an interest in the portfolio can continue to sign up to the monthly bulletin produced by the portfolio to keep up to date with its work. However the portfolio could take a more interactive approach to keeping in touch with councillors. One option to achieve this would be to establish a mechanism for councillors to submit questions to the Portfolio Holders Group, perhaps through a dedicated community wellbeing email address. The quarterly update for portfolio members could also provide the basis for a quarterly newsletter for interested members, though this may just duplicate information in the monthly bulletins. Alternatively we could explore with the communications team whether the LGA website could be used to provide more interactive engagement with councillors. Members' views are sought therefore on how the portfolio can best keep councillors informed about what it is doing.

Evaluation and review of the portfolio holder structures

13. A review of how the portfolio holder structures are working is due to be conducted after six months, and on that basis a review of how the structures have worked could be undertaken in April 2016. The detail of how the success or otherwise of the new arrangements are evaluated is still being worked on. However the three core principles underlying the proposals from the Task Group set out in paragraph 2, provide the basis for an assessment of how the new arrangements have worked. Members' views are sought on whether any other criteria should be added to these three principles to inform any review of how the community wellbeing portfolio holder arrangements have worked, and whether the review should be conducted in April 2016.

Next steps

14. Members are asked to:
- 14.1. Note the decision of the Leadership Board to pilot the new portfolio holder governance structures.
 - 14.2. Agree the proposals set out in paragraphs 7, 9, 10, 11 and 12 and comment on how the success of the arrangements could be evaluated.

Financial Implications

15. Any financial implications arising from this report will be met from existing budgets.

Regional Update of Health and Wellbeing Improvement Activity

Purpose

For discussion

Summary

This report provides a concise update of activity across the regions to support Health and Wellbeing Boards (HWBs) and the health and wellbeing system. It has been produced with input from the Care and Health Improvement Advisors in liaison with the Principal Advisers and HWB Ambassadors. It identifies common themes across the regions listed below:

- There is considerable churn in the system among Chairs and Vice –Chairs
- The support for HWB Chairs is our USP and does not exist anywhere else
- Growing engagement of CCG Vice Chairs
- There are widespread changes in local authority senior officers
- There is more to do to ensure NHS colleagues are aware of how councils go about their business and different governance structures.
- There is no blueprint for regional networking but what is valued are opportunities for sharing learning
- We need to make much more of what we have already learnt and promote more visibly good examples of HWBs driving integration and achieving the future vision set out in “Getting Better Together: a call to action for HWBs”
- Diminishing interest in peer challenge but clear interest in more bespoke support.
- Challenged health economies/economies at risk
- How do HWBs engage in the devolution agenda and process?
- Importance of aligning support offers for the system to access

Recommendation

For discussion

Action

Discussion points are noted and considered in developing the support offer.

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Regional Update of Health and Wellbeing Improvement Activity

Background

1. This report aims to provide the Board with a concise update of activity across the regions to support Health and Wellbeing Boards (HWBs) and the health and wellbeing system. This support activity is part of the Department of Health funded Care and Health Improvement Programme (CHIP). Regional take up of the support offer is promoted and signposted by the Care and Health Improvement Advisers (CHIAs) working with the LGA Principal Advisers. This report also:
 - 1.1 Sets out an overview of activity
 - 1.2 Identifies common themes across the regions
 - 1.3 Provides an opportunity for the HWB Ambassadors to reflect on their experiences

Summary of regional activity

2. Below is a regional breakdown of HWB and health and wellbeing system activity linked to CHIP.

i) East Midlands

There are ten HWBs in the region (Milton Keynes is included in this region for purposes of health and care support), including five counties, three cities and two unitaries. There are three Integrated Care Pioneers and seven NHS Vanguard in the region.

a) HWB regional leadership arrangements

Cllr Sue Wooley (Lincolnshire) acts as the regional HWB lead and is proactively exploring how to make regional network arrangements meetings more effective with support from the CHIA. She is arranging a conversation with each HWB chair in the region to get a good understanding of what would be helpful. East Midlands Councils co-ordinates networks for Members. Cllr Colin Noble, the CWB Ambassador for the region has actively engaged with the regional chair. The EM ADASS branch has commissioned a part-time HWB officer lead, who has co-ordinated a HWB officer leads meeting and shared learning and items that can be considered at HWBs across the region.

b) Take-up of the support offer

Engagement with the sector led improvement programme is good in this region. Three areas have had a Health and Wellbeing peer challenge, including two of the large and complex county and multiple CCGs areas. Three HWB Chairs and one CCG vice – chair have attended/are booked on HWB Chairs Leadership Essentials. There are discussions with three areas on bespoke support needs.

ii) East of England

There are 11 HWBs in the region, including five counties and six unitary areas. There are two Integrated Care Pioneers and two NHS Vanguard in the region. One area is part of the NHS Success Regime (is a challenged health economy).

a) HWB regional leadership arrangements

East of England LGA provides the sector led improvement support infrastructure for the region and there is an ongoing discussion about establishing a regional HWB Chairs network.

b) Take-up of the support offer

Take up of the sector led improvement programme is developing strongly in this region and engagement with the new CHIA is supporting this. Two areas have had a Health and Wellbeing peer challenge and one complex county and multiple CCGs area is booked to have one this year. Three new HWB Chairs attended the Induction session and one HWB Chair has attended Leadership Essentials. In two areas where there has been a change in political control and a new HWB Chair mentoring is being considered. Southend is piloting and assisting us to develop a new peer challenge offer focussed on health in every policy and health inequalities. The regional Association of Directors of Public Health (ADPH) network has established an approach to sector led improvement supported by a co-ordinator.

iii) London

There are 33 HWBs in London one for each Borough and the City of London. There are four integrated care Pioneer sites including two cross boundary arrangements in NW and NE London and four NHS Vanguard.

a) HWB regional leadership arrangements

The HWB Chairs are supported by London Councils and have a well-established sector led improvement programme for London including events, research and support to individual HWBs. The London HWBs Chairs Network is chaired by Cllr Teresa O'Neill, Bexley and there is an impetus to strengthen the network. Cllr Jonathan McShane, the CWB Ambassador for London presented at the New Chairs Induction Session in September and on the Leadership Essentials Programme.

b) Take-up of the support offer

Links with London Councils and the programme are established take-up by Chairs and CCG Vice –Chairs in the wider programme is increasing e.g. good attendance at the Chairs Summit in March. Three areas have had a Health and Wellbeing peer challenge and a further three areas have bespoke support in place and seven are receiving facilitation and support co-ordinated regionally. Nine HWB Chairs and one CCG Vice-Chair have attended/are attending Leadership Essentials.

iv) North East

There are 12 HWBs in the region; although all are unitary areas two are large geographically with multiple CCGs. There is one Integrated Care Pioneer and seven NHS Vanguards in the region.

a) HWB regional leadership arrangements

The regional HWB Chairs network is supported by the Association of North East Councils (ANEC) who also hosts regional events. Cllr Iain Malcolm, S. Tyneside is the CWB Ambassador for this region.

b) Take-up of the support offer

This region is very well engaged with the support offer through national programme officers the Principal Adviser and the CHIA. Three areas have had a Health and Wellbeing peer challenge with a one further booked for this year and another in consideration. Five HWB Chairs and two Vice-Chairs have attended/are attending Leadership Essentials. One HWB is having a session delivered by the CHIA and the Principal Adviser to support them in taking forward their plans.

v) North West

There are 23 HWBs in the region, including two large county areas with multiple CCGs, two major cities and the rest of the areas being co-terminous unitary authorities. The Greater Manchester devolution deal including health and care is inevitably dominating the agenda. There are nine Integrated Care Pioneers including a pan-Cheshire arrangement, four NHS Vanguards and one NHS Success regime area.

a) HWB regional leadership arrangements

There was previously a joint HWB Chairs and CCG Chairs regional network supported by North West Employers. This has ceased in favour of themed regional events as there is some overlap with the Adult Social Care Portfolio-Holders Network. The national programme has made links to North West Employers. Cllr Linda Thomas, Bolton is the HWB Ambassador for the region and chaired the March national Chairs Summit and the launch of the 'Call to Action for HWBs' at LGA Annual Conference.

b) Take-up of the support offer

There is an interest in peer challenge but could improve take-up of other parts of the programme. There have been six Health and Wellbeing peer challenges and two adult social care related peer challenges in the region, with interest from a further area this year for Health and Wellbeing. One area is receiving bespoke support and another interested. Three HWB Chairs have attended the Leadership Essentials.

vi) South East

There are 18 HWBs in the region (Milton Keynes is considered part of the East Midlands region for the purposes of health and wellbeing support), including seven large two tier county areas with multiple CCGs, the most complex in the country being Kent. There is one Integrated Care Pioneer and three NHS Vanguards in the region.

a) HWB regional leadership arrangements

Following the re-establishment of a HWB co-ordinators network which is well attended from across the region, there has been renewed interest in the potential for a Network of HWB Chairs (including virtual contact) and an event is being planned for the Autumn. There is a Health & Wellbeing Programme Co-ordinator funded from the previous year's programme who works with the CHIA and LGA Principal Advisers to support this agenda.

b) Take-up of the support offer

To date there has been one HWB peer challenge in the region: plans are underway for a sub-regional challenge in another area this year and a further area is interested in one for early 2016/17. Three Chairs/ Portfolio Holders are booked on Leadership Essentials for 2015/16 and eight areas were represented on the programme in 2014/15, including two CCG Vice Chairs. One new Chair attended the Induction session. Bespoke support was provided in three areas in 2014/15 and is being provided in three to date in 2015/16, with discussions ongoing in another three. There is significant interest in 'Working in a Political Environment' training which is being delivered by the regional programme for health colleagues: this has been delivered in one area to date, is planned in another six, plus a session for PHE colleagues.

vii) South West

There are 15 HWBs in the region, including the only combined HWB in the country Bournemouth & Poole. The region includes four two tier areas with multiple CCGs and the Isles of Scilly with their own HWB. There are six Integrated Care Pioneers, three NHS Vanguards and one NHS Success Regime area in the region. Cornwall has secured a devolution deal that includes the integration of health and care.

a) HWB regional leadership arrangements

There is a HWB Chairs Network chaired by Cllr. Heather Goddard, S. Gloucestershire. Cllr Sandra Samuels, Wolverhampton is the CWB Ambassador for this region and has attended a network meeting.

b) Take-up of the support offer

There is good engagement with the programme from this region particularly through the HWB Chairs and the CCG Vice-Chairs. Four areas have had a Health and Wellbeing peer challenge and a further two areas have bespoke support in place. Seven HWB Chairs and seven Vice-Chairs including six from CCGs have attended/are attending Leadership

Essentials. We are developing a package of support for Cornwall to help them deliver the Cornwall Health and Care deal.

viii) West Midlands

There are 14 HWBs in the region, including the city of Birmingham and four county areas with complexity and multiple CCGs. There are two Integrated care Pioneers and three NHS Vanguard areas in the region. There is a combined authority bid which does not include health and social care.

a) HWB regional leadership arrangements

The Chair of the regional Chairs Network has changed twice in the past two years and the network has not met consistently. This is a priority for Improvement and Efficiency West Midlands, working with the LGA's Principal Adviser. The CWB Ambassador Cllr Sandra Samuels from Wolverhampton is actively supporting the revamping of the network. Cllr Samuels also chaired the New Chairs Induction Session in July.

b) Take-up of the support offer

This region has engaged well with the support offer. Five peer challenges have taken place and the PA team, regional Chair and the CWB ambassador continue to promote the programme through the new LGA Principal Adviser. A new CHIA was appointed in early September. Five areas have had some bespoke support and three HWB Chairs have attended the Leadership Essentials programme.

ix) Yorkshire & Humber

There are 15 HWBs in the region, all unitary councils with the exception of the county of North Yorkshire and three major city areas. There are six Integrated Care Pioneers and five NHS Vanguards in the region.

a) HWB regional leadership arrangements

The HWB Chairs network has met previously and the regional Chair is Cllr Jonathan Owen from East Riding. However the sub-regional groupings and demise of the regional infrastructure support militate against an effective regionally based Chairs network.

b) Take-up of the support offer

The region has engaged well with the support offer. Six areas have had a Health and Wellbeing peer challenge. Six HWB Chairs and one CCG Vice-Chairs have attended/are attending Leadership Essentials and one new HWB Chair attended the Induction session. Three HWBs have had bespoke support.

Overarching themes

3. From discussions with CHIAs on the regional updates and in producing this composite report the following overarching themes have been identified:
 - 3.1 There is considerable churn in the system with new Chairs and Vice -Chairs, which means that we need to continually promote and signpost HWBs and the system to what is on offer to support them in new roles.
 - 3.2 The **USP** of the Health and Wellbeing System Improvement programme (part of CHIP) is the support it gives to **HWB Chairs**, which does not exist anywhere else.
 - 3.3 Linked to the above is the growing **engagement of CCG** Vice Chairs in the support programme which is something that we will build upon in our work with NHS Clinical Commissioners in taking forward “Getting Better Together: a call to action for HWBs”.
 - 3.4 There are **widespread changes in local authority senior officers** who have the experience and confidence in dealing with the NHS and need for support to be effective.
 - 3.5 There is more to do to ensure **NHS colleagues are aware of how councils go about their business** and different governance structures.
 - 3.6 There is no blueprint for regional networking but what is valued are **opportunities for sharing learning**. We need to make much more of what we have already learnt e.g. from peer challenges – are there regional issues to pick up together? We also need to promote more visibly and make more accessible good examples of HWBs driving integration and achieving the future vision set out in “Getting Better Together: a call to action for HWBs”.
 - 3.7 Diminishing interest in signing up for a peer challenge but clear interest in **more bespoke support**.
 - 3.8 Challenged health economies/**economies at risk**.
 - 3.9 How do HWBs engage in the **devolution** agenda and process?
 - 3.10 Importance of **aligning support** offers for the system to access.

Next Steps

4. Members are asked to use the overarching themes as a basis for discussion.

Financial Implications

5. None. CHIP is funded by Department of Health.

Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- Task and Finish Group on Ageing
- Task and Finish Group on Housing and Vulnerable People
- Dementia
- Personalisation
- Asylum, Refugee and Migration Taskforce

Recommendations

Members of the Community Wellbeing Portfolio are asked to:

1. **Provide oral updates** on any other outside bodies / external meetings they may have attended on behalf of the Community Wellbeing Portfolio since the last meeting; and
2. **Note** the updates contained in the report.

Action

As directed by members.

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Update on Other Board Business

Task and Finish Group on Ageing

1. The group has now finished its work and its report [Ageing: a strategic opportunity for local government](#) was launched by Cllr Seccombe at the House of Lords on 24th June 2015. This report looks at the challenges and opportunities of ageing for councils. There has been a lot of interest in the report, including at an EU level. The Council of European Municipalities and Regions has invited the LGA to attend the conference to launch the 'Covenant on Demographic Change' in Brussels in December 2015. The goal of the Covenant is to engage local and regional authorities in developing environments supporting active and healthy ageing. Cllr Seccombe will be attending the launch.
2. The LGA will be looking to further model the financial impact of an ageing population on local councils and are currently developing a proposal. We hope to link this to research commissioned by PHE amongst others.

Task and Finish Group on Housing and Vulnerable People

3. The final report of the Task and Finish Group on Housing and Vulnerable People will be launched at the Kings Fund / Public Health England event on [Housing and Health on 21 October 2015](#).

Dementia

4. In July 2015 the LGA published [Dementia Friendly Communities guidance](#) for councils. This guidance was produced in collaboration with the Innovations in Dementia. It outlines the important role of councils in supporting people with dementia by creating local dementia friendly communities. It demonstrates how councils are making this happen through numerous case study examples.
5. We contributed to the completion and of PAS1365 for 2015 – the BSI Code of practice for the recognition of dementia friendly communities. This was launched in July 2015.
6. In September 2015 Councillor Ford attended the PHE Dementia Governance Board and also the Dementia Action Alliance quarterly meeting. Councillor Ford also spoke at the Alzheimer's Society conference in July 2015 and ran a Dementia Friends session.

Personalisation

7. In June 2015 we submitted the LGA Think Local Act Personal Partner Commitments for 2015-2016. These are:
 - 7.1 The LGA will continue to work with TLAP, DH and ADASS and other partners to promote the care and support reform programme, helping local government and partners implement the Care Act.

- 7.2 The LGA will continue to champion the work of TLAP to elected members through our Community Wellbeing Board and the Building Community Capacity Steering Group. This will assist members to support TLAP priorities of personalisation, coproduction and community capacity building in their local communities.
- 7.3 A LGA Board Member will continue to attend TLAP Partnership meetings.
- 7.4 The LGA will run a national event on Care Act implementation for lead members– including a session on co-production and personalisation led by TLAP and subsequent sharing of learning.
- 7.5 TLAP will help shape the agenda for NCAS 2015 ensuring the views of people that use services are incorporated.
- 7.6 The LGA will publicise TLAP regional events on building community capacity.
- 7.7 The combined care and health improvement programme (CHIP) will continue to improve outcomes for local people by helping the sector to deliver better quality care and health. The LGA will work with TLAP to embed any synergies into this single programme.

Asylum, Refugee and Migration Taskforce

- 8. An update will be provided at the Away Day on the work of the Asylum, Refugee and Migration Taskforce following the government's announcement in early September that it would resettle 20,000 Syrian refugees in the UK over the rest of the Parliament.

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Wednesday 10 June 2015
Venue:	Smith Square 3&4, Ground Floor, Local Government House, Smith Square, London, SW1P 3HZ

Attendance

An attendance list is attached as **Appendix A** to this note

Item	Decisions and actions	Action
1	<p>Welcome and declarations of interest</p> <p>The Chair welcomed Andrea Sutcliffe (Chief Inspector for Adult Social Care at the Care Quality Commission) and Jackie Ballard (Chief Executive, Alcohol Concern) to the meeting as they were providing presentations to the Board meeting. She also welcomed Cllr Sue Woolley (Chair of the Lincolnshire Health and Wellbeing Board) and Jo Farrah (SOLACE) who were both attending in an observing capacity.</p> <p>Apologies for absence were received from Cllrs Louise Goldsmith (substituted by Councillor Clare-Louise Leyland), Andrew Gravells (substituted by Cllr Bill Bentley), Colin Noble (substituted by Cllr Collette Wyatt-Lowe) and Lib Peck.</p> <p>The Chair thanked Katie Hall for her work on the Board as previous Chair and Deputy Chair and wished her well for the future. She welcomed Cllr Doreen Huddart in her new role as Deputy Chair for the Liberal Democrat Group.</p> <p>The Chair also extended her thanks to Cllr Gillian Ford as Deputy Chair for the Independent Group. This was Gillian's last meeting in her three-year term and the Chair thanked her for her significant contribution to the Board and wished her well for the future. The Chair looked forward to seeing Gillian at the Ageing Well event on 24 June.</p>	
2	<p>Care Quality Commission</p> <p>The Board received a presentation from Andrea Sutcliffe, Chief Inspector of Adult Social Care at the Care Quality Commission (CQC). Members were keen to know how best they could work with the CQC to support information flows locally about provider resilience and capacity, particularly in light of local authorities' new role for market shaping under the Care Act 2014. They also were keen for Andrea to outline how the LGA and local leaders could be more involved both in thematic reviews of care pathways, particularly given the focus on local commissioning arrangements.</p>	

Andrea provided her views on how the current inspection and regulation framework for health and social care can promote integration and personalisation. She advised that the CQC make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. They also monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

The five key questions that the CQC asked when inspecting services are:

- Is it effective?
- Is it well-led?
- Is it responsive to people's needs?
- Is it safe?
- Is it caring?

At the present time, over one-third of adult social care services required improvement where poor care and leadership had been identified. Andrea highlighted the "web of care" in terms of person-centred integration care and it related to how does the CQC address the need for integration when there may be poor communication between professionals in various organisations.

Members asked a number of questions and Andrea Sutcliffe responded as follows:

- The CQC were keen to encourage innovation and a dialogue was needed with local communities when new models of care were being rolled out and developed.
- CQC needed to be work flexibly and lobby government over such important issues as elderly care.
- Despite improvements, there was still too much poor care being delivered and there were ways where greater initiatives could be undertaken with the local community e.g. national care homes open days.
- The CQC had currently 723 inspectors, covering 25,000 locations. There had been a difficulty in recruiting Inspectors and the CWC were not at full capacity at the present time. More routine inspections would need to wait whilst more important inspections were conducted.
- The baseline for inspections would be September 2016.
- There was a case for closer working within the health and adult social care sector and the training of staff needed to be developed to a greater degree.
- With better intelligence and commissioning, it was possible for the Care Quality Commission to target more cases of poor practice as part of its inspection regime.

3 Reducing and Preventing Alcohol Harm

The Board received a presentation from Jackie Ballard, Chief Executive Alcohol Concern which is a small independent charity working in England and Wales to change the drinking culture. Its vision is of a world where

alcohol does no harm.

Its mission is to help individuals through information, advice and guidance; help professionals through training, projects and research and campaigning to challenge the drinking culture in our country.

Members were keen to seek Jackie's views on various issues, including whether education was the best way to tackle alcohol misuse, minimum unit pricing and the profound question of personal liberty involved, i.e a balance between a "nanny" state and personal freedom of adults to choose their own lifestyle.

Jackie highlighted the work of Alcohol Concern, statistics and medical evidence concerning alcohol. She considered that local authorities could take the lead at a local level and referred to the "dry January initiative" and work undertaken jointly with the London Borough of Hackney.

Members had a number of questions and Jackie responded as follows:

- Communities needed to work together to address the drinking culture.
- There had been an inter-generational event in South Wales which was a useful initiative at bringing communities together and from different generations.
- It was difficult to state what particular initiatives local local authorities should be undertaking in alcohol prevention and education matters as it was considered best to decide this according to local need and local issues.
- Education and self-help initiatives were available for those seeking help with alcohol addiction.
- Alcohol Concern strongly supported Minimum Unit Pricing. As a result of Minimum Unit Pricing taking effect in Scotland, violence had reduced.
- It was difficult to determine clear guidance on units and alcohol drink limits as strengths varied for beer and wine.

4 New Government's approach to health and social care

Sally Burlington (Head of Policy- People) provided an oral update to the Board of the Conservative Party's manifesto commitments in relation to Health and Social Care and two documents had been tabled for the Board's information.

The Board **noted** that the new Government's special emergency budget on 8 July 2015 would mean even tighter budgets across all Government departments, particularly relating to Local Government and would set the spending 'envelope' for the rest of the Parliament until 2020. The Chancellor of the Exchequer had recently announced further saving programmes across all of Government and that as part of this, the Department of Health has been asked to deliver in-year savings of £200m from the public health grant given to local authorities (equivalent to a 7% reduction).

This is on top of the pressures that local government is already facing, not least as the public health responsibilities of local government are so intertwined with the NHS.

Members considered that more funding was needed in transforming services in particular relating to the 0-5 Transfer in October 2015 and Better Care Fund integration. Adult Social Care spending also needed to be protected.

Decision

Members **noted** the oral update. They agreed that there should be maximum flexibility and discretion in where savings could be made in order to accommodate local needs across Local Government and considered that Health and Wellbeing Boards needed to work more closely with colleagues in the NHS. In particular a transitional fund was needed with Adult Social Care and the Better Care Fund.

5 Annual Review of 2014-15 Priorities

This report set out the Annual Review of activities of the Community Wellbeing Board for 2014-15. It concluded by setting out proposals for the priorities for 2015-16 and it was considered there would be a need some flexibility in the work programme to respond to new initiatives and opportunities, and to allow for steers from the Leadership Board and Executive, who may take a more active role in setting the policy priorities across the LGA.

Members welcomed the report of the Board's activities during 2014/15 and **noted** that a lot of positive work had been undertaken during the year.

Members also suggested that consideration should be given to adding the following items to the Board's priorities in 2015/16, subject to final agreement at the Board meeting and awayday on 2 October 2015:

- Cross-board working on housing and social care – including dementia and housing- which was included at item 16.3.5 but this could feature more prominently;
- Migrants health and wellbeing - It was noted that in Lincolnshire, migrants actually underused health and social care services (mainly because of their age and employment profile) contrary to media attention that they were placing a strain on health services
- The Low Commission on Access to legal and welfare advice
- Alcohol misuse – links with obesity, anti-social behaviour, pressure on A&E services and support back to employment – this could be around demonstrating added value of public health and 'health in every policy'. It was also requested for good practice case studies on mobile alcohol unites to take pressure off A&E and possibility of charging people for alcohol-related A&E attendances.
- Sustainability of care home provision and local authority duties on market shaping – in particular, how do we address issues of cross-subsidy of LA funded places in care homes by self-funders?

- Ordinary residence issues – in relation to access to housing and also for looked after children's access to health check who are placed out of area.
- Winter pressures

Decision

The Board **noted** the annual review of Board priorities 2014/15 and provided a number of suggestions for proposed priorities for 2015/16. There would be further discussion and comments made during the Summer period prior to the Board meeting and Awayday on 2 October and it would also be discussed at the Lead Members' meeting on 15 July.

a) Appendix A Awayday

The Board noted the draft agenda for the Board and Awayday on 2 October 2015 and suggested names of those to be invited to the meeting.

Decision:

The Board **agreed** the draft agenda and requested that invitations should be extended to: Alastair Burt, MP (Minister of State for Care and Support). If he is unable to attend, Simon Stephens (Chief Executive, NHS England) or Sarah Woollaston MP or Jane Ellison MP would be invited

6 Decisions and actions from the previous meeting

The minutes of the meeting held on 11 March 2015 were **agreed**, subject to the following amendment:

Councillors Linda Thomas, Liz Mallinson and Collette Wyatt-Lowe should be recorded as being present at the meeting.

7 Update on Other Board Business

Members **noted** the report, which covered a wide range of issues.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Izzi Seccombe	Warwickshire County Council
Vice-Chairman	Cllr Linda Thomas	Bolton Council
Deputy-chairman	Cllr Doreen Huddart	Newcastle upon Tyne City Council
	Cllr Gillian Ford	Havering London Borough Council
Members	Cllr Barbara Cannon	Allerdale Borough Council
	Cllr Fay Howard	Swindon Borough Council
	Cllr Iain Malcolm	South Tyneside Metropolitan Borough Council
	Cllr Sandra Samuels	Wolverhampton City Council
	Cllr Elaine Atkinson OBE	Borough of Poole
	Cllr Vic Pritchard	Bath & North East Somerset Council
	Cllr Kenneth Taylor OBE	Coventry City Council
	Cllr Mark Ereira	Suffolk County Council
	Cllr Bill Bentley	East Sussex County Council
	Cllr Liz Mallinson	Cumbria County Council
	Cllr Claire-Louise Leyland	London Borough of Camden
Cllr Colette Wyatt-Lowe	Hertfordshire County Council	
Apologies	Cllr Lib Peck	Lambeth London Borough Council
	Cllr Lynn Travis	Tameside Metropolitan Borough Council
	Cllr Colin Noble	Suffolk County Council
	Cllr Andrew Gravells	Gloucestershire County Council
	Cllr Louise Goldsmith	West Sussex County Council

LGA location map

Local Government Association

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Public transport

Local Government House is well served by public transport. The nearest mainline stations are: Victoria and Waterloo: the local underground stations are

St James's Park (Circle and District Lines), **Westminster** (Circle, District and Jubilee Lines), and **Pimlico** (Victoria Line) - all about 10 minutes walk away.

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Bus routes – Horseferry Road

- 507** Waterloo - Victoria
- C10** Canada Water - Pimlico - Victoria
- 88** Camden Town - Whitehall - Westminster - Pimlico - Clapham Common

Bus routes – Millbank

- 87** Wandsworth - Aldwych
- 3** Crystal Palace - Brixton - Oxford Circus

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