

Community Wellbeing Board

Agenda

Thursday, 28 September 2017
2.00 pm

Rooms A&B, Ground Floor, Layden House,
76-86 Turnmill Street, London, EC1M 5LG

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

www.local.gov.uk

Guidance notes for members and visitors

Layden House, 76-86 Turnmill Street, London, EC1M 5LG

Please read these notes for your own safety and that of all visitors, staff and tenants.

Welcome!

Layden House is located directly opposite the Turnmill Street entrance to Farringdon station, which is served by the Circle, Hammersmith & City, and Metropolitan lines as well as the Thameslink national rail route.

Security

Layden House has a swipe card access system meaning that a swipe enabled security passes will be required to access the lifts and floors 1-5.

Most LGA governance structure meetings will take place on the **ground floor** of Layden House which is open access and therefore does not require a swipe enabled security pass. **Access** to the rest of the building (floors 1-5) is via swipe enabled security passes.

When you visit Layden House, **please show your Local Government House security pass to reception** and they will provide you with a temporary pass which will allow you access to floors 1-5 if required. **Please don't forget to sign out at reception and return your security pass when you depart.**

If you do not have a LGH Security Pass, please email [member services](#) with your name and a recent photo and a pass will be made for you. You can pick this up from the Layden House reception desk on your next visit.

Fire instructions

In the event of the fire alarm sounding, vacate the building immediately via the nearest fire exit onto Turnmill Street and take the next turning on your left – Benjamin Street to St John's Gardens.
DO NOT USE THE LIFTS.
DO NOT STOP TO COLLECT PERSONAL BELONGINGS.
DO NOT RE-ENTER BUILDING UNTIL AUTHORISED TO DO SO.

Soft Seating Area

There is a small soft seating area on Floor 2 which will also operate as an 'Open Council' area for visiting members and officers from member councils. Please note however that unlike Open Council, this area does not have tea and coffee facilities, nor access to computers.

Toilets

There are accessible toilets on the Ground Floor, 2nd and 4th floors.

Accessibility

If you have special access needs, please let the meeting contact know in advance and we will do our best to make suitable arrangements to meet your requirements.

Parking is available at the rear of the building for Blue Badge holders, accessed via the Turks Head Yard, North underpass. Disabled WCs are situated on the ground and 4th floors. An induction loop system is available in the 5th floor conference venue. For further information please contact the Facilities Management Helpdesk on 020 7664 3015.

Guest WiFi in Layden House

WiFi is available in Layden House for visitors. It can be accessed by enabling "Wireless Network Connection" on your computer and connecting to LGA-Free-WiFi. You will then need to register,

either by completing a form or through your Facebook or Twitter account (if you have one). You only need to register the first time you log on.

Further help

Please speak either to staff at the main reception on the ground floor, if you require any further help or information. You can find the LGA website at www.local.gov.uk

Why have the LGA's Headquarters moved?

The LGA has temporarily relocated from Local Government House (LGH) in Smith Square to Layden House in Farringdon, effective from Monday 31 October 2016. This is to allow extensive refurbishment work to be carried out to LGH.

The refurbishment works will see the ground floor conference centre and all meeting rooms fully refurbished. Floors 1, 2 and 3 will be upgraded and released for commercial letting to enable the LGA to maximise the income from this building as part of its drive for financial sustainability. A new and larger Open Council will be located on the seventh floor. The refurbishment is expected to last for twelve months and we expect to be back in LGH by October 2017.

We appreciate your understanding and flexibility during this time.

LGA Community Wellbeing Board

28 September 2017

There will be a meeting of the Community Wellbeing Board at **2.00 pm on Thursday, 28 September 2017** Rooms A&B, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG.

A sandwich lunch will be available before the meeting, from 1.00pm.

Attendance Sheet:

Please ensure that you sign the attendance register, which will be available in the meeting room. It is the only record of your presence at the meeting.

Political Group meetings:

The group meetings will take place in advance of the meeting. Please contact your political group as outlined below for further details.

Apologies:

Please notify your political group office (see contact telephone numbers below) if you are unable to attend this meeting.

Conservative:	Group Office: 020 7664 3223	email: lgaconservatives@local.gov.uk
Labour:	Group Office: 020 7664 3334	email: Labour.GroupLGA@local.gov.uk
Independent:	Group Office: 020 7664 3224	email: independent.grouplga@local.gov.uk
Liberal Democrat:	Group Office: 020 7664 3235	email: libdem@local.gov.uk

Location:

A map showing the location of Layden House is printed on the back cover.

LGA Contact:

Alexander Saul
0207 664 3232 / alexander.saul@local.gov.uk

Carers' Allowance

As part of the LGA Members' Allowances Scheme a Carer's Allowance of up to £7.50 per hour is available to cover the cost of dependants (i.e. children, elderly people or people with disabilities) incurred as a result of attending this meeting.

Social Media

The LGA is committed to using social media in a co-ordinated and sensible way, as part of a strategic approach to communications, to help enhance the reputation of local government, improvement engagement with different elements of the community and drive efficiency. Please feel free to use social media during this meeting. **However, you are requested not to use social media during any confidential items.**

The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board – Membership 2017/2018

Councillor	Authority
Conservative (8)	
Cllr Izzi Seccombe OBE (Chairman)	Warwickshire County Council
Cllr Nigel Ashton	North Somerset Council
Cllr Gareth Barnard	Bracknell Forest Borough Council
Cllr Liz Fairhurst	Hampshire County Council
Cllr Liz Mallinson	Cumbria County Council
Cllr Sue Woolley	Lincolnshire County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Graham Gibbens	Kent County Council
Substitutes	
Cllr Elaine Atkinson OBE	Borough of Poole
Cllr Olivia Sanders	Brentwood Borough Council
Labour (7)	
Cllr Linda Thomas (Vice-Chair)	Bolton Council
Cllr Jonathan McShane	Hackney London Borough Council
Cllr Lynn Travis	Tameside Metropolitan Borough Council
Cllr Shabir Pandor	Kirklees Metropolitan Council
Cllr Paulette Hamilton	Birmingham City Council
Cllr Jackie Meldrum	Lambeth London Borough Council
Cllr Rachel Eden	Reading Borough Council
Substitutes	
Cllr Mohammed Iqbal	Pendle Borough Council
Cllr Robin Moss	Bath & North East Somerset Council
Liberal Democrat (2)	
Cllr Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Cllr Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Cllr Rob Rotchell	Cornwall Council
Independent (2)	
Mayor Kate Allsop (Deputy Chair)	Mansfield District Council
Cllr Claire Wright	Devon County Council
Substitutes	
Cllr Neil Burden	Cornwall Council
Cllr Ian Cruise	Birmingham City Council

Agenda

Community Wellbeing Board

Thursday 28 September 2017

2.00 pm

Rooms A&B, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG

Item	Page
1. Apologies and Declarations of Interest	
2. Membership, Terms of Reference and Outside Bodies	1 - 10
3. Community Wellbeing Board Priorities 2017-2018	11 - 22
4. Other Board Business	23 - 26
5. Minutes of the last meeting	27 - 32

Date of Next Meeting: Wednesday, 29 November 2017, 11.00 am, Rathbone Rooms 1&2, 7th Floor, Local Government House, Smith Square, London, SW1P 3HZ

Community Wellbeing Board 2017/18: How it works for you, Terms of Reference, Membership and Appointments to Outside Bodies

Purpose of report

For information and approval.

Summary

This report sets out how the Community Wellbeing Board operates and how the LGA works to support the objectives and work of its member authorities.

Members are asked to note the Board's membership and agree their Terms of Reference and nominations to Outside Bodies for the 2017/18 year.

Recommendations

That the Community Wellbeing Board:

- i. agrees note its Terms of Reference (**Appendix A**);
- ii. formally notes the membership for 2017/18 (**Appendix B**);
- iii. note the Board meeting dates for 2017/18 (**Appendix C**); and
- iv. agrees the Board's nominations to outside bodies (**Appendix D**).

Action

As directed by Members.

Contact officer: Alexander Saul
Position: Member Services Officer
Phone no: 020 7664 3232
E-mail: Alexander.Saul@local.gov.uk

Community Wellbeing Board 2017/18: How it works for you, Terms of Reference, Membership and Appointments to Outside Bodies

Background

1. The LGA's Boards seek to lead the agenda for local government on the key challenges and issues within their remit and support the overall objectives of the organisation as set out in the [LGA's Business Plan](#).
2. They take an active role in helping to shape the Association's business plan through extensive engagement with councils and oversight of the programmes of work that deliver these strategic priorities.

2017/18 Terms of reference and membership

3. The Community Wellbeing Board's Terms of Reference and Membership are set out at **Appendix A** and **B** for agreement and noting respectively.
4. The Community Wellbeing Boards meeting dates for 2017/18 are also found at **Appendix C** for noting.

Community Wellbeing Board Lead Members

5. The LGA seeks where possible to work on the basis of consensus across all four groups. The Community Wellbeing Board is politically balanced, and led by the Chair and three Vice/Deputy Chairs, drawn from each of the four political groups. This grouping of members – known as Lead Members – meet in between Board meetings, shape future meeting agendas, provide clearance on time sensitive matters, represent the Board at external events, meetings and in the media, as well as engaging with the wider Board to ensure your views are represented.
6. The Lead Members for 2017/18 are:
 - 6.1 Cllr Izzi Seccombe OBE, Chairman (Conservative)
 - 6.2 Cllr Linda Thomas, Vice-Chair (Labour)
 - 6.3 Cllr Richard Kemp CBE, Deputy Chair (Liberal Democrat)
 - 6.4 Mayor Kate Allsop, Deputy Chair (Independents)

The Community Wellbeing Board team

7. The Board is supported by a cross cutting team of LGA officers, with Policy colleagues and designated Member Services Officer, being those which you are likely to have regular contact with.
8. The Community Wellbeing Board team supports the LGA's work on the Board's priorities relating to Community Wellbeing, and also a number of other discrete issues which are within the Board's remit. The team works with Board Members, the LGA press office and political groups to maintain local government's reputation on Community Wellbeing issues in the media, directs our lobbying work (according to Members' steer) in

conjunction with the Parliamentary affairs team, and works collaboratively with other Boards across relevant cross cutting policy and improvement issues.

9. The team supports Members in person or by briefing when they represent the LGA on external speaking platforms or at Ministerial or Whitehall events. We will provide briefing notes and/or suggested speaking notes as required in advance if each engagement.
10. The team also participate in a number of officer working groups and programme boards, representing the sector's interests and putting forward the LGA's agreed policy positions.

Communications and Events

11. There are a number of internal and external communications channels available to help the Community Wellbeing Board promote the work it is doing and to seek views from our member authorities.
12. In the Autumn the Community Wellbeing Team participates in the National Children and Adult Services conference (NCASC) Organised by the Local Government Association (LGA), Association of Directors of Social Services (ADASS) and Association of Directors of Children's Services (ADCS), the NCASC is regularly attended by more than 1,000 delegates. It is widely recognised as the most important annual event of its kind for councillors, directors, senior officers, policymakers and service managers with responsibilities for children's services, adult care and health in the statutory, voluntary and private sectors. This years NCASC will be held in Bournemouth from 11 to 13 October.
13. We also have a dedicated section on the LGA website, regular e-bulletins with a personal introduction from the Chair of the Board, outside speaking engagements and interviews, advisory networks, features and news items in First magazine as well as twitter accounts (@lgawellbeing) which are used to keep in touch with our members.

Community Wellbeing Board outside body appointments

14. The LGA benefits from a wide network of member representatives on outside bodies across all boards. These appointments are reviewed on an annual basis across the Association to ensure that the aims and objectives of the outside bodies remain pertinent to the LGA and accurately reflect its priorities.
15. A list of the organisations to which the Board is asked to appoint member representatives is attached at **Appendix D**. The Board are asked to nominate the appointments for this meeting cycle, which as far as possible are to be made in proportion with political representation across the LGA. As an LGA representative, Members appointed to these roles should speak for the Association, and not one particular political Group.
16. To maximise the value of attending regular or ad-hoc outside engagements, Members appointed to represent the LGA on an outside bodies are asked to provide regular feedback, either through the Board meetings, or alternative mechanisms.
17. Since the start of the 2016/17 political cycle some of the Outside Bodies that the Community Wellbeing Board was represented on are no longer functioning, these are;

- 17.1 **The Prime Minister's Dementia Challenge 2020 Group Task and Finish Citizens Panel** is no longer meeting.
 - 17.2 **Dementia Action Alliance** no longer requires member attendance.
 - 17.3 **Learning Disability Ministerial Programme Board** and the **Autism Ministerial Programme Board** have both been disbanded by Government.
 - 17.4 **The Missing Children and Adults Roundtable** is on hold, and will possibly no longer be meeting. Mayor Kate Allsop was the appointed representative on this for 2016/17 and has expressed an interest in taking up this appointment were the roundtable to begin to meet again.
18. Members are asked to **re-appoint** those councillors who are remaining in post. These are;
- 18.1 Cllr Graham Gibbens (Conservative) – **Prime Minister's Dementia Challenge 2020 Group**
 - 18.2 Cllr Dorren Huddart (Lib Dem) – **Mental Health Crisis Care Concordat**
19. Members are asked to contact their political group lead if they are interested in being a Community Wellbeing Board appointed representative for either;
- 19.1 **Think Local Act Personal Programme Board**
 - 19.2 **Cabinet Office Covenant Reference Group**

Appendix A

Terms of Reference: Community Wellbeing Board

The purpose of the Community Wellbeing Board 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.

The Board works to support local government in delivery of its public health, health protection and mental health responsibilities, as well as issues relating to an ageing society and the reform and funding of adult social care.

It is also responsible for maintaining a close relationship with the work of the Asylum, Refugee and Migration Task Group.

The Community Wellbeing Board's responsibilities include:

1. Representing and lobbying on behalf of the LGA including making public statements on its areas of responsibility.
2. Building and maintaining relationships with key stakeholders.
3. Ensuring the priorities of councils are fed into the business planning process.
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.
5. Sharing good practice and ideas to stimulate innovation and improvement.
6. Involving representatives from councils in its work, through task groups, Commissions, SIGs, regional networks and mechanisms.
7. Responding to specific issues referred to the Board by one or more member councils or groupings of councils.
8. The Community Wellbeing Board may:
 - 8.1. Appoint members to relevant outside bodies in accordance with the Political Conventions.
 - 8.2. Appoint Board holders from the Board to lead on key issues.

Quorum

One third of the members, provided that representatives of at least 2 political groups represented on the body are present.



Political Composition

Conservative group:	8 members
Labour group:	7 members
Independent group:	2 members
Liberal Democrat group:	2 members

Substitute members from each political group may also be appointed.

Frequency per year

Meetings to be held five times per annum.

Reporting Accountabilities

The LGA Executive provides oversight of the Board. The Board may report periodically to the LGA Executive as required, and will submit an annual report to the Executive's July meeting.

Appendix B

Community Wellbeing Board – Membership 2017/2018

Councillor	Authority
Conservative (8)	
Cllr Izzi Seccombe OBE (Chairman)	Warwickshire County Council
Cllr Nigel Ashton	North Somerset Council
Cllr Gareth Barnard	Bracknell Forest Borough Council
Cllr Liz Fairhurst	Hampshire County Council
Cllr Liz Mallinson	Cumbria County Council
Cllr Sue Woolley	Lincolnshire County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Graham Gibbens	Kent County Council
Substitutes	
Cllr Elaine Atkinson OBE	Borough of Poole
Cllr Olivia Sanders	Brentwood Borough Council
Labour (7)	
Cllr Linda Thomas (Vice-Chair)	Bolton Council
Cllr Jonathan McShane	Hackney London Borough Council
Cllr Lynn Travis	Tameside Metropolitan Borough Council
Cllr Shabir Pandor	Kirklees Metropolitan Council
Cllr Paulette Hamilton	Birmingham City Council
Cllr Jackie Meldrum	Lambeth London Borough Council
Cllr Rachel Eden	Reading Borough Council
Substitutes	
Cllr Mohammed Iqbal	Pendle Borough Council
Cllr Robin Moss	Bath & North East Somerset Council
Liberal Democrat (2)	
Cllr Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Cllr Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Cllr Rob Rotchell	Cornwall Council
Independent (2)	
Mayor Kate Allsop (Deputy Chair)	Mansfield District Council
Cllr Claire Wright	Devon County Council
Substitutes	
Cllr Neil Burden	Cornwall Council
Cllr Ian Cruise	Birmingham City Council

Appendix C**Board Meeting Dates 2017/18**

DAY (2017)	DATE	TIME	Room at Layden House/Local Government House
Thursday	28 September 2017	Away Day: 10.00 – 13.30 Board Meeting: 14.00 – 16.00	Rooms A&B, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG
Wednesday	29 November 2017	11.00 – 13.00	Rathbone Rooms 1&2, 7th Floor, Local Government House, Smith Square, London, SW1P 3H
DAY (2018)			
Wednesday	21 February 2018	11.00 – 13.00	Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ
Wednesday	9 May 2018	11.00 – 13.00	Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ
Tuesday	19 June 2018	11.00 – 13.00	Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ

Appendix D: Outside Body Appointments

Community Wellbeing Board: Outside Bodies

Organisation	Background	Representative	Allowances/ Expenses	LGA Contact Officer
Prime Minister's Dementia Challenge 2020 Group	Meets very occasionally. Also attended by DCX.	Cllr Graham Gibbens (Con)	The LGA will cover reasonable travel and subsistence.	Kevin Halden Kevin.Halden@local.gov.uk
Think Local Act Personal Programme Board	Board that reviews finances and status of TLAP. Currently meets every 2 months Members unable to attend last year.	1 Vacancy	The LGA will cover reasonable travel and subsistence.	Kevin Halden Kevin.Halden@local.gov.uk
Mental Health Crisis Care Concordat	The group oversees the implementation of the Mental Health Crisis Concordat. Meets twice a year and chaired by Ministers at Home Office and Department of Health.	Cllr Doreen Huddart (Lib Dem)	The LGA will cover reasonable travel and subsistence.	Mark Norris / Laura Caton Mark.Norris@local.gov.uk Laura.Caton@local.gov.uk

<p>Cabinet Office Covenant Reference Group</p>	<p>To review national progress against the Armed Forces Community Covenant</p> <p>Annual meeting with the Prime Minister and ministerial representatives from all government departments.</p> <p>Chairman is the main invite but need a substitute</p>	<p>1 Vacancy</p>	<p>The LGA will cover reasonable travel and subsistence</p>	<p>Laura Caton Laura.Caton@local.gov.uk</p>
---	--	-------------------------	---	--

Asylum, Refugee and Migration Task Group

The Board is also asked to note that the LGA operates a Member-led Asylum, Refugee and Migration Task Group made up of regional members and Regional Strategic Migration Partnership representation covering all of the English regions, Northern Ireland, Wales and Scotland. Its primary focus is issues around the asylum, refugee and migration agenda from a local government perspective. The LGA, via the Task Group, has been involved in discussions with Government and with regions for a long period of time. These discussions have been concerned with how to work together to find sustainable solutions to these issues which also minimise the pressures on local authorities, local communities and vulnerable individuals. The Group reports to the Children and Young People and Community Wellbeing Boards. A member from each LGA Political Group also oversees and advises on the LGA position on asylum and refugee resettlement.

Proportionality Figures 2017/18

Members are asked to ensure that appointments for 2017/18 are in broad proportionality with the 19 Member political group makeup of the Board, which is as follows:

8 Conservative, 7 Labour, 2 Independent, 2 Liberal Democrat.



Community Wellbeing Board Priorities 2017/18

Purpose

For discussion and decision.

Summary

This report outlines proposals for the Board's priorities and key areas of work, set against the available resources for 2017/18. The proposals are based on both corporate LGA priorities and options for broader work based on a combination of areas of interest previously indicated by Board members, ongoing work and recent policy announcements by Government. Subject to members' views, officers will develop a work programme to deliver these priorities.

Recommendation

Board Members are asked to discuss and agree the Board's priorities for 2017/18.

Action

Officers to take forward as directed by members.

Contact officer: Mark Norris
Position: Principle Policy Adviser
Phone no: 020 7664 3241
Email: mark.norris@local.gov.uk

Community Wellbeing Board Priorities 2017/18

Background

1. At this first meeting of the Community Wellbeing Board, members are asked to consider the policy priorities for the work programme for the coming year. In making these decisions, members are asked to consider two issues:
 - 1.1. The corporate priorities set out in the LGA's business plan.
 - 1.2. Specific policy priorities based on the remit of this Board.
2. As a part of the LGA's response following the tragic Grenfell Tower Fire a lot of capacity has been taken out of some teams, which will need to be considered when resourcing priorities and when officers develop a work programme for the year.
3. This report sets out a suggested work programme for the Board which will help deliver the LGA's Business Plan priorities, for Members' discussion and decision.

LGA corporate priorities

4. As in previous years, LGA policy Boards are being asked to incorporate cross-cutting LGA priorities within their work programmes. The LGA's [business plan](#), refreshed last Autumn, sets out the organisation's existing corporate priorities:
 - 4.1. Britain's exit from the EU
 - 4.2. Funding for local government
 - 4.3. Inclusive growth, jobs and housing
 - 4.4. Children, education and schools
 - 4.5. Promoting health and wellbeing
 - 4.6. Devolution
 - 4.7. Sector led improvement.
5. The work of the Community Wellbeing Board (CWB) makes a contribution to a number of these overarching themes. Of particular relevance is the work around promoting health and wellbeing, but also work around mental health that links in with work to support children and young people as well as relationship between supported housing and the wider LGA housing agenda.

Specific work of relevance to this Board's remit

6. Some of the issues and work listed below will inevitably cross-over.
7. **Adult social care funding and reform:** Funding for adult social care – both for the short- and long-term – remains a priority issue for local government and the Community Wellbeing Board has long prioritised this area of work.
 - 7.1. Over the last two years, Government has made additional funding available for adult social care through various means, including the council tax precept, the improved Better Care Fund and the Adult Social Care Support Grant. Although

- welcome, these measures are not enough to deal with all short-term pressures and the LGA estimates that the service faces a £2.3 billion gap by 2019/20. This comprises a £1 billion pressure posed by demography, inflation and the National Living Wage and an annually recurring pressure of £1.3 billion to stabilise the provider market.
- 7.2. The LGA estimate does not account for new costs that are outside the control of local government or new burdens imposed by national government. Costs associated with ‘sleep-ins’ (detailed elsewhere in this report) are one such additional cost that will need to be factored into on-going work on adult social care resources.
- 7.3. It is therefore proposed that the Community Wellbeing Board oversees work to:
- 7.3.1. Continue evidencing and quantifying all system-wide pressures.
 - 7.3.2. Continue engaging closely with national partners as part of advancing the sector’s argument for sustainable adult social care in the short-term.
- 7.4. The LGA has also consistently called for longer-term reform of adult social care funding to secure the future of the service. We expect the Government to publish a ‘consultation on proposals’ (what has previously been described as a social care green paper) which is likely to cover sustainable funding as well as the links between adult social care and other services which support ageing in its widest sense. It is therefore proposed that the Community Wellbeing Board oversees work to:
- 7.4.1. Engage closely with Government on its proposals for sustainable funding.
 - 7.4.2. Highlight the importance of, and help build, cross-party consensus on possible solutions for the longer-term.
- 7.5. The LGA, along with partners across the care and support sector, continue to support the idea of a new ‘social movement’ for social care that would lobby for greater awareness of, and funding for, care and support services. At the heart of this idea is the principle that the movement needs to be driven by individuals using care services and their family and friends. The LGA has been involved in discussions to take this work forward and it is therefore proposed that the Community Wellbeing Board oversees work to:
- 7.5.1. Continue the development of the social movement, particularly its ownership and leadership by individuals who use services.
- 7.6 It is also proposed that the Board will oversee work with the Care and Health Improvement programme on an ongoing programme of leadership development for lead members including a Leadership Essentials programme, ongoing support for regional networks and a sector led improvement approach to key issues, such as safeguarding. The annual NCAS Conference will continue to be a means for

local leaders to share issues, concerns and practice in adult social care funding and reform.

8. **The future of integration and the Better Care Fund:** The CWB has consistently prioritised working with Government and NHS partners to support local areas to escalate the scale and pace of integration, primarily through the Better Care Fund (BCF). In some areas it had provided the necessary impetus for health and care to work more effectively and consistently to provide joined up care and support. However, in others that were already working well together, innovation and creativity have been stifled by the bureaucratic and top-down nature of BCF. More recently, the LGA has become increasingly concerned about national interventions to narrow the focus of BCF on reducing delayed transfers of care. This culminated in the LGA deciding to withdraw our support for the BCF Planning Requirements, published in July 2017, that stipulate how social care and NHS funding to support integration is to be spent, including the £2 billion announced in the Spring Budget. The shift in focus, so late in the process to prioritise delayed transfers of care, and the threat of a review of funding allocations if associated targets are not met, is completely unacceptable to local government.
- 8.1. For this reason, the LGA is now calling for a change in policy on integration and to enable all areas to move beyond the BCF and transfer money directly to councils, with leadership from health and wellbeing boards to work with local health leaders to set their own ambitions and plans for integration.
- 8.2. We will work, as far as possible, with health partners to take forward our vision for integration as outlined in Stepping up to the place and to shape the national agenda for place based leadership to replace top-down and inappropriate national targets.
- 8.3. We will work with national health partners to press for a single outcomes framework for the health and care system and a system of performance management, which is light touch and locally driven.
9. **Place based leadership and sustainability and transformation partnerships (STPs):** In July, the LGA published a survey of councillors' perceptions and involvement in STPs. It showed that in most areas there had been little attempt to engage councillors in a meaningful way in the development of STPs and, as a consequence, most councillors had little confidence that STPs would be able to achieve their objectives.
- 9.1. We are committed to working with our national health partners to improve relationships and mutual understanding between councillors and STP leads. We will work with colleagues in the Care and Health Improvement Programme (CHIP) to support councillors to improve their understanding of STPs in order to make an effective contribution. We will also work with NHSE and others to ensure that STP leads fully appreciate the need for local accountability and wider political and public engagement.
- 9.2. In partnership with CHIP and health partners to develop a series of good practice case studies of effective engagement and communication with councillors.

- 10. System transformation and accountable care systems:** In March 2017, the Next Steps on the Five Year Forward View announced that nine STP areas would become accountable care systems, in which NHS commissioners and providers, as well as local authorities and other providers of health and care services, will work collectively across the system to join up their commissioning, funding and services. They will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover. The LGA is committed to ensuring that councils are fully involved in these developments and that these systems are locally accountable, focus on all aspects of care and health and are system-wide.
- 10.1. We will work with the CHIP team and our national health partners to identify examples of good practice that demonstrate meaningful partnership and engagement between councils and the NHS in planning and delivery of care and support.
- 10.2. We will also identify barriers and levers to effective place based and person-centred planning and service delivery and press for change, where necessary to improve a truly joined up approach to commissioning and provision of care and support.
- 11. Make the case for prevention funding:** Councils continue to face significant spending reductions to their public health budget up to 2020/21. We are concerned that reductions to the public health grant will have a significant impact on the viability of essential prevention and health protection services provided by councils. Given that much of the local government public health budget pays for NHS services, including sexual health, drug and alcohol treatment and NHS health checks, this will be a cut to the NHS in all but name. Just as pressures exist within NHS and social care, pressures are mounting within public health services.
- 11.1. To put this in context, public health funding will be cut by 9.7 per cent by 2020/21 in cash terms of £331 million, on top of the £200 million cut in-year announced in 2015. The LGA has argued that councils are given a free hand in how best to find the savings locally and we have consistently sought government's reassurance on this point.
- 11.2. We are expecting the public health settlement discussions for 2018/19 to recommence in the autumn 2017.
- 11.3. As discussions continue around the inclusion of the public health grant within 100% business rates retention and the potential removal of the ringfence around the use of the public health grant, it is recommended that the Board makes future funding of prevention services, a priority for the year.
- 12. To raise awareness of the impact of health inequalities on local communities:** In her first speech as Prime Minister, Theresa May spoke of the 'burning injustice that if you're born poor, you will die on average nine years earlier than others'.

- 12.1. We know that those living in the most deprived communities experience poorer mental health, higher rates of smoking and substance misuse and greater levels of obesity than the more affluent. They spend more years in ill health and they die sooner, as the Prime Minister pointed out. Reducing health inequalities is an economic and social challenge. Since 2013, local government has been responsible for public health in England and has special responsibilities to tackle health inequalities as well as improving the public's health overall.
- 12.2. Local authorities and their public health teams have been on a journey together to understand how we can use councils' traditional functions in conjunction with our newly acquired public health expertise to maximise our contribution to closing the health inequalities gap.
- 12.3. As such, it is recommended that the Board makes the impact social and economic factors have on the long-term ill health and premature death rates for the most deprived, and what local government can do about it, a priority for the year ahead.
- 13. To raise awareness of the link between health, work and worklessness:** Economic development that leads to more jobs for people in our communities is a big contributor to closing the health gap.
- 13.1. Ill health can affect people's participation in the labour market, with over 300,000 people annually falling out of work and onto health-related welfare. This has a huge cost to the individual, families, communities, employers and public services. Local government's ambition to enable everyone to achieve their potential for a healthy and productive life is shared by Public Health England (PHE) and the Local Government Association (LGA).
- 13.2. Work and health is central to the story of people and place. Helping people with health issues to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community.
- 13.3. There is a strong economic argument to address health-related worklessness, across public expenditure, the wider economy and personal and household income.
- 13.4. As such, it is recommended that the Board makes health, work and worklessness a priority for the year.
- 14. To shape the mental health and mental wellbeing agenda:**
- 14.1. In the Queen's Speech, Government committed to reviewing the Mental Health Act and other associated legislation. Councils have specific statutory duties under the Mental Health Act, specifically around the training and employment of approved mental health professionals (AMHPs) and the provision of step-down accommodation and care for a person leaving hospital having received treatment for a mental health condition. As such, any legislative changes are likely to impact on council statutory services.

- 14.2. In addition, demand for mental health services have been increasing, as have the number of assessments under the Mental Health Act. Waiting times for diagnosis and treatment have been increasing. Whilst the NHS has been promised an additional £1bn in investment in mental health services by 2020, there has been no such commitment to support council, community or prevention-based mental health services. There is a strong case for improving early intervention services that allow for more therapy-based interventions, as well as services that lead to better mental health and prevent poor mental health from developing.
- 14.3. Councils have been active on suicide prevention work in recent years. Following the publication of the 2012 strategy, councils were given the responsibility of developing local suicide action plans through their work with health and wellbeing boards (HWBs).
- 14.4. By the end of 2016, 95 per cent of areas had plans in places or were in the process of drawing them up. With plans now in place attention has started to turn to taking practical steps to reduce suicides. The Government expects to see a 10 per cent reduction in suicides by 2020/21 based on a 2016/17 baseline.
- 14.5. As such, it is recommended that the Board makes mental health and influencing the Mental Health Bill, or any other associated legislation, a priority for the year.

15. Raising awareness of the importance of planning for the challenges of an ageing population:

- 15.1. An ageing population, associated conditions such as dementia, and associated implications such as an increased need for unpaid carers, is one of the most challenging developments in the current and future provision of adult social care.
- 15.2. Creating communities that support healthy ageing, independence, and recognise the economic value and contribution of older people requires a collaborative approach to supporting older people beyond the provision of adult social care, but with adult social care as a key component. This means looking at housing, public health, employment, and so forth.
- 15.3. This increase in the number of people living longer can be viewed as a public health success story. Yet although populations are living longer, many of these additional years are spent in ill health. Over four million (or 40 per cent) of people in the UK over the age of 65 have a limiting long-term health condition, such as diabetes, heart disease, respiratory disease, cancer, arthritis and dementia.
- 15.4. The public health agenda aims to improve the health of our population to enable more years spent in good health which will help to reduce health inequalities across different social groups and reduce the growing financial pressure on our health and social care services.
- 15.5. We will continue to back hard-hitting national action on obesity, physical inactivity, smoking, alcohol and other major health risks, presenting a clear opportunity to

tackle long term health conditions and ensure that people in old age are able to maintain their health, wellbeing and independence for as long as possible.

15.6. Alongside an ageing population is an increasing awareness for the need for dignity and choice in end of life care. Enabling people with long-term conditions to die in a place they want to and in a way they want to, rather than perhaps in a hospital bed, is seen as a challenge, rather than part of how we treat people in modern society.

15.7. As such, it is recommended that the Board makes planning for an ageing society a priority for the year.

16. Emphasising the importance of support to working age adults with social care needs, particularly for autism, mental health and learning disabilities, within any Government proposals for the future of adult social care funding and reform.

16.1. Whilst an ageing population is a major challenge for the provision of adult social care, the demand and cost of provision of support to working age adults for, in particular, learning disabilities, autism and mental health, has been increasing. Funding to support adults with learning disabilities now constitutes between a third to a half of social care budgets. According to the 2017 ADASS budget survey, whilst older people's services account for 1.1 per cent of the total of nearly 2.8 per cent reported pressures on adult social care budgets, people with learning disabilities account for a higher percentage at 1.2 per cent.

16.2. However, the increasing demand for support for working-aged adults does not appear to be recognised by central government, who have been focusing on older people in their discussions on the future of adult social care.

16.3. Of particular concern has been the direction of travel and treatment of vulnerable working-aged adults with regards the payment of sleep-in shifts. The continued confusion over the application of the national minimum wage regulations to sleep-in shifts, the action of HMRC to demand back-pay of six years from providers, charities and vulnerable individuals and the lack of resources for future increases in pay for this sector; is a significant risk to the future support of working-aged adults in need of care. There could also be long-term consequences for the future of personalisation of care and the take-up of direct payments. The issue of balancing a fair wage for care workers with care for vulnerable people with regards to payment for sleep-ins is shared with the Resources Board.

16.4. As such, it is recommended that the Board makes working aged adults with social care needs, and particularly the impact of legislative and policy uncertainty on sleep-ins, a priority for the year.

17. The proposed reform of funding for supported housing, housing for older people, and the important role of housing and having a home in health and wellbeing:

17.1. Housing is being increasingly recognised as underpinning our ability to support people to be healthy and independent. This is particularly so for older people.

- 17.2. Supported housing, such as extra care housing, is a key sector that provides housing within which residents can be independent, supported and cared for. Residents of supported housing include older people, those with mental health conditions, veterans, those recovering from substance abuse, those fleeing domestic abuse, care leavers, those who find themselves homeless, etc.
- 17.3. Homelessness and ill health are intrinsically linked and professionals in both sectors have a role to play in tackling the issues together. A recent audit found that 51 per cent of homeless people reported a long term physical health problem compared with 25% in the general population.
- 17.4. Government announced in September 2016 that it intends to apply the Local Housing Allowance (LHA) cap to housing benefit that is allocated to pay for supported housing rents. The LGA responded to a consultation on the proposals in February 2017 and participated in a series of DCLG-led task and finish groups, with Cllr Seccombe chairing one group. The main concern is that the LHA cap rate applies to average local housing rents, not the cost of supported housing. As a result, there is a huge regional difference between LHA cap rates and actual supported housing rents. For example, 93 per cent of supported housing units in the Midlands would have a rent above the LHA cap, whilst only 16 per cent of supported housing in the South East would have rents above the LHA cap.
- 17.5. Whilst Government is proposing to give councils a 'top-up fund' to meet the gap between the LHA cap and actual rents, there are significant costs associated with administration of this, and there could be a risk to local government reputation. Housing benefit pays for the 'rent' element of supported housing, while councils pay for additional support and care provision.
- 17.6. We are expecting a White Paper outlining the proposals in autumn 2017. The 2016 Government announcements proposed a 'shadow year' from 2018-19, with full implementation from 2019, which does not give councils very long to prepare for this additional burden. As such, it is proposed that the Board make supported housing a priority for the year.
- 18. The Community Wellbeing Board will continue to champion the Armed Forces Covenant** and will work with the Ministry of Defence (MOD) and the Cabinet Office on the support councils give to the armed forces community and veterans:
- 18.1. In 2016, the LGA collaborated with Forces in Mind Trust to develop a report into the delivery of the armed forces covenant at a local level, with associated materials to support councils in their work.
- 18.2. The report, 'Our community, our covenant', was well-received and included a number of recommendations, including improving transitioning arrangements for service personnel, better information on housing options and flexibility in applying for school places.

- 18.3. The LGA has now agreed a joint action plan with the MOD and Forces in Mind Trust to review and implement the recommendations, with a view to revisiting the report in 2019/20.
- 18.4. Whilst the only direct statutory requirements regarding the armed forces community relates to the provision of housing, most councils value and support their armed forces communities and have been seeking to ensure that no serving personnel or family member is treated unfairly or faces disadvantage as a result of their service.
19. **Children and young people's health** is a shared priority with the Children and Young People's Board. The Children and Young People health work stream will focus on sexual health, childhood obesity and will continue to support the aims and priorities of the wider public health work stream. Further information about Children and Young People mental health work stream, which was agreed by Children and Young People Board and Community Wellbeing Board Lead Members, can be found below.
20. **Children and young people's mental health and wellbeing** is a shared priority with the Children and Young People's Board. Activities sit across both Boards. A joint Children and Young People Board and Community Wellbeing Board Lead Members meeting of took place on 23 February 2017 where the following issues were discussed and activities agreed.
- 20.1. In recent years there has been an increasing focus from the Government and a range of stakeholders about the quality of children and young people's mental health services. This is set against a backdrop of increasing demand for services, workforce difficulties and a recognition that mental health is not being given equal priority to physical health and specifically, that the mental health and wellbeing of children and young people is not given the attention and priority it deserves.
- 20.2. In 2014 a Government Taskforce together experts including the LGA to set out proposals for improving care over the next five years. A key theme of its report (Future in Mind, March 2015) included the importance of promoting resilience, prevention and early intervention and the role councils can play to support mental health and wellbeing of children and young people. It also emphasised the role local leadership and ownership plays in the development and agreement of local transformation plans (LTPs), which should set out the offer in a local area, covering the full spectrum of services from prevention through to intervention.
- 20.3. In 2015 the Government committed £1.25 billion in additional investment for Child and Adolescent Mental Health Services (CAMHS) over a five year period. In January 2017 the Prime Minister Theresa May announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities.
- 20.4. The increased investment and attention on these vital services is welcome, but we have concerns about the accountability of funding and whether or not true transformation is being embedded in local areas. Specifically:

- 20.4.1. There is a concern that the £1.25 billion of funding committed by the Government is not seeing an improvement in these services. In the first year, £75 million was distributed to Clinical Commissioning Groups (CCGs) through Local Transformation Plans (LTPs) to commit to front line services. However, it is not clear how much of this money has been spent on frontline services, but reports from mental health providers indicate that they have not yet seen this increased investment. We are seeking clarity from government on when the remaining funding will be released so that local commissioners can work together as effectively as possible to deliver improvements to services. Accountability at the local level is needed and Health and Wellbeing Boards can be a useful mechanism through which partners are held to account for how money is spent and for ensuring the quality of LTPs.
- 20.4.2. Future in Mind recognised that to achieve real change, a whole systems approach which focusses on prevention of mental ill health, early intervention and recovery is needed. However, the current system sees as much as 80 percent of all mental health care taking place in GP surgeries and hospitals and as many as 60-70 per cent of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age. The LTPs are an opportunity for local areas to shift the focus from clinical intervention to early intervention and prevention. However, there are reports that since the release of funding for the implementation of LTPs the level of action from CCGs in relation to prevention has increased by only a small amount. There is an opportunity to redress this.
- 20.5. We are expecting a Green Paper in the autumn. Further information on thinking around content and scope of the green paper have not yet been made public but it is expected that it will focus on the role of schools. In particular their role in early identification of risks. The impact of social media on the mental health and wellbeing of children and young people.
- 20.6. The below work programme was agreed by the Community Wellbeing Board in April 2017 and Children and Young People Board in March 2017, it includes:
- 20.6.1. Responding to the green paper on children and young people's mental health, (due Autumn 2017), highlighting key issues from a local government perspective.
- 20.6.2. Hosting a round table discussion with representatives from the Department of Health, the Department for Education, Health Education England and NHS commissioners and providers, to identify opportunities to build the capacity of providers to deliver services that achieve the transformative change described in Future in Mind.
- 20.6.3. To run a specific campaign on Children and Young People's mental health. Highlighting to government, NHS England, Clinical Commissioning Groups and wider stakeholders the need for; a better balance of funding between early intervention and preventative mental health and wellbeing services and those services focusing on treatment and recovery; the key role of council's in



Community Wellbeing Board

28 September 2017

preventing mental illness and promoting mental wellbeing; and the need for stronger accountability on spend and quality of services at a local level through Health and Wellbeing Boards.

20.6.4. As such, it is proposed that the Board continues to make children and young people's mental health a priority for the year.

Joint work with other LGA Boards

21. There are also a number of joint strands of work with other LGA Boards that the Board will want to progress. The issue of balancing a fair wage for care workers with care for vulnerable people with regards to payment for sleep-ins is an issue shared with the Resources Board. In addition we will also want to work jointly with the Children and Young People's Board to support 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.

Next steps

22. Following the Board's discussion, officers will prepare a detailed work programme to manage the day to day work. The priorities agreed by the Board will also be reported back to the LGA Executive, which oversees the work of the policy Boards and includes the Community Wellbeing Board Chairman as part of its membership.

Financial implications

23. This programme of work will be delivered with existing resources.



Community Wellbeing Board

28 September 2017

Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates including the following:

- Lead Members visit to Greater Manchester.
- New prospectus for 2017/18 on sector-led improvement for public health, prevention and early intervention.
- Appropriate Adult Provision.
- Other activities

Recommendations

Members of the Community Wellbeing Board are asked to **note** the updates contained in the report.

Action

As directed by members.

Contact officer: Mark Norris
Position: Principle Policy Adviser
Phone no: 020 7664 3241
Email: mark.norris@local.gov.uk

Update on Other Board Business

Lead Members visit to Greater Manchester

1. Lead members of the Community and Wellbeing Board visited The Greater Manchester Health and Social Care Partnership on 31 July. Members heard from senior figures including Jon Rouse, Chief Officer of the Greater Manchester Health and Social Care Partnership, and Lord Peter Smith, Wigan Council leader, as well as Greater Manchester leads for finance, primary care, social care and public health.
2. Themes from the day included the importance and benefit of place-based leadership and accountability in forging a relationship of equals with local health partners. Key points of learning included the significance of a mature political dialogue, of a dispersed leadership model to encourage widespread ownership, and of honing the partnership's priorities to bring a shared focus to developments. Greater Manchester colleagues stressed the value of transparency and communications with the public as well as stakeholders.
3. Lead members heard about the partnership's transformation fund, which is encouraging place-based behaviours and is enabling the development of a financial model from the bottom-up based on local partners' agreements and plans. They heard also about the challenges inherent in transforming adult social care and primary care within constrained finances and increasing demand, as well as of the challenges and success in the partnership's strategies around mental health and population health.
4. The board would like to thank their Greater Manchester colleagues for an engaging and informative day, and intend to share the lessons from the region more widely with council colleagues.

New prospectus for 2017/18 on sector-led improvement for public health, prevention and early intervention

5. The LGA is working with partners at Public Health England and the Association for Directors of Public Health to deliver sector-led improvement activity in 2017/18 for public health, prevention, and early intervention through the care and health improvement programme funded by the Department of Health. The new prospectus for 2017/18 available here. <https://www.local.gov.uk/sector-led-improvement-public-health-prevention-and-early-intervention>

Appropriate Adult Provision

6. At the CWB Board meeting In February 2017 we discussed the review of Appropriate Adult provision that is being undertaken by the Home Office.
7. We fed back the Board comments to the Home Office and the guidance has been revised considerably. The Home Office are aiming to produce a partnership agreement for the Police and Local Authorities that is advisory not mandatory. It is a voluntary framework for best practice in commissioning AA provision led locally. The publication date is to be confirmed.

Other activities

8. On 27 June, Cllr Izzi Seccombe chaired the Centre for Public Scrutiny conference on the Anatomy of Accountability.
9. In June Cllr Izzi Seccombe also took part in the opening keynote debate at the Health and Care Expo in London.
10. Health and Care was a key theme of the LGA Annual conference, with Cllr Izzi Seccombe chairing two sessions: a plenary discussion on a political consensus for the future of adult social care, with Simon Stevens, and Stephen Dorrell among the panellists and a workshop session on investing the public pound in health and wellbeing.
11. We also published the results of our survey of councillors' involvement in and perceptions of STPs at the conference, which showed that very few councillors had any formal involvement with STPs and as a consequence had little confidence that STPs would be able to achieve their objectives: <https://www.local.gov.uk/councillors-perceptions-sustainability-and-transformation-partnerships-summary-key-survey-findings> . We are currently working with NHS England and other partners to support councillors and STP leads to improve engagement and communication.
12. On 12 July Cllr Izzi Seccombe met Sajid Javid, Secretary of State for Communities and Local Government to raise our concerns about the Better Care Fund, adult social care funding, the Green Paper on adult social care and to promote our vision for the future of integration.
13. On 17 August, Cllr Izzi Seccombe met David Behan, Chief Executive of the Care Quality Commission to raise our concerns regarding the Local System Reviews to assess the effectiveness of system-wide working in 20 areas selected by DH and CLG where there are concerns. The Chair raised our concerns about the timing, scope and communications regarding the reviews and acknowledged that CQC had responded positively to our concerns.
14. On 11 September, Cllr Izzi Seccombe and Mark Lloyd met Jackie Doyle-Price, Under-Secretary of State for Health, to raise our priorities and concerns on ASC funding, the forthcoming Green Paper, the Government's agenda for mental health and the potential financial impact of BEIS and DWP action on payment for sleep-ins.
15. In September, Cllr Richard Kemp chaired two main stage sessions at the Health and Care Innovation Expo in Manchester on the value and contribution of adult social care and place based leadership of health and wellbeing strategies.
16. In September Councillor Izzi Seccombe and Councillor Jonathan McShane attended and chaired sessions at the Annual Public Health England Conference held 12-13 September at Warwick University.
17. In August, we wrote Steve Brine MP, Public Health and Primary Care Minister to raise our concerns about the pressures caused by the increased demand for local authority funded sexual health services.



Community Wellbeing Board

28 September 2017

18. In July, Izzi wrote to Jackie Doyle- Price, Under-Secretary of State for Health to discuss how sector led Improvement can support the quality assurance of local suicide prevention plans

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Monday 19 June 2017
Venue:	5th Floor Board Room, 5th Floor (North side), Layden House, 76-86 Turnmill Street, London, EC1M 5LG

Attendance

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

Item	Decisions and actions	Action
1	Apologies and Declarations of Interest The Board noted apologies from Cllr Ernest White, Cllr Liz Mallinson and Mayor Kate Allsop. The Board also wished Cllr Liz Mallison a swift recovery. The Board congratulated Sally Burlington and the Chairman on having been made Officers of the Order of the British Empire.	
2	Presentation from the Jo Cox Commission The Chairman welcomed Rachel Reeves MP, Co-Chair of the Jo Cox Commission, who had been invited to attend the Board to discuss the work of the Commission and to explore whether and how the LGA and local councils may be able to contribute or link into the Commission's work. Ms Reeves detailed the origins of the Commission in Jo Cox's work on the impact of loneliness. She explained that Jo Cox had particularly noticed at her surgeries that for many members of the public this was the only social interaction they would have that day. Further to this, the Ms Reeves emphasised that it was a real privilege to take the work of Jo Cox forward. She also explained that she knew many local authorities were doing work on the issue of loneliness and that the Commission was supported by 13 partners including Age UK, Carers UK and Action For Children. Ms Reeves informed the Board that the current political climate was the best opportunity to take the Commission's agenda forwards. She also emphasised that acute loneliness has been shown to be as bad for a person's health as 15 cigarettes a day. She informed the Board that local authorities, CCG's and businesses were all important partners in achieving this, giving community cafes and partnership work with the Co-Op as positive examples. Ms Reeves explained that the Commission will publish a report for parliament at the end of the year and that both Labour and the Conservative party having included loneliness in their manifesto's was a positive sign. This would be critical in bringing a discussion on the stigma of loneliness to parliament.	

In the discussion with Ms Reeves that followed Members raised the following points:

- A member expressed a view that a very long term response would be necessary and that the most important way to tackle loneliness would be through the many services that Councils provide.
- A view was also expressed that the most important interactions an individual who is experiencing loneliness can have will often be in the street and because of this friendliness of an area will always be key.
- A member raised the importance of shared public spaces in tackling loneliness, in particular for the retired and unemployed.
- A member raised that loneliness in rural areas would also need to be addressed.
- A query was raised as to what local authorities can do to better support young adults.
- The challenge of identifying people affected by loneliness was also raised by members.
- A member raised that there are many affected by loneliness despite having company and expressed a view that loneliness could be considered the difference between the quality and quantity of social interaction received compared to the quality and quantity of social interaction expected.
- A view was expressed that the economic issues caused by loneliness should be considered in greater depth.
- A member expressed an interest in hearing about the great role that could be played by planning departments and businesses.
- Ms Reeves emphasised the importance of intergenerational work and of bringing people together.
- It was also raised that a report last year had shown London to be the loneliest city in the country.
- Regarding rural areas Ms Reeves explained that there were different challenges that need addressing and that there tends to be a stronger sense of community. In particular rural transport, public houses and post offices were all of significance in addressing loneliness in rural areas.
- Ms Reeves raised the importance of those affected by loneliness subscribing to groups to improve the quantity and quality of social interaction in a routine way.
- Ms Reeves emphasised the importance of everyone taking responsibility in our own lives as a critical step in better responding to loneliness.
- Ms Reeves explained that we must also be cautious as to the role social media can play, in that it may have the ability to connect people but it can also exacerbate problems.
- Counselling in schools and at university was also indicated as being of great value in tackling the issue of loneliness.
- Ms Reeves raised the issue of loneliness as an economic priority, also bringing attention to the efforts of members of the Co-op who had decided to focus a campaign on the issue of loneliness.
- A member raised a concern that we needed to be mindful of how looked after children and those in home schooling could be more vulnerable to loneliness.
- The Chairman also suggested that we should consider how the visual and hearing impaired could also be particularly vulnerable to loneliness.

Action

The Board noted the presentation.

3 Care and support reform

The Chairman welcomed Glen Garrod (Vice-President of ADASS), Vicky McDermott (Chair of the Care and Support Alliance) and Sir Andrew Dilnot CBE who had attended to discuss care and support reform in more depth with the Board.

Glen emphasised that he was speaking not only in his role as Vice-President of ADASS but also as a Director of Social Services in Lincolnshire County Council. He also explained that he would be speaking at a national level. He gave a presentation to the Board raising some key points;

- The coming political cycle will be a great opportunity to bring the profile of adult social care to the forefront.
- Adult social care was emphasised as a major contributor to employment both locally and nationally.
- The care market is in crisis and as local authorities we need to be mindful of local variations and the impact these can have.
- He raised a concern that Sustainability Transformation Partnerships rarely include social care providers.
- Glen also emphasised that local relationships will be crucial in determining where a system can cope.
- He emphasised that if we cannot change how these systems work then we will fail. He also explained ADASS' first priority is quantum; social care and health need to be accessible as a combined resource.
- Glen also raised that we will need to move more spend to primary care going forward.

Vicky McDermott and Andrew Dilnot then briefly set out their thoughts on the future of adult social care. Vicky noted the role the LGA had played on this agenda and encouraged the Association to continue to take the lead on reform of care.

In the discussion that followed with Glen Garrod, Vicky McDermott, Sir Andrew Dilnot CBE and members of the Board the following points were raised;

- Vicky emphasised the need for greater integration and that the fundamental gap in funding would need to be dealt with going forward.
- She also gave further emphasis to the need for the NHS to work more closely with partner organisations.
- Vicky raised that the system needs to become easier to understand and navigate.
- Sufficient support for providers was also emphasised.
- Members expressed views that they needed to ensure their voice was heard by the new government.
- A view was expressed that integration wasn't a solution in itself.
- Greater integration between community health and housing was highlighted as a key issue.
- Whether Sustainability Transformation Partnerships were the right vehicle to discuss and bring about the necessary changes was raised as a concern.
- The Board shared the view that the notion that local authorities could source the funding for adult social care locally was absurd.
- A view was expressed that this was a clear opportunity for the LGA to put pressure on central government to push for further change.
- A concern was raised that there needs to be an increase in public awareness of adult social care and the current funding gap.

- More diversity in the care market was highlighted as critical in the near future.
- Concerns over staff recruitment and retention were raised by Vicky and members of the Board.
- Vicky expressed a view that social care would need to be thought of as an industry in future with a sufficient government industrial strategy.

The Chairman gave thanks to all the guest speakers for a positive and good debate. Further to this the Chairman emphasised quantum across the whole system and further efficiency being driven would be crucial going forward. In particular that we need clear solutions to the many issues facing adult social care.

4 The Government's health and social care policy agenda

The Chairman explained that the issues raised in this item were addressed and explored in the previous discussion on care and support reform.

The Board agreed to move onto the next agenda item.

5 Community Wellbeing Board achievements 2016/17

The Chairman gave thanks to the officers involved in the achievements detailed in the report.

The Board **noted** the report.

6 Update on Other Board Business

Cllr Doreen Huddart informed the Board of a national roundtable meeting, arranged by the Centre of Mental Health, which she had recently attended. She explained that there were representatives from all across the sector and that one of their biggest concerns was in recruitment. The roundtable had a consensus in their view that going forward they wanted mental health focused careers to be more appealing to students, and should look into how best to achieve this.

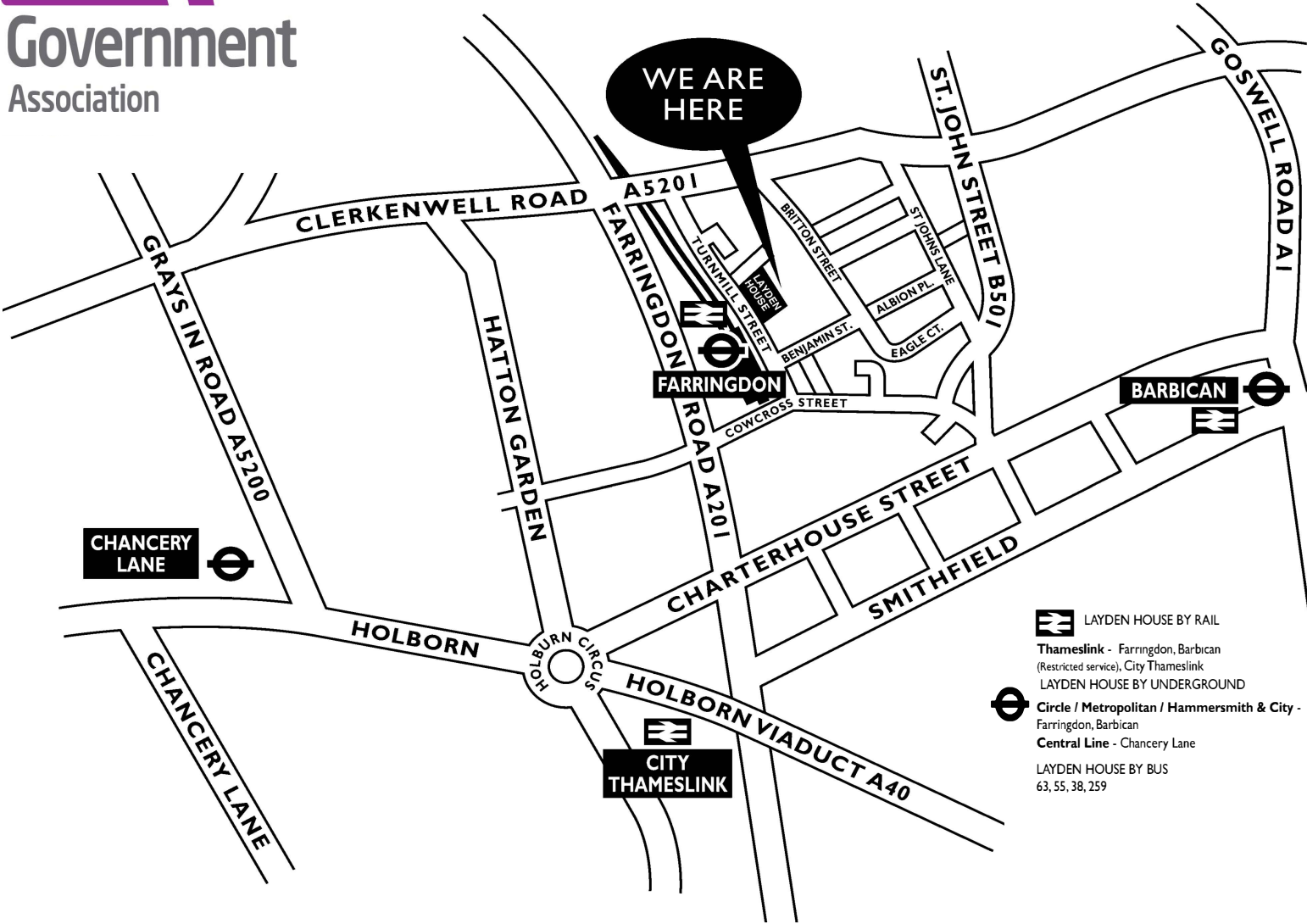
The Board **noted** the update of other Board business report.


7 Note of the last meeting

The Board **agreed** the minutes of the previous meeting held on 27 April 2017.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Izzi Seccombe OBE	Warwickshire County Council
Vice-Chairman	Cllr Linda Thomas	Bolton Council
Deputy-chairman	Mayor Kate Allsop	Mansfield District Council
	Cllr Richard Kemp CBE	Liverpool City Council
Members	Cllr David Coppinger	Windsor & Maidenhead Royal Borough
	Cllr Graham Gibbens	Kent County Council
	Cllr Keith Glazier	East Sussex County Council
	Cllr Vic Pritchard	Bath & North East Somerset Council
	Cllr Jonathan McShane	Hackney London Borough Council
	Cllr Lynn Travis	Tameside Metropolitan Borough Council
	Cllr Phil Bale	Cardiff Council
	Cllr Doreen Huddart	Newcastle upon Tyne City Council
Apologies	Cllr Liz Mallinson	Cumbria County Council
	Cllr Ernest White	Leicestershire County Council
	Cllr Carole Burdis	North Tyneside Council
	Cllr Jackie Meldrum	Lambeth London Borough Council
	Cllr Rachel Eden	Reading Borough Council
In Attendance	Cllr Robin Moss	Bath & North East Somerset Council
	Cllr Maureen Cummings	Wakefield Metropolitan District Council
	Rachel Reeves MP	
	Danielle Grufferty	Jo Cox Commission
	Sir Andrew Dilnot CBE	Nuffield College
	Vicky McDermott	Care and Support Alliance
	Glen Garrod	ADASS



 LAYDEN HOUSE BY RAIL
 Thameslink - Farringdon, Barbican (Restricted service), City Thameslink
 LAYDEN HOUSE BY UNDERGROUND
 Circle / Metropolitan / Hammersmith & City - Farringdon, Barbican
 Central Line - Chancery Lane
 LAYDEN HOUSE BY BUS
 63, 55, 38, 259

Layden House

76-86 Turnmill Street,
 London
 EC1M 5LG
 Tel: 020 7664 3000 Fax: 020 7664 3030

**The Local Government Association will be based at Layden House whilst refurbishment takes place at their offices in Smith Square.*

Public Transport

Layden House is served well by public transport. The nearest mainline station is **Farringdon** (Circle, Hammersmith & City and Metropolitan Lines. It also has Overground lines)

Bus routes - Farringdon Station

- 63 - Kings Cross - Crystal Palace Parade (Stop A/B)
- 55 - Oxford Circus -High Road Leyton (Stop E/K)
- 243 - Redvers Road - Waterloo Bridge (Stop E/K)

Cycling Facilities

The nearest Santander Cycle Hire racks are on Theobold's Road.
 For more information please go to www.tfl.gov.uk

Car Parks

- Smithfield Car Park - EC1A 9DY
- NCP Car Park London Saffron Hill - EC1N 8XA