

Introduction to your Health & Wellbeing Board

Part 1: A Guide to New Members



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Introduction

Health and Wellbeing Boards (HWBs) are the cornerstone for planning for and securing effective transformation of health and care services in a time of increasing financial pressures on both the NHS and local government.

Local government has the statutory responsibility for delivering social care while the NHS has the responsibility for health care. Social care is one of the largest areas of spend for councils at £2.3 billion in adult social care alone in 2016/17, representing 17 per cent of total council spend (as high as 24 per cent in some boroughs) while over the same period children's social care spending was £1.4 billion representing an additional eleven per cent of total council spend.

The formation of Health and Wellbeing Boards was primarily driven to bring health and social care closer together to help to bring about greater efficiencies in the delivery of these services and so to improve both health and care outcomes for people.

To support the local health and Wellbeing Boards, London Councils established the London Health and Wellbeing Board Chairs Network and the Lead Officers' Network to provide timely information and support on new developments, a forum for peer-to-peer engagement and to consider opportunities for working at scale.

Health and Wellbeing Boards are invaluable to the health inequalities agenda. As a statutory body that is able to bring together a broad spectrum of partners from within and without the local health system, HWB's are uniquely placed to tackle the wider causes of health inequalities, such as employment, transport and housing. While the framework for all HWBs follows statutory guidance, many have begun to go beyond this requirement to maximise opportunities, ensuring that the wider determinants of health and wellbeing are recognised and engaged with by local political leadership.

What are HWBs?

The Health and Wellbeing Boards were established in 2013 to bring together local health commissioning groups, elected councillors and senior council officers, with the purpose of designing local strategies for improving health and wellbeing through closer working between health and local government.

HWBs are the **only** forum where political and clinical leaders come together to shape the local the care and health system **on a democratically accountable and statutory basis**.

Why are they important?

Health and Wellbeing Boards are able to lead a system-wide approach to health and wellbeing and so are one of the best levers for moving the health agenda away from the treatment of illness to the prevention of its causes. As multi-stakeholder membership bodies, key to achieving this is the ability of an HWB to develop effective partnership working, pushing it from the margins to the mainstream across stakeholders.

Legislative background

The creation of statutory Health and Wellbeing Boards in every upper tier local authority was a main plank of the Health and Social Care Act 2012. The statutory functions laid out in this legislation are also enshrined in each HWBs individual constitution.

By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.

This is achieved through:

- Developing a shared understanding of the health and wellbeing needs of their communities
- Providing system leadership to secure collaboration to meet these needs more effectively
- Having a strategic influence over commissioning decisions across health, public health and social care
- Involving councillors and patient representatives in commissioning decisions.

Core membership

The Health and Social Care Act 2012 sets out the core membership required of each board.

The core membership should consist of:

- At least one nominated councillor of the local authority
- The director of adult social services for the local authority
- The director of children's services for the local authority
- The director of public health for the local authority
- A local Healthwatch representative
- A representative of each relevant commissioning group.

Roles and functions

What are the main functions of the health and wellbeing board?

HWBs provide oversight of the local health and care system, but do not commission health services or hold service budget.

The principal responsibilities of HWBs are:

- Developing Joint Strategic Needs Assessment (JSNA): JSNA is the assessment of current and future health and social care needs of the local population. Produced in consultation with the local community and taking in to account broad contextual issues, such as demographics and environmental factors, that impact on health and wellbeing. The JSNA must be a comprehensive document that can be used by the LA, CCG and NHS England when developing or reviewing commissioning plans.
- Developing Joint Health and Wellbeing Strategies (JHWS): Following the production and based on the findings of the JSNAs, the JHWS is the plan that sets out to meet the health issues identified. Similar to the JSNA, the JHWSs must be considered by health commissioners, such as the LA, CCG and NHS England.
- Introduced in 2013, the Better Care Fund (BCF) is a single pooled budget shared between the NHS and local government to help them work more closely to try to ease pressures in both health and social care while improving service user outcomes. The BCF was the first pooled budget over which the Boards have been given oversight and decision making powers over how it is spent locally.
- Clinical Commissioning Group (CCG), Commissioning plans scrutiny: CCGs must liaise with the HWB when preparing or making significant revisions to their commissioning plans – providing the HWB with a draft plan. The finalised commissioning plan must be published with the HWBs assessment and the HWB can refer the plan to NHS England if consideration of the JHWS is not adequate. In addition, when the annual performance review of the CCG is undertaken, the relevant HWB must be consulted before the review is finalised.

Key relationships and methods of engagement

Local authorities are the central figure in Health and Wellbeing Boards, as the HWB is a formal committee of the council charged with promoting greater integration between health and social care. To do this, councils must work with a range of stakeholders highlighted below.

Internal stakeholders

CCGs

Clinical Commissioning Groups (CCGs) are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area, which were created following the Health and Social Care Act in 2012

CCGs are membership bodies, comprised of local GP practices, accountable to the Secretary of State for Health and Social Care through NHS England. Their commissioning duties include:

- Mental health services
- Urgent and emergency care
- Elective hospital services
- Community care (e.g. Care at home services)
- Rehabilitation services
- Core GP services
- Dental
- Pharmacy

Some CCGs also have fully delegated responsibility for the commissioning of primary care.

CCGs have a number of duties which they must take into account when exercising their functions, including duties to improve services, reduce inequalities, promote patient involvement and promote the integration of health services.

Local Healthwatch

As part of the Health and Social Care Act 2012, a network of local Healthwatch organisations was established, with the aim of creating a credible, representative and influential public voice in the system.

Each Healthwatch representative has a seat on its local health and wellbeing board and must carry out a set of statutory functions which include:

- Supporting the involvement of local people in the commissioning, provision and scrutiny of local care services
- Making reports and recommendations about how local care services could be improved. These should be directed to commissioners and providers of care services, as well as the HWB

Third-sector

While there is no statutory requirement to include third-sector representatives on a Health and Wellbeing Board, the involvement of community and charity organisations is increasingly seen as important to informed decision-making and securing positive local long-term health outcomes.

Although the diversity of local groups poses challenges for effective membership at board level, the sector's contribution to community health and wellbeing is substantial. HWBs that have incorporated

the third sector have reported that their impact can range from providing knowledge of community needs and assisting in extending the reach of the HWB, to offering expertise gained from their service provider role that is invaluable in informing JHWSs and in understanding the wider determinants of health.

Other Local Authority Departments & Portfolio-holders

To more effectively include the wider determinants of health and wellbeing in to the boards work, many HWBs have incorporated additional Portfolio-holders, such as those covering Adult Social Care, Housing, Transport and Community, as permanent members of the board. Officers from other departments not directly related to health, such as planning or public protection and licensing, can be invited to attend meetings where the agenda is relevant to their areas.

External stakeholders

The broad remit of health and wellbeing boards means they need to engage with a wide range of stakeholders as well as local people and communities. This can include, but is not limited to:

General public

Engaging patients and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act.

However, the diversity of models and definitions for patient and public engagement can make decisions about 'how' and 'when' to engage difficult.

Fire and Rescue Service

In recent years the fire and rescue service has moved primarily from responding to emergencies to focusing on preventing emergencies. This has broadened out to include wider community safety, such as road safety, river safety and accident prevention in the home. The value of collaborative working between the Fire and Rescue Service and public health to achieve positive outcomes is recognised, especially in relation to the potential London-wide roll-out of 'Safe and Well' visits by the London Fire Brigade.

Police

The connection between crime and public health is well-known and recognised by Government. In the Department of Health's public health outcomes framework, for instance, there are a number of indicators that highlights where the work of the HWB and the Police link, including: entry to the youth justice system, people in prison with a mental illness, domestic abuse, drug treatment outcomes and community safety.

Methods of engagement

Although the Health and Wellbeing Board can include additional members, or invite participation in specific activities as deemed appropriate, this cannot be done through formal board structures alone and more imaginative ways of engaging with stakeholders are required. As a subject of special consideration recently among the HWB Lead Officers Network, it was considered beneficial to make efforts to:

- Go where your stakeholders are: Rather than expect the public to attend meetings at Council offices, holding special public events in more approachable or easily accessible venues, such as libraries or schools, can be very successful. This method is also useful if the aim is to engage with other specific external stakeholders – for example, if it is important for the London Fire Brigade to be involved in discussions, hold the meeting in a local Fire Station.

- Keep the subject relevant: Ensure that attempts to engage specific stakeholders are on subjects relevant to them.
- Utilise all the assets available to the HWB: Among the members of your board, who regularly communicates with the public or has contact with a particular stakeholder? How can these members better facilitate wider engagement?
- Be proactive with the Media: Consider how your Council's Communications team and other resources should be better utilised in improving engagement with local media. A programme of media engagement to highlight changes to the health and wellbeing of residents and the work of the HWB would be helpful in cultivating understanding.
- Be proactive with Social Media: Identify a 'thought leader' on your Health and Wellbeing Board to utilise Twitter as a means of updating professionals on the work of the board. Also ensure that the Councils corporate Facebook and Twitter accounts are used for general public messages in line with any media relations.

Policy context - London

Devolution

In December 2015, London boroughs came together with health partners and the Mayor of London to jointly sign a Health and Care Devolution Agreement. The 2015 Agreement established the foundations for further work to build the case for specific freedoms and flexibilities which London was seeking in relation to prevention, integration and capital and estates. In November 2017 the London Health and Care Devolution Memorandum of Understanding (MoU) was agreed with national partners, including Her Majesty's Treasury, Department of Health and Social Care, NHS England, NHS Improvement and Public Health England.

Through the London Health and Care Strategic Partnership, established under the MoU, borough and health partners have produced a delivery plan for developing and implementing the reforms London has committed to under the MoU.

The Devolution Memorandum of Understanding can be viewed [here](#). A detailed briefing on the Devolution MOU can be viewed [here](#).

Prevention

The prevention section of the MoU is the most complex and least specific, and sets out to provide strategic leadership and unlock barriers to improving population health in London through preventative initiatives via the powers made available by the MoU.

The prevention theme strongly connects with the Mayor of London, both in terms of the Mayor's wider planning, environmental and housing powers and his duty to publish a Health Inequalities Strategy.

Details of the Haringey Devolution Pilot can be viewed [here](#).

Integration

The MoU offers London partners the opportunity to work together to support local and multi-borough areas to go further and faster than the rest of England in the development and implementation of new approaches to integrated health and care provision. This is an essential step in shifting the balance of care from reliance on repairing illness through hospital care and towards prevention and primary care.

The MoU gives London authority to develop innovative models of payment and to explore new commissioning approaches that improve care pathways to structure care around patient need; often including issues of governance.

Similarly, the MoU commits London to working with NHS England and NHS Improvement to create more streamlined regulation of the system in London.

Under the MoU, London will pilot these models, assess them and, where the case is made, ensure they are useable across London.

Details of the Hackney Integration Pilot can be viewed [here](#). Details of the Lewisham Pilot can be viewed [here](#). And details of the Barking & Dagenham, Havering and Redbridge Pilot can be viewed [here](#)

Capital and estates

The MoU offers London the opportunity to make more decisions regarding the disposal of NHS assets within the London system. For London to achieve this, the London Estates Board (LEB) has been established.

The LEB will ensure that more investments “are best considered jointly” by both NHS and local government, which over time will extend to joint consideration and decision making. Through the LEB, London will be able to ensure that it gets the greatest possible value from land sales by considering opportunities for ‘marriage value’ from nearby surplus public sector sites. It will also ensure London is able to prioritise capital plans in the city.

Via the HWB Chairs Network, Health and Wellbeing Board Chairs will receive reports on the work of the LEB and the strategic plan for capital investment in London.

The Mayor of London’s Health Inequalities Strategy

In August 2017, the Mayor of London launched a consultation on the draft, ‘Better Health for All Londoners’ strategy, which sets out his vision to address the health inequalities in the capital up to 2028. The strategy focusses on five key themes: healthy children, healthy minds, healthy place, healthy communities and healthy habits. All segments of the strategy are relevant to the work of HWBs, and particularly pertinent to the wider determinants of health and wellbeing.

A delivery plan will accompany the final publication (expected in spring 2018) and is anticipated to contain details of the extent to which key partners, including boroughs, might play a role in the delivery of successful outcomes.

London Councils response to the Mayor’s Health Inequalities Strategy can be seen [here](#) and a detailed briefing can be seen [here](#).

HWB trends and issues

Health in All Policies

Health in All Policies (HiAP) is a collaborative approach that integrates health considerations into policymaking across sectors to affect health and care improvements. HiAP recognises that there are a number of social determinants of healthy behaviours, such as the built environment and the local economy, and systems that support healthy living and good mental health rest with a host of sectors, providers and policies outside the traditional health sector.

A summary of work on HiAP in London can be viewed [here](#).

Sustainability and transformation partnerships (STPs)

The Sustainability and Transformation Plan (STP) process, launched in December 2015, set out a new approach to planning delivery which would provide the mechanism for turning the FYFV into system reform. The STP process created a shift in focus towards 1) joint planning between health and local government, and 2) planning across multi-borough footprints. The shift towards place-based planning was welcome and provided the opportunity to achieve a gear-shift in health and care partnership across the system. Experience has, broadly speaking, been mixed and at the national level, as well as in London, STP working has become characterised by a lack of any meaningful local political input.

The NHS England approach remains committed to delivering integrated working at different spatial levels, and therefore the STP footprint remains relevant to understanding the options for engaging with and influencing health commissioners. However, it is likely that there will need to be more work done to reconcile the differences of view about how place-based approach to planning might translate into practical partnership working.

Other Sub-Regional Structures

The five sub-regions in London have other strong sub-regional working arrangements between boroughs already in place, a number of which have been in existence for a number of years. Some of these sub-regional bodies, such as the South London Partnership (SLP) and the West London Alliance (WLA), set out priorities to transform the health and care system to be more proactively focused on self-care and wellbeing in the home and local communities.

London's Key Public Health Initiatives

Local authorities continue to perform well within a climate of tight funding pressures since the transfer of responsibilities from the NHS, which has been accomplished by seeking new ways to collaborate and deliver local services at scale at a London or sub-regional footprint.

London's boroughs have worked hard to commission and deliver public health services that ensure Londoners are protected from the effect of cuts, as well as seeking to reform and improve provision of public health services.

Obesity

Childhood Obesity is considered a serious public health issue in the capital and most Health and Wellbeing Boards have included the reduction of obesity or childhood obesity as key objectives within their JHWS's.

Since 2016, there have been a number of London-wide campaigns and initiatives, such as the 'Great Weight Debate' and the Local Government Declaration on Sugar Reduction, that have been undertaken by boroughs working in partnership.

Details of city-wide obesity reduction initiatives can be seen [here](#).

Sexual Health

In 2015 the London Sexual Health Transformation Programme was established, forming a partnership of London boroughs working together to transform the service model to meet increasing demand and deliver better cost effectiveness. In April 2018, the programme activities were transitioned to a new team hosted by the City of London Corporation and is now called Sexual Health London.

The programme aims to deliver a new collaborative commissioning model offering open access to sexual health services through an e-service model approach, which is set to be launched in May.

The London HIV Prevention Programme - 'Do it London'

HIV is a key public health concern in London with nearly 37,000 people living with the condition. In 2013, London boroughs agreed to fund a £3 million programme spread over 3 years. This was renewed for a further two years in 2016, with a 10% budget reduction. The elements of the programme include a condom distribution scheme, venue outreach a multi-channel and large scale regional media campaign on HIV 'Do It London'.

As a result of this campaign, for the first time ever there was a reported fall in new HIV diagnoses in men who have sex with men, which decreased 29% from 1,554 in 2015 to 1,096 in 2016. On 21 March 2018, the 'Do It London' campaign received national recognition, winning a Local Government Chronicle award for Campaign of the Year for its contribution towards reducing the number of new HIV cases in London and improving outcomes.

Details of London-wide Sexual Health initiatives can be seen [here](#).

Illegal tobacco

In 2015, a Pan London Illegal Tobacco Group was established, taking a multi-agency partnership approach to prioritise the issue of illegal tobacco. It also aims to share intelligence, exploit social media opportunities to change public perceptions and reduce the tolerance of illegal tobacco.

The 'Stamp Out Illegal Tobacco' campaign began in 2016 and is a joint partnership between trading standards and public health officers aimed at raising awareness about the dangers of illegal tobacco.

Boroughs held local roadshows, shared communication messages and set up stalls at local events to raise awareness. This successful campaign will be repeated in July 2018.

Mental Health and Thrive LDN

The London Health Board (LHB) has taken a leading interest in improving the mental health outlook for London. In June 2016, the LHB agreed to develop 'Thrive London' as a vision for mental health to 2020.

Since its launch, the initiative has carried out a broad engagement campaign that reached over 15 million people. The Thrive LDN campaign, 'Are we OK London', a poster campaign on the London Underground, is set to be relaunched in July 2018. Thrive is also working on three options for London boroughs to help develop local Thrive hubs.

Details on Thrive engagement can be seen [here](#) and information on the three options for local hubs can be viewed here.

On 4 December 2017, the government launched the Green Paper, "Transforming Children and Young People's Mental Health Provision", which sets out ways in which child mental health problems can be tackled within education settings.

London Councils response can be viewed [here](#).

Related to this, the LHB has also begun exploring ways and means to improve the mental health provision in Schools and will be launching a new survey in the summer.

The LHB has also highlighted dementia as a key long-term mental health issue in the capital and the Mayor announced his intention to make London a "Dementia-friendly" city on 21st May 2018. This builds on the work undertaken by at least two-thirds of London's boroughs who have already taken steps towards "dementia-friendly" status.

Key Health Statistics – London

Below are key statistics to highlight a number of the major health concerns in London and sets out the national context in which the Greater London regions sits.

Life expectancy, 2014-16

Region	Healthy life expectancy at birth (Male)	Healthy life expectancy at birth (Female)	Life Expectancy at birth (Male)	Life Expectancy at birth (Female)
London	63.5	64.4	80.4	84.2
South West	64.5	65.1	80.2	83.8
North West	60.9	62	78.2	81.7
West Midlands	62.6	63.2	78.8	82.7
East Midlands	62.7	62.7	79.3	82.9
Yorks & the Humber	61.3	61.5	78.7	82.4
North East	59.7	60.6	77.8	81.5
East of England	64.7	64.6	80.4	84.2
South East	66.1	66.3	80.6	84

Childhood Obesity

Prevalence (%) of obesity by region, aged 10-11, 2015/16	
London	23.2
South West	17.1
North West	20.6
West Midlands	22.1
East Midlands	19
Yorks & the Humber	20.3
North East	22.4
East of England	17.6
South East	16.3

Sexual Health

Chlamydia detection rate, per 100,000 population (15-24 year olds), 2016		
Region	Male	Female
London	1649	2851
South West	1201	2379
North West	1426	3026
West Midlands	1145	2305
East Midlands	1181	2481
Yorks & the Humber	1387	2774
North East	1285	2411
East of England	905	1814
South East	1018	1959

Smoking

Smoking prevalence at age 15, 2016/17			
Region	Current smokers	Regular smokers	Occasional smokers
London	6.1	3.4	2.7
South West	9.8	6.3	3.5
North West	8	5.5	2.5
West Midlands	7	4.9	2
East Midlands	7.6	5.3	2.3
Yorks & the Humber	8.7	6.2	2.5
North East	10.1	7.5	2.6
East of England	8.9	5.7	3.2
South East	9	5.8	3.2

Mental Health

Per cent reporting a Common Mental Disorder, 2014	
Region	CMD Per centage
London	18%
South West	21%
North West	19%
West Midlands	18%
East Midlands	17%
Yorks & the Humber	17%
North East	16%
East of England	14%
South East	14%

Suicide Rate, by region			
Region	2014	2015	2016
London	552	735	580
South West	536	494	543
North West	727	674	661
West Midlands	571	477	446
East Midlands	426	399	352
Yorks & the Humber	451	544	469
North East	305	247	244
East of England	520	494	526
South East	794	756	754

Other stats relating to regional and local authority public health can be found on the PHE dashboard [here](#).

Appendix I

Additional Learning Resources for HWB Members

Local Government Association - Health and Wellbeing System Leadership Support

The health and care political leadership offer is a support offer from the LGA aimed at strengthening the leadership of local health and care systems.

The LGA's offer is intended to support political leaders to navigate the complex footprints and equip leaders to make strategic decisions, supporting HWBs to redefine their role and empowering them to be 'Place Anchors' in a complex and rapidly changing system.

The leadership development sessions are aimed at:

- HWB chairs/co-chairs
- HWB vice chairs
- Council leaders
- Portfolio-holders/lead members with responsibility for public health, adult social care and any other leading political role in a health and care system or devolution arrangement

Suite of offers

- Stepping up to the place: FIT for HWB plus, and Finance module and developing Care Models support
- Tailored support for HWBs and health and care systems
 - Bespoke session on follow up from another session, or generally require something more stand alone
 - Around a specific issue – expert peers and associates from across the field able to assist
- System Wide Care and Health peer challenge
 - Three days on site (interviews, focus groups, visits)
 - Peer challenge team – constructive challenge at end of visit
- Prevention Matters - workshop for members
 - One day workshop
 - Overview of determinant of health, inequalities, prevention (3 types), plus role in improving health outcomes
 - Facilitated workshop (at council)
 - Councils of any type, and councillors in any role
 - Whole council, group of councils (flexible)

- Health in all Policies (HIAP) peer support
 - World Health Organisation initiative
 - Embedding health improvement across all policies
 - Self-assessment tool
 - One day facilitated self-assessment offer

Additional documentation can be seen [here](#) and [here](#).

Upcoming Releases and Events

- June – The King’s Fund to release study in to London Joint Health and Wellbeing Strategies
- 17th June – London Councils Induction to New Members event
- 28th June – LGA/London Councils Induction to New HWB Members
- Early July – First extended meeting of the HWB Chairs Network

Appendix II

It is not possible for ordinary members to attend any of the below groups. However, their pan-London work, which relates to the wider determinants of health and wellbeing, are worth consideration.

Additional Networks, Forums and Organisations

- London Health Board

The London Health Board (LHB) is a non-statutory group chaired by the Mayor of London comprising elected leaders and key London professional health leads.

For any queries relating to the London Health Board please contact:

Gus Wilson, LHB Secretariat Manager: Gus.Wilson@london.gov.uk

- Thrive LDN

Thrive LDN can be contacted via email at: info@thrivedn.co.uk

- London Obesity Network

The London Obesity Network brings together Public Health professionals from across London boroughs who lead on obesity to share best practice, exchange ideas, trouble shoot challenges and find out what is happening regionally and nationally.

More information on the London Obesity Network can be seen [here](#).

- Association of Directors of Public Health (London)

Through ADPH London, Directors of Public Health work together to address issues which can either only be successfully tackled on a pan-London basis and/or which enhance the ability of boroughs to meet their responsibilities locally.

More information can be found [here](#).

- Association of Directors of Adult Social Services (London)

Similar to ADPH, ADASS aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy among London's DASS's

More information can be found [here](#).

- Association of London Directors of Children's Services (ALDCS)

Similar to ADPH and ADASS, ALDCS is a professional network which discusses strategic issues affecting Children's Services across London, shares best practice, and coordinates research and policy activity that supports better outcomes for children.

- Young People's Education and Skills Board (YPES)

YPES brings together local authorities, education and training providers and government representatives to discuss strategic issues affecting young people in London. The focus is primarily on

education and training, but the Board also discusses workstrands relating to Special Educational Needs and Disabilities and mental health.

- Healthy Place

Healthy Place is a public health network for London boroughs working with town planning, licensing, trading standards & environmental health to promote healthier town centres & high streets.

For information, please contact Grace Williams via e-mail at: Grace.Williams@southwark.gov.uk

- Skills for Londoners task-force

The Mayor has set up a Skills for Londoners Taskforce to help make sure that all Londoners and London's businesses can gain the skills they need to succeed. It has several sub-committees, such as on Apprenticeships and Construction Skills

<https://www.london.gov.uk/what-we-do/business-and-economy/skills-and-training/skills-londoners-taskforce>

- CLOA- Chief Cultural and Leisure Officers Association

[London CLOA](#) is a network of Chief Culture and Leisure officers and senior officers with responsibility for culture and sport services across London.

- London Culture Forum

The [London Culture Forum](#) brings together officers from across London's 33 local authorities, with additional cultural representatives from key agencies operating in the capital.

Membership includes officers from all London local authority cultural services – across arts, culture, events, libraries and heritage – and representatives from organisations including Arts Council England, the Greater London Authority (GLA), London Councils and London & Partners.

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