

Community Wellbeing Board

Agenda

Thursday, 27 April 2017
11.00 am

Room D&E, 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!

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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.

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DO NOT USE THE LIFTS.

DO NOT STOP TO COLLECT PERSONAL BELONGINGS.

DO NOT RE-ENTER BUILDING UNTIL AUTHORISED TO DO SO.

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Toilets

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

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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

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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 nine months and we expect to be back in LGH by September 2017.

We appreciate your understanding and flexibility during this time.

LGA Community Wellbeing Board

27 April 2017

There will be a meeting of the Community Wellbeing Board at **11.00 am on Thursday, 27 April 2017** Room D&E, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG.

A sandwich lunch will be available after the meeting.

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 2016/2017

Councillor	Authority
Conservative (7)	
Izzi Seccombe (Chairman)	Warwickshire County Council
David Coppinger	Windsor & Maidenhead Royal Borough
Graham Gibbens	Kent County Council
Keith Glazier	East Sussex County Council
Liz Mallinson	Cumbria County Council
Vic Pritchard	Bath & North East Somerset Council
Ernest White	Leicestershire County Council
Substitutes	
Linda Chilton	Derbyshire County Council
Judith Wallace	North Tyneside Council
Sue Woolley	Lincolnshire County Council
Labour (7)	
Linda Thomas (Vice-Chair)	Bolton Council
Jonathan McShane	Hackney London Borough Council
Lynn Travis	Tameside Metropolitan Borough Council
Carole Burdis	North Tyneside Council
Phil Bale	Cardiff Council
Jackie Meldrum	Lambeth London Borough Council
Rachel Eden	Reading Borough Council
Substitutes	
Maureen Cummings	Wakefield Metropolitan District Council
Azhar Ali	Lancashire County Council
Robin Moss	Bath & North East Somerset Council
Independent (2)	
Mayor Kate Allsop (Deputy Chair)	Mansfield District Council
Mark Ereira-Guyer	Suffolk County Council
Substitutes	
Helen Grant	Richmondshire District Council
James Moyies	Southend-on-Sea Borough Council
Liberal Democrat (2)	
Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Lucy Nethsingha	Cambridgeshire County Council

LGA Community Wellbeing Board Attendance 2016-2017

Councillors	7/10/16	1/12/16	16/02/17
Conservative			
Izzi Seccombe	Yes	Yes	Yes
David Coppinger	Yes	Yes	Yes
Graham Gibbens	Yes	Yes	Yes
Keith Glazier	Yes	Yes	Yes
Liz Mallinson	Yes	Yes	Yes
Victor Pritchard	Yes	Yes	Yes
Ernest White	Yes	Yes	Yes
Labour			
Linda Thomas	Yes	No	Yes
Jonathan McShane	Yes	No	Yes
Lynn Travis	Yes	Yes	Yes
Carole Burdis	Yes	No	No
Phil Bale	No	No	Yes
Jackie Meldrum	Yes	Yes	Yes
Rachel Eden	Yes	Yes	Yes
Independent			
Kate Allsop	Yes	Yes	Yes
Mark Ereira-Guyer	Yes	No	Yes
Lib Dem			
Richard Kemp CBE	Yes	Yes	Yes
Doreen Huddart	Yes	Yes	Yes
Substitutes			
Robin Moss	Yes	Yes	Yes
Maureen Cummings	Yes	Yes	
James Moyies	Yes	Yes	

Agenda

Community Wellbeing Board

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11.00 am

Room D&E, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG

1.	Items	Page
1.	Apologies and Declarations of Interest	
2.	Presentation from Duncan Selbie, Chief Executive of Public Health England	
	Duncan Selbie, Chief Executive of Public Health England, will attend to speak on Public Health England and its work with Local Government. Duncan will then engage in discussion with the Board.	
3.	Presentation from Richard Humphries, Senior Fellow at the King's Fund	
	Richard Humphries, Senior Fellow at the King's Fund, to give a presentation on the current issues facing care and health, how they might be impacted by the forthcoming General Election, and what opportunities and risks this period presents for the sector. Richard will then engage in a discussion with the Board.	
4.	Update on lead members' special meeting on children and young people's mental health and wellbeing	1 - 12
5.	The Future of Local Commissioning project with NHS Confed and NHSCC	13 - 18
6.	Update on Other Board Business	19 - 22
7.	Minutes of the last meeting	23 - 29

Date of Next Meeting: Monday, 19 June 2017, 11.00 am, 5th Floor Board Room, 5th Floor (North side), Layden House, 76-86 Turnmill Street, London, EC1M 5LG



Community Wellbeing Board

27 April 2017

Update on lead members' special meeting on children and young people's mental health and wellbeing

Purpose

For discussion and direction.

Summary

This report summarises the key issues that were discussed at the lead members' special meeting on children and young people's mental health and wellbeing and seeks the Board's views on resulting actions and next steps. A more detailed note is attached at **Appendix 2**.

The Office Holders of the Community Wellbeing Board attended the meeting and will give an oral update.

Recommendation

The Community Wellbeing Board is asked to provide views on the actions listed in **section 6** of this report, including which actions should be prioritised.

Contact officer: Deepa Patel
Position: Adviser, Children's Health
Phone no: 020 7664 3079
Email: deepa.patel@local.gov.uk

Update on lead members' special meeting on children and young people's mental health and wellbeing

Background

1. Lead members of the LGA Children and Young People Board and Community Wellbeing Board requested a joint meeting on children and young people's mental health and wellbeing in order to raise their awareness and understanding of key issues and to help both Boards agree actions they want to focus on, to support work on this agenda.
2. A half-day special meeting took place on 23 February 2017, to which a number of expert speakers were invited to share views on key issues.
3. This report seeks members' advice on the priority actions they now wish to pursue.

Issues

4. A list of speakers who attended the meeting can be found at **Appendix 1** and a summary of the issues and challenges that were highlighted by speakers at the meeting can be found at **Appendix 2**. The issues discussed included:
 - 4.1 Accountability for spend on CAMHS
 - 4.2 Shifting the focus to prevention
 - 4.3 A key role for schools
 - 4.4 Involving children, young people and their families
 - 4.5 Fragmented commissioning landscape and lack of systems leadership
 - 4.6 Provider capability
 - 4.7 A need for evidence informed interventions and data
 - 4.8 Particularly vulnerable groups
 - 4.9 Waiting times and criteria to access services
 - 4.10 On-line mental health support services, social media and cyber bullying
5. This report was also presented at the last meeting of the CYP Board.

Suggested actions for consideration

6. Based on the issues identified in this report members are asked to consider the following suggested actions, advise which others they may wish to pursue and ***identify which of the Board actions should be prioritised.***

LGA:

- 6.1 Develop guidance for health and wellbeing boards and scrutiny members to strengthen local leadership and accountability for the quality, delivery and spend on children's mental health and wellbeing services through Local Transformation Plans.
- 6.2 Use the forthcoming LGA campaign on children and young people's mental health services to highlight the importance of the role of prevention; the need for accountability of spend on services; and the key role of councils to this agenda through sharing best practice examples.
- 6.3 Use the forthcoming LGA state of the nation style report on mental health to highlight the importance of prevention and explore transitions between children and adult mental health services (July 2017).

CYP Board and the Community Wellbeing Board:

- 6.4 Engage with DfE and DH to influence the scope of the forthcoming green paper on children and young people's mental health (due out in Autumn 2017.)
- 6.5 Engage with CQC to influence the scope of the forthcoming thematic review of children and young people's mental health services (findings will be reported in 2017/18.)
- 6.6 Hold a round table discussion with DH, Health Education England and NHS commissioners and providers, to identify further work to build the capacity of providers to deliver services that achieve the transformative change described in Future in Mind.
- 6.7 Meet with the Chair of the the All Party Parliamentary Group on Mental Health (Helen Whateley MP), to understand the work of the Group and explore any opportunities for joint working.
- 6.8 Provide DfE with a sector view on content for PHSE, to highlight the need for age appropriate mental health and wellbeing education recognising the growing impact of social media and the need to build e-resilience.
- 6.9 Engage with DfE to identify how councils can contribute to achieving sustainable delivery models for the further roll out of the mental health services and school link pilot. *(As noted, a number of the critical success factors identified in the evaluation highlight the role and contribution required from local authorities to make joint working arrangements a success).*



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Implications for Wales ¹

7. The contents of this report applies to England. The Welsh Local Government Association are leading on activity in relation to children and young people's mental health in Wales and making any representations on behalf of their members to the Welsh Government.

Financial Implications

8. There are no financial implications to the LGA relating to the information in this report.

Next steps

9. The Community Wellbeing Board is asked to provide views on the actions listed in **section 6** of this report, including which actions should be prioritised.

¹ The WLGA pays a membership fee to the LGA on behalf of all Welsh councils and we lobby for them on "non-devolved" issues - e.g. DWP work. The WLGA provides "top-slice" for workforce support, but none for "improvement".

Local Government Association

Special Interest Meeting: Children and Young People's Mental Health

Lead Members of the LGA Children & Young People & Community Wellbeing Boards

Date: Thursday 23 February 2017 Time: 10am – 2.30pm

Pooky Knightsmith

- Vice Chair, Children and Young People's Mental Health Coalition & Director, Children, Young People and Schools Programme, Charlie Waller Memorial Trust

Dr Cathy Street

- Researcher, GIFT Partnership Lead for London and the South East

Leanne Walker and Amanda Tuffrey

- Young GIFT Advisors

Dr Phil Moore

- Chair of the Mental Health Commissioners Network & Deputy Chair (Clinical) at NHS Kingston CCG

Professor Jim McManus

- Director of Public Health, Hertfordshire County Council

Steve Miley

- Member of the ADCS Health, Care and Additional Needs Policy Committee & Director of Family Services, Hammersmith and Fulham

Frank McGhee

- National Transformation Adviser, Children and Young Peoples' Mental Health Team, NHS England

Ann Gross

- Director of Special Needs, Disadvantage and Character policy, DfE

Jonathan Marron

- Director, Community, Mental Health and 7 Day Services Department of Health

Rt Hon Norman Lamb MP for North Norfolk

- Chair of the Independent Commission on Children and Young People's Mental Health

Summary of the issues and challenges that were highlighted at the Special Interest Meeting: Children and Young People's Mental Health

Accountability for spend on CAMHS

1. The £1.25 billion of funding committed by the government over five years (announced March 2015) equates to £250 million per year. £143 million was released in the first year, and of that £75 million was distributed to clinical commissioning groups to commit to front line services.¹ It is not clear how much of the £75 million released to CCGs has been spent on frontline services.
2. For 2016/17, £119 million of the £250 million total has been allocated to clinical commissioning groups, but this has been included in their total baseline allocation. The funding for children and young people's mental health has not been ring-fenced and so there is a risk that it will be spent on other priorities, such as those covered by national targets, like A&E waiting times or be used to plug budget deficits.²
3. Accountability for release of this money and for local decisions on how it is spent is critical. Spending decisions need to support delivery of the transformation agenda set out in Future in Mind. There should be good communication between health, education, the council and other partners to determine how money will be invested to support the transformation agenda in a local area, with decisions captured in Local Transformation Plans.

Shifting the focus to prevention

4. Future in Mind recognises that to achieve real change, a whole systems approach which focusses on prevention of mental ill health, early intervention and recovery is needed.
5. There is also evidence which makes both the moral and economic case for early intervention. Despite this, we know that as much as 80 per cent of all mental health care takes place in GP surgeries and hospitals.³ Mental health is still seen as a specialism, with organisations continuing to work in silos.
6. Local councils have a key contribution to make to the prevention and early intervention agenda through universal early years services such as health visiting, children's centres (which are seen as a good model for breaking down silos and bringing together a range of services including preventative mental health services), and Youth Information Advice & Counselling Services (YIACS). This work is essential to avoid over medicalising mental health and reducing stigma.

¹ Children and Young People's Mental Health: Time to Deliver, Emily Frith November 2016

² Children and Young People's Mental Health: Time to Deliver, Emily Frith November 2016

³ Closing the Gap: Priorities for Change in Mental Health Department of Health January 2014

7. In relation to YIACS, funding pressures on local authority budgets has seen a reduction in the number of drop in services for young people in local areas. The rise in the numbers of both routine and emergency presentations for CAMHS tiers 2/3 services has seen an average increase of 25 per cent in referrals since 2012. This is possibly due in part to the impact of regional and local cuts on community based and third sector services.⁴ There are still examples of good practice to be found; Birmingham and Croydon were two local areas highlighted.

A key role for schools

8. The current fragmentation of the school system is seen as potentially hindering progress with provision of high quality children mental health and wellbeing services in all schools.
9. Compared to schools maintained by local authorities, academies have greater freedom to commission a range of services according to their particular preferences and the nature of their pupils' needs. Consequently, local councils have very little control over the approach that individual academies take to this issue, and few levers through which to influence exactly what mental health support schools choose to commission for their pupils. This adds to the fragmented nature of commissioning responsibilities. Local areas need to be able to identify and understand what mental health and wellbeing support is available in all schools in their area.
10. In March, the government tabled amendments to the Children and Social Work Bill, to make it a requirement that all secondary schools in England teach relationships and sex education (RSE). *The amendments also allow the government to make regulations requiring personal, social, health and economic education (PSHE) to be taught in all schools in England - primary and secondary, maintained and academy - in future (timescales have not yet been confirmed).* There is an opportunity for local government to engage with DfE and provide a sector view on content for PHSE, including how it fits with a whole schools approach to mental health and wellbeing to help break stigma around this issue.
11. There is a growing body of evidence that indicates that emotional well-being is an important foundation for learning and educational achievement. Teachers are not currently equipped to reduce the stressors that can impact on children and young people's mental health. Links between mental health services and schools need to be strengthened, with better training and information for teachers and parents to reduce stigma.
12. The mental health services and schools link pilot (launched in 2015) aimed to strengthen joint working between schools and mental health services. A total of 22 areas, incorporating 27 CCGs and 255 schools, were funded to establish named lead contacts within NHS children and young people's mental health services and schools.

⁴ Health Select Committee Inquiry CAMHS November 2014

13. An evaluation of the pilot programme was published in February 2017. It demonstrated the potential added value of providing schools and NHS CAMHS with opportunities to engage in joint planning and training activities, improving the clarity of local pathways to specialist mental health support, and establishing named points of contact in schools and NHS CAMHS.
14. At the same time, the evaluation has underlined the lack of available resources to deliver this offer universally across all schools at this stage within many of the pilot areas. Given the pilots show that additional resources would need to be allocated locally to deliver the offer universally across all schools, *further work is needed to understand how sustainable delivery models can be developed*. A number of the critical success factors identified in the evaluation highlight the role and contribution required from local authorities to make joint working arrangements a success.
15. DfE has also announced it will be running a programme of pilot activity on peer support for children and young people's mental health and emotional wellbeing across schools, colleges and community settings and undertake randomised control trials (RCT's) of promising preventative programmes that can be delivered in schools.

Involving children, young people and their families

16. Children, young people and their families need to be involved in making decisions about their treatment and which services are needed. Services often do not have the time to engage with parents, but parents have a key role to play and need to be supported through provision of better information and training which reduces the stigma of mental health and enables them to support children and young people.
17. The forthcoming green paper on children and young people's mental health will set out plans to transform services in schools, universities and for families. It provides an opportunity to engage with children, young people and families and to test proposals to ensure that they are guided by the voice of those with experience of services.

Fragmented commissioning landscape and lack of systems leadership

18. There is currently a fragmented commissioning landscape, with responsibilities split across the council, schools, NHS England and CCGs. This has resulted in a lack of systems leadership. Joint commissioning practice in local areas across all tiers of services is needed to bring some coherence and co-ordination to delivery at a local level. All partners need to work together to shared outcomes, and the funding that local areas receive for mental health services should be used to pursue joint commissioning opportunities that simplify the system and provide more holistic support.
19. Children, young people and families need a single point of contact, with clarity on what services are available and how to access them so that they do not have to negotiate between different organisations and professionals. This requires shifting the focus from structures to person centred care, where there is better working between organisational

boundaries, so that all professionals making decisions about a child or young person's care understands the full circumstances of their situation. One way to support this would be through the introduction of a common assessment across professional and organisational boundaries.

20. Multi agency training of health and education professionals could also make a difference in helping to join up the system, break down silos of care and enhance awareness of the different roles and challenges of partners involved in the system.

Provider capability

21. The transformative change described in Future in Mind relies on the capacity of providers to think differently about how they work with partners to deliver services. Further support from government (and universities) to skill up providers and create the capacity for change is needed to develop the provider market. Some local areas have a limited choice of providers and there is difficulty finding appropriate services for local people.

A need for evidence informed interventions and data

22. Better data and information which helps us to understand the difference that services are making is needed. Local and national commissioners are still using 2004 data to support their understanding of the prevalence of mental health issues in the population. The Office for National Statistics (ONS) and NatCen Social Research have been commissioned by the Health and Social Care Information Centre (HSCIC) to carry out the Survey of the Mental Health of Children and Young People (MHCYP) 2016 (results are due to be published in 2018).
23. Further research and evaluation, will help to build an evidence base and identify a common view of what works. This research needs to recognise that a range of age appropriate interventions are needed; there is a concern from some non NHS partners that Cognitive Behavioural Therapy (CBT) is being overused and that whilst it is an evidence based intervention it will not work for everyone. Alternative provision to CBT that supports the prevention and early intervention agenda is also needed.
24. In January 2017, the Prime minister announced a major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is and isn't working (scope to be confirmed). This will help to contribute to the existing evidence base.

Particularly vulnerable groups

25. We know that health (especially mental health) outcomes for looked after children are significantly worse than for the child population as a whole. Children in care are four times more likely to experience a mental health difficulty than their peers.

26. The current focus on schools, does not prioritise those between 16-25 who are transitioning from children to adult's services or those children that are not in school. We know that suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with nearly four times as many men dying as a result of suicide compared to women.
27. The transition point between children and adults is poor across the majority of the country. A study of young people's transitions from CAMHS to adult mental health services has found that two thirds of teenagers are either 'lost' from or interrupted in their care during this time, which is likely to have serious consequences, especially if needs are unmet.⁵ Moving out of an area also brings challenges with many finding existing support begins to fall apart and that they have to start over again.
28. One option would be to designate a virtual mental health lead professional in children's services similar to the role of the virtual school head currently in schools.

Waiting times and criteria to access services

29. Waiting times or criteria to accessing mental health and wellbeing services are inconsistent, depending on where you live. Criteria to access support can also be extremely high, which means it is only when a child or young person is at crisis point that services will intervene. (One example given is where some local services require two suicide attempts before a child or young person can access support). The length of waiting times is also unacceptably high, with little support whilst the child or young person waits to get to the top of the list.
30. The government has set out an ambition to introduce access and waiting time standards across all mental health services between 2016 and 2020. Guidance to support the development of standards relating to eating disorders, early intervention in psychosis, the improved access to psychological therapies programme and liaison psychiatry was issued in 2015. Work to support commissioners and providers implement the standards and collect data is ongoing.

On-line mental health support services, social media and cyber bullying

31. On-line counselling services are seen as a positive move, however it is recognised that the internet can also enable access to material that can cause harm to a child's mental health and wellbeing. Social media has a growing impact on children and young people's mental health. Dudley has identified six young people who have committed suicide due to cyberbullying.
32. Children need to be taught e-resilience and council's need to be mindful of internet access in public facilities such as libraries. Young people will rarely share concerns

⁵ Singh et al. (2010) Process, outcome and experience of transition from child to adult mental healthcare: multi-perspective study



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Appendix 2

about cyberbullying for risk of having their technology taken away. Staff need training to understand the dangers and opportunities of digital technology including Apps.



Community Wellbeing Board

27 April 2017

The Future of Local Commissioning project with NHS Confed and NHSCC

Purpose

For discussion and direction.

Summary

This report outlines proposals for a joint initiative with NHS Confederation, NHS Clinical Commissioners (NHSCC) and other key partners to influence the policy agenda on the future of local commissioning.

Recommendation

Members are requested to discuss and comment on the outlined proposals in **section 7** of the report.

Action

Officers to take action as directed by members.

Contact officer: Alyson Morley
Position: Senior Adviser
Phone no: 020 7664 3230
Email: alyson.morley@local.gov.uk

The Future of Local Commissioning project with NHS Confed and NHSCC

Background

1. The NHS Confederation (and NHSCC, who are part of the Confederation) and the LGA have agreed to build on their existing partnership work to:
 - 1.1. Speak with a unified voice on behalf of local health and care system leaders on long-term strategic issues of joint interest.
 - 1.2. Coordinate our influencing work on the future health and social care landscape.
2. The LGA is also keen to work in partnership with other key national stakeholders, including NHS Providers and Association of Directors of Adult Social Services (ADASS) to develop this work. This paper proposes the purpose, process, governance arrangements, and timelines for a joint Inquiry/Commission on the Future of Local Commissioning.

Issues

3. Why focus on the future of local health and social care commissioning?
 - 3.1. At its simplest, commissioning is the process of planning, arranging/procuring and monitoring services. However, in a health and care system where planning, procuring and monitoring services will increasingly be according to shared priorities between health and social care, commissioning is not a simple process. It encompasses the needs assessment for a population, agreement of shared priorities, the design of care pathways, market stimulation and demand management, development of service specifications and contract negotiations or procurement, with continuous quality assessment and review that services contribute to improved outcomes.
 - 3.2. While there is no single geography across which all services should be commissioned, over the past year there has been a strong focus on strategic commissioning. At this level, the commissioning landscape for health and social care is changing rapidly. The creation of 44 STPs and the development of health devolution in some areas has dominated local discussions of commissioning. There are sound reasons to take a more strategic approach to commissioning but local health and care system leaders have begun to question their role in future commissioning.
 - 3.3. Another major development in the commissioning landscape is the emergence of new care models that end the traditional commissioner/provider split in the NHS. Multi-speciality community providers (MCPs), primary acute community services (PACs) and accountable care organisations (ACOs) are all new and as yet untested models for commissioning and providing health, and in some cases, social care and public health services within a single organisation.

- 3.4. These changes contribute to widespread uncertainty about the future of local commissioning. In particular, whether some of the core components of our local health and care landscapes continue to have role in commissioning – in particular, health and wellbeing boards and clinical commissioning groups.

4. Purpose

- 4.1. This inquiry will seek to influence the future development of local health and care commissioning, in particular for achieving integration by:

- 4.1.1. Asking and addressing some of the big questions facing local commissioners (see below).
- 4.1.2. Identifying good practice in innovative local commissioning that indicates how local commissioning can develop in the future.
- 4.1.3. Identifying continuing barriers to effective local commissioning.
- 4.1.4. Making recommendations to national and local system leaders.

5. What are the big questions?

- 5.1. With the development of STPs and health devolution, is there a continued need for local commissioning of health and care services?
- 5.2. Is there a single unit of 'place' that is right for place based commissioning? If not, then how do we ensure that commissioning is done at the right level?
- 5.3. How do we put into practice the principle of subsidiarity?
- 5.4. What is the role and contribution of health and wellbeing boards in place based commissioning?
- 5.5. With the growth of MCPs, PACs, ACOs and other models of care that incorporate commissioning and delivery of services, is there a continued need for clinical commissioning groups?
- 5.6. What potential do we have to build on existing joint or lead commissioning?
- 5.7. How do we ensure that the focus personalisation and micro-commissioning is maintained and expanded?
- 5.8. How do we ensure that we can effectively commission for improved health and wellbeing outcomes?
- 5.9. To what extent are existing legislative, regulatory and financial frameworks barriers to effective local place-based commissioning?

5.10 How should legislative, regulatory and financial frameworks change to support more effective local commissioning?

6. Governance arrangements for project

6.1. This will be undertaken in partnership between the LGA and NHS Confederation. The overall project brief will be signed off by the Community Wellbeing Board and appropriate NHS Confederation governance.

6.2. The Inquiry will be overseen and directed by the Commission Steering Group comprising, an independent Chair, representatives of LGA, NHS Confederation and others to be determined – possibly NHSCC, NHS Providers, ADASS, National Voices, reps of ASC providers.

6.3. The remit and direction of the Inquiry will be informed by the Health and Care Advisory Forum, a proposed broad based group established by the NHS Confederation, with LGA endorsement, comprising national stakeholders in health, local government and social care. The membership of the Advisory Forum is yet to be determined.

6.4. The precise details of governance need further development and clarification and will be agreed by NHS Confederation and LGA.

7. Outline proposal

7.1 The key components of the joint work and activities are outlined below.

Key component/activity	Start by	End by	Resources
Creation of a joint LGA and NHS Commission/Steering Group, chaired by an independent figurehead to steer and lead the Commission	April 17	May 17	Existing LGA officer to lead
Agree resources and roles to support the project	April 17	May 17	LGA and NHS to agree budget and identify resources
Draft remit of Inquiry/Commission	May 17	June 17	LGA and Confed
Advisory group input/discussion	June 2017	July 2017	Confed to lead
Commission Steering group to agree final remit of inquiry	July 17	July 17	LGA to lead
Promote Commission at NHS Confed and LGA Annual conferences	June 17	July 17	LGA and Confed
Call for evidence	Aug	Oct	LGA
Interviews with key stakeholders	Aug	Oct	Additional resources for

			interviews and write up
Analysis of information	Oct	Oct	Additional resources required
Roundtables x 3 (one for each question) to discuss initial findings	Oct	Nov	Additional resources to organise
Advisory group input to findings and recommendations	Oct	Nov	Confed to lead
Write up initial findings and recommendations	Nov	Dec	Additional resources required
Commission Steering Group to agree final recommendations	Jan 18		LGA to lead
Write up of final report	Jan 18		Additional resources
Agree joint communications strategy	Jan		LGA and Confed
Joint launch of final report	Feb	March	LGA and Confed
Commission Steering Group to evaluate impact of work and discuss need for future work	March		LGA and Confed
Advisory group discussion of future work	April		Confed to lead

8. What we need to build on.

8.1. There is already a substantial body of work on various aspects of local commissioning. In addition, there is an extensive policy framework for local government and the NHS. This project will need to have regard to and build on the following:

- 8.1.1. The Five Year Forward View and associated guidance and policy frameworks and commissioning.
- 8.1.2. The legal and policy framework for health and social care commissioning.
- 8.1.3. Existing good practice, such as Commissioning for Better Outcome.
- 8.1.4. Cabinet office report and other reports on the future of health and adult social care.
- 8.1.5. Research and analysis by think tank and research institutions, including the King's Fund, Localis, Reform and Nuffield Institute work.
- 8.1.6. Emerging good practice from STPs, New Models of Care Vanguards and Integration Pioneers on effective commissioning.

Implications for Wales

9. Health and social care is a devolved responsibility.



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Financial Implications

10. None.

Next Steps

11. Members are requested to discuss and comment on the outlined proposals in **section 7** of the report.



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Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- The Spring Budget 2017
- Integration and BCF Policy Framework 2017- 2019 and NHS England Delivery Plan
- Sustainability and Transformation Partnerships
- Soft Drinks Levy
- Health and Wellbeing in Rural Areas
- Public health working with the voluntary, community and social enterprise sector
- LGA Annual Public Health report – four years on
- A collection of essays on four years of public health within local government

Recommendations

Members of the Community Wellbeing Board are asked to:

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

The 2017 Spring Budget

1. The 2017 Spring Budget announced just over £2 billion additional new funding for adult social care. This includes £1,010 million in 2017/18, £674 million in 2018/19, and £337 million in 2019/20.
2. The LGA welcomed this funding as a significant step towards protecting services for older and disabled people over the next few years. However, we have been very clear that short-term pressures remain and that the challenge of finding a long-term solution is far from over. We have also been clear that, to close the funding gap facing social care, additional funding needs to be recurrent and put into local government baselines.
3. Following the Budget announcement of an additional £2 billion for adult social care, LGA officers were involved in discussions with Whitehall and NHS England to confirm the detail of the money. The positions taken by officers were agreed and informed by helpful contributions from Community Wellbeing Board Lead Members. These discussions played into the work to finalise the Better Care Fund (BCF) policy framework because councils are required to pool their allocation of the £2 billion into the BCF.

Integration and BCF Policy Framework 2017- 2019 and NHS England Delivery Plan

4. National partners have sought to influence the direction and use of the funding, in particular NHS England who have encouraged the NHS locally to ensure the £2 billion is used in part to free up 2,000-3,000 acute beds. We have been clear in media work that adult social care is vital in its own right and that this essential money is not just for relieving pressures on the NHS. Ahead of the BCF policy framework being published, Mark Lloyd and Ray James (ADASS) wrote to council chief executives and social care directors setting out the LGA and ADASS policy positions in the interests of providing councils with the information they need to manage unrealistic expectations of the money. An FAQ on the £2 billion for members was also produced and distributed directly to all lead members for adult services, as well as through the Community Wellbeing Board monthly bulletin. This set out our understanding of developments and the LGA's policy positions on the £2 billion.
5. The [Integration and BCF Policy Framework 2017-19](#) has now also been published and the LGA continues to work hard to ensure that the BCF Planning Guidance reflects the Policy Framework.
6. NHS England has also recently published, 'Next Steps on the NHS Five Year Forward View'. This reviews progress made since the launch of the Forward View and sets out the steps the NHS will take to deliver a better, more joined up and responsive health system. The LGA provided a media response to the publication and also produced a [briefing](#) that summarises its main announcements. These set out local government's continued support of the aim to improve health and wellbeing and noted the crucial role councils play in shaping local public services as leaders of local communities. The LGA called on NHS England to be more explicit in recognising this role and also reinforced the point that the £2 billion is about more than relieving pressure on the NHS.

7. In the 2017 Spring Budget the Government also announced that it would set out proposals in a green paper to put the adult social care system on a more secure and sustainable long-term footing. The LGA has welcomed this intention and to ensure it delivers real solutions has called for local government leaders to be at the heart of the review, and for party politics to be transcended so we have a solution that has full cross-party consensus. The review must include an honest debate of all potential options and nothing should be ruled out at the start.

Sustainability and Transformation Partnerships

8. The LGA has written to council leaders, portfolio holders for adult social care and chairs of health and wellbeing boards to ask them to contribute to a survey to establish a clear national picture of local councillors' experience of Sustainability and Transformation Partnerships (formally known as Sustainability and Transformation Plans) to date. This survey seeks councillors' views of member engagement in the STP process, system leadership and governance arrangements, the STP's alignment with local ambitions for health and wellbeing, and engagement with the public.
9. We welcome survey returns from other councillors. You can access the survey [here](#). The deadline is 27 April 2017.

Soft Drinks Levy

10. Last month Councillor Izzi Seccombe and Councillor Ian Stephens wrote to Edward Timpson MP, Minister of State at Department for Education asking to meet to discuss the role of local councils in tackling child obesity and how the proceeds from the introduction of the soft drinks levy could be targeted at schools and communities that would benefit the most from additional public health investment.

Health and Wellbeing in Rural Areas

11. Produced in partnership with Public Health England, our latest report highlights the specific needs and challenges for health and care provision in rural communities. The report includes case studies showcasing the ways in which local authorities in England are tackling health inequalities, improving access to services and building up community resilience.
12. Nearly 10 million people live in areas of England defined as rural. This number is increasing and the population is growing older. Their health is as important to us as the health of the 45 million who live in our cities and large conurbations. Although many rural areas are, in general, affluent, even wealthy in some cases, this is not true of all rural areas (the 'north/south divide' can be seen in the countryside as well as in cities). And within even the most affluent areas, there can be real hardship, deprivation, ill health and inequalities. These are some of the issues discussed in this [document](#).

Public health working with the voluntary, community and social enterprise sector

13. Last month the LGA published a set of case studies showing how public health and the voluntary, community and social enterprise sector are working together. The case studies



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in this [report](#) show how public health and the voluntary, community and social enterprise sector (VCSE) are working together to make a real difference to people's health and wellbeing. Local government has always been a close partner to the VCSE sector, and now, with public health colleagues, we are able to go further and faster in harnessing the skills, enthusiasm and expertise of VCSE organisations and volunteers.

LGA Annual Public Health report – four years on

14. This year's [compilation of case studies](#) shows how local authorities continue to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred from the NHS in April 2013.

A collection of essays on four years of public health within local government

15. Public health made the formal transfer to local government in April 2013, and in the last four years great strides have been made to tackle the wider social and economic determinants of poor health. This [publication](#) was commissioned by the LGA to capture the thoughts of those working hard to make the new system work with contributions from councillors, directors of public health, providers, commissioners, academics and other key decision makers.
16. Some of the articles are deliberately challenging and provocative; some of them present a picture of what is already happening in local government to tackle the social determinants of health; some of them look to what more local authorities could do in the future, either with additional powers or by using their existing powers and remit.

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Thursday 16 February 2017
Venue:	Rooms A&B, Ground Floor, 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
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1	Apologies and Declarations of Interest
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The Board **noted** Cllr Doreen Huddart's and Cllr Carole Burdis' apologies.

Cllr Ereira-Guyer declared an interest in item 3 as he has worked with Harrow Council in the past, and Cllr Robin Moss declared an interest in item 2 as he worked for a charity supporting young people.

2	LGA Mental Health Report
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The Chairman welcomed and introduced Paul Farmer CBE, the Chief Executive of MIND, who had been invited to attend the Board meeting to discuss MIND's views on the role of councils, and what suggestions he might have for inclusion in future LGA work on mental health and in particular on public mental health spend.

Paul Farmer CBE provided the Board with background information on MIND and his related roles. He informed the Board that he had chaired the NHS England Mental Health Taskforce which had published the Five Year Forward View for Mental Health, and had also been appointed as a co-chair of a piece of work commissioned by the Prime Minister to improve mental health in the workplace.

He highlighted that in general terms the mental health of the country was not improving and for some groups was getting worse, particularly amongst young women and older men. He raised inequality of access to support as a particular concern.

He noted however that mental health had gone up the political agenda. He emphasised the role local authorities play in enabling people to stay well and live a full life and informed the Board that he was enthused and encouraged by the initiative presented in the report. He also emphasised the importance of conversation between the voluntary sector and public sector in the wider discussion on mental health.

In addition he went on to note that good mental health required more than support from the health service. It involved a range of services such as debt and financial advice and housing, which was why councils had such an important role to play in this agenda.

Councillor champions had created conversations locally and the next step was considering how health and wellbeing boards could play a greater role.

He expressed a view that local authorities should have more systematic involvement in Sustainability and Transformation Plan (STP.) He also expressed a view that local suicide prevention strategies being established was the best next step in improving public mental health, as was work on sickness absence, where the first priority was to identify good practice, including from local authorities.

In the discussion with Paul Farmer CBE which followed Members raised the following points;

- Mental health was a growing priority for communities, and with financial pressures on services the voluntary sector needs to be viewed by local authorities as a key player.
- Members commented that it was encouraging Paul Farmer CBE emphasised the importance of STPs, and asked whether in his view STPs and health and wellbeing boards were looking enough at mental health issues.
- Paul Farmer said that councils needed to articulate what the added value that local authorities provided was, and that consideration needed to be given to how to help people with mental health issues remain in work, to help those who needed it back into work and what could be done to assist those who had never been in work.
- The work of carers is vital and how could they and their families be better supported should be considered in more depth.
- Paul Farmer noted that health and wellbeing boards were still new organisations but they were looking increasingly at mental health issues, though there were issues local MIND bodies found in feeding views in mental health needed to be embedded into the work of STPs.
- That local authorities need to look more closely on how to better link a range of services they provide to the NHS. In particular, a council's social services role in this needs to be brought more to the fore.
- That local authorities are key in supporting a person's mental health through many of their roles, such as in Housing.
- Members commented that it would be important to recognise mental health support in rural areas.
- That local authorities need to ensure the same level of access to mental health support is available in academies as in state run schools.
- Members commented that the importance of parks, libraries and the general environment of an area on mental health needs to be taken into account.
- Members expressed a view that that local authorities need to pursue new ways of undertaking joint-commissioning.
- Paul Farmer CBE expressed a view that the extent to which members empower officers to talk on this will be important going forward.
- In regards to carers Paul Farmer CBE informed members that MIND had identified the cost of unpaid care at £14 billion and that it was critical to ensure the best support for carers and that the support was available at the required time and of good quality.

Abigail Gallop, Senior Adviser, informed the Board that the LGA is intending to develop a report that sets out the key role of local government in mental health. She emphasised that any further feedback on the objectives, scope and methodology of the LGA mental health report would be useful.

In the discussion which followed Members raised the following points;

- Members commented that in regards to the scope of the report a greater emphasis on early intervention and prevention would be needed. There was not only a moral reason for this, but a financial reason, in that prevention would prevent future referrals to CAMHS.
- Members expressed a view that it would be important to capture in the report all the work in this devolved administrations are undertaking.
- Behavioural support was emphasised as an area of importance, in which schools required further support.
- Joint commissioning was identified as a key area that needs to be developed.
- Members commented that the report would need to include work on cyber bullying.
- Members also suggested as potential contacts in this work the Citizens Advice Bureau, Race Equality Councils, Clinical Commissioning Groups, the Samaritans, the voluntary sector, Sports England and Police and Crime Commissioners.

Decision

The Community Wellbeing Board **noted** Paul Farmer CBEs comments and thanked him for his attendance at the Board.

Action

Officers to undertake the direction in the development of the report.

3 Future of personal care packages

The Chairman introduced Cllr Anne Whitehead, Bernie Flaherty and Mario Casiero from Harrow Council.

Cllr Anne Whitehead and Bernie Flaherty gave a presentation to the Board on their Community e-Purse service. They explained to the Board the timeline and the process Harrow Council undertook in establishing this service. They highlighted the positive feedback they have received from service users, the savings that Harrow Council is making due to this and the partnership work that has been involved.

In the discussion which followed Members raised the following points;

- That individuals needed to be happy using the internet to make full use of the system. Members queried how they adapt to work with users who were less familiar with the internet, was their take up across all ethnic groups and were there issues related to broadband speeds.
- Members queried the risk of providers failing, how was risk addressed, how was data protection covered, were there risks of over buying by individuals and would it include assistive technology.
- Bernie Flaherty said the system had been specifically built for a very diverse community, that they had worked with older people in designing the systems, and they were working to address issues with internet connectivity.
- She added that they would not allow patient information to be sold, there were

assurances in the system to prevent overspends, but people tended to come under budget, and confirmed they were trying to include access to assistive technology in the service.

Decision

The Board **noted** the presentation.

Action

Officers to circulate the presentation to the Board.

4 Allocation of funding from the Soft Drinks Industry Levy

Paul Ogden, Senior Adviser, introduced the report exploring how local government should influence government policy in relation to the allocation of funding from the soft drinks industry. He explained that the former Chancellor had announced this last year and that the income made from the Levy will be spent three ways; on primary school PE and sport provision, giving secondary schools the opportunity to extend their school day and breakfast clubs in England. He informed members that this funding is currently intended to go to schools directly from central government with little accountability. Local government has spent more than half a billion pounds on tackling obesity since taking over responsibility for public health in April 2013, and there has been no reference to councils being involved in the use of the income made from the Levy.

In the discussion that followed Members raised the following points;

- Councils should make an offer to the government which could include an out of school offer including provision in the school holidays and emphasise the efficiencies councils could achieve. Councils also had a role to play in ensuring that the money was well spent. Where others had supported the role of councils in this agenda this needed to be highlighted.
- The Welsh government had run a similar scheme and was now funding the Welsh councils to carry out work which offered an alternative to giving the funding to schools.
- Organising out of school activities in rural areas could be more problematic, and there needed to be work with wider groups such as those with diabetes or at risk of it, and not just school children
- Members commented that supporting areas of deprivation needed to be focused on, and that there should be a focus on early intervention as what was provided at home had an impact on health.
- Members expressed a view that income made from the levy should be sent though local authority public health, it was emphasised that public health should act as a conduit in distributing the money to schools.
- It was suggested a meeting be arranged with the Rt Hon Edward Timpson MP to discuss this further, and that letters should be sent to the relevant select committees.
- Members expressed a view schools should be included in this discussion.

Decision

The Board **noted** the report.

Action

Officers to incorporate the Board's views in the LGA's future position on how local government should influence government policy in relation to the allocation of funding from the soft drinks industry and to invite the Rt Hon Edward Timpson MP to discuss this with lead members of the Board.

5 Review of Appropriate Adult provision for vulnerable adults

Kevin Halden, Senior Adviser, introduced the report and explained that it was in response to a recent review commissioned by the Home Office from the National Appropriate Adult Network (NAAN) which had raised concerns with the availability of Appropriate Adults for adults who are mentally vulnerable, in particular, how provision is determined, administered, directed and funded. Further to this he explained to the Board that the report detailed seven future options for the provision of Appropriate Adults.

In the discussion which followed Members raised concerns that for any organisation accepting responsibility this would be an unfunded burden.

The Chairman concluded and summarised the Boards views with the following points;

- Local authorities are not prepared to take on more statutory duties without further funding.
- The Board don't feel they are empowered to indicate other organisations or agencies that should take this on.
- The Board expressed concerns that vulnerable adults fall through the net as a consequence of a scattergun approach in the support provided.
- Local authorities are particularly concerned they will have to pick up safeguarding where vulnerable adults have fallen through the net.

Decision

The Board did not agree to support any of the seven future options included in the report.

6 Update on Other Board Business

Mark Norris, Principal Policy Adviser, introduced the report, which presented updates on various areas of the Board's work which were not included as part of other items on the agenda.

Decision

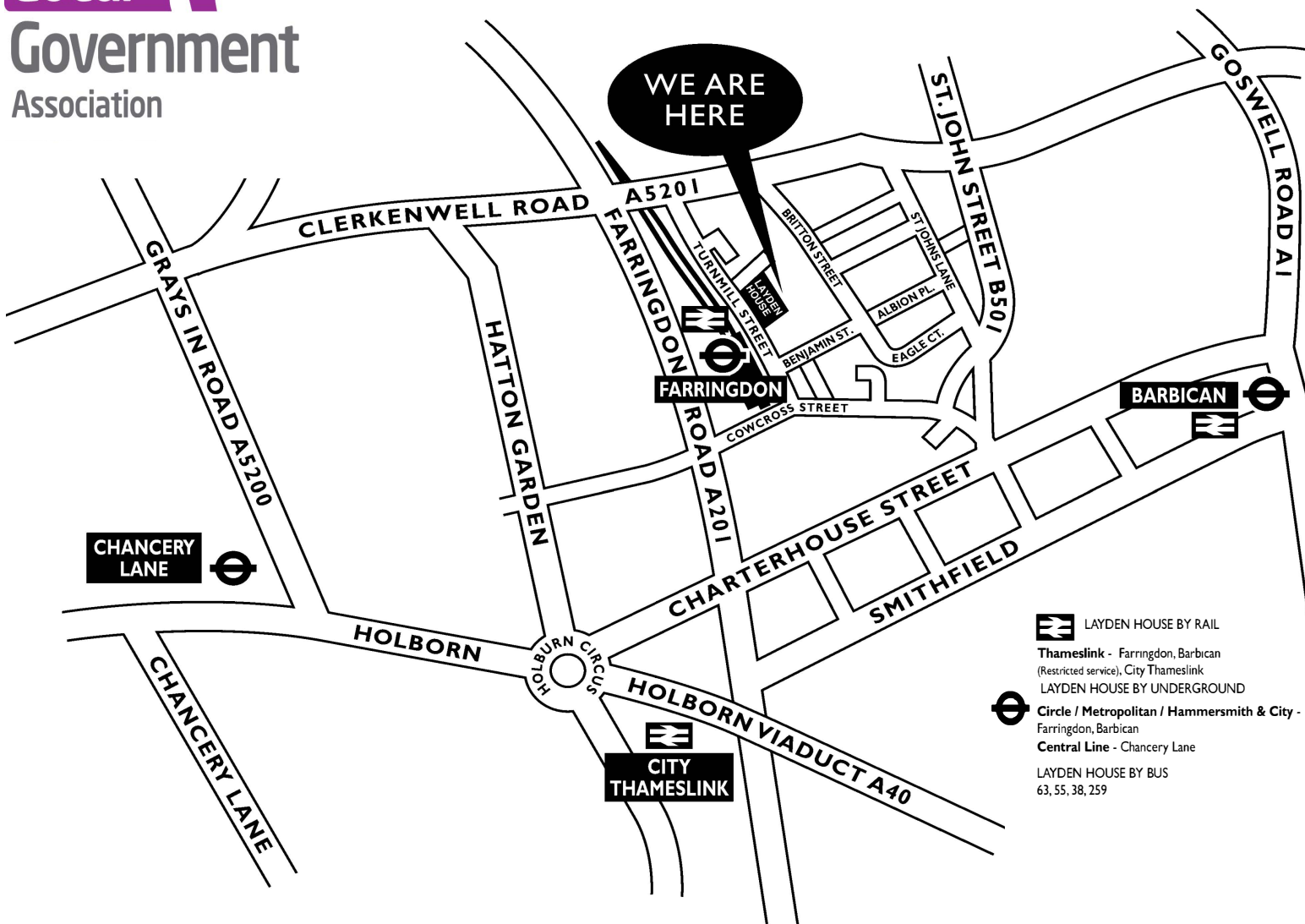
The Board **noted** the updates contained in the report.

7 Minutes of the last meeting

The Board **agreed** the minutes of the previous meeting held on 1 December 2016.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Izzi Seccombe	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 Liz Mallinson	Cumbria County Council
	Cllr Vic Pritchard	Bath & North East Somerset Council
	Cllr Ernest White	Leicestershire County Council
	Cllr Jonathan McShane	Hackney London Borough Council
	Cllr Lynn Travis	Tameside Metropolitan Borough Council
	Cllr Phil Bale	Cardiff Council
	Cllr Jackie Meldrum	Lambeth London Borough Council
	Cllr Rachel Eden	Reading Borough Council
	Cllr Mark Ereira	Suffolk County Council
	Cllr Robin Moss	Bath & North East Somerset Council
Apologies	Cllr Doreen Huddart	Newcastle upon Tyne City Council
	Cllr Carole Burdis	North Tyneside Council
In Attendance	Paul Farmer CBE	Chief Executive of MIND
	Cllr Ann Whitehead	Harrow Council
	Bernie Flaherty	Harrow Council
	Mario Casiero	Harrow Council



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