

Community Wellbeing Board

Agenda

Thursday, 29 November 2018
11.00 am

Smith Square 3&4, Ground Floor, 18 Smith
Square, London, SW1P 3HZ

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

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LGA Community Wellbeing Board

29 November 2018

There will be a meeting of the Community Wellbeing Board at **11.00 am on Thursday, 29 November 2018** Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available after the meeting.

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Labour:	Group Office: 020 7664 3263	email: Lewis.addlington-lee@local.gov.uk
Liberal Democrat:	Group Office: 020 7664 3235	email: libdem@local.gov.uk
Independent:	Group Office: 020 7664 3224	email: independent.grouplga@local.gov.uk

Location:

A map showing the location of 18 Smith Square is printed on the back cover.

LGA Contact:

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Community Wellbeing Board – Membership 2018/2019

Councillor	Authority
Conservative (8)	
Cllr Ian Hudspeth (Chairman)	Oxfordshire County Council
Cllr Nigel Ashton	North Somerset Council
Cllr Sue Woolley	Lincolnshire County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Andrew Brown	Hammersmith and Fulham London Borough Council
Cllr Mel Few	Surrey County Council
Cllr Colin Noble	Forest Heath District Council
Cllr David Williams	Hertfordshire County Council
Substitutes	
Cllr Graham Gibbens	Kent County Council
Cllr Wayne Fitzgerald	Peterborough City Council
Cllr Graham Jones	West Berkshire Council
Labour (7)	
Cllr Paulette Hamilton (Vice-Chair)	Birmingham City Council
Cllr Shabir Pandor	Kirklees Metropolitan Council
Cllr Jackie Meldrum	Lambeth London Borough Council
Cllr Rachel Eden	Reading Borough Council
Cllr Helen Holland	Bristol City Council
Cllr David Shields	Southampton City Council
Cllr Denise Scott-McDonald	Royal Borough of Greenwich
Substitutes	
Cllr Mohammed Iqbal	Pendle Borough Council
Cllr Robin Moss	Bath & North East Somerset Council
Cllr Richard Chattaway	Warwickshire County Council
Liberal Democrat (2)	
Cllr Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Cllr Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Cllr Rob Rotchell	Cornwall Council
Independent (2)	
Mayor Kate Allsop (Deputy Chair)	Mansfield District Council
Cllr Claire Wright	Devon County Council
Substitutes	
Cllr Neil Burden	Cornwall Council
Cllr Tony Saffell	North West Leicestershire District Council

Agenda

Community Wellbeing Board

Thursday 29 November 2018

11.00 am

Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ

Item	Page
1. Declarations of interest	
2. Alzheimer's Society presentation	
Jeremy Hughes, Chief Executive of the Alzheimer's Society, will be attending the Community Wellbeing Board to give a presentation on the subject 'Bridging the divide: Dementia - where health and social care have to meet'.	
3. Health and wellbeing boards: progress update	1 - 6
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Date of Next Meeting: Wednesday, 30 January 2019, 11.00 am, Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ



Health and wellbeing boards: progress update

Purpose of report

For discussion.

Summary

This report gives an update of the improvement and support offer to health and wellbeing system leaders and also outlines options for further improvement and policy activity to increase the power and influence of Health and Wellbeing Boards (HWBs).

Recommendations

That the Community Wellbeing Board:

1. Note the update on the health and wellbeing system leadership support offer; and
2. Discuss and agree options for work to increase the power and influence of health and wellbeing boards.

Action

Officers to take forward as directed by members.

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Health and wellbeing boards: progress update

Background

1. At the Community Wellbeing Board meeting on 27 September members requested that officers provide an update of current support and policy activity on health and wellbeing boards (CWB) with a view to agreeing an additional work priority for 2018/19 to increase their power and influence over NHS planning and provision of services.
2. This report is, therefore in two parts: the first part gives an update of the health and wellbeing system leadership support offer, which has support for chairs and vice-chairs of HWBs as a key priority, and what we have learnt so far about what makes an effective HWB. The second part of this report outlines options for an additional CWB work priority on HWBs.

Part 1: The Health and Wellbeing System Leadership support offer

3. Health and Wellbeing Boards are statutory forums where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. They have been in place since 2013 and are a single point of continuity in a constantly shifting health and care landscape. Since their creation, the context in which HWBs operate has become more pressured and complex. They have had to deal with a rapidly changing health landscape, changing national priorities for health and wellbeing and an increase in the demand for health, social care and public health services due to demographic and financial pressures.
4. Effective leadership of HWBs is crucial in ensuring that the political, clinical and community leadership of each place owns and supports the implementation of local plans for place-based and person-centred care and support to improve health and wellbeing outcomes and address health inequalities. The LGA provides support to HWB leaders through the political and clinical leadership offer. This is a key component of the Care and Health Improvement Programme, which is funded by Department of health and Social Care and delivered in partnership with NHS Clinical Commissioners. The main focus of support are HWB Chairs and HWB Vice-Chairs, who are often also Chairs or Chief Officers of CCGs. Our support is flexible, has continually adapted and increased its impact over this time.
5. Over the past five years we have supported HWBs in the following ways;
 - 5.1. 150 elected members and 50 GPs have participated in HWB residential Leadership Essentials programme, which also gives them a gateway to access further support;



- 5.2. Annual summit for political and clinical leaders in care and health, in partnership with NHS Clinical Commissioners;
 - 5.3. In March 2018 we delivered our fourth, most positively evaluated and best attended summit;
 - 5.4. Bespoke support to 25 HWBs or health and care systems in 2017/18 and 26 so far in 2018/19;
 - 5.5. Over the past two years delivered 45 facilitated integration leadership workshops, which help health and local government leaders to identify the progress they have made and the challenges they face in moving to a person-centred and place-based system;
 - 5.6. Delivered 15 new system-wide care and health peer challenges in the last two years;
 - 5.7. Delivered over 50 prevention matters training days for members since autumn 2016; and
 - 5.8. Supported regional networks of political and clinical leaders e.g. West Midlands with NHS England region.
6. Recently, the strategic leadership support offer has extended its scope to support HWBs to work more effectively across Sustainability and Transformation Partnership (STP) footprints in order to increase their influence on STPs. We have worked with NHS Confederation, NHS Clinical Commissioners and NHS Providers to develop a wider system leadership support offer to facilitate greater understanding and joint working between leadership of HWBs and STPs and/or Integrated Care Systems (ICSs). We are organising day workshops to explore organisational and cultural differences that can be barriers to closer place-based working. In addition, up to August 2019 we are offering six system-wide care and health peer challenges, Integration Leadership Workshops and bespoke support. More information can be found [here](#).
7. Looking to the future, we are working to focus our support on the least effective HWBs, working in partnership with the NHS to accelerate improvement of political and clinical leaders. We have also commissioned a set of good practice case studies of areas where health and wellbeing boards are working together across a wider STP or ICS footprint in order to influence planning and prioritisation at strategic level. We will also be drawing out the critical success factors for effective working at strategic level for the benefit of other HWBs.

What have we learnt about effective HWBs?

8. In addition to providing support to HWBs, from 2013 to 2017 the LGA commissioned annual evaluations of the effectiveness of HWB and the LGA support offer. The evaluation reports are available [here](#). The evaluations have enabled the LGA to develop a clear view of the key components of effective HWBs. The most recent evaluation report, 'The power of place' identified the five factors which our research suggests have a significant influence on the effectiveness or not of a HWB in the current context. They are;
 - 8.1. A focus on place, as the most effective HWBs act as “anchors of place”;
 - 8.2. Committed leadership, exerting influence across the council, place and health and care system;
 - 8.3. Collaborative plumbing, to underpin the leadership of place and influence the STP;
 - 8.4. A geography that works, or the capacity to make the geography work; and
 - 8.5. An effective DPH who can support placed-based leadership.
9. This insight has informed Part 2 of this report on the proposals for additional policy activity and improvement support to increase the influence of HWBs on the NHS, in particular on STPs and ICS.

Part 2: Improving the effectiveness of HWBs

Background

10. A long-standing concern of the LGA and many councils is that HWBs 'lack teeth' in relation to influencing the priorities local NHS organisations and systems, which may lead them to be overlooked and by-passed by NHS leaders. Over the past few years, this has led some local government stakeholders to call for additional statutory powers for health and wellbeing boards in relation to signing off local health plans. In July 2018, the LGA published the findings of a survey of the views of council leaders and portfolio holders on a range of issues, including the role of HWBs, STPs and ICSs in relation to the development of integration policy. A full research report is available [here](#). Over 50 per cent of all upper tier councils provided a response so this gives us a useful insight into their views on the future of HWBs. Their responses are summarised below;
 - 10.1. more than three quarters (77 per cent) tended to agree or strongly agreed that STP, ICS and BCF policy and programmes should be aligned and all HWBs required to develop their own integrated arrangements;

- 10.2. three quarters (76 per cent) tended to agree or strongly agreed that HWBs should be given a statutory role in developing or approving STP plans;
 - 10.3. two thirds (66 per cent) tended to agree or strongly agreed that STPs should be abolished and HWBs put in a leadership role;
 - 10.4. seven out of 10 (72 per cent) tended to disagree or strongly disagreed that BCF should be abolished and STPs put in a leadership role; and
 - 10.5. over half (52 per cent) tended to disagree or strongly disagree that STPs should be put on a statutory footing.
11. These responses give a helpful steer in identifying what LGA activity councils would support in relation to increasing the effectiveness and influence of HWBs. We have considered these in developing the proposals for additional improvement and policy activity to support, as requested by the Community Wellbeing Board at its meeting on 27 September. The proposals set out below take account of the insights we have gained from the LGA evaluation reports, the responses from the LGA survey questions on the future of integration, and advice and experience from LGA officers leading the Health and Wellbeing Systems Improvement work.

Options for improvement and policy activity to improve effectiveness of HWBs

12. The Community Wellbeing Board and the majority of respondents to the LGA survey support HWBs having additional statutory powers in developing or approving STP and ICS plans. While this might have the benefit of ensuring that HWBs are involved in STPs plans there are a number of other factors that need to be considered. Additional legal powers for HWBs would require primary or secondary legislation and it is unlikely that there will be any time in this parliament to introduce new legislation. The LGA could be in a position of spending considerable time and resources on pursuing a policy aim which has little chance of being successful. There is also a risk that if HWBs were given additional statutory duties to oversee or approve STPs and ICS commissioning plans, this may lead to a narrowing of focus of the HWB on NHS plans and away from the longer-term HWB priorities on addressing the wider determinants or adopting a 'health in all policies approach'.
13. For these reasons, we propose an alternative range of improvement and policy activity to increase the influence of HWBs on STP and ICS plan. They are;
- 13.1. campaign to include in the NHS Mandate the requirement that STPs and ICSs must engage HWBs in the development of plans;
 - 13.2. commission case studies to identify how HWBs can work effectively together to increase their influence across STP and ICS footprints; and



- 13.3. use the key learning points from the case study work to inform and develop the health and wellbeing systems improvement offer.

Implications for Wales

14. Health is a devolved issue so this report does not apply to Wales.

Financial Implications

15. Any additional programmes of work will need to be delivered within existing resource allocation.

Next steps

16. The Community Wellbeing Board is requested to agree the proposals for additional work outlined in paragraphs 13.1 to 13.3 above.



Adult social care update: LGA green paper and Budget 2018

Purpose

Update and discussion.

Summary

This paper updates the Board on progress with the LGA green paper for adult social care and wellbeing. It also provides an update on the announcements for adult social care in the Autumn Budget.

Recommendation

Board Members are asked to note the update.

Action

Officers to take forward as directed by members.

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Adult social care update: LGA green paper and Budget 2018

LGA green paper for adult social care and wellbeing

Background

1. In June, shortly after the announcement of new funding for the NHS rising to £20.5 billion per year by 2023/24, the Government announced that its green paper on adult social care would be further delayed to the autumn, “around the same time” as the NHS Plan.
2. In light of this further delay to the Government’s proposals for the future of care and support, the LGA’s Chairman and Group Leaders approved plans for the LGA to develop its own green paper on adult social care and wellbeing.
3. The LGA green paper, *The lives we want to lead*, was published on 31 July and was intended to stimulate a nationwide debate about how best to fund the care we want to see in all our communities for adults of all ages and how our wider care and health system can be better geared towards supporting and improving people’s wellbeing.
4. *The lives we want to lead* posed a series of 30 consultation questions across a range of topics and the deadline for responses ended on 26 September.

The consultation

5. At the time of writing, there have been more than 16,700 web page views of our green paper, the ‘easy read’ version has been downloaded more than 440 times and our facilitators and communications packs have been downloaded more than 370 and 440 times respectively. Videos we produced to accompany the green paper have been watched more than 83,500 times. The Twitter debate, through #FutureofASC, has reached more than four million people.
6. We received 548 submissions to our consultation questions, which exceeded our expectations. As part of engaging with key sector partners, we established a Sounding Board of more than 30 partners to help inform our thinking. This met twice – once in August and once in September. We also commissioned public polling of 1,741 members of the public and a series of five focus groups across the country.

LGA consultation response

7. The LGA response to our green paper was launched on 14 November at the annual National Children and Adult Services Conference. It sets out findings from the consultation along with implications and 14 recommendations to Government. The recommendations span two broad objectives: sustaining the here and now and countering some of the immediate consequences of underfunding that are apparent across the system; and laying the ground for delivering a social care and support system that we know could be better in the long-term.
8. On the first day of launch, the website had more than 1,500 page views and the document had been downloaded 165 times. Community Wellbeing Board Chair, Cllr Ian Hudspeth, was interviewed on BBC 5 Live, with our report also covered in the

Independent, i paper and the Sun. As part of the launch, LGA Chairman, Lord Porter, sent copies of the report to the Secretary of State of Health and Social Care, opposition spokespeople and LGA Vice Presidents.

9. The recommendations to Government are set out at the end of this update report at **Appendix 1**.

Autumn Budget 2018

10. The Chancellor's Budget, delivered on Monday 29 October, provided a formal update on the state of the economy, responded to the new economic and fiscal forecast from the Office for Budget Responsibility and announced the Government's fiscal measures.
11. The Budget announced an additional £240 million in 2018/19 and £240 million in 2019/20 for adult social care, as well as a further £410 million in 2019/20 for adult and children's social care. The LGA made the following points in response:
 - 11.1. Adult social care is a vital service in its own right and helps people to live the life they want to lead. It also helps alleviate pressures on the NHS and is an important contributor to the local and national economy.
 - 11.2. The LGA has been at the forefront of efforts to highlight the significant pressures facing adult social care and secure funding for both the immediate and the long-term. We welcome this additional funding, which will help tackle immediate challenges and their consequences across the system.
 - 11.3. The continuation of this year's £240 million winter funding is welcome and will allow better planning of services.
 - 11.4. Whilst flexibility in the use of resources is welcome, the £410 million additional funding allocated to support social care can only be spent once and the combined funding gap for adult and children's social care in 19/20 is £2.6 billion, meaning that very significant pressures remain.
 - 11.5. Although welcome, this funding will only address some of the short-term pressures facing adult social care. It does not address the full extent of all immediate pressures, let alone pave the way for a sustainable, long-term future. If we are serious about supporting people to live their lives to the fullest, we need to get serious about the level of investment in social care and support services.
 - 11.6. Councils cannot simply turn services on and off as funding ebbs and flows. Putting in place the right services, that are high quality and delivered by a sustainable provider market and properly skilled workforce, requires forward planning. Adult social care services still face a £3.56 billion funding gap by 2024/25, just to fund the National Living Wage and to maintain existing standards of care. The 2019 Spending Review must tackle the medium-term challenge, and the Government's forthcoming green paper must be bold and ambitious in moving towards a sustainable, long-term future so that people can access the services they need to help them live independent, dignified lives

Appendices

12. **Appendix 1** - recommendations from the LGA green paper consultation response

Financial Implications

13. This programme of work has been delivered with existing resources from across policy and corporate campaigns.

Implications for Wales

14. Our green paper, and the Government's forthcoming green paper, will cover adult social care and support in England only.

Appendix 1: recommendations from the LGA green paper consultation response

Objective one: protecting the known potential of councils – stabilising and sustaining the short-term

Funding

- The Government must urgently inject genuinely new national investment to close the core social care funding gap that builds to £3.56 billion by 2024/25. This must include additional investment to that announced in the 2018 Budget to help address serious provider market stability concerns in 2019/20.
(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019) Recommendation 3
- The above funding would help to stabilise the system as it currently delivers, but the Government's ambition should go beyond this. Any new settlement must provide the resources to deliver the aspirations of the Care Act with a focus on prevention, wellbeing, personalisation and integration. This means ending a focus on an eligibility driven approach to needs to one focused on prevention and picking up unmet need early to prevent escalation. We estimate that providing care and support for all older and working age people who need it will require an estimated further £5 billion by 2024/25. The Government must take urgent steps to tackle this by working with the sector to agree a clear figure for the cost of unmet and under-met need in time to feed into 2019 Spending Review discussions.
(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019 and ongoing) Recommendation 4
- The Government should prioritise investment in prevention, community and primary health services for the £20.5 billion additional expenditure for the NHS.
(Timescale: NHS Long Term Plan, Dec 2018) Recommendation 12

A new approach to care and wellbeing

- The Government should implement a new 'duty to cooperate', requiring the NHS, in particular sustainability and transformation partnerships, to engage with health and wellbeing boards as part of developing local plans to reshape and integrate health and care services that are genuinely locally agreed.
(Timescale: NHS Mandate, Dec 2018) Recommendation 13
- Through its Mandate to NHS England, the Government should ensure the NHS takes decisions based on (i) the needs of local communities as a whole and (ii) public spending as a whole.
(Timescale: NHS Mandate, Dec 2018) Recommendation 14

Objective two: harnessing the known potential of councils – toward a better future

Funding

- The Government should invest significant new funding to: close the funding gap facing adult social care that builds to £3.56 billion by 2024/25; and ensure that all older and working age people who need care and support are able to access it.
(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025) Recommendation 5
- Where additional funding is invested in adult social care, this should be made available with as few a set of conditions as possible so local areas have discretion to prioritise the most pressing local issues.
(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025) Recommendation 6
- The Government should reverse the cuts of £600 million to the public health budget between 2015 and 2020.
(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025) Recommendation 10
- As part of its Spending Review, the Government should consider wellbeing in the round, recognising the contribution that different council services, and those coordinated by other public sector and voluntary sector organisations that councils commission, make to wellbeing.
(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025) Recommendation 11

A new approach to care and wellbeing

- The Government should convene a core working group from across the sector, with people with lived experience at its heart, to develop a national campaign that seeks to raise awareness of what adult social care and support is, why it matters in its own right and what it could and should be with the right funding and investment. This should be genuinely co-produced, with Government acting as a convenor.
(Timescale: Government green paper care and support, Dec 2018 onward) Recommendation 1
- The campaign should be clear about the local dimension of social care and support. It should strike the right balance between embracing the value of this local dimension whilst also being clear about the national framework in which social care and support sits.
(Timescale: Government green paper care and support, Dec 2018 onward) Recommendation 2
- The Government should only implement its care cost cap and asset protection floor proposals if they are part of a wider set of reforms that secure the long-term sustainability of adult social care and support as a whole.
(Timescale: Government green paper care and support, Dec 2018 onward) Recommendation 7
- In consulting on the shape of, and sustainable funding for, social care through its green paper, the Government should make the case for increases in Income Tax and/or National Insurance and/or a social care premium.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation 8

- Building on the campaign to raise awareness of social care and its value (recommendations one and two), the Government should make the case for national tax rises or other sustainable, long-term solutions and consult on clear propositions which explain the various options for how sufficient funding for social care and support could be raised nationally. The Government must set out how such increases would relate to the wider social care and local government funding system. The Government should also be clear about how nationally-raised increases for social care would relate to nationally-raised increases for the NHS.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation 9



The government's vision for prevention

Purpose of report

For discussion.

Summary

Earlier this month, the Health and Social Care Secretary Matt Hancock MP set out his vision for prevention and the NHS with the publication of a new [vision document](#). With the announcement of a Green Paper to follow next year, the Secretary of State's plans will place prevention at the heart of Government's vision for the NHS and help to meet their ambition to improve healthy life expectancy by an extra five years by 2035.

The paper describes how health problems could be prevented from arising in the first place and how those already living with health and social care needs will be empowered to control their health and have problems spotted earlier, dealt with in the community, and treated holistically across mental and physical health.

Recommendations

Members are invited to note the Secretary of State's Vision document and to offer any further comments to shape the LGA's ongoing engagement.

Actions

Officers to take forward as directed by members.

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The government's vision for prevention

Background

1. The paper *Prevention is better than cure: our vision to help you live well for longer* details the Government's vision for how it plans to revolutionise the current approach to prevention, and includes a major focus on the role of primary and community care services in achieving this. The document confirms that prevention will be an integral part of the forthcoming NHS Long Term Plan, and also sets out the Government's commitment to publishing a Green Paper 'in the first half of next year' to outline their plan in further detail.
2. Poor health in England affects not just physical and mental health, but also impacts on social interaction, crime, communities, employment rates and the economy. Illness among people of working-age costs the economy more than £100 billion a year.
3. The vision centres on the ambition to meet the Prime Minister's Ageing Society Grand Challenge Mission – helping to ensure that people are able to enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest. It highlights the need to move away from the 'service models of the past' and support people living in the community and out of hospital for longer.
4. The document is pretty wide-ranging and top-line in a lot of what it covers, but does call out a number of different disease areas. The report highlights the importance of achieving a greater focus on preventing illness and early intervention (citing them as areas representing 'very good value for money'). It also talks about the potential to move away from seeing public health as constituting a 'one-size-fits-all' population approach, and moving instead to a system where everyone can understand their own risks, both in their genetic make-up and from their personal behaviour. In a practical sense, it highlights the opportunity to offer people 'precise and targeted health advice' as a means of directing specific public health interventions towards those most at risk.
5. The document is vague when it comes to funding, but talks about the need for greater 'focus and spending on prevention', but this is seemingly within the context of the £20.5 billion announced already for the NHS. It also highlights the need for greater funding for pre-primary, primary and community care, and support for the staff who work in these services.
6. As a next step for this aspect of the strategy, PHE will be bringing together and coordinating a range of experts to 'build, evaluate and model predictive prevention at scale', going on to explain that 'A system of agile methods means that projects are tested early, immediately learned from, and implemented at pace.'



7. The multi-sector solutions to many public health problems are indicated in the new vision, a wide range of professionals could be involved in prevention and promoting health. Teachers, police, trading standards and environmental health officers are but a few. However, for this to become a reality they will need galvanising into action and supporting.
8. Throughout the history of public health there has been a tendency for governments to focus on “downstream” individual behavior change approaches and there has been a neglect of social and environmental or “upstream” approaches.
9. The World Health Organisation’s Ottawa Charter for Health Promotion has been influential in guiding the development of ‘settings’ based health promotion in sites such as hospitals and schools. This moved interventions “upstream” away from merely focusing on individuals who are ill and towards organisations and the environment that can be used to prevent ill-health and promote health. We are pleased that the Secretary of State for Health and Social Care recognises the importance of settings in his vision, but would urge him to revisit health promoting schools and develop support for health promoting workplaces.
10. There are a number of headline policy commitments from the document and clearly developments around the Green Paper, and opportunities for influencing, will be important to monitor.
11. Headline policy commitments;
 - 11.1. halving childhood obesity by 2030;
 - 11.2. reducing loneliness and social isolation, and making social prescribing available in every local area by 2023;
 - 11.3. putting forward realistic but ambitious goals to bring salt levels down further. by easter 2019, the government will set out the details of how this goal will met;
 - 11.4. reiterating the commitment to increase access to psychological therapies, so at least 25 per cent of people (or 1.5 million) with common mental health conditions can access services each year;
 - 11.5. increasing specialist mental health services to a further 30,000 women during pregnancy and during the first year after they have given birth by 2020-21;
 - 11.6. diagnosing 75 per cent of cancers at stages 1 and 2 by 2028;
 - 11.7. sequencing 5 million genomes in 5 years, and offering whole genome sequencing to all serious ill children and those with cancer by 2019, as well as adults with rare diseases or cancers; and
 - 11.8. widening access to whole genome sequencing to nhs patients from 2019.



Issues

12. A renewed focus on public health, prevention and early intervention is clearly a positive approach. Public health made the formal transfer to local government in April 2013, and in the last five years great strides have been made to tackle the wider social and economic determinants of poor health at the same time as undertaking some transformation and modernisation of public health services.
13. The LGA have repeatedly argued that good public health, drawing imaginatively on all of local government's functions, can make a real, large-scale difference to promoting the independence of people with long-term chronic conditions, to preventing ill health and therefore to reducing pressures on the NHS, as well as to its primary goals of improving people's lives and wellbeing and reducing health inequalities.
14. Based on current spending plans, local authorities face a reduction of almost a quarter in spending per person expected between 2014/15 and 2019/20. There will have been a £533 million reduction in cash terms and £700 million real-terms reduction in the public health grant over that period.
15. These funding reductions come at a time when demand is increasing and key indicators of health are causing concern. Mortality improvements have slowed and there are large inequalities in health outcomes between and within local areas.
16. The opportunity of a Green Paper on prevention is an opportunity for local authorities, to showcase the improvements in the commissioning of public health services since transition and to strengthen the focus away from ongoing discussions in relation to acute NHS settings.

Implications for Wales

17. Health is a devolved policy responsibility and the vision document applies to England only.

Financial Implications

18. There are no financial implications for the LGA.

Next steps

19. Following the publication of the vision document, Councillor Ian Hudspeth wrote to Matt Hancock, welcoming the refreshed focus on Prevention and the offer to discuss ways that local government could help shape the forthcoming green paper on prevention.
20. Ongoing reductions to the public health ring-fenced grant will make it increasingly difficult for local authorities to meet the ambition to meet the Secretary of States vision on prevention. The LGA will continue to lobby government to see a reversal of the £700



million worth of cuts to the public health grant and continued investment in prevention and early intervention funding in the next Spending Review.

21. Draft a response that reflects steers from the Community Wellbeing Board, and any further feedback from partners such as the Association Directors of Public Health (ADPH), Association Directors of Children's Services (ADCS) and individual councils.
22. Submit a draft consultation response for clearance with Lead Members by the date of the next Lead Members meeting.



Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- Launch of [‘A Connected Society. A strategy for tackling loneliness’](#)
- Carers
- Autism
- Accommodation and support for asylum seekers
- The Mental Capacity (Amendment) Bill
- Sleep-ins
- Housing
- Suicide prevention
- Armed Forces Veterans

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

Launch of ['A Connected Society. A strategy for tackling loneliness'](#)

1. The Prime Minister launched ['A Connected Society. A strategy for tackling loneliness'](#) on 15 October 2018. The LGA welcomed the strategy but in order to maximise the cost effectiveness of loneliness initiatives we urged government to reverse reductions to councils' public health budgets and plug the funding gap facing adult social care.
2. Since publication the LGA have had discussions with DCMS about how best we can engage local councils in the work. We are currently discussing holding a joint DCMS and LGA event in 2019 to discuss how the sector can best support the strategy objectives and showcase best practice.
3. We are also looking to commission some guidance on best practice between principal authorities and parish and town councils. This will be produced in partnership with the National Association of Local Councils (NALC) and will be funded by the MHCLG grant that is provided the LGA to support work between principal, parish and town councils.

Carers

4. We are planning to publish a guidance and case study publication in December 2018. This will highlight a number of innovative services delivered by, and in partnership with, local authorities.

Autism

5. DHSC has set up task and finish groups to help drive progress in delivering the current autism strategy before a formal review of the Strategy in 2019. The LGA have attended two task and finish groups and the Executive Group.
6. The Autism Self-Assessment Framework (SAF) 2018 is currently out for completion by councils. The SAF assists and prompts local areas in reviewing how they are doing in relation to the Autism Strategy and helps them to map out their local priorities. As in previous years the information submitted will be collated and analysed by Public Health England. Responses to the exercise are asked for by Monday 10 December 2018.
7. We recently highlighted the role of local authorities in meeting needs of people with autism in articles in the First magazine.

Accommodation and support for asylum seekers

8. The member-led LGA Asylum, Refugee and Migration Task Group reports to both the Community Wellbeing Board and Children and Young People Board. The Task Group, chaired by Cllr Simmonds, met with the Immigration Minister on 1 November and Cllr Simmonds and other members gave evidence at the Home Affairs Committee on 21 November. The LGA has been asking for effective engagement with local government as part of the Home Office's procurement exercise for the ten year contracts for the support and accommodation of asylum seekers dispersed across the UK. The Government



has committed to councils being represented on the governance arrangements, both at member and officer levels and locally, regionally and nationally, and committed to sharing information, providing oversight and looking at funding impacts on local areas. More details as they become available will be placed on the [webpage](#).

The Mental Capacity (Amendment) Bill

9. We have long called for an overhaul of the current Deprivation of Liberty Safeguards (DoLS) process to create a fully-funded, simpler and less bureaucratic, and this Bill provides a crucial opportunity for reform. The LGA has [welcomed](#) government amendments to the Bill that reflect concerns expressed by the sector, particularly care providers. The LGA has provided a draft letter for councils to share with their MPs that indicated support for the Bill subject to these improvements and this may be updated following the discussion of these amendments at report stage in the Lords. The LGA will continue to work across and with Government and national partners to ensure the Bill is implementable in practice and fully funded so that councils can work with their partners to ensure people who lack capacity are placed at the heart of decisions made about their care.

Sleep-ins

10. The Department for Business, Energy and Industrial Strategy (BEIS) has published updated [guidance](#) on calculating the national minimum wage for sleep-in shifts. This takes account of the Court of Appeal ruling that providers do not have to pay the national minimum wage for sleep-in shifts. While this represents the current legal position, Unison has applied to the Supreme Court for permission to appeal the ruling and the outcome is expected in early 2019. We have consistently called for care workers to be paid fairly for the work they do, but also highlighted that the funding pressures facing adult social care means any increase in pay must be paid for by genuinely new Government funding.

Housing

11. The 2018 Budget confirmed an additional £55 million in 2018/19 for the Disabled Facilities Grant (DFG) to provide home aids and adaptations for disabled children and adults on low incomes. The funding will further help disabled children and adults on low incomes to modify their homes to support prevention and independence. Demand for DFG is only likely to grow as the numbers of disabled people increases and the vast majority of current and future generations of older people will (and want to) remain in their own home. We have consistently said that DFG funding needs to be ongoing and to keep pace with demand from all age groups as part of a wider response to local housing, health and wellbeing priorities. The Government's independent review of DFG, which we fed into, will shortly publish its findings. We are also working with the Centre for Ageing Better and Age UK on a guide for councils about the strategic use of the DFG to support independent living, which will shortly be published.
12. We continue to seek to influence the Government's next phase of supported housing reforms. We broadly welcomed the decision to keep funding all types of supported housing through Housing Benefit, because it removes the uncertainty that was impacting upon supply, but we are concerned to ensure that the decision does not further add to the shortfall in the Housing Benefit subsidy with councils expected to fund the gap.

13. The Government also announced that it will work with providers, local authorities, membership bodies and resident representatives over the coming months to develop a robust oversight regime. This work aims to ensure quality and value for money across the whole supported housing sector. In addition, a review of housing related support will be undertaken to better understand how housing and support currently fit together. Following a steer from Lead Members and feedback from council advisers, we continue to press for:
- 13.1. A sustainable funding model for supported housing that will ensure councils can reduce homelessness and help older and other vulnerable people.
 - 13.2. Councils to have the leading role in overseeing and ensuring the provision of housing for vulnerable groups is good quality, value for money, and fits in with the wider local services offered in places. This must be properly resourced.
 - 13.3. We are concerned that the review of support costs is happening at a slower pace to putting in place new oversight measures for the housing costs and are pressing for urgent clarity on the timeframe and scope of the review. We are concerned that the current proposals leave the fundamental issue of defining housing and support costs unresolved.
14. We ensured strong local government engagement at Government workshops on 31 October and 15 November to develop options for the housing costs oversight regime and await the Government's response. We will seek a further steer from Lead Members in due course.

Suicide prevention

15. The LGA worked with Centre for Public Scrutiny (CfPS) and Association of Directors of Public Health (ADPH) to publish a new [guide](#) for councillors about effectively scrutinising local suicide prevention plans. We continue to work with ADPH, DHSC and Public Health England on a suicide prevention sector led improvement offer (SLI) for councils. At the time of writing, 123 councils had completed the suicide prevention self-assessment, which is an excellent 81 per cent response rate. The findings will shape the SLI offer and work we lead in this policy area.

Armed Forces Veterans

16. Following commemorations of the centenary of the Armistice, the Government published its [Strategy for our Veterans](#). It was positive to see that the strategy recognised the role of local authorities and other sectors in delivering services that support and empower veterans. A [consultation](#) has also been launched to support implementation of the strategy and runs until 21 February 2019. All councils have signed the voluntary Armed Forces Covenant and are committed to honouring their obligations to those who have served their country. The strategy also includes proposals to better identify veterans. This has always been a challenge for councils and it is pleasing that the strategy recognises the need for better data on the number of veterans in our communities. The Strategy was also debated in both Houses on Thursday 15 November and our [briefing](#) to Parliamentarians highlighted the good work that councils are doing on the Covenant.



Community Wellbeing Board

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Officers will prepare a draft consultation response for Lead Members' clearance and Board Members are invited to let Laura Caton (Laura.Caton@local.gov.uk) know any points or case studies for inclusion.

17. Last month's budget confirmed an additional £10 million funding for the mental health of veterans which will help to ensure that veterans in need of mental health support can access timely, effective and integrated services. We have argued that the funding should be available to veterans through councils who want to work with armed forces charities, health and other local partners to further strengthen mental health support for veterans and ensure it links to wider mental health activity.

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Note of last Community Wellbeing Board meeting

Title: Community Wellbeing Board
Date: Thursday 27 September 2018
Venue: Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

Attendance

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

Item	Decisions and actions
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1	Declarations of interest
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There were no declarations of interest.

2	Community Wellbeing Board 2018/19: How it works for you, Terms of Reference, Membership and Appointments to Outside Bodies
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The Community Wellbeing Board:

- i. agreed its Terms of Reference;
- ii. formally noted the membership for 2018/19;
- iii. noted the Board meeting dates for 2018/19; and
- iv. agreed the Board's nominations to outside bodies.

3	Community Wellbeing Board Priorities 2018/19
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Mark Norris, Principal Policy Adviser, introduced the report outlining proposals for the Board's priorities and key areas of work, set against the available resources for 2018/19. He explained proposals are based on both corporate LGA priorities and options for broader work based on a combination of areas of interest previously indicated by Board members, ongoing work and recent policy announcements by Government.

He also raised that these were set against the available resources for 2018/19 and that the Community Wellbeing team would be operating at full capacity with the suggested priorities.

In the discussion that followed, the following points were raised:

- It was emphasised that the Board priorities should include more support for mothers, in particular regarding support for breastfeeding.
- A view was expressed that paragraph 15 of the report on creating healthy communities should make more of a reference to the role of family carers.

- Members requested further information on work the LGA is undertaking regarding Housing and emphasised that it would need to be referred to in the Board priorities due to its crucial connection to health.
- The role of planning and regeneration in health was also emphasised.
- A view was expressed that concerns around health in prisons, specifically around mental health issues and drug and alcohol problems of those coming out of prisons, should be included in the Board priorities.
- A suggestion was made that the Board could explore options to dive deeper into some of the issues detailed in the priorities report, such as in using Task and Finish Groups.

Decision

The Community Wellbeing Board discussed, provided direction and agreed the Board's priorities for 2018/19.

Actions

Officers to prepare a detailed work programme to manage the day to day work.

Officers to circulate previous work on the impact of rough sleeping on health to the Community Wellbeing Board.

Officers to report back to the Community Wellbeing Board on what action the LGA is taking on housing, planning and the health of prisoners.

The priorities agreed by the Community Wellbeing Board will also be reported back to the LGA Executive, which oversees the work of the policy Boards and includes the Community Wellbeing Board Chairman as part of its membership.

5 Update on Other Board Business

Cllr Meldrum informed the Community Wellbeing Board that the fifth autism self-assessment framework (SAF) had been launched on 19 September 2018.

Alyson Morley, Senior Adviser, also gave an update on the LGA green paper for adult social care and wellbeing. It was explained that since being launched on 31 July the LGA green paper had proven one of the most frequently downloaded and well-read publications the LGA has ever produced. Alyson also informed the Board that as of 26 September 2018 there had been 502 responses to the consultation and that analysing these responses would follow.

Decision

Members of the Community Wellbeing Board noted the updates contained in the report.

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6 NHS Long Term Plan

The Chairman welcomed Vin Diwakar, Regional Medical Director for NHSE, to give a presentation on the development of the NHS Long Term Plan, which is expected to be published in November 2018.

During his presentation Vin raised the following points:

- That the NHS working closely with Public Health England in establishing the long term plan as well.
- That despite the NHS being a national organisation the transformation and improvement of the NHS would need to happen at a local level.
- The Board was informed that the deadline for submissions to the 13 work streams of the NHS Long Term Plan would be 28 September.
- It was emphasised that the cost of the NHS would continue to rise as would the cost of care.
- That there would be a particular focus on the elderly and healthy ageing.
- It was raised that widening health inequalities was a great concern and that the NHS Long Term Plan would focus on personal lifestyle choices including smoking and diet.
- Delays in the diagnosing autism would also be looked into as a part of the long term plan.
- Innovative uses of digital technology and data would also be explored as a part of the long term plan.
- The need for integrated care systems centred on the person was emphasised, with joining these services up raised as a key challenge for the sector going forwards.

In the discussion that followed, the following points were raised:

- Following a query as to whether access to adult social care records would be beneficial for the NHS, Vin confirmed that this would be highly beneficial and help counter a range of problems.
- There is an ever growing demand for research. Was any work being done on the causes of autism? Vin confirmed that the NHS works closely with International Health Regulations to ascertain where further research is needed.
- A view was expressed that a shared culture across the sector would be required for integration to progress, and for the democratic deficit in the NHS to be addressed. Vin agreed there needed to be improvements in local accountability.
- Following a concern raised as to why an NHS Assembly was being considered while Health and Wellbeing Boards could carry out a similar role Vin responded that the NHS Assembly would be different in that it will operate at a national level. Vin also raised that it was still in development at and will draw representation from Councils and Health and Wellbeing Boards.
- A concern was raised that health centres are an unused resource, in response Vin confirmed that the NHS Property Board would be looking into this.
- Regarding a concern raised that the use of digital technology might result in inequalities in treatment, Vin confirmed that the NHS long term plan would look to use digital to enhance information and not restrict it.
- Vin informed the Board that the divide between purchaser and provider at the

- NHS would need to change.
- Vin also informed the Board that integration had been inconsistent nationally and the NHS long term plan would seek to resolve this.

Alyson Morley, Senior Adviser, brought to the Community Wellbeing Boards attention to the accompanying report which proposes for discussion the key strategic messages that the LGA will promote in working with NHS England in the development of the Long Term Plan. In particular Alyson raised that the LGA would write to Simon Stevens to highlight these key messages and emphasised that the LGA was grateful for how we've been included in the early stages of the NHS long term plan.

In response to the proposed key messages in the report, the following points were raised;

- That point 10.5. should include a greater reference to Health and Wellbeing Boards.
- That point 10.6 should be strengthened.
- A view was expressed that the Community Wellbeing Boards key messages should highlight the role of the voluntary sector more.
- A view was also expressed that the importance of proper accommodation on health should be brought into these key messages.

Decision

The Community Wellbeing Board discussed and agreed the LGA's proposed key messages with regard to the NHS Long Term Plan.

Actions

The Chairman of the Community Wellbeing Board to write to Simon Stevens outlining the LGA's key strategic messages in relation to the NHS Long Term Plan.

Officers to continue to contribute to all relevant NHS Long Term Plan work streams in order to influence its development.

7 Children and Young People's Health Update

Samantha Ramanah, Adviser, introduced the paper updating members on the recent policy developments and seek members' steer on the direction of travel for some of the policy areas. Samantha also raised that this report was presented to Children and Young People Board on 10 September 2018 and brought the Board's attention to the summary of the Children and Young People Board's views that can be found in section 4.1.

The Community Wellbeing Board particularly expressed views as to emphasising the role of Health and Wellbeing Boards and how best the LGA can lobby on their need for additional powers.

A view was also expressed that although we need to recognise that health and wellbeing services are needed in schools, we also need to be mindful these services

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shouldn't be limited to within schools to best engage with the range of young people requiring support.

Decision

The Community Wellbeing Board noted and commented on the activities detailed in the report.

Actions

Officers to take forward work in line with the steer from the Children and Young People and Community Wellbeing Boards.

8 Note of last Community Wellbeing Board meeting

The notes of the last meeting were agreed.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Ian Hudspeth	Oxfordshire County Council
Vice-Chairman	Cllr Paulette Hamilton	Birmingham City Council
Deputy-chairman	Mayor Kate Allsop	Mansfield District Council
Members	Cllr Nigel Ashton	North Somerset Council
	Cllr Sue Woolley	Lincolnshire County Council
	Cllr Jonathan Owen	East Riding of Yorkshire Council
	Cllr Andrew Brown	Hammersmith and Fulham London Borough Council
	Cllr Mel Few	Surrey County Council
	Cllr David Williams	Hertfordshire County Council
	Cllr Shabir Pandor	Kirklees Metropolitan Council
	Cllr Jackie Meldrum	Lambeth London Borough Council
	Cllr Rachel Eden	Reading Borough Council
	Cllr Helen Holland	Bristol City Council
	Cllr David Shields	Southampton City Council
	Cllr Denise Scott-McDonald	Royal Borough of Greenwich
	Cllr Doreen Huddart	Newcastle upon Tyne City Council
	Cllr Claire Wright	Devon County Council
Apologies	Cllr Colin Noble	Forest Heath District Council
	Cllr Richard Kemp CBE	Liverpool City Council
In Attendance	Cllr Nick Chard	Kent County Council
	Cllr Wayne Fitzgerald	Peterborough City Council

LGA location map

Local Government Association
 18 Smith Square
 London SW1P 3HZ

Tel: 020 7664 3131
 Fax: 020 7664 3030
 Email: info@local.gov.uk
 Website: www.local.gov.uk

Public transport

18 Smith Square is well served by public transport. The nearest mainline stations are: Victoria and Waterloo: the local underground stations are **St James's Park** (Circle and District Lines), **Westminster** (Circle, District and Jubilee Lines), and **Pimlico** (Victoria Line) - all about 10 minutes walk away.

Buses 3 and 87 travel along Millbank, and the 507 between Victoria and Waterloo stops in Horseferry Road close to Dean Bradley Street.

Bus routes – Horseferry Road

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

Bus routes – Millbank

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

For further information, visit the Transport for London website at www.tfl.gov.uk

Cycling facilities

The nearest Barclays cycle hire racks are in Smith Square. Cycle racks are also available at 18 Smith Square. Please telephone the LGA on 020 7664 3131.

Central London Congestion Charging Zone

18 Smith Square is located within the congestion charging zone.

For further details, please call 0845 900 1234 or visit the website at www.cclondon.com

Car parks

Abingdon Street Car Park (off Great College Street)

Horseferry Road Car Park
 Horseferry Road/Arneway Street. Visit the website at www.westminster.gov.uk/parking

