Local Government Association

Community Wellbeing Board

Agenda

Wednesday, 11 March 2015
11.00 am

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

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

www.local.gov.uk

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Local Government Association

LGA Community Wellbeing Board
11 March 2015

There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 11 March 2015** Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available at 1.00pm

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

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Apologies:
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Labour:	Aicha Less:	020 7664 3263	email: aicha.less@local.gov.uk
Conservative:	Luke Taylor:	020 7664 3264	email: luke.taylor@local.gov.uk
Liberal Democrat:	Group Office:	020 7664 3235	email: libdem@local.gov.uk
Independent:	Group Office:	020 7664 3224	email: Vanessa.Chagas@local.gov.uk

Location:
A map showing the location of Local Government House is printed on the back cover.

LGA Contact:
David Symonds
MeetingContact_2

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The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board – Membership 2014/2015

Councillor	Authority
Labour (7)	
Cllr Linda Thomas (Vice-Chair)	Bolton Council
Cllr Barbara Cannon	Allerdale Borough Council
Cllr Fay Howard	Swindon Borough Council
Cllr Iain Malcolm	South Tyneside Metropolitan Borough Council
Cllr Lib Peck	Lambeth London Borough Council
Cllr Sandra Samuels	Wolverhampton City Council
Cllr Lynn Travis	Tameside Metropolitan Borough Council
Substitutes	
Cllr Maureen Cummings	Wakefield Metropolitan District Council
Cllr Jonathan McShane	Hackney London Borough Council
Conservative (7)	
Cllr Izzi Seccombe (Chair)	Warwickshire County Council
Cllr Elaine Atkinson	Borough of Poole
Cllr Louise Goldsmith	West Sussex County Council
Cllr Andrew Gravells	Gloucestershire County Council
Cllr Colin Noble	Suffolk County Council
Cllr Vic Pritchard	Bath & North East Somerset Council
Cllr Kenneth Taylor OBE	Coventry City Council
Substitutes	
Cllr Bill Bentley	East Sussex County Council
Cllr Claire-Louise Leyland	Camden Council
Cllr Liz Mallinson	Cumbria County Council
Cllr Colette Wyatt-Lowe	Hertfordshire County Council
Liberal Democrat (2)	
Cllr Katie Hall (Deputy Chair)	Bath & North East Somerset Council
Cllr Jason Zadrozny	Ashfield District Council
Substitutes	
Cllr Doreen Huddart	Newcastle upon Tyne City Council
Independent (2)	
Cllr Gillian Ford (Deputy Chair)	Havering London Borough Council
Cllr Mark Ereira	Suffolk County Council
Substitutes	
Cllr Adrian Naylor	Bradford Metropolitan District Council
Cllr Helen Grant	North Yorkshire County Council

Local Government Association

Agenda

Community Wellbeing Board

Wednesday 11 March 2015

11.00 am

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

	Item	Page	Time
1.	**Welcome and declarations of interest**		11:00
2.	**Adult Social Care Efficiency Programme** To receive a presentation from Professor John Bolton, JRFB Ltd and visiting Professor at the Institute of Public Care at Oxford Brookes University.		11:05
3.	**Adult Social Care Funding**	1 - 6	11:40
4.	**Future of Health and Wellbeing Boards**	7 - 10	11:55
5.	**2015 Care and Health Improvement and Integration Programme and Better Care Fund Update**	11 - 18	12:10
6.	**Public Health update**	19 - 24	12:30
7.	**Notes from the previous meetings** a) Board meeting on 2 December 2014. b) Joint CWB/HAF Forum on 2 December 2014. c) Joint Lead Members meeting CWB and Children and Young People on 8 January	25 - 32	12:45
8.	**Update on Other Board Business**	33 - 40	12:50
	MAP	**Page**	

Date of Next Meeting: Wednesday, 10 June 2015, 11.00 am, Smith Square 3&4, Ground Floor, Local Government House, Smith Square, London, SW1P 3HZ

Community Wellbeing Board

11 March 2015

Adult Social Care Funding

Purpose

For discussion and direction.

Summary

As a result of wider cuts to local government funding adult social care is under considerable financial strain. Additional pressures posed by the Care Act and changes to Deprivation of Liberty Safeguards are exacerbating the situation. The LGA is working to keep the issue of adult social care funding firmly in the national spotlight in the run up to the General Election and beyond to the next Comprehensive Spending Review (CSR). The LGA is therefore re-launching its 'Show Us You Care' campaign (pre-General Election) and will need to consider next steps for the Better Care Fund (as part of its CSR work).

Recommendations

Members of the Community Wellbeing Boardare asked to:

- Note the report
- Provide a steer on the issues raised at paragraphs 9.1 to 9.5
- Provide initial thoughts on what a next iteration of the BCF should look like

Action

As directed by Board Members.

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Local Government Association

Community Wellbeing Board

11 March 2015

Adult social care funding

Background

1. Local government has faced unprecedented cuts over the last four years that have impacted dramatically on adult social care and its capacity to deliver. LGA analysis shows that during the life of this Parliament core funding for local government will have reduced by 40 per cent in real terms.

2. As a result of these cuts adult social care is under extreme financial pressure. Over the last four years spending has been kept under control through a mix of: departmental budget savings of 26 per cent (the equivalent of £3.53 billion); the NHS transfer and at least £900 million savings at the expense of other council services in 2014/15. This figure is expected to increase by a further £1.1 billion in 2015/16.

3. Councils have protected adult social care during this time. The service now accounts for an increasing proportion of council spending; 35 per cent in 2014/15 compared to 30 per cent in 2010/11.

4. The short-term will be extremely difficult. The scope for further savings is now much reduced and at the same time there are real concerns about the financial implications of both the Care Act and changes to Deprivation of Liberty Safeguards (DoLS).

5. We believe the Care Act may be underfunded by as much as £50 million in 2015/16 alone and latest findings from the third and final 'Care Act stocktake' show that total implementation costs for 2016/17 and the uncertainty posed by additional demand from both carers and self-funders remain the biggest key risks for councils.

6. The current lack of commitment to fund the impact of the DoLS judgement sends signals about the Government's commitment to meeting other funding pressures. The LGA and ADASS have had ongoing communication with government requesting an urgent response to mitigate the impact of wider responsibilities brought in by the Supreme Court judgement in March 2014. The LGA estimate that the additional cost to councils is £98 million this year at a minimum. Cllr Izzi Seccombe, Cllr Katie Hall and President of ADASS, David Pearson met the Minister on 25 February to discuss the need for Government to avoid the impact on vulnerable individuals and already overstretched budgets.

7. The LGA estimates that the overall funding gap for local government will add up to £12.4 billion by the end of 2019/20. By the end of the decade LGA projections show a funding gap of £4.3 billion for adult social care, or 29.4 per cent of net adult social care budgets in 2013/14. This is a higher proportion than the estimated funding gap for health of £30 billion (28 per cent).

Issues

8. In the run up to the General Election, and thinking beyond that to the next Comprehensive Spending Review, Members have been clear that a clear priority is to make sure that the financial pressures facing adult social care are firmly in the national spotlight.

9. To help achieve this the LGA's 'Show Us You Care' campaign is being refreshed and will focus predominantly on funding for adult social care. It is proposed that, through the campaign, the LGA will call on an incoming government to:

    9.1. Close the current £4.3 billion funding gap facing adult social care and provide sufficient funding to ensure demand is met over the coming years.
    9.2. Secure a more sustainable health and social care system that has adequate funding for prevention, by establishing a bigger Better Care Fund over five years with additional transformation funding and maximum local flexibility.
    9.3. Protect adult social care funding alongside health funding.
    9.4. Fully fund the costs of the Care Act in 2015/16 and beyond, including compensation for any council that is spending over and above its Care Act funding allocation.
    9.5. Fully fund the costs of the changes to Deprivation of Liberty Safeguards.

10. Much of the LGA's media work since the turn of the year has linked to these messages (particularly in the context of winter pressures) and has enjoyed considerable national coverage. **See Annex 1.**

11. Getting councils and partners to sign up to these 'key asks' will aid their prominence and credibility. We therefore propose to work with partners to call jointly for adequate and sustainable funding.

12. In 'Investing in our nation's future: the first 100 days of the next government' the LGA has also called for the funding for commissioning of adult social care and health to be fully integrated as a step towards a single point of commissioning. The LGA has argued that a separate transformation fund is also needed for this, to ease the initial impact of the changes.

13. Exactly what a 'next steps' BCF should look like will therefore require careful thought, particularly given the links between this and our above funding 'asks'. Members will be consulted separately and confidentially on proposals for how the BCF should be taken forward.

Next steps

14. Members are asked to:

    14.1. Comment on the proposed campaign 'key asks' at paragraphs 9.1 to 9.5

    14.2. Provide initial thoughts on what a next iteration of the BCF should look like.

Financial Implications

15. Any costs associated with the campaign will be met through existing budgets.

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Annex 1

Summary of LGA media work on winter pressures and adult social care funding since January 2015

Winter pressures: proactive media releases	
Households urged by councils to show vigilance as the cold snap bites (15 January)	Release urging people to be extra vigilant to ensure vulnerable relatives, neighbours and friends are safe during freezing weather. Highlights the 'chronic underfunding' of adult social care and what councils are doing to help mitigate demand pressures.
Underfunding of social care will continue to impact on NHS (7 January)	Release setting out the importance of investing in adult social care to help alleviate pressures on health. Argues that investment in health and not in social care is a false economy.
Winter pressures: reactive comment	
Mental health failings cost £3 billion (18 January, Sunday Times)	The LGA's response to £25 million being handed to councils to help ensure more elderly and vulnerable "bed blockers' in A&E wards can be treated in the community was reported in the Sunday Times. The LGA said the extra money was "plastering over the cracks."
A&E crisis: fire engines and police cars used as makeshift ambulances (8 January, Telegraph)	Cllr Izzi Seccombe, Chairman of the LGA's Community Wellbeing Board, was quoted in a Telegraph Online report about the crisis in A&E departments this winter. Cllr Seccombe said: "The LGA has long warned that the health and social care system is chronically underfunded. Investing extra money in the NHS whilst forcing councils to cut their social care budgets is simply a false economy and will not solve this ever-growing problem."
NHS set for a bumpy start to 2015 (5 January, BBC)	A BBC Online feature about key issues for the NHS in 2015 said the LGA is leading a "vociferous campaign" for councils to get more money. It forecasted a political battle over council-run social care and said that care reforms do not bring extra money into the system, while the numbers getting help have fallen by more than a quarter in the past five years.
Adult social care funding: proactive media releases	
£650 million care reduction risks elderly having to sell homes (7 February)	Response to launch of DH consultation and impact assessment on the 2016/17 Care Act reforms and the government's cost estimate of the reforms being £650 million less than its 2013 estimate.
Care crisis will require councils to divert £1 billion from other services (28 January)	Release highlighting the impact that adult social care funding pressures will have on other council services. This was widely reported with LGA Chairman Cllr David Sparks interviewed on BBC Radio 4's Today programme and the BBC News channel. The release was also reported on BBC Radio 2, BBC Radio 4 and BBC Radio 5 Live news bulletins, ITV Online, Guardian Online and the Express. Cllr Izzi Seccombe was also interviewed on BBC Radio 5 Live about the story. Cllr Sparks said: "Government's failure to properly fund the ever-growing

	cost of care is short-changing not just those who need it. It is taking a toll on everyone who relies on councils to fix the roads, provide buses and keep our parks, libraries and leisure centres open."
Spending cuts have left the NHS and social care in crisis (25 January)	As part of the LGA's Show Us You Care Campaign a letter co-signed by LGA Chairman Cllr David Sparks and the Royal College of Nursing, NHS Confederation, British Medical Association and Care and Support Alliance was the focus of a front page story in the Observer. It warned about the impact of spending cuts on NHS and social care and said: "It is an inescapable truth that reduced funding for social care has had a knock-on impact on NHS services. Without adequate funding for care, the NHS will continue to be forced to pick up the pieces from a social care system that is not resourced to meet demands." This led to significant Twitter activity.
Adult social care funding: reactive comment	
Care spend 'cut by fifth in decade' (29 January, BBC Online)	The LGA said councils have done their best to protect social care spending, in a BBC Online article about how spending on care for people aged 65 and over has fallen by a fifth in England over the last ten years. The LGA said a 40 per cut to budgets across this Parliament meant "difficult decisions" have had to be made.
Care for elderly in state of 'calamitous decline' amid £1bn of austerity cuts (21 January, various media)	Cllr Izzi Seccombe appeared on BBC Radio 4's You and Yours to discuss the LGA's response to an Age UK report on the impact of spending cuts on adult social care and the rising demand for services. The LGA lines, in keeping with our Show Us You Care campaign, were also referenced on BBC Radio Five Live and featured in The Independent, Express and BBC Online. Cllr Seccombe, Chairman of the LGA's Community Wellbeing Board, said "Councils have protected our most vulnerable people as far as possible, often at the expense of other services, and we will continue to prioritise those most in need. However, the combined pressures of insufficient funding, growing demand, escalating costs and a 40 per cent cut to local government budgets across parliament mean that, despite councils' best efforts, they are having to make tough decisions about the care services they provide."
Care worker quits because she only had 15 minutes to spend with frail pensioners (18 January, Sunday Mirror)	The LGA's Cllr Izzi Seccombe was quoted in a Sunday Mirror report about a care worker who quit her job because she was only allowed to spend 15 minutes at a time with her frail, elderly patients. Cllr Seccombe, Chairman of the LGA's Community Wellbeing Board, said: "Adult social care funding is in crisis and it is vital for our elderly population that government urgently addresses this. Short visits should never be the sole basis of care, but sadly the rise in 15 minute visits is symptomatic of a system that continues to be chronically

	underfunded.”
Elderly in food fear (3 January, various media)	The Guardian, Sun, Mirror, Mail Online, ITV News and Telegraph Online reported the LGA’s response to a Labour Party survey which claimed that as many as 222,000 old people are being denied meals on wheels because councils are too hard up. Cllr Izzi Seccombe, Chair of the LGA's Community Wellbeing Board, said: "Following the local government finance settlement councils will have to find £2.6 billion savings next year. At the same time, a rapidly growing elderly population is driving up the cost of adult social care by hundreds of millions of pounds each year. The LGA has long been warning that the services that elderly and vulnerable people rely on, including meals on wheels and lunch clubs, are coming under increasing threat."

Note: this summary covers national coverage only and does not include the work we have done with the trade press on issues including the pressures posed by Deprivation of Liberty Safeguards, winter pressures funding, and Care Act funding.

Community Wellbeing Board

11 March 2015

Future of Health and Wellbeing Boards

Purpose:

For discussion and direction.

Summary

This report summarises the purpose of the Future of Health and Wellbeing Boards project and seeks direction from the Board on the key messages of the report.

Recommendations

Members of the Community and Wellbeing Board are asked to:

- note the progress made so far;
- discuss and agree the purpose and key messages of the project;
- discuss and provide views on the questions outlined in paragraphs 11.1 – 11.4.

Action

By officers, as directed by the Board.

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Local Government Association

Community Wellbeing Board

11 March 2015

Future of Health and Wellbeing Boards

Background

1. Since their creation in 2013, the ambition and scope for Health and Wellbeing Boards (HWBs) have grown far beyond their original statutory duties, especially in relation to drive forward the scale and pace of integration of health and social care. This report outlines the purpose of a project to further develop the LGA's policy position on the future of HWBs, for launching at the LGA's Annual Conference in July 2015.

2. The current LGA policy position on HWBs is set out in Investing in our Nation's Future: the First 100 Days of the next Government. We propose a Public Services Bill which will: "give everyone access to a seamless health and care services that better meets their needs by ensuring Health and Wellbeing Boards are the place which joins up the commissioning of primary, secondary and social care services in a coherent way". We also propose that the first Budget of the new Government should: "Fully integrate the funding for the commissioning of adult social care and health as a step towards the single point of commissioning". This project will test the ambition and appetite for a greater role for HWBs and identify how we can move towards this ambition in a flexible and localist way.

Purpose of project

3. The project is a collaboration between LGA and NHS Clinical Commissioners to:
   - 3.1. evaluate the current effectiveness and capabilities of HWBs, based on national research and evaluations;
   - 3.2. consult key stakeholders of HWBs to gauge their appetite and ambition for a greater role in leading integration;
   - 3.3. arising from the consultative workshops identify what needs to change in order to make HWBs fit for their future purpose;
   - 3.4. arising from the consultative workshops to develop a shared ambition for future HWBs based on following principles:
     - 3.4.1. diversity and localism - allowing each health and care economy to move at their own pace;
     - 3.4.2. parity between partners – for HWBs to demonstrate that they are a partnership of equals, with equal power, leadership, responsibility and commitment from all members, in particular CCGs and local authorities;
     - 3.4.3. subsidiarity – that models of HWBs may be different depending on the footprint and complexity of the local and regional health and social care systems;
     - 3.4.4. accountability and transparency – recognising the tensions between the different accountability mechanisms for councils – downwards to local people – and CCGs – upwards to NHS England and the Secretary of State.

4. The publication will also develop several possible models of HWBs, reflecting the different levels and ambition, capacity for greater leadership and the complexity of local health and care landscapes. It will be backed up with a series of recommendations on what needs to change locally and nationally to achieve the different levels of ambition for HWBs. We will also develop a series of possible models of future HWBs to reflect

different levels of ambition, different geographical footprints (including for combined authorities).

Progress so far

5. We have established a joint LGA and NHS CC project group, chaired by Caroline Tapster, Director of the HWB System Improvement Programme to direct and oversee the project.

6. Lead Members have provided their comments, feedback and initial support for the project proposal. We are working with NHS Clinical Commissioners to co-produce this project and, as far as possible, to develop a shared vision for HWBs.

7. We have commissioned Shared Intelligence to organise two consultative workshops in London and Leeds, to which CWB Lead Members and HWB Ambassadors have been invited. The consultative workshops will largely comprise local authority and CCG members of local HWBs and will seek to identify:
   7.1. what is working well and what needs to be improved;
   7.2. scale of ambition for HWBs to take on greater responsibilities;
   7.3. what the future might look like for HWBs;
   7.4. what do we need to do to realise the local ambitions;
   7.5. how we can get all stakeholders to commit to the vision; and
   7.6. what LGA and NHS Clinical Commissioners do to support local HWBs.

Next steps

8. We will be sharing the key messages from the consultative workshops at the National HWB Summit on 25 March to discuss next steps in terms of developing a shared vision, an approach which recognises a localist approach and identifies how we address national and local barriers to achieving the ambition. This will form the basis of the proposals in the final report.

9. A joint meeting between the HWB Lead Members, HWB Ambassadors and NHS CC Board Members will be held in London on 23 April in order to discuss the findings of the consultative events and to develop proposals and recommendations for the final report. We will be launching the report at the LGA Annual Conference in July 2015.

Issues for consideration by Community Wellbeing Board

10. In developing a shared vision for the future with health partners we will obviously need to navigate a range of different perspectives. It would, therefore be helpful to have members' steer on the principles that we might use to articulate the aspects of a future system that are most important to local government. The principles could include:
    10.1. principle of subsidiarity – in which decisions are taken at the most appropriate level;
    10.2. a pluralist approach that allows local areas to proceed at the speed and extent that suits local circumstances;
    10.3. local accountability and transparency;
    10.4. demonstrable shared leadership;
    10.5. demonstrable commitment to a place based approach;
    10.6. demonstrable commitment to joining up services.

11. Members views are sought on the following questions:
    - 11.1. Does CWB support a pluralist and localist approach to the future development of HWBs in which it is up to local partners to agree the scale and pace of ambition?
    - 11.2. How can we best reflect existing and new local partnership arrangements between local authorities and other statutory bodies, e.g combined authorities?
    - 11.3. How should we address the need for commissioning at different levels for types of health provision e.g commissioning for specialised services that need to be addressed on a large footprint through to commissioning personalised support services?
    - 11.4. To what extent might we support a system of earned autonomy for HWBs to earn greater responsibilities?

12. Members are asked to:
    - 12.1. note the progress made so far;
    - 12.2. discuss and agree the purpose and key messages of the project;
    - 12.3. discuss and provide views on the questions outlined in paragraphs 11.1 – 11.4.

Financial Implications

13. None.

2015/16 Care and Health Improvement and Integration Programme and Better Care Fund Update

Purpose of report

To seek Board approval and direction on the broad range and approach to the 2015/16 Care and Health Integrated Programme

Summary

Over the last three years the LGA has been delivering an increasing number of programmes, primarily sponsored by the Department of Health, aimed at bringing about leadership developments, improvement or implementation support in the areas of care & support, health & wellbeing and service integration with health. The programmes include Winterbourne View, Health & Wellbeing and Better Care Fund.

We have been commissioned to continue these programmes in 2015/16. We have developed, with stakeholders, proposed objectives to help authorities to:

- Improve outcomes for local people
- Deliver better quality health and care
- Embed health and wellbeing boards as place-based health and care leaders
- Make health and care sustainable locally
- Increase public, regulator and government confidence in local health and care services

We also plan to complete the transition to a single programme to ensure that we have a more coherent offer to councils, that it is firmly based on the sector led improvement principals, to ensure that it is complimentary to the LGA's policy objectives and to deliver this at a reduced cost.

Recommendations

- Members of the Community Wellbeing Board are recommended to provide guidance and direction of the draft objectives, range, scope and direction of the programme for 2015/16, and
- Note the update on the Better Care Fund.

Actions

Following this Board's direction and advice, and that of Improvement and Innovation, these will be taken into account in the negotiations and agreements with the programme sponsors.

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2015/16 Care and Health Improvement and Integration Programme and Better Care Fund Update

1. Background: Sector Led Improvement in Care and Health

1.1. Sector-led improvement is firmly embedded within the wide, and growing, range of transformation and improvement programmes across the health and social care agenda. The LGA has been commissioned by the Departments of Health, and Communities and Local Government to support councils to achieve a number of these transformational changes. These include implementing the Care Act reforms and BCF, and supporting SLI through TEASC, HWSIP and Winterbourne View Joint Improvement programmes. There is also on-going activity around Making Safeguarding Personal, systems resilience and delivering outcomes as well as personalisation, deprivation of liberty safeguards and mental health.

1.2. This activity is complemented by, among many other developments, LGA support of the Integrated Care Pioneer programme, which intends to expand in 2015, the Integrated Personal Commissioning programme and the New Models of Care Network. These are in addition to programmes such as the Year of Care Commissioning Model, and also within the context of policy developments such as 100 Days, the NHS Five Year Forward View, Barker Commission, the 2015 Challenge Manifesto and the Dalton Review, among many others.

1.3. The principal programmes in 2014/15 were:

- Better Care Fund (BCF);
- Care Act Implementation and Support Programme;
- Health and Wellbeing System Improvement Programme (HWSIP);
- Health and care informatics; and
- Integration and Public Sector Transformation Network;
- Making Safeguarding Personal (MSP)
- Towards Excellence in Adult Social Care (TEASC); and
- Winterbourne View Improvement Programme (joint with NHSE)

1.4. The sector led improvement (SLI) approach continues to support improved outcomes for and accountability to local communities as well as increased confidence from government, the sector and the public alike in the sector's ability to drive improvement itself. These benefits have also been achieved despite significant on-going reductions in government funding to councils.

1.5. Each programme has developed independently, with a range of governance and delivery vehicles. All stakeholders have recognised the need to develop a more cohesive set of arrangements, particularly in the context of both the proliferation of support needs and how these increasingly blur the lines between programme boundaries. National policy developments too are promoting a more holistic approach across the agenda, for example the Five Year Forward View signalling a move towards place-based inspection and intervention activity, with coordination by regulators across a local health economy.

2. Taking forward the programmes as a single offer to the sector in 2015/16

2.1. The DH has asked the LGA, in discussion with stakeholders, to develop a programme for 2015/16 that would deliver a similar broad range of objectives.

2.2. The joint programmes in 2014/15 represented a first step towards developing a single overarching programme, underpinned by a joined-up approach and narrative. It is

now considered the right time to take the programmes forward as a single programme with a more coherent offer to the sector.

Enhanced locally accountable systems leadership

2.3. The joint programmes are already demonstrating their credentials and strengths in leading and supporting the sector to achieve better outcomes, underpinned by a clear focus on strengthening the systems leadership role of health and wellbeing boards as the key local accountability for the health and wellbeing of local populations.

2.4. Bringing greater coherence to the programmes would provide opportunity to respond to sector needs, in particular to support health and wellbeing boards to develop the competence and capacity to act as the single commissioner of health and care services locally, and crucially to build the system's confidence in boards to deliver this.

Increased insight across the system

2.5. Councils are increasingly using the SLI approach to learn from each other, to address barriers to transformation and innovation as well as performance challenges, particularly in response to funding constraints. This rich source of insight into the sector includes activity ranging from peer support, performance comparison and self-assessment to mentoring, training and networks. In addition, collective assurance work, such as through the Care Act stocktakes, or advisory activity to influence policy and regulatory developments, are providing further opportunities for the sector itself to identify risks, understand issues and develop solution.

2.6. This intelligence would help evidence the programmes' capabilities to the sector and funders, as well as inform ways to develop further the SLI approach. It would be possible, by taking a more disciplined approach to pooling and sharing intelligence, to take a more codified approach, which would increase consistency, enable the sector collectively to push for greater freedoms from data reporting or blanket assessment, and to urge greater transparency of government-held intelligence.

2.7. In addition, there is significant potential to take forward innovations such as the outcomes based commissioning framework through the TEASC network, or address existing challenges, such as how to embed isolated activity, for example Winterbourne View improvement. There would also be greater capacity to respond to new local demand or to occupy new change agendas, such as the introduction of the Dilnot recommendations.

Stronger, streamlined governance and accountability

2.8. The role of local government leaders, regional peers and local areas themselves is crucial in developing collaborative leadership at a system level, and in engendering localist partnership approaches. Accountability and governance arrangements currently include the community wellbeing board (CWB), which is reshaping its members' roles to strengthen its leadership of key portfolio areas including integration, and the Health Transformation Task Group (HTTG). This latter group has continued to evolve in response to a changing landscape, to provide a mechanism for consultation and advocacy, and is increasingly becoming an operational partnership space. There are also governance vehicles for other NHS integration programmes as well as sub-national and regional networks.

2.9. There are multiple boards overseeing the delivery of each programme. As programmes have been established, there is increasing overlap in membership and delivery mechanisms, and some partnership arrangements have become more unwieldy as membership and remit have extended. It is proposed therefore that we look to amalgamate these to create a more streamlined governance structure which sets the direction and steers delivery across all programmes.

2.10. Such streamlined arrangements would enable a reframing around key stakeholders and outcomes rather than programme silos, bringing strategic coherence to narrative and approach. In this way, it would make possible a more systematic approach to driving SLI and sharing good practice. Councils, for example, could be viewed holistically across a range of policy areas but be supported by discrete elements of the programmes managed within a strategic framework. These revised arrangements would also provide a mechanism for the sector to commission its own SLI activity beyond grant-funded joint programme work.

2.11. Within such arrangements, the role of HTTG could evolve to encompass wider stakeholder groups, providing opportunities for widespread engagement and influencing. In addition, this stakeholder forum could be widened to encompass regional networks, which would both strengthen the governance around SLI approaches and feed greater alignment at a local and regional level.

Greater efficiency and capacity through a thematic programme management approach

2.12. The centrepiece of the SLI approach remains the peer-led improvement model, which local areas strongly support. They tell us too that they would like:

- 2.12.1 Support beyond diagnostic activity that builds their capacity and skills to achieve cultural, organisational and system-wide change;
- 2.12.2 More access to best practice, exemplars and hands-on advice, support and development, in particular receiving this from peers in a timely, flexible manner;
- 2.12.3 More opportunities to network, share learning and collaboratively develop solutions;
- 2.12.4 Greater coordination across programmes and partners operating in a locality or region, and to use available resources to extend existing capacity.

2.13. From feedback, local areas – regardless of which programme they are accessing – tell us they would welcome advice and support around common issues including strengthening governance arrangements or developing risk sharing mechanism, to help with financial modelling or workforce reconfiguration. It is proposed, therefore, that existing activity is group around three common themes to maximise benefit for local areas, backed by more systematic coordination and communication across programmes:

- 2.13.1 Leadership and governance: such as strengthening system leadership behaviours including shared visioning, risk-sharing, mitigation and contingency planning, and building confidence in the system;
- 2.13.2 Finances and resources: such as joint efficiency developments, financial modelling of integrated care models, joint or shared commissioning models;
- 2.13.3 Operational delivery development: such as around data sharing, workforce, multi-disciplinary working, care coordination, provider models, person-centred care and personalisation, and shifting resources to prevention and self-care.

2.14. This development would enable the peer-led approach to be expanded to include a wider range of discrete and interlocking packages of support using a ‘deep dive’ methodology which brings additional operational capacity to support councils to implement their improvement or transformational plans. In this deepened peer support offer, peer reviewers and facilitators will be able to call on this expert advice or support as needed, which where possible would be recruited from within the sector.

2.15. These proposals recognise that success often relies on strong relationships and commitment from colleagues across the system, backed by ad hoc arrangements, for example in inputting into the BCF assessment process, which increasing demands have strained. They also acknowledge the reductions in capacity, including across NHS England, coupled with a growing number of requests for help that spans the boundaries between programmes.

2.16. It is therefore proposed that a 'support' network is developed to underpin insight, advisory and improvement work in a more systematic way, improving coherence and connections. It is intended that this is about better supporting peers and regional leads to carry out their roles, as well as helping to identify and share better intelligence across the system. It is proposed that this 'support' network is developed using existing regional and specialist resources such as Principal Advisers, Care Act Adult Improvement Advisers and regional programme teams, in a light-touch way. The network would be intended to provide the connections across programmes and regions, improve coordination of support and signposting to, and enhancing local resources, such as developing virtual networks on local issues.

2.17. Further, it is proposed that this 'support' network includes a more aligned central resource drawn from existing programmes, which could provide some project management functions such as coordinating responses to demand, sharing intelligence through internal networks or promoting awareness of activity, such as through a weekly bulletin. An outline of how these elements could fit together is attached as an appendix.

3. 2015/16 Care and Health Integration Programme

3.1. It is therefore proposed that we develop a single programme with a coherent focus point for local authorities with the objective of helping the sector to **improve outcomes for local people**;

- Deliver better quality health and care;
- Embed health and wellbeing boards as place-based health and care leaders;
- Make care and health sustainable locally; and
- Use sector-led improvement to increase public, regulator and government confidence in local care and health services.

3.2. **Appendix 1** sets out the draft objectives and work packages to deliver the programme. Specifically we will:

3.2.1 Continue to promote sector-led improvement to deliver excellence in social care and health locally;
3.2.2 Support Health and Wellbeing Boards to be effective system leaders;
3.2.3 Help authorities to implement and embed the Care Act reforms;
3.2.4 Support local areas to implement the Better Care Fund and prepare for the following year;
3.2.5 Promote Public Service Transformation Network to take a whole system approach to public services and funding;
3.2.6 Work with the Integration Pioneers to remove barriers, promote confidence and spread good practice;
3.2.7 Promote efforts to best use and share data and intelligence;
3.2.8 Work with local areas to ensure those with learning disabilities are supported in their communities; and
3.2.9 Support effective regional networks based around the ADASS regions to provide peer-to-peer support and improvement.

3.3. We would achieve this by developing a range of flexible improvement and support products (across the three domains of leadership & governance, finances & resources and operational delivery) that will support improvement and integration.

3.4. Additionally, we will support the development of an effective governance and delivery infrastructure at the regional level to ensure that the programme adequately focuses on local needs and that there is an effective feedback mechanism for local issues and concerns. We would look for regions to develop a single unified approach that will be supported through a single funding stream.

4. Conclusion and next steps

4.1. Discussions are also underway with key stakeholders, principally the Association of Directors of Adult Social Care, Society of Local Authority Chief Executives and others over the coming weeks in order to develop the programme offer. We are also in on-going discussion with DH about their requirements and the total cost of the programme.

4.2. Final approval on the scope and costs of the programme is expected to be agreed in early March for a 1 April commencement.

5. Financial Implications

5.1. The cost of the programme will be fully met from DH grants to the LGA.

6. Better Care Fund Update

6.1. All plans have been approved following the BCF Programme Board. A handful of areas have accepted an offer of continued support to improve and implement their plans

6.2. A programme of implementation support has been commissioned to support implementation for all areas through to April. This includes regional workshops, how-to guides and an online knowledge-sharing platform.

6.3. Further guidance will be issued shortly outlining the operationalization process through 2015/16

6.4. Ministers have decided that the BCF Task Force will continue throughout 2015/16 to support areas with implementation. Ann Radmore has been appointed the Programme Director, taking over from Andrew Ridley.

Appendix 1: Programme Strategic Ambition and Objectives

The strategic ambition of the programme is to ***improve outcomes for local people by helping the sector*** to:

Objectives	**Sub-objective**	**Work packages** *[with partner]*
Deliver better quality care and health	• To support a joined up and consistent approach to the delivery of health and social care services • To support the effective implementation of the Care Act 2014 • To facilitate joined-up working across partners and providers to support the effective presentation and delivery of data across the health and social care sectors	✓ Regional care and health integration network ✓ HWB/BCF action learning sets ✓ CA joint programme management office ✓ CA local authority readiness ✓ CA implementation support ✓ CA support to care providers ✓ CA Informatics implementation *[DH/ADASS]* ✓ Citizen Online *[DH/ADASS]* ✓ Information and Advice Services *[DH/ADASS]* ✓ National Information Board (NIB) *[ADASS]* ✓ Integration and Pioneers informatics ✓ Information governance ✓ Technology and IT Suppliers *[DH/ADASS/HSCIC]* ✓ Standards for Social Care including Open APIs ✓ Informatics engagement and communications *[ADASS]*
Embed health and wellbeing boards as place based health and care leaders	• To influence and develop the role of HWBB to better support the integration of health and social care services • To support the development of HWBB leadership	✓ HWB peer challenge ✓ HWB and provider engagement ✓ Effective HWBBs ✓ HWB Leadership Essentials
Make care and health sustainable	• To support the preparation and application of resilience measures	✓ Support resilience ✓ Winter pressures

Objectives	Sub-objective	Work packages *[with partner]*
locally	• To ensure that services for the vulnerable and at risk of harm are protected • To support councils overcome barriers in the care of learning disabilities and mental health conditions	✓ Safeguarding ✓ Deprivation of Liberty Safeguards ✓ Transforming care for learning disabilities ✓ Specialist procurement for learning disabilities ✓ Learning disabilities market development and shaping
Use sector led improvement to enable local authorities to increase public, regulator and government confidence in local care and services	• To identify potential risk of under performance and offer support • To provide bespoke support to councils as required to assist in the achievement of national and local targets • To identify and share good practice to support improvement	✓ Risk management ✓ Care and health improvement and implementation advisers ✓ Regional peer challenge development ✓ Care and health improvement integration bespoke support ✓ Bespoke support (follow up work across HWB, CA, BCF etc.) ✓ Use of resources ✓ Development of local accounts ✓ Annual reports (data collection in core elements)

Our internal objectives are to:	• To make the best contribution to service improvement and policy development • To run an effective PMO to support the delivery of the HSC objectives, including reporting to partners and timely and relevant communications to all stakeholders	✓ Leadership ✓ Business Support ✓ Communications ✓ Programme Management

Community Wellbeing Board

11 March 2015

Public Health Update

For information and discussion.

Summary

This report provides an update on the transfer of responsibilities for the commissioning of public health responsibilities for 0-5 year olds from NHS England to local government on 1 October 2015 and an update on tobacco control and public health workforce matters announced since January.

Recommendation

Members of the Community Wellbeing Board are asked to discuss the issues raised in the report and agree actions where this is required.

Action

To be taken forward by officers as directed by the Board.

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Local Government Association

Community Wellbeing Board

11 March 2015

Public Health Update

Transfer of public health commissioning for 0-5 year olds

Progress summary:

1. Since the last Board report in January:

1.1. The Department of Health (DH) has published the draft regulations for the five mandated universal health checks. We have secured wording that makes it very clear that councils will only be expected to take a reasonably practicable approach to delivering the checks, and to continuous improvement over time. Providers should be able to share information about the current level of performance so councils know their pre-transfer baseline. http://www.local.gov.uk/health/-/journal_content/56/10180/5886759/ARTICLE#mandated-elements

1.2. Following a delay in publication, DH wrote to local authority chief executives in February to confirm final funding allocations for 0-5 public health services, this is based on the principle of "lift and shift". The vast majority of local authorities did not raise concerns. For a very small number of local authorities, DH recognised that some further adjustment may be required and there are ongoing discussions in some areas which may lead to further changes by mutual local agreement. DH plan to publish allocations for the 13 outstanding local authorities by mid-March.

1.3. DH has confirmed that the extra £2 million that will transfer to local government to fund the new burden on commissioning will be a reoccurring cost for 2016-17.

1.4. The current allocations do not relate to need but are based on existing provision. We have argued that it should be an urgent priority to move to a needs based funding formula. The Advisory Committee on Resource Allocation (ACRA) is planning to consult with councils in February on the 0-5 element of the public health grant which should help to move towards a needs-based formula from 2016-17.

1.5 NHS England regions (previously called "Area Teams") are working with local authorities to agree a course of action for the transfer of contracts. The options include novation of existing contracts or setting up a NHSE separate contract with the provider to run alongside the NHS England contract. The NHSE process needs to be finalised by the end of March. The timescales for gaining agreement through local authorities' governance arrangements will be tight and is a risk we have flagged nationally as part of discussions.

1.6 The self-assessment will be sent out to local authorities in March. We are also developing briefings for elected members and health and wellbeing boards.

Public Health Survey of Portfolio Holders

2. To coincide with the two year anniversary since the transition of public health into local government, in our new survey of portfolio holders with responsibility for public health showed that:

    - 95% agreed or tended to agree that the transition of responsibility for public health had gone well in their council.
    - 96% agreed that bringing public health under local council control will deliver better public health for the local population.
    - 91% said that their public health team was effective at championing public health issues.
    - 60% said that insufficient resources were the main barrier; 35% a mismatch between local and central government. Only 5% of respondents identified poor working relationships and 5% a lack of political will as the main barriers to the council achieving better public health outcomes in the local area over the next two years
    - 79% of the respondents who wanted to see more preventative health activity identified mental health as an area for increased activity and 71% obesity in children.

3. Findings show that amongst portfolio holders, embedding public health within Local Authorities has given cause for optimism. There appears to be greater belief that this move will lead to better health outcomes, and public health is working well with other departments. Clearly, insufficient resources and embedding public health within the council remain a challenge for some.

Smoking in cars with children

4. On 11 February Parliament voted to end, from 1 October this year, people smoking in cars when carrying children. This is a significant step forward in protecting children from the dangers of second-hand smoke. To coincide with this, Public Health England (PHE) have begun their Smoke free Homes and Cars campaign. The aim is to raise public awareness of this change in the law.

Standardised Cigarette Packs

5. On 21st January 2015, Public Health Minister Jane Ellison MP announced that: “We will bring the regulations before Parliament in this Parliament. Should Parliament support the measure, we will be bringing the prospect of this country’s first smoke-free generation one decisive step closer.”

6. In April 2012, the UK Government launched a consultation on whether to introduce standardised packaging, following a commitment in the Tobacco Control Plan for England. In July 2013, a cross Party group of peers tabled an amendment to the Children and Families Bill to give the Government powers to make Regulations on standardised packaging.

7. On 28th November 2013 the Government announced that it would table its own amendment to the Bill (now Section 94 of the Children and Families Act 2014). This

amendment was passed in both the House of Lords and House of Commons. The Government also appointed the paediatrician Sir Cyril Chantler to review the public health evidence on the issue. He reported on 31st March 2014, concluding that: "I am satisfied that the body of evidence shows that standardised packaging, in conjunction with the current tobacco control regime, is very likely to lead to a modest but important reduction over time on the uptake and prevalence of smoking and thus have a positive impact on public health."

8. Government regulations were tabled on 23 February to introduce standardised packaging for tobacco products to a vote in Parliament before the General Election. No date for a vote has been set yet but it can't happen before 3rd March and obviously has to happen before Parliament rises.

Tobacco Levy

9. The Chancellor announced in his autumn statement a commitment by the Government to a consultation on how tobacco companies could make bigger contributions to the public purse.

10. The LGA welcomed the Chancellor's announcement in the Autumn Statement that the Government is minded to introduce a levy on tobacco manufacturers and importers. We agree with the Chancellor's observation that: "Smoking imposes costs on society, and the Government believes it is therefore fair to ask the tobacco industry to make a greater contribution."

    10.1 The cost to the NHS of treating smoking-related illness is estimated to be between £2.7 billion and £5.2 billion a year. The costs to local councils are also considerable.

    10.2 Local authorities across England are spending an additional £600 million on social care as a result of smoking-related illness.

    10.3 The cost of clearing cigarette litter is estimated to cost councils at least £342 million each year. A conservative estimate of the cost of smoking-related fire is £507 million annually.

    10.4 Total identified expenditure on tobacco control by local councils is in the region of £250 million each year.

    10.5 Stop smoking services and interventions funded by council public health teams are estimated to cost £140 million each year.

11. In our response to the consultation which ended on 18 February, we said the money raised could be spent on measures that prevent youth uptake, tackle smoking in pregnancy, encourage smokers to quit, tackle counterfeight and illicit tobacco and help councils clean up the streets of cigarette litter that blight our neighbourhoods.

12. The consultation aligns with key messages outlined within the LGA publication 100 Days: Tackling Tobacco and Nicotine Dependency launched in January. http://www.local.gov.uk/documents/10180/6869714/publication+-+L15_14+100+Days+Smoking_v05.pdf/ad12dafe-6ad0-4a8c-8e33-9205e96addd3

13. However we were concerned if money raised through the levy went into the Consolidated Fund this wouldn't deliver the preventative and regulatory action needed in terms of escalating trading standards, environmental health and public health

activity. We believe that the levy should be distributed to reflect local prevalence rates, to ensure that money is focussed on areas of greatest need.

14. Kris Hopkins MP, Minister at the Department for Communities and Local Government is reported to have brought the specific issue of smoking-related littering to Treasury Ministers' attention and would like to understand how, if a levy is introduced, the tobacco industry could contribute to the cost to local government of dealing with smokers' litter.

15. The recent debate on spending pressures has catalysed renewed interest in hypothecating taxation for the NHS.

Public Health Workforce

16. The main workforce issues we have been engaged with have been about stability and flexibility in the workforce as we move on from the transition period.

17. The two-year protection of terms and conditions in the transfer scheme ends in April and a significant number of councils will be looking to harmonise to local terms. Many will have compelling financial reasons to do this but we agree this has to be done sensitively. Some councils are clearly going to offer additional protections for staff for a few years to ease the situation. We are working with Public Health England and others to provide general advice and are available also to provide individual assistance to councils.

18. A key aspect of decisions around terms and conditions is the need to recruit successfully. A lot of the best skilled staff will come from an NHS background (both medical and otherwise) of course and councils need to decide whether to offer NHS terms to attract them or to offer local terms with a suitable market supplement as necessary. Both approaches can be justified legally and councils seem to be making quite pragmatic choices - around 50% of consultant posts have been offered on NHS terms according to our informal monitoring.

19. One of the biggest barriers to successful recruitment is the restrictions on the ability to offer continuity of service to staff moving between NHS and local government for terms and conditions other than redundancy. We are about to issue some joint advice with PHE on what can be done under the current regulations, including for pensions. PHE and LGA have approached Cabinet Office jointly to press for changes in regulations to allow for a more flexible market.

20. Successful recruitment to sustainable Public Health teams needs a steady supply of people with the right skills and competencies. We are seeking to ensure that Health Education England (HEE) at a national level can ensure that LETBs at a local level are delivering the right sort of development programmes for the right numbers. We need to ensure also that jointly developed national programmes such as the pilot talent management system are able to continue in some form. Talent management is important because it brings together people from across the public health system to improve their ability to take wider responsibilities.

21. An issue that is causing some current problems is the question of whether or not the transferred staff on NHS contracts are entitled to any pay increase. There is no obligation to give them the Agenda for Change increase if they would have received one in their previous role because the right to pay increases does not transfer under the so-called "static" interpretation of TUPE. They are not on LG terms unless harmonised (in which case the problem doesn't arise) so any decision to give them the LG pay increase would be, as it were, an ex gratia one.

NHS Five Year Forward View

22. The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. It starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years.

23. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system. It is proposed that there will be six major work streams, each with their own board and a working group to support delivery. They are as follows:

    - Partnership
    - Quality
    - Prevention
    - Models of care
    - Information
    - Workforce

24. Simon Stevens, Chief Executive of NHS England (NHSE) has recommended a "devo-max" approach to empowering local councils in England to make local decisions on fast food, alcohol, tobacco and other public health-related policy and regulatory decisions, going further and faster than national statutory frameworks where there is local democratic support for doing so. The LGA is represented on the six work streams and we will be working with NHSE and PHE.

Public Health Transformation – adding value to tackle local health needs

25. Last month the LGA launched *Public Health Transformation – adding value to tackle local health needs* at the LGA/ADPH Annual Public Health Conference. The compilation of case studies shows how local authorities are continuing to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred in April 2013. It follows last year's compilation, Public health transformation nine months on: bedding in and reaching out. The case studies were chosen because they show a range of ways in which public health in councils is approaching its new roles. They include councils spread across England, covering both rural and urban environments and with varying levels of deprivation and affluence.

Financial Implications

26. None.

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Tuesday 2 December 2014
Venue:	Bevin Hall, Ground Floor, Local Government House, Smith Square, London, SW1P 3HZ

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

Item	Decisions and actions	Action

1 Welcome and declarations of interest

Izzi Seccombe welcomed Apu Bagchi as substitute for Mark Ereira-Guya and noted apologies from Elaine Atkinson, Louise Goldsmith, (Colette Wyatt-Lowe and Liz Mallinson Substituting). Bill Bentley also sent his apologies.

2 Children's Public Health 0-5 Transition and CAMHS

Members noted the updates on both the transition of public health for 0-5s and the Child and Adolescent Mental Health Taskforce.

0-5 Transition

With respect to 0-5 transition members expressed concern about the need to quickly reach agreement regarding the funding formula and about the capacity of the workforce to re-skill and staff being attracted to roles in other parts of the NHS/Local government. It was noted that Health Education England would retain responsibility for training and that the LGA is already in early discussions with them about a way forward.

CAMHS Taskforce

Members recognised the important role played by schools in the delivery of early intervention and felt we should set high expectations in this regard.

Members felt that some analysis of referral pathways would provide valuable information to help address stigma amongst an individual's peer group and their family (from whom consent must currently be sought).

Members also felt that the transition from CAMHS to adult programmes at age 18 was also inappropriate in many cases, not least to ensure that a vulnerable adolescent is not placed amongst adults.

3 Care Act Stocktake, Better Care Fund and Five Year Forward View

Care Act Stocktake

Members noted the update on the stocktake and its findings that whilst local authorities are more confident in their preparedness to implement the necessary changes (when compared to the May/June survey) this is accompanied by an associated increase in concern about the total costs of doing so.

The next stocktake in the New Year will seek to measure the degree to which implementation plans are progressing.

Members asked Andrew Webster to provide an update on the status of the 'Ordinary Resident' rules.

BCF

Members noted the written update on the BCF. It was also reported that it is expected that the 48 areas currently 'with conditions' are expected to be signed off by January 2015.

From January 2015 a further assessment will be undertaken to assess implementation.

The LGA has begun a conversation with Government on the basis for BCF funding for 2015-16.

NHS 5-year forward view.

Members noted the key points of the NHS forward view and welcomed the focus on public health and the key role that local authorities have to play in reducing the costs burden of the NHS.

Members also noted the following:

- That local authorities should steer further debate about public health onto that of people rather than institutions
- That public perception of preventative care needs to be reinvigorated recognising the role of volunteers and communities and the play-off that exists between workforce capacity and volunteers
- That Local Authorities should highlight the fact that they successfully manage a very diverse range of public facing services within budget whilst at the same time meeting savings targets year on year.

4 Future of Health and Care Strategy Project

Members noted recent developments across the programmes of work.

5 Taking forward a programme of work on mental health

Members gave their support to the proposed programme of work on mental health and made the following points:

- That an assessment of the role of GPs would be of value;
- That the review should consider the wider impact of mental health on areas such as the economy, community safety; and
- The overall aim of the programme should be to ensure that local authorities offer a strong response to Mental Health

Members also asked for an update on the TEASC programme to be circulated.

6 Joint Childrens and CWB workshop on 8 January 2015

Members noted the draft agenda for the joint meeting of lead members, portfolio holders and officers. The agenda would be finalised after the CYP lead members meeting on the 15th December.

7 Outside bodies, external meetings and other CWB business updates

In addition to the meetings noted, Katie Hall had attended the Learning Disability Programme Board on the 14th October and the Responsibility Deal plenary on the 18th November.

Members noted the updates on the various programmes of work. A brief discussion on the Winterbourne View review raised the following points:

- Members would welcome sight of the detailed NHS plan so that they could better assess the likely cost/impact on each local authority. In particular members were keen to know of the numbers of people involved and their likely destinations;

- That the response to the review should be fully integrated;

- That Local authorities should push for step down beds outside of 'institutions' although it was recognised that for a minority few, an institutional setting may be the best option; and

- That in two-tier areas, it will be important to ensure joining up of housing and supporting people funds.

8 Note of last Community Wellbeing Board meeting

Members noted the minutes of the last meeting as an accurate record.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Izzi Seccombe	Warwickshire County Council
Vice-Chairman	Cllr Linda Thomas	Bolton Council
Deputy-chairman	Cllr Katie Hall	Bath & North East Somerset Council
	Cllr Gillian Ford	Havering London Borough Council
Members	Cllr Barbara Cannon	Allerdale Borough Council
	Cllr Fay Howard	Swindon Borough Council
	Cllr Iain Malcolm	South Tyneside Metropolitan Borough Council
	Cllr Lib Peck	Lambeth London Borough Council
	Cllr Sandra Samuels	Wolverhampton City Council
	Cllr Lynn Travis	Tameside Metropolitan Borough Council
	Cllr Andrew Gravells	Gloucestershire County Council
	Cllr Colin Noble	Suffolk County Council
	Cllr Vic Pritchard	Bath & North East Somerset Council
	Cllr Kenneth Taylor OBE	Coventry City Council
	Cllr Jason Zadrozny	Ashfield District Council
	Cllr Apu Bagchi	LGA Independent Group
Apologies	Cllr Elaine Atkinson	Borough of Poole
	Cllr Louise Goldsmith	West Sussex County Council
	Cllr Mark Ereira	Suffolk County Council
	Cllr Bill Bentley	East Sussex County Council

Notes from Health Accountability Forum /CWB meeting – 2 December 2014- ITEM B

Workshop discussion on Health Scrutiny and Health and Wellbeing Boards

Present:

CWB members
Cllr Izzi Seccombe, Cllr Gillian Ford, Cllr Katie Hall, Cllr Fay Howard, Cllr Ian Malcolm, Cllr Liz Mallinson, Cllr Colin Noble, Cllr Vic Pritchard, Cllr Sandra Samuels and Cllr Linda Thomas

HAF members

- Ann Harris (Dorset)
- Claire Lee (East Sussex)
- Cllr John Muldoon (Lewisham)
- Jilly Syzmanski (Redbridge)
- David Gordon (Slough)
- Theresa Harden (Suffolk)
- Cllr Michael Ladd (Suffolk)
- Julian Johnson (Warrington)
- Ann Mawdsley (Warwickshire)

1. Local experience of joint working between HWB, health scrutiny and adult lead members

1.1 Participants reported very different experiences locally, with some reporting good, collaborative relationships that provided constructive challenge between HWB and health scrutiny while others described the relationship as 'too polite' and tentative. Different areas had a wide variety of arrangements for HWBs, health scrutiny and ASC lead members to work together, ranging from attendance at each other's formal meetings, input and collaboration on work programmes and forward plans, informal meetings between Chairs to formal protocols and MoUs to share information and develop better understanding of each other's perspectives and roles. There is no one right model for all areas but working to share information and plan work is essential.

1.2 Despite arrangements to share information and work together, there is still confusion over roles and contributions of HWBs and health scrutiny, with some elected members on HWBs acting in a quasi-scrutiny role to CCG representatives. We all agreed that there is a need for every area to discuss and clarify the roles and contributions of HWBs, health scrutiny and local Healthwatch in order for the right people to be involved in discussions at the right time in order to influence commissioning plans. In areas where NHS reconfigurations are planned, it is particularly important to understand the respective roles and when to be involved in providing constructive challenge.

1.3 Some participants felt that health scrutiny had been overshadowed by HWBs and did not routinely scrutinise the effectiveness of the HWB or any of its outputs – the JSNA, the Joint Health and Wellbeing Strategy or the Better Care Fund Plan.

1.4 Relationships are important – and need to build up over time – to ensure that they can withstand disagreements and challenge. This can be difficult with change in political control.

1.5 Scrutiny and HWB need to operate strategically and understand how they can exert influence across the whole health and care system – including within the cabinet.

1.6 Absence of key partners at HWB, in particular NHSE reps doesn't help with accountability.

2. What needs to improve?

2.1 Leadership is crucial and all leaders across the system need to develop skills in developing common goals, managing conflict, collaborative (rather than directive) leaders.
2.2 Councillors need to take responsibility to ensure the key local experiences are not being missed.
2.3 Improving and maturing relationships to offer and withstand challenge.
2.4 Developing a shared system-wide culture to underpin shared strategies – 'culture eats strategy for breakfast'.
2.5 Further clarity about respective roles and contribution of Cabinet, CCG boards, HWBs, health scrutiny and Healthwatch in order to add value and avoid duplication.
2.6 Greater transparency and communication within local health and care systems and outwards to partners, stakeholders and the public is needed – preferably a joint communication strategy.
2.7 Aligning scrutiny priorities with priorities in the HWB Joint Health and Wellbeing Strategy to test what progress is being made in term of tangible changes for the population and any really 'hot' issues.
2.8 HWBs, ASC leads and health scrutiny need to have a better understanding of the value and impact of scrutiny – what recommendations have been accepted and acted on. How do you measure improvement and who is responsible for doing so?
2.9 Make time for informal opportunities for health scrutiny and HWBs to meet and understand culture and role. Most importantly, to understand that there is a shared ambition to improve health and wellbeing – with each having a role to play.

3. Possible support from CfPS and/or LGA

3.1 More good practice examples of HWB and health scrutiny arrangements with clear evidence of impact and an outcome focus.
3.2 More focus on regional networking bringing together HWBs and health scrutiny, especially in relation to skills development and good practice.
3.3 Identifying 'what good looks like' in terms of roles and responsibilities of health scrutiny and HWB and of officers and members
3.4 Something on the 'methods' / models scrutiny can use to build up confidence and ambition. Equipping scrutiny and HWBs for the right questions to asked at the right time.
3.5 Map what is happening in terms of HWB action and what outcomes are expected
3.6 Consideration of how other partners can be involved, including providers, CVS and Healthwatch
3.7 Good practice on communications – especially social media and online resources
3.8 Development of clear principles/characteristics for HWBs and OSCs – local or national.

ITEM C

NOTES OF THE CHILDREN AND YOUNG PEOPLE AND COMMUNITY WELLBEING BOARDS LEAD MEMBERS JOINT MEETING ON THURSDAY 8 JANUARY 2015 AT 2.00 PM, SMITH SQUARE ROOMS 3 &4, LOCAL GOVERNMENT HOUSE.

Present:

Lead Members from Children and Young People Board:

Councillor David Simmonds (Chair)

Councillor Nick Forbes

Councillor Liz Green

Councillor Helen Powell

Observers: Councillors Tony Hall and Jane Scott, OBE

Lead Members from Community Wellbeing Board:

Councillor Katie Hall

Councillor Gillian Ford

Teleconference: Councillor Linda Thomas

Apologies for absence were received from Councillor Izzi Seccombe (Chair, Community Wellbeing Board) and Councillor Liz Mallinson.

Also in attendance: Sally Burlington, Helen Johnston, Helen Kay, Samantha Ramanah and other officers from the LGA.

1. Transfer of Public Health Commissioning for 0-5 year olds

1.1 The report provided an update on the transfer of responsibilities for the commissioning of public health responsibilities for 0-5 year olds from NHS England to local government on 1 October 2015. There was currently a “light-touch” assurance process.

1.2 Decision- the Joint meeting agreed the report and the direction of travel. They noted that this was a challenging situation for local authorities particularly in relation to asylum seekers but they suggested developing and modifying numbers in future. They recognised that funding would move towards a formula based on need based over time.

2. Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health

2.1 The report provided an update on the national work on Child and Adolescent Mental Health Services (CAMHS) and the LGA’s work on adult mental health.

2.2 In the introduction to this item, Sally referred to the Task and Finish Group, led by DH and NHS England, attended by Councillors Izzi Seccombe, Gillian Ford and herself.

2.3 The Joint meeting considered that more work needs to be done to work ever closer with schools and that clear monitoring by the CQC was needed. Currently four weeks for CAMHS was the target but this was considered not acceptable.

Decision: The Joint meeting agreed the report and in particular wanted the following to be considered:

- Surveys and experiences shared were a good idea to improve data available but should reflect the geography of the responsible body; i.e. CCG rather than local authorities.
- There should be an emphasis on early intervention for self-harm/suicide, especially provision in schools.
- Consider using safeguarding as a model for showing local accountability e.g. designated teachers and governors.
- Commissioning responsibility shouldn't be split as now, and could be brought together with Health and Wellbeing Boards.

Consider:

- Access for vulnerable groups including armed forces and asylum seeker children.
- Improving referral routes to CAMHS for school, more training for teachers, monitoring of waiting time, clear view of what "good" looks like, improved community-based provision (i.e. out of hospital), dropping CAMHS as a title, improved understanding of the support that LA professionals can offer, raising public awareness of the issue, greater transparency of quality of CAMHS service.

3. People with learning disabilities and complex needs

3.1 The report set out a proposal for an initial programme of work to gain a better understanding of the cost pressures on adult social care for those adults with learning disabilities. In particular it was noted that this covered a large part of the social care budget and it was clear that this group had complex needs which needed to be taken into consideration.

3.2 It was suggested that a scoping study would take place for people with learning difficulties and autism to understand better their experiences, outcomes and transition. It was noted that an extra-plus model took place in Newcastle upon Tyne MDC and that this holistic and joined-up model could be a useful template to be used by other local authorities. In particular it allowed for the NHS and local authorities to work together and pool their respective budgets. In addition, the Winterbourne View issues needed to be considered including that of "out of borough" implications.

Decision: The Joint meeting agreed the report and the scoping study.

4. Summary

4.1 It was agreed that these Joint meetings should occur on other occasions, preferably following the Children and Young People Board.

Update on other Board business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- Winter Pressures
- LGA Ageing Task and Finish Group
- Housing for Vulnerable Adults (Integrated Approaches) Task and Finish Group
- Female Genital Mutilation
- Update on Child and Adolescent Mental Health Services
- Taking forward work on mental health
- Dementia
- Joint LGA and Centre for Public Scrutiny inquiry on the role of scrutiny in local integration plans
- Joint LGA and Local Government e-learning tool for councillors on health and social care complaints

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 Board in November; and

2. **Note** the updates contained in the report.

Action

As directed by members.

Contact officer:	Sally Burlington
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Phone no:	020 7664 3099
E-mail:	Sally.Burlington@local.gov.uk

Update on other Board business

Winter Pressures

1. The LGA are contributing to a joint approach with NHS England and the Department of Health through the " Helping People Home Team" to help support those local health and social care systems who appear to have higher levels of delayed transfers of care and bed days lost to delays than other areas. Typically, the cause of any delays are rarely due to any one organisation and are usually more to do with how effective the clinical and managerial leadership of the local system is, the configuration of local services and the different health and care needs of the local population. It is clear that local authorities have more than played their part in tackling the cause of delays through purchasing extra domiciliary care and residential and nursing home beds and through the provision of 24/7 social work teams in acute hospitals. Whilst some of this will have been funded by the extra funds from DCLG and DH, it is clear that councils have also dug into existing budgets to support the NHS at a time when they are finding it difficult to deliver a balanced budget for their wider responsibilities. This will be a major challenge in 2015/16 and 2016/17 for local authorities unless there is recognition of this extra spend in the financial settlement, over and above the recent BCF agreements.

2. Recent analysis has shown that there is not a direct correlation between pressures in A&E and the numbers of delayed transfers of care. The flow of patients through hospitals is affected by many contributory factors – clinical leadership, 24/7 services such as transport and pharmacy, availability of community healthcare facilities, delay in continuing health care assessment and funding and patient choice in deciding on their future care options. Where local systems are working well together at a senior level, sharing information and staff and communicating effectively with local people, there is evidence that the demand on the local system can be managed and timely and appropriate discharges can be safely delivered.

LGA Ageing Task and Finish Group

3. The fourth and final Task and Finish Group on Ageing (chaired by Councillor Izzi Seccombe) took place on the 10 February. This meeting, which was attended by over 20 representatives from the National Forum on ageing, was extremely productive. There was considerable consensus concerning the core themes and messages to emerge from the work of the group. The meetings have explored a wide range of issues, all of which are of real strategic importance to local government, including: supporting older people to live healthier, more fulfilling lives; councils' strategic place-shaping role; and the opportunities for local government to deliver an enabling, community and asset based approach to an ageing population. Other core inputs for the work have now been completed, including: a literature review; national call for evidence; and consultation work with older people across the country. The task now is to finalise the report from the group, a process which will include full consultation with members of the Community Wellbeing Board. The final report, which will be published in June 2015, will set out a series of clear

policy proposals. These will both inform the LGA's future work and campaigns in this area, and be put forward to an incoming government for its consideration.

Housing for Vulnerable Adults (Integrated Approaches) Task and Finish Group.

4. The first meeting of the Task and Finish group on housing for vulnerable adults (chaired by Councillor Linda Thomas) was held on the 22 January. The second meeting of the group will be held in March. The Task and Finish Group is exploring the critical role of housing in integrated health, care and support. The group's remit is to review the challenges which local authorities and their partners are facing in this area, and to identify any possible solutions, alongside our potential role, at the LGA, in supporting local authorities in this area. A number of key inputs into this work have already been completed. Four regional seminars have been held, which brought together senior staff from local authorities and health in order to review examples of integrated approaches from their region. The seminars also explored what was currently working well locally, where challenges remained and how these might be overcome. The work was supported by an informal advisory group, comprising key experts in the field of housing, care and support. The aim of the Task and Finish Group is to identify the LGA's main concerns, priorities and findings, and to set out a potential future work programme for the LGA in this area. The results of this work will be presented for consideration to the next Community Wellbeing Board meeting. A good practice report, bringing together the key themes and examples of practice from the regional seminars will be produced by the end of March 2015.

Female Genital Mutilation

5. The LGA has continued to lobby for an amendment to the Serious Crime Bill which would make it an offence to encourage or promote female genital mutilation (FGM). Cllr Brett met Baroness Williams of Trafford, a Whip in the House of Lords, to discuss the amendment and the reasons for it. The main concern raised by Ministry of Justice officials was having enough evidence to justify an offence that would limit the right to free speech.

6. The LGA passed further evidence to the Ministry of Justice of how FGM was being promoted and encouraged in the UK. The need for the amendment was also raised with MPs ahead of the Bill starting its passage through the Commons. As a result the Labour Home Affairs team tabled an amendment on behalf of the LGA. They also tabled an amendment of their own which would allow the police to issue warning notices to those deemed to be promoting FGM. Both amendments were debated in January. In resisting the LGA's amendment Ministers said they still had serious concerns about the necessity and proportionality of the offence being proposed. The Government has however indicated they will be discussing both amendments with the Opposition before the Bill reaches its Report Stage in the Commons later this month.

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7. The Government held a cross-departmental summit on 6 February to mark the International Day of Zero Tolerance for FGM. The event was attended by a range of organisations involved in tackling FGM, and the LGA was invited to participate. Those attending heard from ministers from the Department of Health, the Home Office, Department of Communities and Local Government and the Wales Office, along with the Solicitor General, the Director of Public Prosecutions and representatives from the Department of Education and the Association of Chief Police Officers.

8. A number of new measures were announced to mark the International Day including further funding for prevention work, a new national system allowing clinicians to note the risk of FGM on a child's health record and the extension of the mandatory requirement to record patients with FGM to GPs and mental health trusts.

Update on Child and Adolescent Mental Health Services

9. On 10 February 2015 the Government responded to the Health Committee's report into Children's and adolescents' mental health and Child and Adolescent Mental Health Services (CAMHS) which was published on 5 November 2014. The LGA submitted a written submission to the Health Committee. Our submission included the following key concerns:

- A lack of investment in CAMHS
- Poor quality and out of date data
- Lack of accessibility to specialist services and long waiting times.
- Poorly planned transitions.
- Serious concerns about the quality in safeguarding and admissions practice.

10. The Government accepted many of the Health Committee's recommendations and stated that improving child and adolescent mental health is a key priority for the Government. Its key responses to the Health Committee's report included

10.1 Setting up a Taskforce to bring together experts on children and young people's mental health services from across education, social care and health sectors to considering how we can provide more joined up, accessible services built around the needs of children, young people and their families. The Taskforce is due to publish its report with recommendations to Ministers in March.

10.2 Announcing that NHS England has funded eight pilots into collaborative, joint commissioning arrangements for children and young people's mental health.

10.3 As part of the Autumn Statement announcement, the Government announced additional investment of £30 million a year over the next five years in England, to improve services for young people with mental health problems. This will place particular emphasis on eating disorders and other issues such as self-harm.

10.4 The Government is expanding and updating a prevalence survey and anticipates publication of the findings in 2017.

11. We welcome the strong focus and prioritisation of child and adolescent mental health issues and we urge the future Government to prioritise and build upon this work to deliver improvements as quickly as possible. Whilst the plans to commission a national prevalence survey of child and adolescent mental health is a positive step forward, the anticipated publication of the findings in 2017 does not satisfy the urgent need for better quality data.

12. Public mental health is now the responsibility of local authorities and Health and Wellbeing Boards have a key leadership role to play in bringing together all partners to create a shared vision for child and adolescent mental health services. The LGA is keen to work with partners to identify and facilitate development of locally led actions which could be progressed now by the sector(s) to keep the momentum going.

Taking forward work on Adult Mental Health

13. At the last CWB Board meeting, members agreed a programme of work on mental health. Work in this area is progressing well. The joint research project on the mental health crisis concordat, carried out with ADASS, has been completed and a seminar is being held on 24 March to disseminate key messages from this to local authorities and their partners. One of the areas that the research explored was the role of Safeguarding Boards in respect of the mental health crisis concordat. To support Boards, we have produced a practice note and checklist for Safeguarding Adults Boards Scrutiny of Local Implementation the Mental Health Crisis Concordat. We are aiming to publish this practice note and checklist on the LGA and ADASS websites on 24 March.

14. The last meeting the Board agreed to further work to review the development of a self-assessment framework for local authorities and their partners in respect of delivering quality services and supports for people experiencing mental health problems. A successful meeting was held on 26 February with key partners to discuss the content of this framework. This provided a useful steer and proposed content for the development of the framework, which we are aiming to complete by the end of March, so that this can be tested out in Spring 2015. Work is also underway to review the wider strategic role of local authorities in respect of mental health, with a round table discussion being held on the 5 March here at the LGA.

Dementia

15 The government published its dementia vision on Saturday 21st February, “The Prime Minister’s Challenge on Dementia 2020”. The LGA has been working closely with DH officials to influence the development of this vision. This document sets out the government’s key aspirations for Dementia by 2020. This includes:

15.1 Improved public awareness and understanding of the factors, which increase the risk of developing dementia and how people can reduce their risk by living more healthily.

15.2 In every part of the country people with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be 6 weeks following a referral from a GP

(where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia.

15.3 Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards.

15.4 This care may include for example:

- receiving information on what post-diagnosis services are available locally and how these can be accessed, through for example an annual 'information prescription'.

- access to relevant advice and support to help and advise on what happens after a diagnosis and the support available through the journey.

- carers of people with dementia being made aware of and offered the opportunity for respite, education, training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring.

15.5 All hospitals and care homes meeting agreed criteria to becoming a dementia friendly health and care setting.

15.6 Alzheimer's Society delivering an additional 3 million Dementia Friends in England;

15.7 National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

15.8 An international dementia institute established in England.

15.9 Cures or disease modifying therapies on track to exist by 2025, their development accelerated by an international framework for dementia research, enabling closer collaboration and cooperation between researchers on the use of research resources – including cohorts and databases around the world.

15.10 More research made readily available to inform effective service models and the development of an effective pathway to enable interventions to be implemented across the health and care sectors.

15.11 Increased numbers of people with dementia participating in research, with 25 per cent of people diagnosed with dementia registered on Join Dementia Research and 10 per cent participating in research, up from the current baseline of 4.5 per cent.

Joint LGA and Centre for Public Scrutiny inquiry on the role of scrutiny in local integration plans

16. The LGA has commissioned the Centre for Public Scrutiny to conduct an inquiry into the role of scrutiny in local integration plans. The LGA and CfPS support the effective development of plans for integration and personalisation, including Better Care Fund plans by helping health and wellbeing boards and council scrutiny to build relationships and by encouraging council scrutiny to ask the right questions about local approaches to integration of services. The objectives of the project are to:

    16.1 Demonstrate the role and contribution of council scrutiny in assessing local approaches to integration of healthcare and social care services;
    16.2 Use council scrutiny to identify opportunities and barriers to integration (through planning, delivery and assessment of outcomes) and suggest how integration could be improved locally;
    16.3 Share learning with council scrutiny and health and wellbeing boards to promote the proactive role of scrutiny;
    16.4 Road test and refine shared tools for discussing the service impact of integration and proposal for service redesign.

17. The project involves three in-depth inquiry days in Devon, Wiltshire and South Tyneside to:

    17.1 Co-design an approach to council scrutiny of integration of healthcare and social care services;
    17.2 Develop questions that council scrutiny can ask; identify the reasons for the questions and the kinds of evidence council scrutiny can expect to hear; suggest recommendations that council scrutiny can make;
    17.3 Provide expert adviser support to development areas to hold inquiry days to test and adapt the approach;
    17.4 Produce a final report summarising the methodology, results, case studies and key messages on how to improve the relationship between the HWB and the council scrutiny function. It will be published in March 2015;

Joint LGA and Local Government e-learning tool for councillors on health and social care complaints

18. Arising from a fringe session at the LGA Annual Conference in 2014, the LGA and LGO are working together to develop an e-learning module for councillors on their role in complaints about adult social care and health services. The module will have two main purposes: to support councillors to better understand the complaints system for adult social care and health so that they can help residents and citizens navigate their way through the system; and to understand how complaints data can be used to drive service improvements in health and social care. This module will be helpful to councillors in their frontline role in working with people wishing to make complaints, members of health overview and scrutiny committees, cabinets members for health and adult social care and members of HWBs in making best use of complaints data to identify trends in quality and safety, and to drive improvements.

19. The module will be available first as a downloadable workbook and later as an interactive e-learning module on the LGA website.

Local Government Association

LGA location map

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Public transport

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

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**

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

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