

Community Wellbeing Board

Agenda

Wednesday, 21 February 2018
11.00 am

Westminster Room, 8th Floor, 18 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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LGA Community Wellbeing Board

21 February 2018

There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 21 February 2018** Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available after the meeting.

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

Location:

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

LGA Contact:

Felicity Harris
0207 664 3231 / felicity.harris@local.gov.uk

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LGA Community Wellbeing Board – Membership 2017/2018

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

LGA Community Wellbeing Board - Attendance 2017-2018

Councillors	28/9/17	29/11/17
Conservative		
Izzi Seccombe OBE	Yes	No
Nigel Ashton	Yes	Yes
Gareth Barnard	Yes	Yes
Liz Fairhurst	No	Yes
Liz Mallinson	No	Yes
Sue Woolley	Yes	No
Jonathen Owen	No	Yes
Graham Gibbens	Yes	Yes
Labour		
Linda Thomas	Yes	Yes
Jonathan McShane	No	Yes
Lynn Travis	No	Yes
Shabir Pandor	Yes	Yes
Paulette Hamilton	Yes	Yes
Jackie Meldrum	Yes	Yes
Rachel Eden	Yes	Yes
Lib Dem		
Richard Kemp CBE	Yes	Yes
Doreen Huddart	Yes	Yes
Independent		
Mayor Kate Allsop	Yes	Yes
Claire Wright	Yes	Yes
Substitutes/Observer		
Olivia Sanders	Yes	
Rob Moss		Yes

Agenda

Community Wellbeing Board

Wednesday 21 February 2018

11.00 am

Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

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Date of Next Meeting: Wednesday, 9 May 2018, 11.00 am, Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ



The Independent Review of the Mental Health Act

Purpose

The report is for background to a visit from members of the Independent Review of the Mental Health Act team to the LGA Community Wellbeing Board Members' meeting on 21 February 2018. The review team members are:

1. Mark Trewin, Service Manager – Mental Health, Bradford Council. NHS England Mental Health Social Care Advisor.
2. Andy Bell, Deputy Chief Executive, Centre for Mental Health.

Summary

The Government has announced an independent review of the Mental Health Act, and associated mental health legislation, which could affect working practices, service delivery and protocols within social care and local authorities. This paper provides background to the review and suggested areas of discussion.

Recommendation

That the Community Wellbeing Board members note the report.

Actions

1. Officers to highlight local government's significant role in delivery of the Mental Health Act and providing good quality mental health care in the community.
2. Officers to ensure local government specific concerns are recognised and addressed by the review.

Contact officer: Kevin Halden
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The Independent Review of the Mental Health Act

Background

1. The Government has said that mental health is a national priority. It has announced an independent review of the Mental Health Act, and associated mental health legislation, which could affect working practices, service delivery and protocols within social care and local authorities.
2. The Independent Review is chaired by Professor Sir Simon Wessely, Regius Professor of Psychiatry at Kings College London, and President of the Royal Society of London.

Purpose of the review

3. The review has been set up to look at how the legislation in the Mental Health Act 1983 is used and how practice can improve. The purpose of the review is to understand the reasons for:
 - 3.1. The rising rates of detention under the Act.
 - 3.2. The disproportionate number of people from black and minority ethnic groups detained under the Act.
 - 3.3. Processes that are out of step with a modern mental health care system.
4. Concerns include, but are not limited to, the following;
 - 4.1. The balance of safeguards available to patients, such as tribunals, second opinions, and requirements for consent.
 - 4.2. The ability of the detained person to determine which family or carers have a say in their care, and of families to find appropriate information about their loved one.
 - 4.3. That detention may in some cases be used to detain rather than treat.
 - 4.4. Questions about the effectiveness of community treatment orders, and the difficulties in getting discharged.
 - 4.5. The time required to take decisions and arrange transfers for patients subject to criminal proceedings.

How the review will operate

5. The review will seek the views of service users, carers, relevant professionals, and affected organisations in producing recommendations. It will produce a report with recommendations for change in autumn 2018.

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6. The review team have established an Advisory Panel that includes: Clare Barcham from the ADASS MH Policy Network, but no representative from the LGA. LGA officers have met with the Lead Officer for the review.
7. Other groups have also been established to feed into the review, these include:
 - 7.1. Service user and carer group: to ensure the voices of those with lived experience of the Mental Health Act are heard during the review process.
 - 7.2. Evidence and analysis group: to provide expert analytical advice to the chair, as well as the advisory panel.
 - 7.3. Working group: to deliver the direction set by the review's leadership and advisory panel, informing the thinking at the heart of the review and ultimately supporting the development of its recommendations.
8. The first phase of work, to spring 2018, will identify the review's priorities. These will then be set out in an interim report. The focus will be on the following sources of evidence:
 - 8.1. Engagement with service users and carers, through a survey and focus groups.
 - 8.2. Engagement with professionals and advocacy organisations, through meetings, workshops and governance groups.
 - 8.3. A call for evidence – the LGA have submitted a number of key publications to the review including Being Mindful, the MH Crisis Concordat research, and Making Safeguarding Personal.
 - 8.4. Commissioning bespoke analysis, including academic literature reviews and data analysis.
9. Full terms of reference of the Independent Review of the Mental Health Act can be found [here](#).

Suggested points of discussion

10. There is an opportunity to influence the Review's priorities and ensure that it properly reflects the role of local government in mental health care.
 - 10.1. **Funding:**
 - 10.1.1. Whilst the NHS has seen increased spending on mental health of £11.4 billion since 2010, with a further £1 billion promised by 2020/21, the social work element of mental health has seen no such investment. Furthermore, despite increased investment of £1.4 billion in children's mental health services when compared with adult mental health spend (in 2012/13 this equated to 6 per cent of the total mental health budget spent on CAMHS)¹.

¹ Reference <http://epi.org.uk/wp-content/uploads/2016/11/time-to-deliver-web.pdf>

10.2. Section 117 after care costs:

- 10.2.1. The lead officer of the review has reported that Section 117 aftercare costs are emerging as an early issue. Under Section 117 a person is entitled to free aftercare if they have been detained for treatment under section 3 of the Mental Health Act. Local authorities and Clinical Commissioning Groups (CCGs) are responsible for providing section 117 aftercare. Sometimes there are disputes between the CCG and the local authority about who is responsible for S117 aftercare services. There appear to be no available figures on how much Section 117 costs local authorities in total.

10.3. Scope of the review: how will the review address the Mental Capacity Act and the Deprivation of Liberty Standards (DoLS)?

- 10.3.1. Following a Supreme Court judgement in 2014, there was an increase of nearly 70 per cent in completed DoLS assessments from councils between 2014/15 and 2015/16, and a 380 per cent increase between 2013/14 and 2014/15.
- 10.3.2. A Law Commission impact assessment² concluded that on-going and unfunded costs to local authorities of authorisations under DoLS were around £172 million per year.
- 10.3.3. It is important that reforming DoLS is part of any new Mental Health Bill to simplify the current complex legislation, address the financial burden that DoLS places on councils and better protect the rights of people receiving care and support.

10.4. Scope of the review: Prevention

- 10.4.1. The review is looking at the use of the Mental Health Act so prevention may be beyond its scope. Though it's worth noting that councils support and influence mental health and wellbeing in a myriad of ways. We need to move away from just focusing on mental illness to helping everyone stay mentally well. This means overhauling our attitudes and approach to mental health and mental health services, increasing investment in prevention, early intervention and life-time support and building resilience.

10.5. Scope of the review: How will the review address children and young people's mental health and link to the children's MH review and wider mental health reforms:

- 10.5.1. The Care Quality Commission (CQC) have recently completed phase one of its review of Children and Young People's Mental Health services. The report confirms many of the issues raised in the Five Year Forward View for Mental Health published in 2016 and in particular, comments on the difficulties children

² http://www.lawcom.gov.uk/app/uploads/2015/08/cp222_mental_capacity_impact_assessment.pdf

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and young people face in accessing appropriate support for their mental health concerns from a system that is fragmented and where services vary in quality.

- 10.5.2. During phase two of the thematic review, the CQC will undertake fieldwork to identify what helps local services to achieve, or hinders them from achieving, improvements in the quality of mental health services for children and young people, as set out in the NHS's Five Year Forward View for Mental Health.
- 10.5.3. The recently published green paper on 'Transforming CYP's mental health provision' makes proposals for the introduction of a new Designated Senior Lead for Mental Health in schools and the creation of new Mental Health Support Teams. New teams and structures could add further complexity to an already fragmented system and complex commissioning landscape. Further clarity is needed about the role of local government in the reforms and the relationship between these new teams, schools, local authorities and existing CAMHS. In addition, it is important that the new reforms do not undermine the ongoing work to design and deliver Local Transformation Plans which is attached to the additional £1.4 billion investment for CAMHS.
- 10.5.4. The LGA has recently published [Bright Futures](#), that calls for adequate and sustainable funding for Children's and Young People's mental health services, improving standards and having a focus on prevention.

Local government engagement in the review

11. The LGA has met with the Review Policy Lead and outlined key issues for councils. We have provided a number of publications to the review in their call for evidence. We can help communicate the review to councils and support local government involvement, including working with ADASS.

Implications for Wales

12. The review is commissioned by and will report to the UK Government. Recommendations will extend to England in relation to matters that are devolved in Wales (including health), and England and Wales in relation to non-devolved matters (including justice).
13. The review should engage with the Welsh Government and stakeholders in Wales, where appropriate, to consider interfaces with Welsh legislation and practice.
14. The Mental Health Act applies to both England and Wales. However, since the Government of Wales Act, the Welsh Assembly has been able to pass its own laws and make changes to England and Wales laws as they apply in Wales.

Financial implications

15. The outcomes of the Review may present new burdens or financial implications for councils.



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Future of health and social care

Purpose

For discussion.

Summary

This report outlines the purpose of the discussion on the future of health and social care. It is to consider and develop the LGA messages on the future of health and social care, in particular out views on two distinct but interrelated policy questions: the forthcoming Green Paper on adult social care for older people; and to review and refresh our views on the future of health and care integration.

Recommendations

That the Community Wellbeing Board Members:

1. Consider the issues raised by the speakers and discusses the key questions set out below; and
2. Discusses and begins to develop some high level Board policy messages/positions on the future of health and care, in particular messages on the forthcoming Green Paper and on the future of health and care integration.

Action

Officers to proceed as directed.

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Position: Senior Adviser
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Future of health and social care

Background

1. This paper provides the context for a general Board discussion on three distinct but related issues and initiatives under the broad banner of ‘the future of health and social care’:
 - 1.1. The forthcoming green paper for social care for older people;
 - 1.2. The future of health and social care integration; and
 - 1.3. The Institute of Public Policy Research inquiry into the future of health and care.
2. The paper also proposes some key questions to assist the Board developing clear views on the future of health and care.

Issues

Green paper on social care for older people

3. Board members will be aware that the Department of Health has been renamed the Department of Health and Social Care (DHSC) and Caroline Dinenage MP has been appointed the Minister of State for Care. Following these changes, the responsibility for the forthcoming Adult Social Care Green Paper will be led by the DHSC.
4. The Government has restated its commitment to publishing a Green Paper on the future of care for older people by summer recess of 2018. Tom Kibasi (Director of the IPPR), an ‘independent expert’ advising the Government on the Green Paper (of which there are 12), David Pearson, and Julie Das-Thompson (Head of Policy and Delivery, NHS Clinical Commissioners) will each give their views on the key issues and challenges facing health and social care and Caroline Abrahams (Charity Director, Age UK) has been invited. This is an important opportunity for Board members to give their views to the Minister on what the forthcoming Green Paper should address.

The future of health and social care integration

5. In 2016, the LGA, NHS Confederation, NHS Clinical Commissioners and the Association of Directors of Adult Social Services published a shared vision for integrated care – *Stepping up to the place: the key to successful integration*. We followed up this document with an integration self-assessment toolkit, which has formed the basis of a number of the Care and Health Improvement Programme support offers on integration, leadership development and systems-wide effectiveness. It has also been influential in shaping support offers for Sustainability and Transformation Partnerships, Better Care Fund graduation and wider policy on integration.

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6. Since publishing our shared vision, there have been changes to the health and care policy landscape that has had an impact on integration – both positive and negative. It is timely, therefore, to revisit our vision and policy messages on integration to:
 - 6.1. Assess whether our shared vision is still fit for purpose.
 - 6.2. Consider whether the key components are right.
 - 6.3. Consider the positive progress that has been made since 2016.
 - 6.4. Identify any developments that have undermined integration.
 - 6.5. Make new recommendations on national and local action, behaviours and values necessary to make significant progress on integration.
7. We have an ‘in principle’ commitment from all of the partners in *Stepping up to the plate* and from NHS Providers to work with us on the refreshed vision, to be published in summer 2018 in order to influence the Green Paper on social care for older people, and Government and NHS England policy on integration. We are, therefore, seeking the views of the Board on their key messages on the future of health and social care integration.

IPPR inquiry on the future of health and social care

8. The Lead Members of the Community Wellbeing Board have given their approval to support an Institute for Public Policy Research review of the Future of Health and Care, chaired by Lord Ara Darzi. The review will address the following questions:
 - 8.1. What is the vision for the health and care system in 2030?
 - 8.2. What is the state of quality, access and cost of care in the NHS and care system today?
 - 8.3. How do we close the gap between research and practice and implement the life sciences industrial strategy?
 - 8.4. What are the current and future funding requirements of the health and care system?
 - 8.5. What are the future funding options for the health and care system?
 - 8.6. What changes to care models should be undertaken post Five Year Forward View?
 - 8.7. What reform to the system is needed to enable this?
9. The Lead Members consider that this review is an important opportunity to influence national policy on the future of health and social care, in particular the Green Paper on

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social care for older people and on the future of integration. Tom Kibasi, Director of the Institute of Public Policy Research, will summarise the progress and interim findings so far. He is also keen for the Board to feed in their views to the Review to ensure that there is a clear and strong voice for local government.

10. Mark Lloyd, the LGA Chief Executive, is a member of the advisory panel and alongside Joanne Roney, Chief Executive of Manchester City Council represent local government.

Key questions common to all three policy areas

11. The presentation will cover the three distinct but related issues outlined in the introduction to this report. Though each will focus on a slightly different aspect of the future of health and social care, common to all of them are the following questions:
- 11.1. What is the vision for the health and care system in 2030 and beyond?
 - 11.2. What reforms are required to achieve the vision?
 - 11.3. What principles/values should underpin health and social care reform?
 - 11.4. What is the role of local government in a reformed health and social care system?
 - 11.5. What are the key opportunities and threats to the health and social care system?
 - 11.6. How should care and support be paid for in the future, including whether/how individuals should contribute to the costs of their care?
 - 11.7. How can we build political and public consensus on the reforms we believe are needed?
12. Members of the Board are requested to share their views on these key questions, which are fundamental to the future of health and social care. These views will drive the LGA's developing policy positions and messaging in this area, which will be agreed by Board Lead Members.

Implications for Wales

13. Health and social care policy are devolved to the Welsh Assembly so this paper and the proposals are not relevant to Welsh member councils.

Financial Implications

14. There are no financial implications for the LGA. The additional support offered through the CHIP programme is funded by re-prioritising within existing budgets.



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Next steps

15. The Board is requested to:

- 15.1. consider the issues raised by the speakers and discusses the key questions set out below; and
- 15.2. discuss and begin to develop some high level Board policy messages/positions on the future of health and care, in particular messages on the forthcoming Green Paper and on the future of health and care integration.



Children and Young People's mental health services (CAMHS)

Purpose of report

For discussion.

Summary

This paper is designed to facilitate a discussion to prepare for our submission to the Green Paper on children's mental health and will provide material for the CYP mental health campaign we are launching in 2018 in response to the series of recent reports detailing the slow progress of the CAMHS reforms. Previous discussions with CYP and CWB Office Holders indicated that the LGA wants a dramatic shift in how we approach the prevention and treatment of mental health issues in children and young people. This paper was presented to the CYP Board on 10 January and includes comments from CYP members. The paper was presented to CWB Office Holders on 16 January for their initial comment, and is presented to CWB Board members on 21 February 2018. The full LGA submission will be sent to Office Holders of both Boards for their sign off.

Recommendation

That Community Wellbeing Board Members discuss the Green Paper proposals as set out in paragraphs 6-9, in order to inform the LGA's proposed response as outlined in paragraphs 10-19, which take into account feedback from CYP Board members and CWB Office Holders.

Action

Officers to take forward work in line with members' steer.

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Children and Young People's mental health services (CAMHS)

Background

1. In 2015 the Government committed £1.4 billion in additional investment for Child and Adolescent Mental Health Services (CAMHS) over a five year period. In January 2017 the Prime Minister Theresa May announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities.
2. In 2017 Office Holders of the Children and Young People (CYP) Board and Community Wellbeing Board (CWB) agreed that the LGA would run a campaign on Children and Young People's mental health, given the level of concerns supported by internal and external research and policy reports.
3. A number of reports, including the Care Quality Commission (CQC) review (17 October 2017) highlight that the crisis remains in this service despite two years of reforms. Analysis of transformation plans indicate that not all the money is getting through to front line service provision and in some areas it is being used to offset other budget reductions. This, coupled with historical underinvestment as well as the reported increase in demand for NHS CAMHS services has led to the current crisis. The profile of the new funding stubbornly remains at the specialist/acute end. Yet even in this domain clinical pathways and actual provision for the most in need children remain patchy and unsafe.
4. The problems identified in recent reports are fairly clear and thematic:
 - 4.1. A historical underspend on children's mental health when compared with adult mental health (6.7 per cent of mental health spending is on CAMHS). This is despite clear evidence that most serious mental health conditions begin in adolescence. Issues within the system will only be partially remedied by the current new investment.
 - 4.2. A clear acceptance by all that prevention and early intervention and support for children's wider well-being is the key to improving outcomes as well as to reducing demand, yet the funding profile remains stubbornly at the specialist/acute end.
 - 4.3. A very complex fragmented system with many organisations involved, this is coupled with years of under investment, budget reductions and increased demand.
 - 4.4. Most children and young people are turned away as not meeting thresholds despite having needs.
 - 4.5. Unacceptable waiting times for young people to receive treatment.

- 4.6. A high attrition rate, some of which is created by children and young people not wanting to enter a service they find stigmatising, unfriendly and/or in an unfamiliar setting.
- 4.7. A shortfall in inpatient beds for the most vulnerable.

The CYP Mental Health Green Paper

- 5. Transforming children and young people's mental health provision: a green paper <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>. The consultation, which applies to England and Wales, was published by the Department of Health and the Department for Education on 4 December 2017. The consultation deadline is 2 March 2018.

Summary of proposals

- 6. The Green Paper affirms the current work programme to implement "Future in Mind". A further £300 million has been announced primarily to strength the links between School and the NHS. The money it seems will go to the NHS.
- 7. The new proposals include:
 - 7.1. Every school and college will be encouraged to appoint a designated lead for mental health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting. There will be a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health.
 - 7.2. Funding for mental health workforce of community-based mental health support teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. The Designated Senior Leads for Mental Health in schools will work closely with the new Support Teams.
 - 7.3. A new four-week waiting time for NHS children and young people's mental health services to be piloted in some areas. This builds on the expansion of specialist NHS services already underway. The reduced waiting time will be achieved for a fifth to a quarter of the country by 2022/23.
- 8. For SEND children there will be further work and proposals taking into account Dame Lenehan's review of children in residential and special schools in spring 2018. There will be a national leadership board for children and young people with high needs.

9. For 16-25 year olds, there will be a new national strategic partnership with key stakeholders focused on improving the mental health of 16-25 year olds by encouraging more coordinated action, experimentation and robust evaluation.

Proposed LGA response

10. The key themes for a proposed LGA response to the Green Paper are set out below for Members to discuss. This is based on previous discussions with Officer Holders, the Boards and at the Roundtable.
11. Our response will include our existing lines which includes calls for greater transparency and accountability for new funding, reducing waiting times, root and branch reform, additional investment, school based counselling available in every secondary school. Our proposed response includes the following points, we would welcome member's views on them.
12. We welcome the additional investment and focus on schools/earlier intervention in the Green Paper. We particularly welcome the focus on a whole school approach with designated leads as well a commitment that the new (S)RE curriculum will include teaching every child about mental health This is in keeping with our calls in this and related areas.
13. As part of the call for a whole school approach we will advocate that part of the new investment is used to fund an independent counselling service in every secondary school in England. That this should be done directly via the Designated Schools Grant (DSG) thus avoiding the concerns of money getting possibly 'lost' in the wider pressures within the NHS. The LGA undertook a review of the costings of an independent school counselling service and agree with the best estimate in the sector that that it would cost in the range of £90 million to have an independent school counselling services in every secondary school in England. This we estimate is 5.3 per cent of all the new money promised.
14. We remain concern that the additional investment will at best give a partial response (less than half of children will be able to access CAMHS even with the additional investment according to the NHS) with no clear strategy of how the remaining gaps will be funded, given the reduction in council 's early intervention funding and pressures on school funding.
15. The proposals largely overlook the role local authorities play as key partners with schools and the NHS in designing, commissioning and delivering early intervention, preventative and universal services including mental health services. By ignoring the key role Councils play in improving the wider system for children it may in effect undermine this as well as existing relationships and the wider work local partners are undertaking to develop a local offer for CYP mental health services through Local Transformation Plans.
16. More clarity is needed on the new support teams and their relationships with existing CAMHs and local transformation plans. The development of new teams and national boards for different cohorts of children risks introducing further complexity, as often children with complex needs can cut across many domains of needs.

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17. The proposal that children who are referred will be seen by CAMHS within four weeks is only going to be achieved according to the Green Paper for a fifth to a quarter of the country by 2022/23 with no clarity as to how children in the remaining areas will overcome the obstacle of long waiting times. This proposal will be piloted in a number of areas and a key risk that should be checked as part of the pilots is that it does not have unintended consequences in other parts of the system such as a shorter wait for an assessment but a longer wait for treatment.
18. We are calling for the Government to further increase funding and support to CAHMS services to ensure we have a sustainable well-being and mental health system that can deliver our shared ambition of delivering support for children and families when they ask for it. We want to see the full implementation of 'Future in Mind' recommendations for access and waiting time standards.
19. We are calling for the Government to ensure that there is an urgent increase in pathways for children with complex needs (such as Looked after children (LAC), ADHD, USAC and youth justice young people).
20. This paper was taken to the CYP Board on 10 January, members made the following comments which will officers will incorporate into the submission:
 - 20.1. The extra investment is welcomed, however the money needs to follow schools rather than the NHS.
 - 20.2. Local government must have a role in the new arrangements especially given their duties around looked after children , social care, public health and the place shaping role they play locally.
 - 20.3. Primary schools must be included in the reforms as well as middle schools.
 - 20.4. Existing national work with schools need to be built upon.
 - 20.5. The waiting time standard needs to be more ambitious.
21. This paper was also taken to the CWB Office holders meeting on 19 January, the following comments were made by members and will be incorporated into the submission:
 - 21.1. Members questioned whether the proposals to give schools oversight of mental health would result in a gap in service provision during holiday periods when schools were closed.
 - 21.2. Members discussed that there needs to be more information available for carers and their families.

Implications for Wales

22. We are in discussion with Welsh colleagues about the extent, if any the green paper applies to Wales.

Financial implications

23. This work will be undertaken from within existing LGA budgets.

Next steps

24. Community Wellbeing Board members are asked to comment on the proposals in paragraphs 10-19 and the comments raised by the CYP Board and CWB office holders in paragraphs 20-12.



Update on other Board business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

1. Sleep ins
2. LGA response to the DfE consultation 'Changes to the teaching of Sex and Relationship Education and PHSE'

Recommendation

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

Action

As directed by members.

Contact officer:

Mark Norris

Position:

Principle Policy Adviser

Phone no:

020 7664 3241

Email:

mark.norris@local.gov.uk

Update on other Board business

Sleep-ins

1. Significant confusion has arisen because of the different positions taken by the National Minimum Wage Regulations and Government guidance on sleep-in payments for carers working overnight shifts. This frustrating lack of clarity has caused continuing uncertainty in the provider market and a great deal of anxiety for carers and those who receive care.
2. The LGA supports care workers being paid fairly for the work they do. We have consistently highlighted the likely consequences across the social care system should there be no Government funding to deal with historic, current and future costs from sleep-in payments.
3. We have continued to develop our positive partnership with care providers from the learning disability sector in particular. In January, Cllr Isobel Seccombe signed a joint letter with ADASS and care providers to The Observer, highlighted the need for genuinely new funding to cover historic, current and future sleep-in payment pressures. Building upon a productive meeting in November, we are meeting providers later this month to discuss joint work. A copy of this letter is attached at **Appendix A**.
4. Officers will update Members on Mencap's Court of Appeal case and Government commissioned research on impacts at the Board meeting.

LGA response to the DfE consultation 'Changes to the teaching of Sex and Relationship Education and PSHE'

5. Attached at **Appendix B** is the LGA's response to this consultation, which was submitted on 5 February 2018.

Appendix A

Letter to The Observer, published 28 January 2018

Following a change in guidance from HMRC, the continued absence of new funding to cover historic, current and future sleep-in payments, remains a significant financial risk to social care providers and councils, and is causing continuing uncertainty in the market and widespread anxiety for carers and those who use care services.

We fully support care workers being paid fairly for the work they do and we urge government to fund the cost of sleep-in payments with genuinely new money, to prevent more care providers going out of business, contracts being handed back to councils, care workers losing their jobs and less investment in prevention.

Without this it will put further strain on informal carers and negatively affect those who rely on social care, impacting on people's wellbeing and outcomes and leading to a decreased ability of social care to help mitigate demand pressures on the NHS.

The most conservative overall estimate of back-pay liability is £400 million for the learning disability sector alone, against a background of increasing demand. The LGA estimates that there is a £1.3 billion pressure just to stabilise the adult social care market today.

The extra £2 billion, over three years, for adult social care in the 2017 Spring Budget was not announced with sleep-in costs in mind and is not sufficient to deal with all immediate and short-term pressures.

Adult social care is at a tipping point. Genuinely new funding is vital to help providers, personal budget holders and self-funders meet all funding pressures relating to sleep-ins.

Cllr Izzi Seccombe OBE, Chairman, Community Wellbeing Board, Local Government Association

Margaret Willcox OBE, President, Association of Directors of Adult Social Services

Bridget Warr CBE, Chief Executive, United Kingdom Homecare Association

Matthew Flinton and Tim Cooper, Co-chairs, Learning Disability Voices

Rhidian Hughes, CEO, Voluntary Organisations Disability Group

Ann Mackay MBE, Policy Director, Care England

Lisa Lenton, Director, ARC England



Appendix B

Local Government Association response to the DfE consultation 'Changes to the teaching of Sex and Relationship Education and PSHE'

5 February 2018

About the Local Government Association (LGA)

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government.

We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

The LGA welcomes the opportunity to comment on this [consultation](#).

1. The Local Government Association supports the Government's decision to make Relationships and Sex Education (RSE) compulsory in all secondary schools. We welcome the opportunity to comment on the development of new guidance for schools and regulations for the implementation of statutory Relationship Education (RE) and RSE.
2. PSHE has proven benefits to mental and physical health, online and offline safety and in preparing children for life and work. Many pupils miss out on these benefits because it does not have statutory status. In order for RSE to have full impact it is essential that PSHE is made statutory too. We support compulsory PSHE in all primary and secondary schools; inclusive of academies, special schools, free schools and maintained schools and for parents to be given the right to withdraw their child.
3. Children face a host of modern day issues which needs to be reflected in the teaching of RE and RSE. For example, the digital world and social media presents a number of risks to children. Educating children and young people early about the risks associated with digital and social media, including how to spot dangers, staying safe online and how to report abuse must form a part of the curriculum.

Call for evidence

4. **Thinking about relationships education in primary schools, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.**
 - 4.1 Effective RE is essential for children because it gives them a foundation to build upon as they transition from childhood to adolescence and young adulthood. RE and RSE

needs to be delivered as an integrated part of the framework for PSHE and the National Curriculum.

- 4.2 Children and young people (CYP) face a host of modern day issues which needs to be reflected in the teaching of RE and RSE. The digital world and social media presents a number of risks to children. The NSPCC reports¹ that one in five 8 to 11 year olds and seven in ten 12 to 15 year olds has a social media profile. This can lead to problems such as cyber bullying which affects as many as 1 in 3 children. Whilst the true number of CYP affected by online abuse is not known, it is pre-teens and early teenagers who are at most risk. Educating primary school aged children about the risks, how to stay safe online and how to report abuse will set them in good stead for the future as they become more active online.
- 4.3 Information about what healthy and safe relationships with families and friends look like and where children can go to for help if they are having problems with for example, bullying or abuse. It should equip children with the skills needed to recognise the difference between a relationship and abuse; this could include physical and emotional abuse.
- 4.4 Developing the characteristics for good mental health and wellbeing such as emotional and physical wellbeing, connectedness to family, school and the community, healthy behaviours and values and how to seek help. This will help to reduce the likelihood of poor mental health from developing and will help to maintain mental wellbeing and resilience.
- 5. Thinking about relationships and sex education in secondary schools, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.**
- 5.1 CYP who receive comprehensive, high quality RSE are more likely to delay the first time they have sex, have consensual relationships, be aware of and report abuse, use contraception and condoms when they start a sexual relationship and be less likely to be pregnant by 18 or contract a sexually transmitted infection.² We welcome a focus on equipping CYP with the skills and knowledge needed in these areas.
- 5.2 A focus on promoting online safety and how to protect oneself against 'online' behaviours such as bullying, inappropriate texts, emails and/or photographs which can have a long term impact on CYP.
- 5.3 Helping young people to have a realistic view of their appearance and to be critically aware of how the media can present an unreal picture of sexual behaviour and body image.

¹ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/facts-statistics/>

² <https://www.local.gov.uk/sites/default/files/documents/good-progress-more-do-tee-68d.pdf>

- 5.4 As 50% of mental health problems are established by age 14³ it is essential to focus on mental and emotional wellbeing and resilience. This needs to take into account the Government's planned reforms to CYP mental health provision⁴ to deliver a whole school approach so that CYP receive a joined up service and consistent messages.
- 5.5 RSE that is focused on Child Sexual Exploitation, Female Genital Mutilation and wider safeguarding issues can help to protect CYP from the dangers of exploitation and abuse and can be a valuable element of a robust local safeguarding strategy. The Children Act 2004, provides a duty for schools to cooperate with local authorities to improve the wellbeing of CYP, including physical and mental health and emotional wellbeing. The Joint Strategic Needs Assessment identifies the needs of CYP in a local area; tailored RSE, PSHE and RE can help to meet both safeguarding and wider locally identified needs.
- 5.6 The following LGA resource showcases good practice examples of councils working with schools to deliver RE and RSE: <https://www.local.gov.uk/working-schools-improve-health-school-aged-children>
- 5.7 [The LGA, SEF, RSE Hub and PHE have also produced the following briefing for councillors to support the delivery of high quality RSE in local areas: http://www.sexeducationforum.org.uk/resources/leadership-and-management-of-sre.aspx](http://www.sexeducationforum.org.uk/resources/leadership-and-management-of-sre.aspx)
- 6. Are there important aspects of ensuring safe online relationships that would not otherwise be covered in wider Relationships Education and Relationships and Sex Education, or as part of the computing curriculum?**
- 6.1 We strongly support the Sex Education Forum's view that the digital environment is relatively new as a:
- 6.1.1. context for relationships to take place
 - 6.1.2. tool for publishing images of the human body that have often been manipulated
 - 6.1.3. method of advertising products and services
 - 6.1.4. means of broadcasting views about gender and other norms, values and beliefs
 - 6.1.5. source of information about relationships and sex

³ Mental Health Foundation <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

⁴ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

- 6.2 It is therefore crucial that the digital context is reflected in the teaching of RSE, for example through:
- 6.2.1. Including opportunities to develop critical thinking skills so that pupils can recognise advertising techniques, stereotypes and their impact, thus empowering children and young people to make independent choices and to challenge limiting and harmful stereotypes.
 - 6.2.2. Integrating a range of digital contexts within scenarios, examples, case-studies, and resources used in RSE so that learning is relevant to real-life experiences.
 - 6.2.3. Helping pupils to differentiate between fact and opinion that they may encounter online and clearly signposts sources of reliable help and services, including sexual health services.
 - 6.2.4. Teaching pupil about their rights and responsibilities online including legal facts.
- 6.3 It is vital that teaching relevant to relationships and sex is provided by educators trained in RE, RSE and PSHE, and it is not appropriate for much of the above to be addressed in the computing curriculum.
- 7. How should schools effectively consult parents so they can make informed decisions that meet the needs of their child, including on the right to withdraw? For example, how often, on what issues and by what means?**
- 7.1 The majority of young people want to learn about RSE at school, but they also want to be able to talk to their parents and health professionals, such as school nurses, school counsellors, or sexual health services about sex and relationships too.
 - 7.2 As part of RSE, PSHE and RE classes CYP could be signposted to wider services provided by the school, local authority, health services and voluntary sector.
 - 7.3 Schools can take a whole school approach to the delivery of RSE, RE and PSHE to ensure consistent messaging and co-ordination across all services. Making services young people friendly will help to make CYP feel confident about using services and will help to reduce stigma.
 - 7.4 Schools can also support parents to talk to their child and to provide consistent messages and advice. RSE can also complement support and training offered to parents. Evidence shows that as many as 7 out of 10 parents would welcome help and support from their child's school about how they can talk to their child about growing up and related issues.⁵

⁵ RSE: Contributing to the safeguarding, sexual & reproductive health and wellbeing of children and young people. What role can councillors play?, LGA et al, 2018

- 7.3 Many schools will have experience of effectively consulting parents. It is important that existing mechanisms that are already working well are allowed to continue and that schools are not expected to “reinvent the wheel”. There is no “one size fits all” approach and local flexibility is needed.
- 7.4 Schools could for example use existing forums/networks to learn from other schools, they could consult school governors and parent governor representatives on the right to withdraw.
- 8. Thinking about PSHE in secondary schools, what do you believe are the three most important subject areas that should be taught and why? Please also include your reasons for choosing each subject or evidence to support your suggestions.**
- 8.1 PSHE has proven benefits to mental and physical health, online and offline safety and in preparing children for life and work. Many pupils miss out on these benefits because it does not have statutory status. In order for RSE to have full impact it is essential that PSHE is made statutory too. We support compulsory PSHE in all primary and secondary schools; inclusive of academies, special schools, free schools and maintained schools and for parents to be given the right to withdraw their child. We are conscious that some parents may wish to remove their children from some or all PSHE lessons for religious or personal reasons. The regulations should include provision for parents to opt their children out of lessons, if they consider this to be in the best interests of their child.
- 8.2 The PSHE Association states that 91% of parents believe all young people should receive PSHE lessons and that this should teach about the risks of sexting, contact from strangers online and the widespread availability of pornography.⁶
- 8.3 Wider issues such as media literacy, identity, privacy and the impact of time spent online on other aspects of life could be covered as part of the curriculum.
- 8.4 A focus on good transitions and on supporting children to transition well between primary and secondary school and then into adulthood whether that be into further study or the world of work.
- 8.5 A focus on issues that present themselves at certain transitional stages in CYP life. For example, the number of obese and overweight pupils increases as children move from primary into secondary schools and physical activity levels tend to fall during the teenage years. Therefore a focus on physical activity and nutrition is important as is a focus on risky behaviour which teenagers are more likely to engage in such as drinking, smoking, drug-taking or sex.
- 8.6 It is therefore, vital that local authorities work with all schools in their area to influence and commission consistent good quality RSE, RE and PSHE as part of their responsibilities to improve public health outcomes for children, young people and families.

⁶ PSHE Association survey 2016

- 9. How much flexibility do you think schools should have to meet the needs of individual pupils and to reflect the diversity of local communities and wider society in the content of PSHE lessons in schools?**
- 9.1 PSHE shouldn't be delivered in isolation but as part of the framework for statutory RE and RSE and the National Curriculum. PSHE cannot and should not be seen as a list of isolated topics that could be prioritised, but as a coherent programme involving interdependent and overlapping themes such as 'health and wellbeing', 'relationships' and 'living in the wider world'.
- 9.2 Flexibility within content would be valuable. Local authorities will have locally identified needs through their Joint Strategic Needs Assessment which can help to tailor content.
- 9.3 It is vital that RE, RSE and PSHE are LGBT-inclusive throughout the curriculum. Furthermore teaching must be equally inclusive of and relevant to all children, irrespective of their own sexuality and gender identity, or that of their family.
- 9.4 Teaching and content must meet the needs of those with special educational needs and disabilities.

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Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Wednesday 29 November 2017
Venue:	Smith Square 1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ

Attendance

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

Item	Decisions and actions
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1 Welcome, Apologies and Declarations of interest

Apologies were received from Cllr Izzi Seccombe OBE and Cllr Sue Woolley.

There were no declarations of interest.

2 Presentation from Dr Charles Alessi

Dr Charles Alessi, Senior Advisor and lead for preventable dementia in Public Health England, gave a presentation to the Board on his work around productive ageing.

Charles Alessi emphasised the need to change the narrative around ageing, and how ageing is viewed. He advised that in commissioning local government should consider closer work with the voluntary sector, and avoid over medicalising the local government approach to ageing. He also expressed a view that more work needed to be done around diversity in productive ageing.

In the discussion which followed, Members raised the following points;

- A view was expressed that the right support from the Department of Health needs to be in place when approaching the preventative agenda.
- A member expressed a view that the sector must continue to work closely with the voluntary sector in encouraging people to stay active.
- A view was expressed that the Alzheimer's Society will be a good ally in productive ageing going forwards.
- Members emphasised the importance of a dementia friendly society.
- A view was expressed that involving faith groups would be valuable in future.

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- Members emphasised the importance of access to services for the elderly in rural areas.

Decision

The Board noted the presentation.

Action

Member Services Officer to circulate the presentation to Members of the Board.

3 Supported Housing Update

Laura Caton, Senior Adviser, introduced the report regarding a new consultation published by the Government on supported housing funding with a closing date of 23 January 2018. The Government had confirmed that the Local Housing Allowance (LHA) rate would not apply to supported housing or wider social housing, which was welcomed by the LGA. Laura asked that Members of the Community Wellbeing Board share any initial comments in response to the consultation and to give any further steer on the next steps proposed in the report. Laura emphasised that the LGA's overall concern was that housing continue to be fully funded in future and that housing markets can keep pace with demand.

In the discussion that followed Members raised the following points;

- Members expressed the view that the proposed actions were broadly welcomed.
- A concern was raised that supported housing was an area in which many local initiatives had been lost.
- A view was expressed there would be a need for the Government to consider some boundary reviews alongside the proposed changes.
- A Member advised that it would be important to not be too rigid on the definition of short term accommodation.

Decisions

Members commented on the proposed actions in the report.

Actions

Officers to incorporate Members feedback into the response to the consultation and on the proposed actions in paragraph 20 of the report.

4 Better Care Fund

Alyson Morley, Senior Adviser, introduced the report providing the Board with an update on developments on the Better Care Fund (BCF) and Improved Better Care Fund (iBCF), as well as the Care and Health Improvement Programme's support offer

on delayed transfers of care. Alyson brought Members attention to paragraphs 17.1 – 17.4 in the report which outlines proposed LGA messages on the future of BCF and iBCF, in particular proposing a return to the original aims of BCF and to get rid of the onerous national assurance and performance management elements. Alyson asked the Board to provide comment and if they would endorse the proposed key messages.

- Members expressed views that the LGA should continue to focus on Social Care being properly financed and the personalisation of social care.
- A view was expressed that the range and complexity of care quality reviews was an issue that interferes with the day to day care work being carried out in local areas.
- Members broadly agreed with the proposed LGA message, views were expressed that the LGA lines in 17.1 and 17.2 could be stronger.
- A view was expressed that prevention must remain a focus.
- A Member expressed a view that central government needed to be provide a clear national strategy on social care.
- Alyson emphasised to Members that in every relevant media statement the LGA always stress their concerns over disproportionate DToC targets.

Decisions

The Community Wellbeing Board:

1. Noted the developments in relation to BCF and iBCF; and
2. Commented and endorsed the proposed key messages for the future of BCF outlined in paragraphs 17.1 – 17.4.

Action

Officers to incorporate Members comments into the proposed key messages.

5 Update on Other Board Business

Matt Hibberd, Senior Adviser, introduced the update paper to members of the Board. He informed the Board that the issues the carers strategy would have addressed will now be wrapped up as a part of the adult social care green paper. He also informed the board that the government no longer intends for the proposed the cap on care costs' to be rolled out in April 2020. Views were expressed by members that the adult social care green paper needed to not just focus on care of the elderly, but for all citizens with a care need.

Regarding the independent review of the Mental Health Act 1983 members emphasised the importance of properly funding mental health services and of early intervention.

Decision

The Community Wellbeing Board noted the updates contained in the report.

6 Note of the last meeting

The Minutes of the last meeting were agreed.

Appendix A -Attendance

Position/Role	Councillor	Authority
Vice-Chairman in the Chair	Cllr Linda Thomas	Bolton Council
Deputy-chairman	Cllr Richard Kemp CBE Mayor Kate Allsop	Liverpool City Council Mansfield District Council
Members	Cllr Nigel Ashton Cllr Gareth Barnard Cllr Liz Fairhurst Cllr Liz Mallinson Cllr Jonathan Owen Cllr Graham Gibbens Cllr Jonathan McShane Cllr Lynn Travis Cllr Shabir Pandor Cllr Paulette Hamilton Cllr Jackie Meldrum Cllr Rachel Eden Cllr Doreen Huddart Cllr Claire Wright	North Somerset Council Bracknell Forest Borough Council Hampshire County Council Cumbria County Council East Riding of Yorkshire Council Kent County Council Hackney London Borough Council Tameside Metropolitan Borough Council Kirklees Metropolitan Council Birmingham City Council Lambeth London Borough Council Reading Borough Council Newcastle upon Tyne City Council Devon County Council
Apologies	Cllr Izzi Secombe OBE Cllr Sue Woolley	Warwickshire County Council Lincolnshire County Council

LGA location map

Local Government Association

18 Smith Square
London SW1P 3HZ

Tel: 020 7664 3131

Fax: 020 7664 3030

Email: info@local.gov.uk

Website: www.local.gov.uk

Public transport

18 Smith Square is well served by public transport. The nearest mainline stations are: Victoria and Waterloo: the local underground stations are

St James's Park (Circle and District Lines), **Westminster** (Circle, District and Jubilee Lines), and **Pimlico** (Victoria Line) - all about 10 minutes walk away.

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

Bus routes – Horseferry Road

507 Waterloo - Victoria

C10 Canada Water - Pimlico - Victoria

88 Camden Town - Whitehall - Westminster - Pimlico - Clapham Common

Bus routes – Millbank

87 Wandsworth - Aldwych

3 Crystal Palace - Brixton - Oxford Circus

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

Cycling facilities

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

Central London Congestion Charging Zone

18 Smith Square is located within the congestion charging zone.

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

Car parks

Abingdon Street Car Park (off Great College Street)

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

