



## CAMBRIDGE LOCAL HEALTH PARTNERSHIP

**Date:** Thursday, 30 June 2016  
**Time:** 12.00 pm  
**Venue:** Committee Room 1 - The Guildhall, Market Square, Cambridge, CB2 3QJ  
**Contact:** Graham Saint **Direct Dial:** 01223 457013

### AGENDA

- 1 Election of Chair**
- 2 Apologies and Introductions**
- 3 Public Questions**

This is an opportunity for members of the public to ask a question or make a statement to the Partnership. Please refer to the Public Participation section at the end of this agenda.

- 4 Minutes and Matters Arising** (*Pages 9 - 14*)

To approve the minutes of the meeting held on 10<sup>th</sup> March 2016.

- 5 Migrant and Refugees in Cambridge** (*Pages 15 - 26*)

The Cambridgeshire draft JSNA will be published shortly. It will focus on migrant workers from A8 accession countries who have complex health and wellbeing needs. It will outline determinants that affect health and may suggest that migrant welcome packs be prepared and improved access to English literacy classes put in place to help improve access to local services.

A paper attached provides some background about local work in this area and the preparation of the JSNA.

The Council is keen to play its part in the Syrian Refugee Resettlement Program and has been leading work locally to accept Syrian refugees in the

City. Much of the work has been about identifying properties and ensuring they are in an appropriate condition to house our new arrivals. Arrangements have been made to provide the right levels of care and to ensure that their resettlement goes smoothly and that people have the best opportunity of integrating, including the provision of translation services and English Language training.

**Tulat Raja** from the Safer Communities' Team will provide an update on the programme and identify some of the health and social care issues affecting this group of people.

This is an opportunity for members to feed their views into the considerations given to the draft JSNA by the Health and Wellbeing Board on 7 July 2016.

This item has been allocated 20 minutes.

## **6 Refugee Week and Local Refugee Services** (*Pages 27 - 28*)

Cambridge Ethnic Community Forum provides welfare advice and practical help to asylum seekers and refugees in Cambridge, which involves working in partnership with the statutory and voluntary sector to develop and deliver services to asylum seekers and refugees. Whilst offering resource materials for those working with asylum seekers and refugees the service does not provide immigration advice.

Eddie Stadnick, Chief Executive Officer for Cambridge Ethnic Community Forum, will discuss the Forum's recent work with members.

The paper attached shows the programme for Cambridge Refugee Week.

This item has been allocated 20 minutes.

## **7 Update on Cambridge Citizen's Advice Bureau's (CAB) outreach advice project** (*Pages 29 - 38*)

The City Council has provided Cambridge CAB with an additional grant to "roll-out" its Advice Outreach project, presently running within East Barnwell Health Centre, to three other practices, also serving disadvantaged communities in Cambridge.

Rachel Talbot, Chief Executive of Cambridge CAB, will introduce the first year report.

The attached paper shows the annual report for the project. This provides an opportunity for members to assess progress with this project.

This item has been allocated 15 minutes.

## **8 Update on the work of Cambridgeshire's Health and Wellbeing Board**

The next meeting of the Board will be on 7 July 2016. It is likely to cover:

- Joint Strategic Needs Assessments, including the JSNA Summary Report, Migrant and Refugees JSNA and an update on the Long-Term Conditions JSNA
- Update on the implementation of the County's Community Resilience Strategy
- Health and Care System Transformation Programme, and
- Better Care Fund update.

The agenda and supporting papers for the meeting can be found here:

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/committee.aspx?committeeID=70>

## **9 Update on the local Mental Health Crisis Care Concordat (Pages 39 - 44)**

Cambridge City Council will shortly be formally "signing-up" to the local declaration supporting the Concordat.

Frances Swann, Supported Housing Manager for Cambridge City Council, will briefly discuss local work.

The Concordat Declaration is shown in the attached document. This is an opportunity for members to discuss the work of the Steering Group and its action plan.

This item has been allocated 10 minutes.

## **10 Update on the work of the Public Health Reference Group**

The reference group is supporting the delivery of the Director of Public Health's local priorities.

Yvonne O'Donnell, Environmental Health Manager for the City Council, will

briefly talk about local work. This is an opportunity for members to discuss the work of the group.

This item has been allocated 10 minutes.

## Information for the Public

**Location** The meeting is in the Guildhall on the Market Square (CB2 3QJ).

Between 9 a.m. and 5 p.m. the building is accessible via Peas Hill, Guildhall Street and the Market Square entrances.

After 5 p.m. access is via the Peas Hill entrance.

All the meeting rooms (Committee Room 1, Committee 2 and the Council Chamber) are on the first floor, and are accessible via lifts or stairs.

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Most meetings have an opportunity for members of the public to ask questions or make statements.

To ask a question or make a statement please notify the Committee Manager (details listed on the front of the agenda) prior to the deadline.

- For questions and/or statements regarding items on the published agenda, the deadline is the start of the meeting.
- For questions and/or statements regarding items NOT on the published agenda, the deadline is 10 a.m. the day before the meeting.

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## **CAMBRIDGE LOCAL HEALTH PARTNERSHIP**

10 March 2016  
11.00 am - 1.45 pm

**Present:** Councillors Johnson (Chair) and Councillor Price

Cambridgeshire County Councillor Lucy Nestingha

Kate Parker: Public Health, Cambridgeshire County Council

Liz Robin, Cambridgeshire County Council

Iain Green: Environmental Health Officer, Cambridgeshire County Council

Mark Freeman: Deputy Chief Executive, Cambridge CVVS

Graham Saint: Strategy Officers, Cambridge City Council

Yvonne O' Donnell: Environment Health Manager, Cambridge City Council

Frances Swan: Support Housing Manager, Cambridge City Council

Sharon Brown: New Neighbourhoods Development Manager, City Council

Sally Roden: Neighbourhood CD Manager, Cambridge City Council

Julian Adams: Growth Projects Officer, Cambridge City Council

Claire Tunnicliffe, Committee Manager, Cambridge City Council

### **FOR THE INFORMATION OF THE COUNCIL**

#### **16/45/CLHP Apologies**

Apologies were received from Antoinette Jackson, Joel Carre, Debbie Kaye, Rachel Talbot, Mark Hay and Dr Joyti Sharman.

#### **16/46/CLHP Minutes and Matters Arising**

The minutes of the meeting held on 11 February 2016 were approved as a correct record and signed by the Chair.

Kate Parker, Head of Public Health Programmes (Cambridgeshire County Council), provided an update on the termination of the CPCCG's Older People Adult Community Services contract. Members had been asked to note that Cambridgeshire County Council's Health Committee (which had the statutory duty for Health Scrutiny) would be discussing the termination of the contract with the NHS regulators that afternoon. This would be the third scrutiny meeting in this process. Minutes of that meeting would be available within due course.

**16/47/CLHP Public Questions**

There were no public questions.

**16/48/CLHP Existing Community Development and Engagement Work to Help Prepare for and Welcome New Communities**

Sally Roden, Neighbourhood Community Development Manager (Cambridge City Council), and Julian Adams, Growth Projects Officer (Cambridge City Council), gave a presentation on community development and engagement work to help people prepare for and welcome new communities, highlighting wellbeing needs that had become apparent and lessons that had been learnt from past experience.

Members were advised how important it was to bring forward community expansion early into a new development to support social cohesion. New developments needed to have a good range of open spaces and facilities. It was essential to encourage the use of cycling, walking and the use of public transport.

Community forums had been set up to cover the southern fringe of the City, the northwest quadrant and development to the East. The forums offered a platform for residents, local organisations, officers and developers to discuss the progress of a range of topics, such as construction timelines, transport, drainage, conservation and community opportunities. The forum was a way to inspire community involvement on a new development.

The role of the Community Development Officer was explained, who spent part of their time working to ensure that there was capacity in the existing community for new residents. This would allow involvement and support community engagement once the new development had been created.

The following areas of discussion took place:

- Recognition of 'new town blues' and the issue of isolation.
- Importance of Community Development Officers to engage with people as new communities was developed.
- The work of a Community Development Officer was not just directed to new developments, but also deprived areas of the City.
- Noted the importance of encouraging those in new communities to take part in the existing communities' activities to bring the two together.

- Acknowledged the successful partnership working with the Trumpington Resident Associations as outlined in the Trumpington Neighbourhood Team's last annual that had been attached to the agenda.
- Noted the funding streams available to provide sustainability to those new community groups in the longer term when S106 money had been used.
- Recognised that transport and parking were a particular issue for residents particularly in a high density area.

## **16/49/CLHP The New Housing Developments and the Built Environment JSNA**

Iain Green, Senior Health Improvement Specialist (Cambridgeshire County Council) gave a presentation on the emerging findings in the Joint Strategic Needs Assessment (JSNA), developed through the Health and Wellbeing Board. This would look at lessons learnt from new developments, what made a successful community and what case studies could be used on a local level.

The JSNA reviewed the impact the built environment could have on the health and wellbeing of new communities', the health, care and wellbeing needs of the local population and the commissioning requirement to meet those needs. It also highlighted opportunities for future focus, developing the evidence base for the health and social care response to meet the priorities set.

The first JSNA took place in 2010 to look at Cambourne and the issues such as social cohesion, mental health and the built environment. The current JSNA had been split into five sections, demography, built environment (what makes a healthy environment), social cohesion, assets and services and the NHS Commissioning process.

The following areas of the findings from the JSNA were highlighted:

- The need to build additional parking spaces for the growing family who in the future would require extra spaces.
- Population forecast in Cambridge and the age split: increase in the older people's population and those in the 40 years to 49 years old.
- Inequality of those on low income.
- The escalation in house prices in Cambridge City compared to the rest of Cambridgeshire, which was also experiencing an increase.
- Importance of green open spaces and the positive impact this had on resident's mental health.

- Suicide prevention becoming important with the increase of high rise builds and the significance of design.
- Evidence showed the importance of social cohesion and community growth in the early stages of development. However it was noted that local data was required and work on the southern fringe community local forums for would be looked at further.
- Leisure services should be included in the development but traditionally came later in the build programme.
- Attendance to hospitals and use of emergency services, comparing the Cambridge average to new developments in Cambridgeshire. The new developments all showed a higher rate of admittance to hospital but there was no explanation for this. This was an important factor for The NHS when commissioning services.
- The need to identify at the start of the planning process, health contacts to assist in putting forward evidence on the health care services which were required on the development.

Members discussed the number of fast food units on new development sites, the link to unhealthy eating, the impact on resident's health and what could be done to reduce the number of units.

Sharon Brown, New Neighbourhoods Development Manager (Cambridge City Council), advised considering a planning application for fast food unit was a difficult issue; refusing an application was a policy based decision taken from Central Government guidelines. The Government's current approach was to look at the economy and what that businesses could do to activate the economy further, making the number of fast units difficult to control in planning terms. Feedback from community forums indicated that residents liked to see a hot food take away unit on the development.

However it was possible to look at the evidence through the JSNA and the City Council's draft obesity policy when determining future application for a fast food unit to determine if refusal was possible. But a balanced approached was required.

### **16/50/CLHP      Planning for Healthy, Well Designed Neighbourhoods**

Sharon Brown, New Neighbourhoods Development Manager, Cambridge City Council provided a presentation on how the design of the built environment could help residents lead to healthier lifestyles and remain independent for longer in life.

Members were provided with information which outlined the starting point when planning for a healthy, well designed neighbourhood. Policy documents such as the National Planning Policy Guidance and Local Plan Policy which highlighted sustainability objectives would be looked at and collaborative partnership working would be undertaken.

Members were informed it was absolutely critical to look at lessons learnt from new developments that had or were taking place in Cambridgeshire; this could include looking a design which had been successful in encouraging physical activity, ordination of buildings and provision of private amenity space.

Master planning was key and important to involve stakeholders at the early stages before development took place. Environmental impact which included the impact on health and the Cambridge Quality Panel was also imperative to master planning.

Early identification of infrastructure requirements were important to determine such things as open spaces, sports facilities, play areas, community facilities, ecology and biodiversity.

Planning for a development could take a number of years before the build programme had started.

Members agreed discussed how engagement should be as wide as possible during the master planning stages. 'Ticking of boxes' were not enough, it was crucial that the right people were involved from the start of the process, although this could be difficult.

### **16/51/CLHP      Update on The Work of the Health and Wellbeing Board (HWB)**

Members were advised that the agenda for the next meeting of the Health and Wellbeing Board had been published.

County Councillor Nethsingha informed Members that a special meeting of the Health and Wellbeing Board had been planned for to look at the function and structure of the Board.

Members were asked on their views on the proposal to create a more balanced Health and Well Being Board, reducing the number of local authority

representatives from ten to five while increasing representation from health care providers.

Councillor Johnson advised that Cambridge City Council were not opposed to a change in membership (as more providers should be involved) but would like councillor representation to reflect geographical (rural/urban) and political differences.

Cambridge City Council had not been made aware of the working group until notification had been received two day before the second meeting on 22 February 2016 so there had been little opportunity to put forward a considered view.

Members were informed that the Director of Public Health at Cambridgeshire County Council was keen for membership of the Board to be agreed before the new municipal year started, so that members can be appointed to the newly constituted Board at their first full council (equivalent). The Local Health Partnerships would increase in importance within the new Board's network.

#### **16/52/CLHP      Date of Next Meeting**

The Chair advised that the next meeting of the Cambridge Local Health Partnership would take place on 30 June 2015, Committee Room 1, Guildhall, Cambridge.

The meeting ended at 1.45 pm

**CHAIR**

## Cambridge Local Health Partnership

30 June 2016, between 12 noon and 1.30pm in the Guildhall

## Migrant and Refugees Joint Strategic Needs Assessment

### Background

The Cambridgeshire Health and Wellbeing Board will be considering a draft Cambridgeshire JSNA on Migrants and Refugees when it meets on 7 July. The draft JSNA focuses on A8 migrants to Cambridgeshire, highlighting the determinants that influence and affect their health and wellbeing. The development and scope of the JSNA was informed by a stakeholder event and its framework was shaped by the **“Including migrant populations in Joint Strategic Needs Assessment”** guide. Extracts of this guide are shown in Appendix 1, defining the term “migrant” and what their health needs might be.

The draft JSNA on Migrants and Refugees was not yet available, at the time of publication of the Cambridge Local Health Partnership papers. To help members consider some of the issues for Cambridge the City Council’s response to the Casey Review **“Bringing Britain Together as One Nation”** has been used here, to provide some background about our local migrant population.

### Our population

Cambridge is a “super-diverse” place with a population characterised by high migration rates and population churn, a young adult population with a preponderance of people between 26 to 34 years of age, and high levels of private renting. Children and older people (65 and above) are under-represented, although the very elderly (over 85) make up a higher proportion than the national average. Just over a third of our population was born outside of the UK and just over one household in ten contains “no people” who speak English as a main language.

The extent of international migration in Cambridge is similar to that of inner London boroughs. In 2011, nearly two in ten people living in Cambridge were at a different address, outside of Cambridge, a year earlier. Just over a third of total migration to Cambridge is international migration.

### A place of growth

Cambridge is also a place of growth. Its economic success draws people to the City where good jobs are available, better than average pay and a high quality environment. Between Censuses Cambridge’s resident population was amongst the highest growing populations in the country (14%) and the number of households increased substantially (9%). Over this period the number of people born in England and resident in Cambridge remained constant whilst the proportion of people from the EU living in the City doubled and the proportion of people from non-EU countries increased by a third. With the continuation of new build completions, at around 500 a year, this pattern of new arrivals coming to the City seems set to continue into the future.

## **Ethnicity, national identity and distribution**

In terms of ethnicity in the City nearly a fifth of residents identified themselves as “non-white” in the last Census, with the largest groups being Chinese, Indian and Bangladeshi, making up nearly 10% of the population. The largest religious group in Cambridge is Christian (45%) and the next largest religious group is Muslim (4%).

People with differing national identity, ethnicity and cultures seem to be evenly distributed across the City without any large concentrations of ethnic groups in areas, although this is more likely to be the product of the scarcity of affordable accommodation – with people taking it where they can find it.

Migrants in Cambridge do not fall into a homogenous group. A number of migrants in Cambridge are highly skilled and work in well paid jobs, reflecting the City’s global prominence in education, research and high tech industries. There are, however, a number of migrants who take on low paid work in the service sectors, temporary labour migrants working in the construction and seasonal tourism industries, as well as people who reunite families and forced migration, which includes refugees and asylum seekers. Many will face financial difficulties, including eviction, if they become sick and unable to work because of a poor knowledge of their work entitlements and their type of employment, e.g. zero hour contracts. Some find it impossible to work because of restrictions placed on them, e.g. asylum seekers and refugees.

Students are more likely to be clustered around university accommodation in the west and centre of Cambridge, whilst new arrivals from EU accession countries (2004 onwards) are more pronounced in the north and east of the City. Students, drawn to Cambridge from all around the world, and those staying for only a short period of time, perhaps to study at summer schools, have a lower level of connection to place and are less likely to integrate into community life . Around one person in six who resides in Cambridge is a student.

Whilst overall Cambridge is enjoying economic success, a large number of people do not share in this success and experience low pay (a fifth of all households have income of less than £19,000) and need to claim benefits (one household in eleven claims housing and council tax benefits) to make ends meet.

## **Barriers to integration**

Cambridge City Council believes that the main barrier to participation in the community life of the City is low income – both for new arrivals taking up low pay jobs and existing ethnic communities. In Cambridge just over one job in ten is paid at below the Living Wage Foundation’s Living Wage. If you are Bangladeshi you are likely to have a job in an elementary occupation in Cambridge and if you are Eastern European you are more likely to have a job in caring, leisure and other service occupations.

The high cost of living in Cambridge, particularly high rents in the private sector where new arrivals to the City predominantly live, and the increasing constraints of the welfare system exacerbate the difficulty of living on a low income. East European migrants are more likely to be living in Houses of Multiple Occupation and face issues of overcrowding and exploitation.



Living on a low income can be a difficult experience, leaving some people feeling isolated and detached from community life. In a City covering a relatively small urban area different communities live in close proximity to each other and disparities are very apparent in the quality of life between those that have access to resources and those don't.

Inequality in life expectancy for our residents is as much as eight years between neighbouring wards and correlates to the level of deprivation in each ward, with an early death associated with a higher level of deprivation. Evidence suggests that the lifestyles and behaviours of settled A8 migrants are more likely to require increased levels of healthcare in the future and that they find primary care confusing and unhelpful and are more likely to go straight to A&E for attention.

### **Our response to low income and inequality**

Cambridge City Council has put in place an Anti-Poverty Strategy to improve the standard of living and daily lives of those residents in Cambridge who are currently experiencing low income and barriers to participation in the City and to help alleviate issues that can lead households on low incomes to experience financial pressures. Last year nearly 5,000 adults and children in Cambridge were provided with emergency food by Cambridge Foodbank, giving an indication of the scale of the problem. A part of the strategy is in bringing together people from different backgrounds – fostering a sense of community pride, allowing people to continue to get on well together.

Bringing people together from different backgrounds is also a key part of the Council's Single Equality Scheme. Other objectives include improving community engagement and understanding the needs of different communities in Cambridge. This work will continue to inform our service delivery. A Diversity Forum meets quarterly to help the Council consider equalities issues and the best ways of responding.

### **Bringing people together**

A number of festivals and carnivals take place across the City, largely run by community representatives with the support of city council officers and grants from the Council's area committees, which attract a large number of people. In recent years a Cambridge Asian Mela has been instigated and developed with members of the local Asian community as part of an annual "Big Weekend" event in the centre of Cambridge. The Mela includes Asian artists, food stalls and other cultural activities to promote awareness and integration. This part of the Big Weekend event has become increasingly popular and now attracts nearly 10,000 people to it. In addition an annual "Bling Ya Ting" talent show is supported that includes artists from a wide range of ethnic communities who perform alongside each other and help deliver the event.

The Council also runs and supports community centres, most located in disadvantaged communities, and actively encourages the use of these by local community groups. A Women's Health project (starting as an Asian Women's Health project), delivered from three community centres, has sought to provide settings where women, who may be particularly isolated and face barriers to participation (sometimes from within their own communities), can come together to discuss issues

affecting the health of themselves and their families. Our 5 main community centres last year recorded around 130,000 visits from residents within our 'priority' groups, which are children, young people, families, older people, people with disabilities, black and minority ethnic residents and residents living locally to the centres.

One of the main aims of the Council's community development service is to promote community cohesion both in new and existing communities, trying to bring people and groups together to improve understanding and foster mutual support. One post in particular works with partners and groups to arrange activities to celebrate events such as Black History Month, LGBT History Month, Disability History Month, Refugee Week, International Women's Day, etc.

### **Supporting our community and voluntary sector**

The Council provided just over £900,000 of community grants to voluntary and community sector organisations in 2015/16 to reduce social and/or economic inequality, by removing barriers for city residents with the most need. Over 200 organisations have been allocated grants in the past year, including local BAME groups.

**Cambridge Ethnic Community Forum (CECF)** is one of the organisations funded. CECF is an umbrella organisation, with a membership of over 30 BAME groups in Cambridge that provides racial equality services. CECF is also a cultural diversity service helping to promote understanding between people from different ethnic groups, assisting them to be a part of community life. Social, cultural, moral and practical support is given to groups to develop particular projects where needed. CECF has found that it needs to offer practical advice to help combat poverty and discrimination.

One of the key projects is the Cambridgeshire Human Rights and Equality Support Service (CHESS). The service has recently run a "Step Up for English" project to assist asylum seekers, especially Chinese people who are having difficulty accessing services. Most migrants that have contact with the service want to improve their English Language skills to allow them to better integrate.

Other examples of CECF integration work includes events organised by Cambridge Women4integration that involve women from different cultural backgrounds coming together to enjoy dance and good food. Bollywood and Ceilidh evenings have recently been held. CECF has won funding from the People's Health Trust for an Asian Women's project, particularly for the Bangladeshi community. Local people living in disadvantaged communities will be referred to it from the Cambridge Asian Woman's Network – the main aim is to reduce social isolation, build confidence and promote integration, especially economic integration. As a result of the project and work to improve English Language skills many more Bangladeshi women are looking to enter the local labour market.

### **Community Grants**

The level of community grants the Council provides remains amongst the highest in the eastern region but this year has seen a substantial reduction in the sum available (reduced by nearly a quarter) and a refocusing of the grant programme's priorities. This will mean that fewer voluntary and community groups will receive the same

level of support as previously, including BAME groups. Some BAME groups have expressed frustration about this during consultation events about the changes in the level of grant and new funding requirements. The Council will be working closely with these BAME groups and others to increase their capacity to fundraise effectively but some of the trust that has been built up in the past with these groups may be undermined, as the groups lose some of their capacity to make a difference.

### **Community relations**

Cambridge, generally, has good community relations between its different communities. The Council's community cohesion officer, based in the Safer Communities Section, engages with the minority and religious communities of Cambridge through regular contact with community leaders, acting as a liaison point between the communities and the council services they may need to access. Reassurance is provided that ethnic communities will be given the same service as the general population and cultural and religious needs will be taken into account where possible.

Developing a rapport with these communities means there is a build-up of goodwill and this in turn helps to identify any early tensions manifesting in Cambridge. It also can be a vehicle to identify people that the communities may be concerned about.

The community cohesion officer also sits on the Hate Crime Steering Group, which is looking at ways to tackle the under reporting of hate crime in Cambridge and how to give communities the confidence to report incidents. The number of racial harassment cases in Cambridge has generally been steady in recent years but it is believed that racially offensive acts are on the increase because perpetrators feel they can express themselves more openly, thinking it is more acceptable to do so in the present social climate, and correspondingly leading victims less likely to report such incidents

### **Reassurance work**

After terrorist events nationally and internationally, reassurance work has been carried out in Cambridge with local communities to alleviate tension and the fear of reprisals. This has helped build stronger community links and trust between local community groups and public agencies. On several occasions there have been Anti-Muslim demonstrations and marches, mainly organised by the EDL, in Cambridge. The Council has actively worked with all agencies involved to help support communities and to make them feel connected with the wider community, reducing their isolation, feeling of being under siege, and the tendency to withdraw from integrating.

Courses have also been organised by the Council on Islamic Awareness for Councillors, Community Leaders and staff. These courses were designed to look at similarities between different faiths, Christianity, Islam and Judaism to celebrate what is in common rather than dwelling on differences. Religions were demonstrated in their true and did not condone modern terrorist ideology.

At present, the Council's Safer Communities Team is delivering the WRAP 3, PREVENT training package, with Home Office approval, to Council frontline staff.

Contact with the Islamic Institutes in Cambridge is being developed, building up a rapport and confidence to allow the reporting suspicious behaviour. Seminars are being arranged in Mosques in Cambridge targeting young people using British born Imams who can relate to British born young people to help promote integration.

### **Syrian Refugee Resettlement Program**

The Council is keen to play its part in the Syrian Refugee Resettlement Program and has been leading work locally to accept Syrian refugees in the City. Much of the work has been about identifying properties and ensuring they are in an appropriate condition to house our new arrivals. Arrangements have been made to provide the right levels of care and to ensure that their resettlement goes smoothly and that people have the best opportunity of integrating, including the provision of translation services and English Language training.

The Council's Safer Communities Team will maintain an ongoing relationship with the settled people to make sure they can feel at home in the city and overcome any barriers they are faced with. The CECF (funded by the Council's community grants as mentioned above) are developing and upgrading their Refugee Service in partnership with a local voluntary group working with these refugees – the Cambridge Refugee Resettlement campaign.



# How to include migrants

MIGRANTS ARE PEOPLE WHO HAVE MOVED FROM THEIR USUAL PLACE OF RESIDENCE TO LIVE IN ANOTHER COUNTRY FOR REASON OF WORK, EDUCATION, FAMILY, SOCIO-POLITICAL PERSECUTION OR WAR.

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## Including migrants

### Who are migrants?

Migration is not new. For hundreds of years, people have left their place of origin to live in other countries and cultures, and in the last 100 years this trend has increased. Today, according to the International Office for Migration, 3.1% of the world's population are migrants<sup>1</sup>. The IOM also reports that the percentage of migrants has remained relatively stable as a share of the total population, increasing by only 0.2 per cent over the last decade.

Migrants are now part of communities throughout the UK and, though government immigration policy and legislation may set limits and conditions, migration will continue to be an important factor in UK demographics.

#### Migrants arriving in the UK

In 2009, an estimated 567,000 people arrived to live in the UK for a period of a year or more. Of these, 17% were British citizens.

Of the total 567,000, it is estimated that:

- 34% came for work related reasons
- 13% were accompanying or joining others
- 38% came for formal study
- 15% came for other reasons

Those who came for other reasons included 24,485 people making an application for asylum (totalling 30,675 people including dependants)<sup>2</sup>.

In the same year, 368,000 people left the UK (for similar reasons, although more for work than study). Of these, 38% were British citizens<sup>3</sup>.

Reasons for people coming to the UK in 2008 estimated proportions





JSNA HAS TO BE FOCUSED ON "IDENTIFYING GROUPS WHERE NEEDS ARE NOT BEING MET AND THAT ARE EXPERIENCING POOR OUTCOMES"<sup>4</sup>.

## Including migrants

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### Dynamism and diversity

Migration is dynamic. Within the space of four years, for example, the position of Polish nationals rose from thirteenth to first in the list of foreign national groups coming to live in the UK.

Perhaps the only shared characteristic of migrants is that they come from another country. Migrant populations are diverse and like any other group have social, cultural and material assets. In addition, local areas across the UK face distinctive issues according to the particular composition of the population, the rate of change, and other social, economic and political factors.

Demographic variation of this magnitude and speed has a significant impact on local needs, and services must be able to respond promptly and appropriately. The JSNA is an important tool in bringing this about.

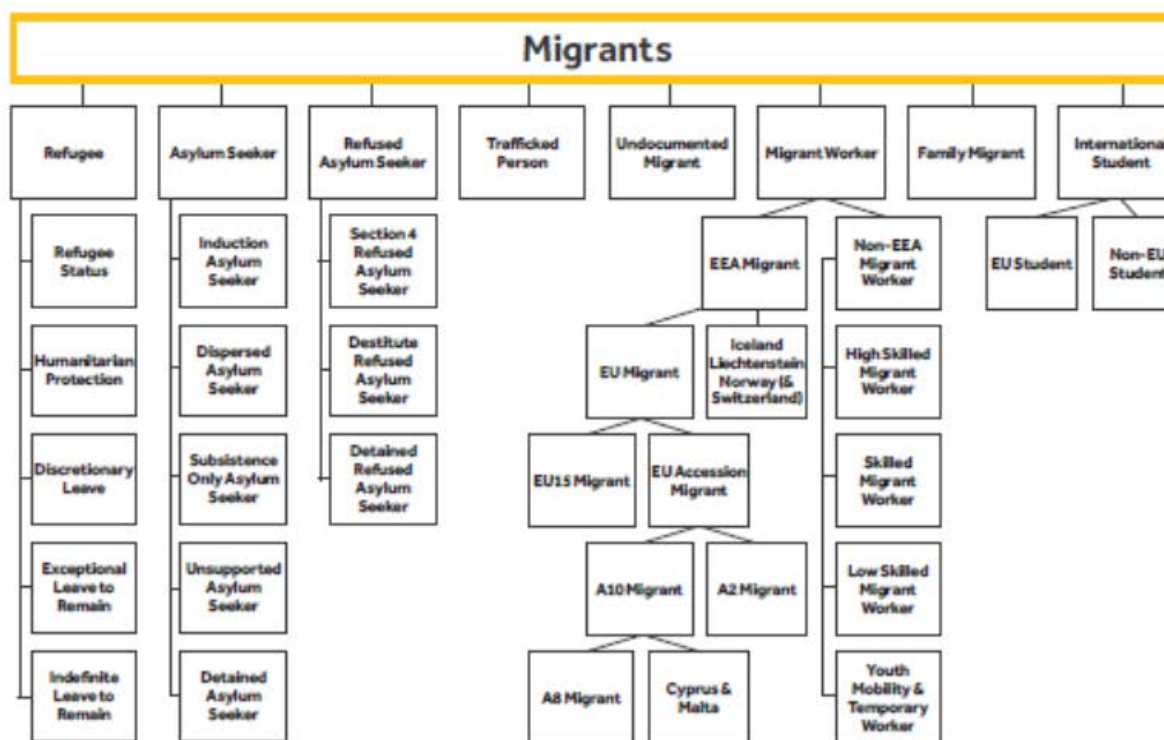
The process of JSNA described here is one of general scoping to gain an overview of local populations and their needs. This can serve as a basis for more meaningful detailed work about specific populations such as:

- Polish workers and families.
- People from Central or sub-Saharan Africa with high rates of HIV.
- Undocumented Chinese men or women working in restaurants.
- Refused asylum-seekers living in Section 4 accommodation.
- Students from Asian countries studying at the local university.
- Slovakian Roma.
- Torture survivors.
- Young separated refugees without recourse to public funds.
- People coming to join family already resident in the UK.

## Including migrant populations in Joint Strategic Needs Assessment

### Who are migrants?

This diagram shows different 'types' of migrants in the UK (as developed by the Yorkshire and Humber Migration Partnership). See Appendix 1 for definitions.



Who are migrants?



"EQUALITY ISN'T A  
MINORITY INTEREST.  
A FAIRER SOCIETY  
BENEFITS EVERYONE IN  
TERMS OF ECONOMIC  
PROSPERITY, QUALITY  
OF LIFE AND GOOD  
RELATIONS WITHIN AND  
AMONG COMMUNITIES.  
THE RESPONSIBILITY  
FOR BUILDING A  
SUCCESSFUL  
SOCIETY RESTS WITH  
ALL OF US."<sup>15</sup>

## Including migrants

# Why include migrants?

Migrant populations are usually locality-specific and change over time, sometimes rapidly. A proactive approach – one of understanding and inclusion – will pay dividends in the long term (as opposed to waiting until problems are acute).

Despite being small in number, migrant populations are heterogeneous with diverse assets and sometimes complex needs. Some will experience a disproportionate level of need which may be challenging to articulate and to be heard. These factors are more fully explored in the Health and Wellbeing Determinants Mind Map and table in this guide (see pages 9 and 10).

Understanding the needs and assets of migrants within our communities yields a number of benefits, and can be justified in a number of ways:

- It is about social justice and is an essential part of addressing health inequalities.
- It is a key component in generating community cohesion.
- It is integral to the economic wellbeing of our society.
- It is about continuing to address the needs of the most vulnerable members of our society and enabling their full participation.

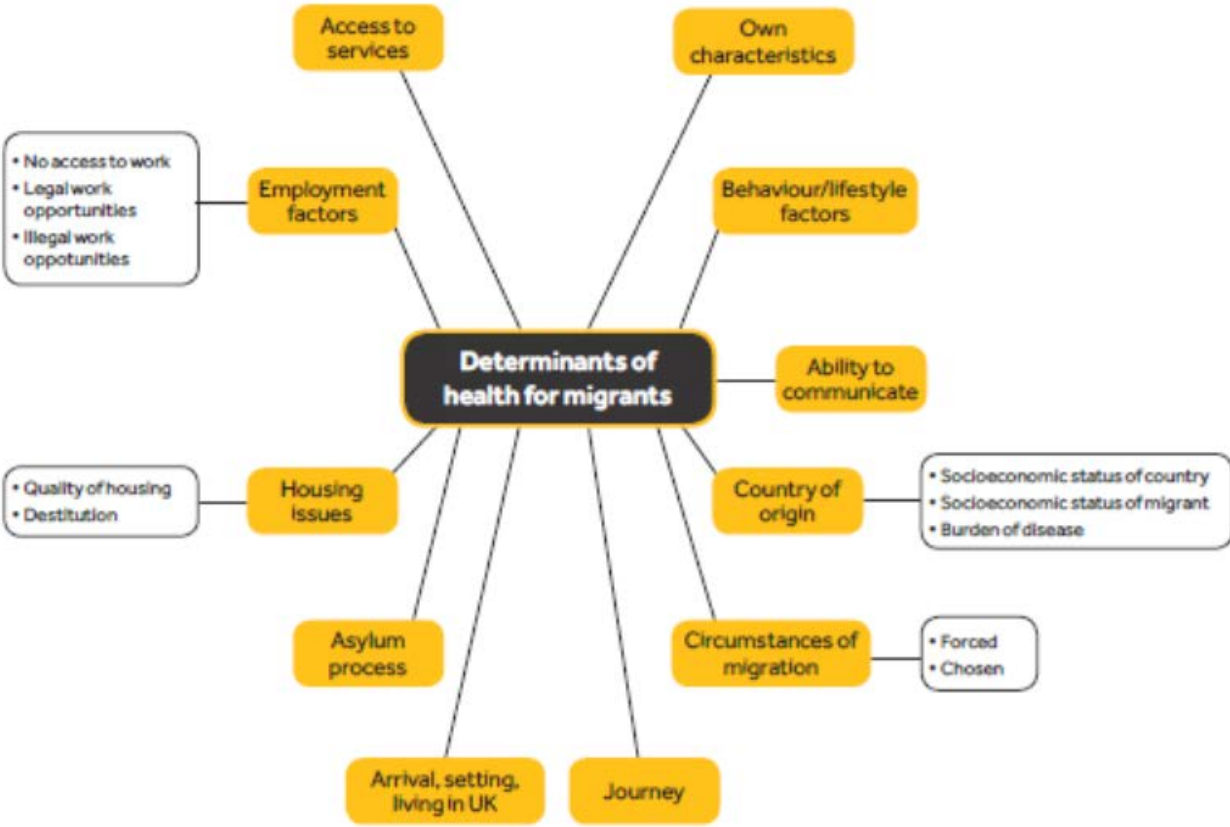
A key output from JSNA is engagement of the migrant community through their involvement in the process. Therefore a likely positive outcome of JSNA is increased understanding of health service provision among migrant populations, and more timely and appropriate uptake.

Anticipated benefits of addressing the needs of vulnerable migrants include:

- Early diagnosis of blood borne viruses (HIV, Hep A,B,C), prevention of onward transmission and better outcomes.
- Identification of sexually transmitted disease and prevention of onward transmission.
- Screening for TB, support at diagnosis and improved compliance with treatment, thereby reducing risks for multi-drug resistant TB and extreme-drug resistant TB.
- Early identification of mental health problems and provision of appropriate support, thus reducing risk of crises and suicide.
- Screening for chronic medical conditions allows early identification and support enabling appropriate management, thus avoiding preventable complications, Accident and Emergency attendances, and hospital admission.



# Including migrant populations in Joint Strategic Needs Assessment



Why include migrants?



## Including migrants

### Determinants of health and wellbeing for migrants

|   |   |
|---|---|
| <b>Own characteristics</b>  | Age, gender, ethnic group, past and current medical history.  |
| <b>Behaviour/lifestyle factors</b>  | Smoking, drug and alcohol use, diet, exercise.  |
| <b>Ability to communicate</b>   | Language(s) spoken, access to appropriate interpretation, cultural differences such as gender.  |
| <b>Country of origin</b>  | Burden of disease and prevalence of infectious diseases. Socioeconomic status (macro – country's position in global economy, micro – personal circumstances in own country prior to migration).   |
| <b>Circumstances resulting in migration (such as war, conflict, persecution, exploitation, imprisonment, torture)</b> | Physical trauma: sequelae of torture (shrapnel, un- or under-treated war wounds or fractures, infection, malnutrition, epilepsy, hearing loss, amputation). Spiritual, ideological, emotional trauma and complex bereavement.   |
| <b>Nature of journey</b>  | Prolonged journey, uncertain outcome, physically dangerous, poor hygiene and sanitation, inadequate water and/or nutrition, trauma, extremes of temperature, separation from family and friends.  |
| <b>Arrival and 'settling' process, living in the UK</b>   | Poverty, grief, isolation, home sickness, racial harassment, anxiety about family members (present and absent). Denial of right to work, loss of identity, status and means to provide for self and family, loss of hope, despair at own story not believed, limited access to healthy food choices, different expectations of health services, entitlement confusion.  |
| <b>Asylum process</b>   | Uncertainty of outcome of process and associated despair, stress.   |
| <b>Housing issues</b>   | The quality of accommodation and landlord practice. Poorly maintained or inappropriate housing (including problems such as damp and mould, leaks, draughts, vermin, fuel poverty, inadequate food storage and hygiene facilities, increase risk of ill-health). Overcrowding and houses of multiple occupation. Sharing space with strangers (can have a negative impact on mental health as well as increasing risk of physical ill-health such as food-borne and other communicable diseases). Destitution – has significant negative physical and mental health effects. |
| <b>Employment factors: no access to legal employment (asylum seekers)</b>   | Worklessness impacts on mental wellbeing.<br>Poverty impacts on physical and mental wellbeing.  |
| <b>Employment factors: illegal/unregulated employment</b>   | Exploitation, long hours, less than minimum wage, surrendered documents (if have any), little or no job security. Accommodation may be linked to employment: poor quality, houses of multiple occupation.<br>Risk to physical and mental wellbeing: mental distress from circumstances of employment such as trafficking (intimidation threats to family members at home). Direct physical hazards such as sexually transmitted infections (in sex workers).<br>Musculoskeletal injuries such as via exposure to heavy machinery, manual labour in agriculture.             |
| <b>Employment factors: legal employment</b>   | Low skill, low paid: poverty impacts on physical and mental wellbeing.<br>Potentially unaware of rights and open to exploitation.   |
| <b>Access to services</b>   | Lack of understanding or awareness of service options, unfamiliar systems and language, different previous experiences, for instance of health care and different expectations.   |

## ITEM 4: Cambridge Refugee week



Refugee Week



Cambridge celebrates

# REFUGEE WEEK

20 - 26 JUNE 2016



**7th June - 4th July**

**Cambridge Refugee Stories exhibition and featured events**

- The Museum of Cambridge

The Museum of Cambridge will be exhibiting refugee stories, collected from the local community, in their 'Community Cabinet' exhibition from 7<sup>th</sup> June to 4<sup>th</sup> July, as well as hosting a series of Refugee Story events (listed below)

**Greta Burkill exhibition**

7<sup>th</sup> June - 3<sup>rd</sup> July

Greta Burkill 'We Must Save the Children - the Cambridge Refugee Committee 1938-46' exhibition from Keystage Arts and Heritage Company.



**Beyond Borders and Boundaries** FREE EVENT

Monday 20<sup>th</sup> June, 19:00

Acting Now's winning project at the first Cambridge Soup, has come to life and its result will be performed by the participants of the workshop again as a Forum theatre performance during Refugee Week. Participants from Beyond Borders and Boundaries will represent their performances in front of an audience at the Museum Of Cambridge.

**Presentation on the Cambridge Refugee Committee** FREE EVENT

Wednesday 22<sup>nd</sup> June, 19:00

A talk from Mike Levy of Keystage Arts and Heritage Company on his research into the Cambridge Refugee Committee, accompanied by dramatised monologues based on refugee stories.

**Museum admission charges**

Adults: £4.00, Concessions: £2.00  
Children under 12 years: Free  
Friends of the Museum: Free

**Museum opening times:**

Tues-Sat: 10:30 - 17:00. Last admission 16:30  
Sunday and Bank Holidays: 12:00 - 16:00  
Last admission: 15:30

**For further information, visit:**  
[www.facebook.com/museumofcambridge](http://www.facebook.com/museumofcambridge) or email [hilary.coxcondron@museumofcambridge.co.uk](mailto:hilary.coxcondron@museumofcambridge.co.uk)

**Monday 20<sup>th</sup> June, 20:00 - 22:00**

**Refugee Week Panel Discussion on the new Immigration Act 2016** FREE EVENT

- Latimer Room, Old Court, Clare College

The Immigration Act 2016 received Royal Assent on 12<sup>th</sup> May. The Act represents the culmination of the Government's efforts to create a hostile environment for migrants attempting to secure status to remain in the UK. Those involved in assisting migrants and refugees need to understand the new legislation. The panel discussion will bring together some of the UK's leading lawyers and campaigners to consider the implications of the Act.

**Confirmed panel members:**

- Alison Harvey, General Secretary of the Immigration law Practitioners Association
- Saira Grant, Director of the Joint Council for Welfare of Immigrants

**Free entry, but tickets required.**  
**For further information and tickets, visit:**  
[www.eventbrite.co.uk/e/refugee-week-panel-discussion-on-immigration-act-tickets-25628108362](http://www.eventbrite.co.uk/e/refugee-week-panel-discussion-on-immigration-act-tickets-25628108362)

**Thursday 23<sup>rd</sup> June, 18:30**



**Hamsa (film)** FREE EVENT

- Anglia Ruskin University, Room Z1


A story of refuge. One family. Four years. From Syria to Germany.

**Free entry, but tickets required.**  
**For further information and tickets, visit:**  
[www.anglia.ac.uk/community-engagement/hamsa](http://www.anglia.ac.uk/community-engagement/hamsa)

**Hamsa schedule:**

18.30 - refreshments  
19.00 - short intro  
19.10 - film screening  
19.30 - Q&A  
20.00 - event finishes

**Friday 24<sup>th</sup> June, 12:30 - 14:00**



**Hora Chilena (film)** FREE EVENT

- Anglia Ruskin University

Hora Chilena film tells the story of a group of Chileans who fled the brutal Pinochet dictatorship of the 1970s and landed in Cambridge to find an interesting reception from the locals.


**Free entry, but tickets required.**  
**For further information and tickets, visit:**  
[www.angliaruskincommunity.eventbrite.co.uk](http://www.angliaruskincommunity.eventbrite.co.uk)

**Saturday 25<sup>th</sup> June, 10:30 - 13:30**


**Cambridge City Amnesty Asylum Project market stall** FREE EVENT

- Market Square, Cambridge

The Cambridge City Amnesty Asylum Project sub-group will have a stall in the market square providing informational material on the amnesty Asylum Justice Project and petitions to sign.



Events and activities presented by:



"Refugee Week is a UK-wide programme of arts, cultural and educational events that celebrate the contributions of refugees to the UK and encourages a better understanding between communities. Its aim is to deliver positive educational messages that counter fear, ignorance and negative stereotypes of refugees and to promote understanding about the reasons why people seek sanctuary" - source Refugee Week Website.

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## East Barnwell Surgery Advice on Prescription Project

Year 1 Review

### Background

There are a number of academic studies demonstrating links between poverty and poor health. Even in the UK with the theoretical safety net of benefits, the system is so complex that not everyone in need knows to what they are entitled, or has the ability to claim it. In addition, those with an adequate income do not always have the ability to manage it effectively, with a consequent negative effect on their health.

The Advice on Prescription Project was set up to provide an advice service at the East Barnwell Health Centre to which GPs and other medical staff could refer appropriate patients. It was envisaged that many of these would have stress and anxiety issues. Although medical referrals would be prioritised, patients could also self-refer via the Health Centre reception desk.

The East Barnwell Health Centre was chosen for the project as it is one of the furthest from the city centre and has poor transport links to the bureau's main office. It has the most deprived practice population in Cambridge which Public Health England's National GP profile puts in the 4th worst decile nationally. In addition, there was already support for the project within the practice.

The service started on 27 April 2015 and operated two days a week, with a third day set aside for follow up work. This report covers the period 27 April 2015 to 30 April 2016.

### The Clients and their Problems

Across the year, our adviser made 120 appointments and saw 67 different patients. Some of the patients had a number of complex interrelated problems requiring several appointments to resolve. Others required additional support appointments to progress issues such as complex disability benefit applications and Debt Relief Orders. A number also came back one or more times with entirely unrelated problems. The most common reasons for referral were:

- Benefit problems (40.3%)
- Housing (29.9%)
- Debts (13.4%)
- Relationship/family (10.4%)

Employment problems (6.0%) were less common than some originally expected. However this may be due to patients who were unemployed or unfit to work being classed as having presented with Benefit rather than Employment problems.

As is usual for Citizens Advice clients, presenting problems rarely related to a single issue. In total the adviser needed to address and deal with 325 separate issues, an average of 4.9 issues per patient and 2.7 per appointment. In some cases, such as when completing Personal Independence Payment applications, appealing a benefit decision or applying for a Debt Relief Orders, they would have enlisted the help of specialist staff back at the main office.

As expected, there was a much higher level of disability and long term health problems amongst this client group than that of Cambridge Citizens Advice clients as a whole. During the registration process 19% of clients seen at the Health Centre declared themselves to be disabled and 51% to have long term health

problems. This compares with 8% declaring a disability and 25% a long term health problem amongst all clients seen in 2015-16.

### **The Financial Outcomes for patients from benefits, debt right offs and other sources**

Nearly half of all patients seen had money problems. Many needed help claiming benefits to which they were entitled, and others were weighed down with debt. Some needed help drawing up a weekly budget.

Overall the service assisted patients to claim over £142,500 of benefits to which they were entitled (back payments plus annualised weekly amount) and obtain a further £3,900 from charitable grants and other sources. It also removed the burden of debts totalling £84,300 from patients, either by successfully challenging wrongful demands or through Debt Relief Orders and Bankruptcy Petitions.

This amounts to a total annual financial gain of over £230,800, which is an average of £3,444 per patient.

### **Other outcomes**

These are harder to track and quantify, but we have certainly prevented at least one immediate threat of homelessness and helped patients involved in another ongoing tenancy case to obtain legal representation.

### **End of Year Patient Survey**

At the end of the year a patient survey was conducted using a combination of internet and telephone questionnaires. 27 responses were obtained (40% of patients seen but roughly 50% of those we were in a position to try to contact).

Key findings were:

- 74% said that at the time they saw the adviser their day-to-day activities were limited because they were not well or had a disability. (This is broadly in line with the results of data collected at registration but it should be noted that the survey question specified that the condition was life limiting).
- 37% of respondents said their problem had been successfully resolved and 59% said it had been partly resolved. (In many cases this was because work is ongoing or they are awaiting decisions or actions from third parties such as the Department of Work and Pensions).
- 25% said that their condition had improved since seeing the adviser.
- 59% said that their anxiety/stress levels had reduced following the advice and support given by the CAB.
- 61% of respondents who said that they had discussed or received support with benefits, debt or budgeting issues said that they could manage their money better as a result.
- 19% of respondents said that they now see their GP less often than they did before seeing the adviser.

A frequent observation made by respondents was the ease of accessing the service, and in a number of cases, the difficulty they would have faced if they had been referred to an unfamiliar location in the City.

## **End of Year East Barnwell Staff Survey**

The survey of East Barnwell Health Centre staff was conducted using a self completion paper questionnaire sent to both medical and reception/support staff.

Key findings from the medical staff (GP's and nurses) were:

- All who had referred patients to the service believed it had been of benefit to both their patients, and to their own work.
- There was general agreement that benefits to patients were not only financial, but also a reduction in their levels of stress and anxiety, as well as improvements in their general health and wellbeing.
- Over half the respondents said they envisaged making more referrals to the service in future.

The point raised by some patients about the difficulty they would face accessing a service outside of their local neighbourhood was echoed by one of the GPs.

## **Delivery of the Service**

The resources of Cambridge Citizens Advice are already fully committed and it would be impossible to provide an immediate appointment for East Barnwell patients without employing an extra member of staff to do this. The cost of doing so is the same, apart from £1,500 for travel, whether it is based at the main office or at the Health Centre.

The journey from East Barnwell to Devonshire Road is about 2.5 miles, too far for many of the patients seen to walk. There is no direct bus and for mobility, confidence and cost reasons a significant proportion of the patients referred would not make the journey. The taxi fare each way is around £11.00, i.e. £22 per appointment and too much for many to pay. The total cost of providing a free taxi service to and from appointments would have been an extra £2,640 and would have been difficult to administer.

The results of the patient survey together with the complexity of most of the problems we have dealt with confirms our initial view that a telephone based service would not meet the needs of this client group and would have posed a significant barrier to access.

There is no evidence of a reduction in client numbers or the waiting time for appointments at the main office as a result of running this project. However, not all appointments slots at East Barnwell were filled last year and so there is capacity to accept additional referrals which the medical staff expect to make in 2016-17.

## **Conclusions**

The financial benefit to patients is clear. Moreover the financial gains for patients considerably exceeded the £24,741 annual cost of running the project.

Medical staff are of the opinion that the project has been of benefit to the health of the patients and their own work looking in after them. This view confirmed by the patient survey, particularly in relation to levels of stress and anxiety.

Patients valued the service being provided locally in a familiar location and a number expressed concern about their ability to access a similar service being provided at the main office in Cambridge.

The client profile results support the patients' feedback that basing the service at the Health Centre has significantly improved their ability to access advice.

There would have been no cost advantage in basing the service at the main office.

There service has the capacity to accept the increased number of referrals anticipated 2016-17.

Due to the complex and interconnected nature of the non medical problems faced by many of the patients, sorting these out usually took more than one appointment as well as waiting for responses from third party agencies. As a result at the end of the year, a number of clients seen in 2015-16 are still receiving assistance.

Taken as a whole, the findings make a clear case for maintaining the service in its present form at the East Barnwell Health Centre and for its expansion to others.

John Knox

17 June 2016

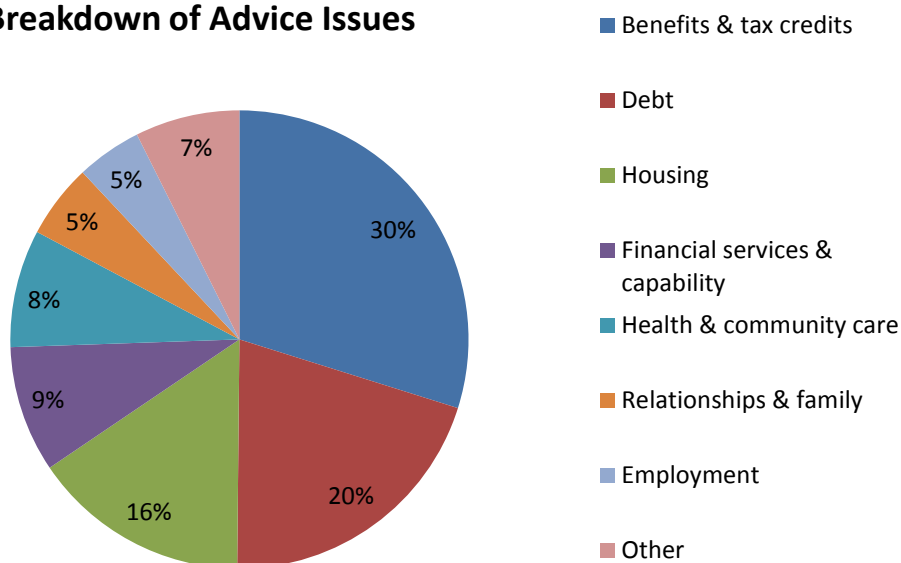


## Appendix 1:

In the first year our Adviser has seen 67 patients and undertaken approximately 120 complicated and time consuming appointments and dealt with 325 different issues.

| Issues raised during appointments |            |
|-----------------------------------|------------|
| Benefits & tax credits            | 97         |
| Consumer goods & services         | 6          |
| Debt                              | 66         |
| Employment                        | 15         |
| Financial services & capability   | 29         |
| Health & community care           | 27         |
| Housing                           | 50         |
| Immigration & asylum              | 2          |
| Legal                             | 5          |
| Other                             | 6          |
| Relationships & family            | 17         |
| Travel & transport                | 4          |
| Utilities & communication         | 1          |
| <b>Total issues</b>               | <b>325</b> |

### Breakdown of Advice Issues



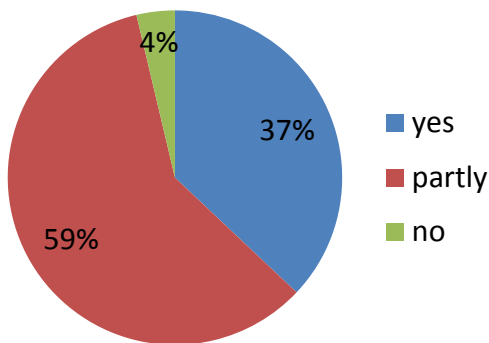
Financial outcomes:

|                                  |                    |
|----------------------------------|--------------------|
| Benefit gains:                   | <b>£140,306.16</b> |
| Debts written off:               | <b>£84,310.26</b>  |
| Other financial gains:           | <b>£15,555.26</b>  |
| <b>Total financial outcomes:</b> | <b>£240,171.68</b> |

## Appendix 2: The Patient Survey

This was conducted by a mixture of email and telephone surveys, both using the same questionnaire. The five clients seen for the first time within the final month of the year were not included in the survey as, in many cases, it would be too early to know the final outcome of the work done. Also excluded for obvious reasons were the four anonymous clients. Thus the 27 completed questionnaires obtained represented a 47% response rate.

### Was your problem successfully sorted out?



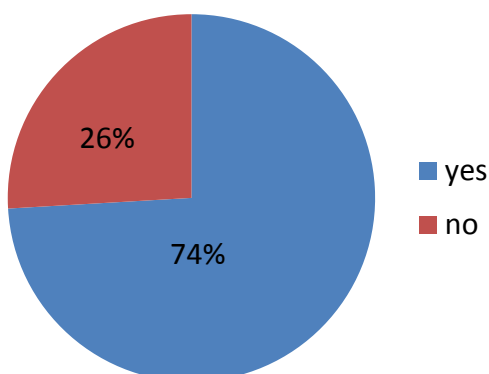
Respondents were asked 'Following your appointment with the CAB adviser, was your problem successfully sorted out?'

37% said that their problem was successfully resolved and 59% said it was partially resolved.

A number of reasons contribute to a relatively high proportion of partly responses:

- Clients with irresolvable problems
- Clients who are advised that they are not entitled to what they hoped they were.
- Clients with multiple problems which are being presented to the adviser one at a time.
- The speed with which patients wish or are able to deal with
- The timing of the survey and the length of time taken to get a result from third parties on issues such as Personal Independence Payments, debt problems and housing priority changes.

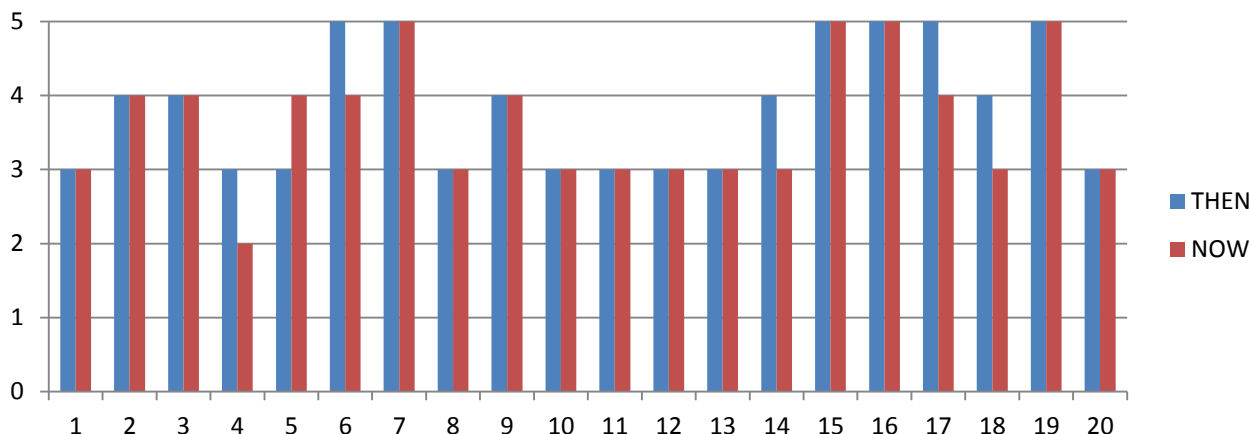
### Patients with life limiting conditions



To identify these, respondents were asked 'At the time you saw the adviser, were your day-to-day activities limited because you were not well or had a disability?'

The relatively high proportion of clients who said yes appears to be in line with the original design of the project.

### Life-limiting Impact of Medical Condition



Respondents who said that they had a condition which affected their daily lives were asked to rate the severity of its impact before they saw the adviser and now on a five point scale (1 being not at all and 5 very high).

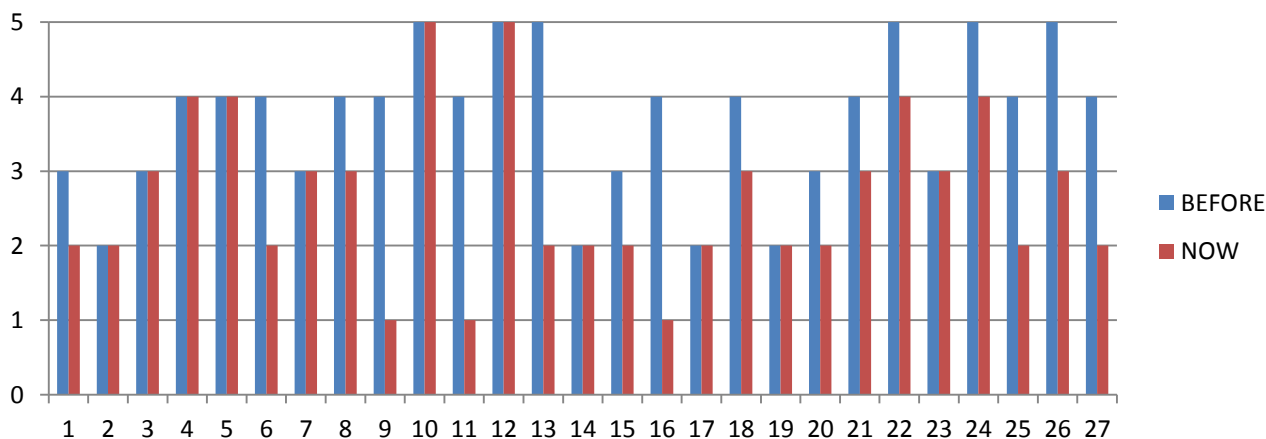
25% of respondents said that their condition was better now than before they saw the adviser. 5% (one individual) said their health condition had worsened (though in terms of our work, she had been assisted to claim extra benefit and she was better off as a result). The average impact score for this group before advice and support was 3.85 and is now 3.65.

Clearly the most likely therapeutic outcomes of the service are a reduction in anxiety /stress and general wellbeing improvements such as more money to spend on food, heating and housing. Although the nature of respondent’s conditions were not explored in the survey, evidence from the interviews suggests that many had longstanding physical ailments which were less likely to improve than stress or anxiety conditions.

I think these three graphs are quite important- worth highlighting in the main text.

Life limiting illness is the same, so people are not biased into reporting better health by seeing an adviser, but do report less stress and anxiety.

### Effect on Stress and Anxiety Levels

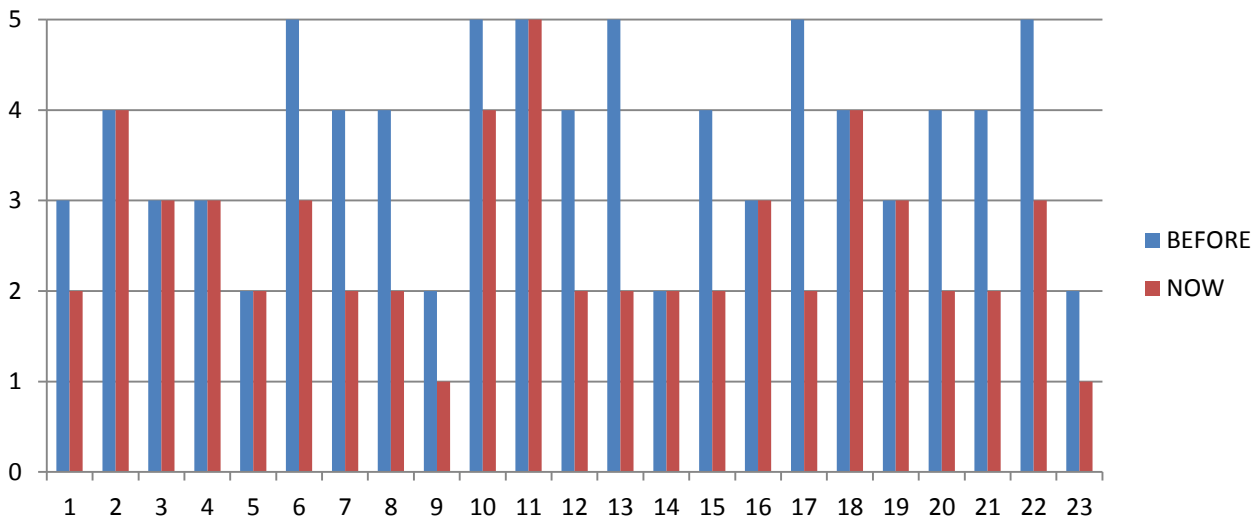


Respondents were asked 'How would you rate your worry/stress levels BEFORE you saw the adviser and NOW?'

59% of respondents said that seeing the adviser and getting her support had reduced their stress and anxiety levels.

The average pre-interview stress/anxiety score for all respondents was 3.70, and that now after advice and support is 2.67, a reduction of 1.03.

### Difficulty Managing their Money

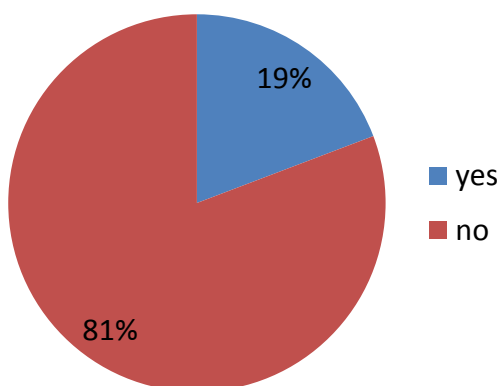


Respondents were asked 'If you discussed benefits, debts or budgeting with the adviser, how would you rate your ability to manage your money BEFORE seeing the adviser and now?'

85% of respondents said they had discussed benefits, debt or budgeting with the adviser and 61% of these felt better able to manage their money after their help and support.

The average pre-interview difficulty managing money score for respondents was 3.70 and that after advice and support 2.57, a reduction of 1.13.

### Effect Advice & Support on Frequency of Visits to GP



Respondents were asked 'Would you say that you see your GP or other health staff less often since seeing the adviser?'

19% said that yes.

It is hard to say whether this is the result of the advice and support they received, the treatment they received or a general improvement in their condition.

## Comments and Suggestions put Forward by Patients

Over 80% of respondents commented on the service, all favourably. The main themes were its convenience, ease of access, the familiarity of the location, and quality of the service.

A number of patient with disabilities commented on the difficulty they would have had going to town for advice, in particularly to places they had not gone to before.

- *Very easy. Right on the doorstep and very easy to get hold of you. I found the service extremely good. I was able to speak in confidence and not worry about it. In fact I was worried about the project ending.*
- *I like the service being there. It was not the adviser's fault that I cannot get help with prescription costs.*
- *The appointment was very helpful but I am still awaiting the result of my benefit (PIP) application*
- *It was very helpful.*
- *It is a good idea. I did not know where to go to get help and knew where the appointment was.*
- *Condition has improved slightly.*
- *Brilliant. I am a wheelchair user and I could access it easier than a service in town*
- *Very useful*
- *Very good idea to have services in Drs so thank you for having one at my Drs surgery. I hope it stays there*
- *The adviser did not believe how bad this Government is!!!*
- *Valuable service to the community*
- *Regarding the outreach service, "I find it very comforting".*
- *Easy and straightforward to access. I felt the service was really helpful, really beneficial. The advice I was given was really brilliant. I was really surprised at how good the advice and information was.*
- *The service is very helpful. In view of my condition it being at the surgery made it much easier than going to a new destination in town (Patient has vision problems). It made it easier than coming to town*
- *Fantastic! Easier. Familiar location so creates less anxiety.*
- *It makes getting help easier and saves time*
- *A useful service but it is not really geared up to advise on my particular problem (family/relationships) so I had to be referred to a solicitor.*
- *The adviser was very helpful. Also I would have had difficulty going down to the main office in Devonshire Road.*
- *The surgery is a familiar location. I have difficulty going to new places.*
- *More convenient.*
- *I think it is a very valuable service to have at a surgery.*
- *Brilliant! Much easier to get there.*

### Appendix 3: East Barnwell Health Centre Staff Survey

A survey of medical and reception/support staff was conducted amongst at the East Barnwell Health Centre. Seven responses were received from the medical staff and six from the reception/support staff.

All the medical staff in the practice that completed the survey had referred patients to the service apart from the midwives.

All who had referred patients believed it had been a benefit to both their patients and to their own work. This was explained by one GP: *'Very helpful with patients who are facing many challenges and finding it difficult to get themselves sorted out. Removes the need for further signposting in the consultation.'*

There was also general agreement that the service had benefitted patients financially, by reducing their stress/anxiety levels and in terms of general health and wellbeing. However one GP observed that there had not been sufficient feedback on the outcome of the referrals to know for sure. (We are working to address this issue)

Four out of the seven foresaw making more referrals to the service in the second year and the other three envisaged their level of referrals being similar to this year.

Their General comments about the service are listed below:

- *It feel as if this is an increasingly valued service for many patients the relatively short distance that they would otherwise need to travel to get to a CAB is a barrier to access.*
- *The figures on the accompanying spreadsheet I have just seen are impressive.*
- *Excellent service really valued by patients and staff*
- *The service has proved to be a success so far. Most patients seem to appreciate the proximity and the value of this service.*
- *Very much hope the service continues to be offered to this vulnerable patient group.*
- *It would be great if the service could continue.*

The reception/support staff were responsible for referring a significant number of patients to the service as there are promotional posters in the main waiting area at the Health Centre. In addition, as one respondent explained *'we are familiar faces, and therefore able to promote the service'*.

All felt that the service was of benefit to the patients and they envisage making more referrals to it in the coming year.

**Cambridgeshire & Peterborough joint declaration on improving  
outcomes for people experiencing mental health crisis  
November 3, 2014**

"We, as partner organisations in Cambridgeshire & Peterborough, will work together to implement the principles of the Mental Health Crisis Care Concordat to improve the system of care and support so people of any age in crisis, because of a mental health condition, are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever of our services they turn to first.

We will work together to prevent mental health crises happening whenever possible through prevention and early intervention.

We will make sure we meet the needs of vulnerable people in mental health crisis providing them with the right care at the right time and from the right service.

We will strive to ensure that all relevant public services, voluntary and private sector partners support people with a mental health problem to move towards recovery.

We will develop ways of sharing information, where appropriate, to enable front line staff to provide co-ordinated support to people in mental health crisis.

We are responsible for delivering this commitment to the people of Cambridgeshire & Peterborough by putting in place, reviewing and regularly updating our local Mental Health Crisis Care Concordat action plan.

**This declaration supports parity of esteem, where mental health is valued equally with physical health. It does so in the following ways:**

- Through everyone agreeing a shared care pathway to safely support, assess and manage anyone who asks any of our services for help in a mental health crisis. This will result in people with suspected serious mental illness, and their carers, being provided with advice and support and will ensure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience, whether they are professionals, people who use mental health crisis care services, and/or carers, and to reduce the likelihood of harm to the health and wellbeing of these people.
- By making sure services for people of all ages in mental health crisis are safe and effective, with clear policies and procedures in place, and that organisations can access appropriate services and refer people to them in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to staff, carers, patients, service users and the wider community, and to support people's recovery and wellbeing.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the incidence of suicide."

We, the organisations listed below, support this declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Cambridgeshire & Peterborough.



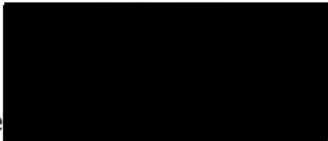
Name Neil Graham Bright  
Position PCC



Creating a safer  
**Cambridgeshire**



Name Mark Hopkins  
Position ACC



Signature  
Name M. Allingham  
Position Chief Inspector



Cambridgeshire and Peterborough  
Clinical Commissioning Group



Signature  
Name M K Donnelly  
Position Chair





Signature  
Name Adrian Coates  
Position Executive Director



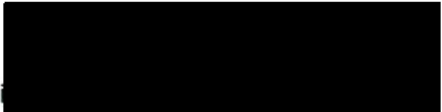
Signature  
Name Jana Burton  
Position Exec Director Adults, Health and wellbeing



East of England Ambulance Service   
NHS Trust

Signature   
Name... Ross BRAND  
Position... Senior Locality Manager

Cambridgeshire and Peterborough   
NHS Foundation Trust

Signature   
Name... JULIET SPENCE  
Position... CHAIRMAN

Hinchingbrooke Health Care   
NHS Trust

Signature   
Name... Catherine Hubbard  
Position... Medical Director

 mind | Peterborough  
for better mental health and Fenland


Signature   
Name... EMILY GRAY  
Position... CHIEF EXECUTIVE OFFICER

Cambridge University Hospitals   
NHS Foundation Trust



Dr Keith McNeil  
Chief Executive  
Cambridge University Hospitals

 mind in Cambridgeshire  
for better mental health

Signature   
Name... SARAH LUGGIES  
Position... CHIEF EXECUTIVE OFFICER

Bedfordshire  
Northamptonshire  
Cambridgeshire  
& Hertfordshire  
Community Rehabilitation Company



Signature. 

Name... *ALISON HARTCOCK*

Position... *Director of operations  
& Reducing Re-offending.*

Supported by



Supported by



Supported by



Peterborough and Stamford Hospitals   
NHS Foundation Trust

Signature 

Name Stephen Graves

Position CEO

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