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Cambridge City Council

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Thursday, 23 March 2017
Time: 12.00 pm
Venue: Committee Room 1 - The Guildhall, Market Square, Cambridge, CB2 3QJ
Contact: Graham Saint **Direct Dial:** 01223 457013

AGENDA

1 Apologies

2 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.

3 Minutes and Matters Arising *(Pages 7 - 12)*

To approve the minutes of the meeting held on 14 September 2016

4 Presentation: Update on the Pharmaceutical Needs Assessment (PNA) for Cambridgeshire (2017) *(Pages 13 - 14)*

Katie Johnson, Specialty Registrar in Public Health, will outline the findings from the PNA and discuss changes in the role of local pharmacies moving forwards.

A summary of the Key Findings from the Cambridgeshire Pharmaceutical Needs Assessment is attached.

5 Update on the Work of Cambridgeshire's Health Committee *(Pages 15 - 38)*

Kate Parker, Head of Public Health Business Programmes at Cambridgeshire County Council, will advise the partnership of agenda items that were considered at the Health Committee meeting on 16 March 2017

and the outcome of any considerations by the committee.

The agenda for the meeting, the paper about the proposed change to the Chesterton Out of Hours base (including Health Impact Assessment and letter from City Executive Councillor) and a report on Cambridgeshire's Air Quality is attached.

The CCG said that it would bring back the key findings from the Out of Hours base consultation on to the Health Committee meeting and take forward comments for consideration by the CCG's Governing Body on 21 March. No report was available at the time of publication.

6 Update on the work of the Health and Wellbeing Board *(Pages 39 - 44)*

Kate Parker, Head of Public Health Business Programmes at Cambridgeshire County Council, will advise the partnership of agenda items that will be considered at the next HWB meeting on 30 March 2017. This is likely to include: Progress with the STP, Developing the Better Care Fund Plan and Dual Diagnosis of Mental Health and Substance Misuse issues. No report was available at the time of publication.

The HWB last met on 19 January 2017. Details of this meeting can be found here:

https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/156/Committee/12/Default.aspx

For the interest of members a report showing progress with the STP, provided to the 19 January meeting, is attached.

7 Update on the work of the Public Health Reference Group

Yvonne O'Donnell, City Council Environmental Health Manager, will talk about the work of the group, which includes the Cambridgeshire "Let's Get Moving Programme (previously reported to the partnership)", the Cambridgeshire Healthy Weight Strategy and other joint working initiatives between public health and district councils.

8 Progress Report on the Advice on Prescription project, led by Cambridge Citizens Advice Bureau *(Pages 45 - 66)*

A representative of Cambridge CAB will introduce the progress report is attached.

9 Next Meeting

The next meeting of the Cambridge Local Health Partnership will be on 29 June 2017, starting at 12 noon in the Guildhall.

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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- 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 14 September 2016
12.00 - 1.45 pm

In attendance: Cllr. Richard Johnson (City Council), Cllr. Margery Abbot (City Council), Cllr. Kevin Price (City Council), Cllr. Tim Moore (City Council), Elizabeth Locke (Healthwatch, Cambs), Sandie Smith (Healthwatch Cambs), Kate Parker (Public Health, County Council), Frances Swann (City Council), Sally Salisbury (Cambridge CAB), Adrian Lyne (Cambridgeshire County Council), Helen Mitchell (Operations Manager, Safeguarding), Carrie Holbrook (City Council), Yvonne O'Donnell (City Council) and Graham Saint (Cambridge City Council).

FOR THE INFORMATION OF THE COUNCIL

16/20/CLHP Apologies

Apologies were received from Councillor Nethsinga, Mark Freeman and Liz Robins

16/21/CLHP Public Questions

There were no public questions.

16/22/CLHP Minutes and Matters Arising

The minutes of the meeting of the 30th June 2016 were agreed and signed as a correct record.

16/23/CLHP Presentation: Healthwatch Cambridgeshire's Annual Report

Sandie Smith of Healthwatch gave the Partnership an update on recent successes, which were as follows:

i. A successful project with young people in Ely had resulted in a leaflet called 'Thriving'. This would be used in future work.
ii. Young people's emotional wellbeing was a priority and work was on-going to see if on-line counselling would be useful.
iii. Poor data collection from contact with gypsies and travellers was hampering the work of health teams.

iv. Inconsistencies had been highlighted with contact with different access points in the Cambridgeshire and Peterborough CCG.
v. The importance of listening to and bringing the user voice to discussions about health and social care was highlighted.

Sandie Smith gave the following responses to questions from the partnership:

i. Social care was under pressure and ensuring the patient voice was heard was challenging.
ii. Improved representation of service users was needed.
iii. It was recognised that those most in need of services were often the less able to access them. Healthwatch monitors and assists those in need and will ensure that this remains a strategic priority for the organisation.
iv. Levels of inequality in the NHS is monitored.
v. Healthwatch works across health and social care organisational boundaries and has protocols in place with areas outside of Cambridgeshire.

16/24/CLHP Cambridgeshire's Safeguarding Boards

Helen Mitchell stated that her new job title was 'Operations Manager' and that she now only covered adult services.

She gave the Partnership an overview of the work of the Adult Safeguarding Boards as follow:

i. The Care Act had required Safeguarding Boards to be in place.
ii. The Boards covered a wide catchment area.
iii. The public were represented on the Boards.
iv. A Multi Agency Safeguarding Hub (MASH) had been established.
v. The MASH triaged all referrals for immediate decisions on further action.
vi. This had been useful as it screened out those referrals that were requests for service rather than safeguarding concerns.
vii. Self-neglect was now recognised as a safeguarding concern.
viii. Partnership work with Peterborough was on-going to improve cross-boundary working.

Frances Swann gave an update of safeguarding from the City Council's perspective.

Adults:
i. The safeguarding policy had been updated.

ii. There were two lead officers and designated safeguarding leads in all teams.
iii. There had been 240 adult referrals in the last two years.
iv. Triage had improved the referral process.
v. There were some concerns regarding communication with the MASH.
vi. Staff training, awareness and procurement policies were important elements of the strategy.
vii. Prevention work had been highlighted as a way to address the rise in cases of self-neglect.
viii. Financial abuse of older people continues to be an issue of concern.

Children:

i. Lessons had be learnt from the Miles Bradbury Case.
ii. The MASH received 70 to 80 referrals a month regarding children
iii. Up to 70 percent of those referrals were not safeguarding. However, this was preferable to cases being missed.
iv. The MASH received referrals from the emergency services and these help to establish patterns of behaviour.

The Partnership agreed that the joined up service was to be welcomed.

Councillor Moore suggested that self-neglect and social isolation led to poor health and should be addressed. Helen Mitchell said that this had been harder to address as there was no 'abuser' for services to pursue.

16/25/CLHP Public Health Reference Group

Carrie Holbrook, Senior Sports Development Officer, Cambridge City Council, outlined the City Council's present local Sports and Activity Action Plan and outlined the joint "Community Led Physical Activity Proposals" initiated by the Public Health Reference Group.

She outlined the following activities and priorities:

i. Informal sports activities had a high uptake.
ii. Training of local sports leaders was on-going.
iii. Some doctors' surgeries in the north of Cambridge were able to refer people to a free twelve week exercise programme.
iv. Promoting better use of open space such as 3,2,1 running routes.
v. Looking to introduce activities targeted at girls.
vi. Promoting family activities.
vii. Would be targeting younger age groups in the near future.

In response to questions Carrie Holbrook stated that:

i. There was currently not the infrastructure in place to support popular 'Park Run' events in Cambridge. There was a possibility that these could be offered in the future in partnership with Cambridge University. Impact on wildlife would be closely monitored.
ii. Funding restrictions currently limit some activities to specific wards (Arbury and Abbey). However, it was hoped that these would be delivered to a wider area in the future.
iii. Walking Champions, Walk to School Buses and other partnership opportunities could be part of the next round of funded activities.
iv. Funding streams dictate what services could be offered in future and alternative funding sources such as the anti-poverty funding would be investigated.
v. Disabled sports activities were previously provided in-house but were now offered through sports clubs.

16/26/CLHP Update on the Health and Wellbeing Board

Adrian Lyne, Policy and Projects Officer at Cambridgeshire County Council, provided an update on the work of the Health and Wellbeing Board and gave an outline of items due to be discussed at its next meeting on 15 September 2016.

Items on the agenda for the next meeting included: Sustainability and Transport, Better Care Funding and an overview of other Health and Wellbeing Board workstreams.

16/27/CLHP Cambridge Citizen's Advice Bureau Advice Outreach

Sally Salisbury, Deputy CEO of Cambridge CAB, provided a progress report for the Cambridge CAB Advice Outreach project, including the extension of the project to other local health centres.

She stated that the project had been very successful. Those who received advice from the trained CAB advisor had reported a one third drop in the need to see their doctor. Over 40 individuals had been referred to alternative services. Service users had reported reduced stress levels. The project was now being extended to further GP surgeries. A service for the Arbury area, to be delivered at the Meadows Centre, was under development. A similar project would also be offered in Trumpington Pavillion in the near future. It was hoped that services would eventually cover the City, however, funding remained uncertain.

16/28/CLHP Next Meeting of the Partnership

The meeting ended at 1.45 pm

CHAIR

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Summary of Key Findings from the draft Cambridgeshire Pharmaceutical Needs Assessment (PNA) for 2017

Local pharmaceutical services

- Cambridgeshire is well provided for by pharmaceutical service providers. This PNA recommends that no new NHS pharmaceutical service providers are needed across Cambridgeshire at present.

- There are 110 pharmacies across Cambridgeshire and 43 dispensing GP practices. This works out at 23 pharmaceutical service providers per 100,000 people in Cambridgeshire, which is the same as the England average. The East of England average is only slightly higher at 24 per 100,000. There is also adequate access for the dispensing of appliances.

- We recognise that this may change during the next 3 years. The local population is forecast to increase substantially in the coming years. Several large-scale housing developments are in progress and a number of factors may influence the potential need for additional pharmaceutical service providers. The Health and Wellbeing Board partners will monitor the development of major housing sites and produce additional information to this PNA when necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

- 85% of pharmacies and 79% of dispensing GP surgeries responded to our PNA questionnaire about service provision. Of those responding all considered provision to be either ‘excellent’ ‘good’ or ‘adequate’ across the county.

- There appears to be good coverage in terms of opening hours for most days of the week. The extended opening hours of some community pharmacies are valued and should be maintained. 26 pharmacies are commissioned by NHS England to open for 100 hours a week and the out of hours provider, Urgent Care Herts is required to arrange medications when clinically necessary until a community pharmacy opens.

- Many pharmacies (96%) and dispensing GP practices (62%) reported that they offer some kind of home delivery service which can help to provide medications to those who do not have access to a car or who are unable to use public transport. This was substantially more than in 2014. Many pharmacies and dispensing surgeries also report they have wheelchair access.

The role of pharmacy in improving the health and wellbeing of the local population

- Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services.

- Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including providing information and brief advice, providing on-going support for behaviour change, motivational interviewing, and signposting to other services.

- As part of their national NHS contract, all pharmacies offer services to support individuals to understand their medicine and ensure they take them safely. 78 community pharmacies (84%) reported that they offer flu vaccinations to those at risk under the NHS Seasonal Flu vaccination programme, commissioned by NHS England. The Cambridgeshire & Peterborough Clinical Commissioning Group also employs some pharmacists too work locally to support the administering of medicine in care homes.

- Many pharmacies are commissioned (paid) by Cambridgeshire County Council Public Health department to play a role in supporting particular healthy behaviours. These include helping people to give up smoking, sexual health testing and advice and specialist drug and alcohol treatment and support:

    - Stop smoking activities in community pharmacies in Cambridgeshire have decreased since 2014, and there are still many community pharmacies that do not provide a smoking cessation service. There is potential for further development in this area.

    - All pharmacies in Cambridgeshire have been offered the opportunity to deliver the Community Pharmacy Chlamydia Screening and Treatment service. Only 26 pharmacies are signed up to the chlamydia screening programme so there is also opportunity to expand this across Cambridgeshire. Chlamydia screening is offered when Emergency Hormonal Contraception (EHC) is provided, since those requiring such contraception may also be at risk of infection.

    - Pharmacies in Cambridgeshire have the opportunity to receive training and provide emergency hormonal contraception – 28 pharmacies are currently commissioned to do this.

    - 34 pharmacies have also been sub-contracted by the Cambridgeshire Drug and Alcohol Action Team provider Inclusion to provide specialist drug and alcohol treatment and support. This includes access to sterile needs and syringes and supervising the administration of some drugs to reduce drug dependence and misuse.

    - All pharmacies support six Public Health campaigns every year which involves putting up posters and offering information, as part of their NHS contract. Opportunistic alcohol screening and providing brief advice on reducing alcohol consumption is another area where pharmacies could potentially contribute to improving the health of the local population in future. Also, many pharmacies currently offer weight management advice and advice on physical activity.

- Cambridgeshire Health and Wellbeing Board consider community pharmacies a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. Pharmacies are encouraged to bid for local health improvement contracts to provide services. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

- The Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver joined-up, patient-centred health and social care. This could be particularly important for frail older people and those with multiple or long-term conditions. At a local level, the Health and Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

Health Committee Agenda 16 March 2017

Agenda Items

CONSTITUTIONAL MATTERS

1 **Apologies for absence and declarations of interest**

Guidance on declaring interests is available at

http://tinyurl.com/ccc-dec-of-interests

2 **Minutes – 12th January 2017 and Action Log (214Kb)**

1. 2 Minutes Appendix C (539Kb)

3 **Petitions**

OTHER DECISION

4 **Finance and Performance Report – January 2017 (137Kb)**

1. 4 Annexe A (803Kb)

KEY DECISION

5 **Proposal to transfer the in house Stop Smoking Services to an external provider (186Kb)**

1. 5 Appendix 1 (173Kb)

SCRUTINY ITEM

6 **Report on the consultation on a future model for an Integrated Out of Hours base at Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's) (160Kb)**

OTHER DECISION

7 **Air Quality in Cambridgeshire – implications for population health (523Kb)**

SCRUTINY ITEMS

8 **PRISM (new primary care service for mental health) First Response Service (MH crisis support service) (254Kb)**

9 **Cambridgeshire and Peterborough Sustainability and Transformation Plan – Workforce overview (232Kb)**

10 **Consultation on proposed changes to the future provision of specialist fertility treatment in the Cambridgeshire and Peterborough Clinical Commi (154Kb)**

11 **Proposed Consultation on a future model for the referral and provision of NHS hearing aids for adults with mild hearing loss** *to follow*

12 **Health Committee working group update (240Kb)**

13 **NHS Quality Accounts – establishing a process for responding to 2016-17 requests (163Kb)**

OTHER DECISIONS

14 **Health Committee Training Plan (160Kb)**

15 **Appointments to internal Advisory Groups and panels, and Partnership Liaison and Advisory Groups**

16 **Health Committee Agenda Plan (200Kb)**

Meeting Documents

1. 11 Proposed Consultation on a future model for the referral and provision of NHS hearing aids for adults with mild hearing loss (136Kb)

i. 11 Appendix 1 Draft consultation process plan (217Kb)

ii. 11 Appendix 2 Draft consultation document (338Kb)

2. 10 Appendix 1 consultation document (407Kb)

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Agenda Item No: 6

REPORT ON THE CONSULTATION ON A FUTURE MODEL FOR AN INTEGRATED OUT OF HOURS BASE AT CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (ADDENBROOKE'S)

To:	**HEALTH COMMITTEE**
Meeting Date:	**16 March 2017**
From:	**Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has recently consulted on moving the current GP Out of Hours base from Chesterton Medical Centre to the integrated Clinic 9 at Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's). This paper updates the committee on that consultation.
Recommendation:	The Committee is to note the consultation themes at this point.

Officer contact:		***Member contact:***	
Name:	Jessica Bawden	Name:	Councillor David Jenkins
Contact:	Teresa Johnson, Executive Assistant, 07534 101165, teresa.johnson4@nhs.net	Chairman:	Health Committee
		Email:	ccc@davidjenkins.org.uk
		Tel:	01223 699170

1. BACKGROUND

1.1 The CCG has commissioned and mobilised a new Integrated Urgent Care (IUC) service which sees the coming together of NHS 111 and Out of Hours (OOH) urgent primary care services, supported by a clinical hub, under a single provider contract with Herts Urgent Care (HUC).

1.2 The CCG currently has five GP out of hours bases, run as part of the IUC contract by HUC. They are as follows:

- Chesterton, Cambridge
- Princess of Wales Hospital, Ely (co located with the Ely Minor Injuries Unit, [MIU])
- Doddington Hospital, Doddington (co located with the Doddington MIU)
- Hinchingbrooke Hospital, Huntingdon (co located with the A&E)
- Peterborough, Peterborough City Care Centre (co located with the MIIU)
- The base at Wisbech is run by the 111 and OOH provider for Norfolk, IC24.

1.4 When HUC took on the services, the location of the Cambridgeshire OOH base at Chesterton Medical Centre (CMC) was reviewed and HUC suggested that this was not the most clinically effective site for patients and that a co-located OOH base on the Cambridge University Hospitals Foundation Trust (CUHFT) site as part of an integrated urgent care offer with the A&E department would be more effective as part of the whole urgent care system. All other OOH bases are alongside other facilities such as Minor Injury Services or A&E.

1.5 Over recent months, the CCG has been reviewing patient flows in Cambridge alongside the Keogh Review recommendations and the Royal College of Medicine's research.

1.6 The IUC service went live on 16 October 2016 on the existing OOH site at Chesterton, as one of four sites (Wisbech is run by IC24). System wide discussions between the CCG, HUC and CUHFT have agreed that there is a strong clinical case for bringing these services closer together on the same site.
The main drivers for this review have been

- National research recommending co-location or urgent and emergency care services, so that primary care patients can have easy access to diagnostics and specialist services if they are needed
- The ability to make the two GP led urgent care services in Cambridge – Clinic 9 at CUH and the GP OOH base at Chesterton
- The opportunity to reduce pressure on the Emergency Department at CUH.

2. MAIN ISSUES

2.1 The CCG ran a public consultation from 23 January to 6 March 2017. The CCG committed to bringing back the key findings from the consultation on 16 March and to take forward the comments from the Health Committee for consideration by the CCG Governing Body on 21 March.

2.2 During the consultation 11 000 consultation documents were printed and distributed along with electronic versions emailed to a variety of stakeholders and members of the public.

Posters advertising the public meetings were printed and distributed. The CCG made all consultation documents available on the CCG website. The CCG held six public meetings in five locations in the Cambridge areas. The CCG also attended other meetings to discuss the consultation held by other organisations.

2.3 The six week consultation was to gather feedback from meetings, online survey, letters, emails and telephone calls. The presentation sets out the high level themes and responses received by the CGG during this six week consultation.

3. SIGNIFICANT IMPLICATIONS

These are set out in the Impact Assessments

SOURCE DOCUMENTS GUIDANCE

Source Documents	Location
Papers to **10 January 2017** meeting of CCG Governing Body; items 02.3 (Annex A) – 02.3f (Appendices 1-6)	***http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body/governing-body-meetings/governing-body-papers-2016-17/***

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Health Inequalities Impact Assessment (IIA)

Proposal to move the Cambridge out of Hours (OOH) base from Chesterton Medical Centre (CMC) to Cambridge University Hospital Foundation Trust (CUHFT) Clinic 9

1. Introduction:

Under the Health and Social Care Act 2012 CCGs have regard to the need to reduce inequalities between patients **in access to services that they commission!**

Therefore to fulfil this duty the CCG needs to consider the impact on patients in terms of access, regarding the proposal to move the Cambridge OOH base from CMC to CUHFT. Recognising that the proposed change only impacts on patients accessing OOHs urgent care services via a call to NHS 111. Following an assessment the disposition arising from the call requires them to see a GP, which in this case requires the patient to attend the nearest OOH base.

2. Background Information/Analysis:

Before considering the impact of the proposed move it is worth understanding the current situation and how patients access OOH services now.

Current situation: Nationally OOH services (1830 - 0830) can only be accessed by calling NHS 111. Patients who call NHS 111 who then are assessed as needing to see a GP can either be booked directly into a slot at their local OOH base, in this case CMC and be seen there, or if required a 'home visit' is arranged requiring the local base GP to go out to see the patient in their own home.

The impact of the proposal only affects patients living in the Cambridge wards (postcodes CB 1, 2, 3, 4 & 5), who would normally be assigned (via NHS 111) to CMC as their local OOH base or indeed be visited at home by a GP operating out of CMC.

The following categories focus on the issues associated with the relocation of the base which is primarily around 'access' to services. Under the proposal the clinical aspects of the service **will not** change.

Geography: Chesterton Medical Centre is located at 35 Union Lane, Cambridge CB4 1PX and is 4.2 miles North of CUHFT which located in Hills Road, Cambridge CB2 0QQ see fig 1.

Population & Deprivation: A review of the Cambridge Atlas ward profiles (2011 census) indicate that the most densely populated areas in Cambridge are in the Arbury & Kings Hedges and Chesterton wards (CB4 postcodes). Furthermore looking at the 'atlas' indices of multiple deprivation (IMD 2015 scores) indicates that in general the CB4 postcodes in the (see Table 1) are more deprived than the southern wards around where the proposed CUHFT site will be located (CB1&2 postcodes).

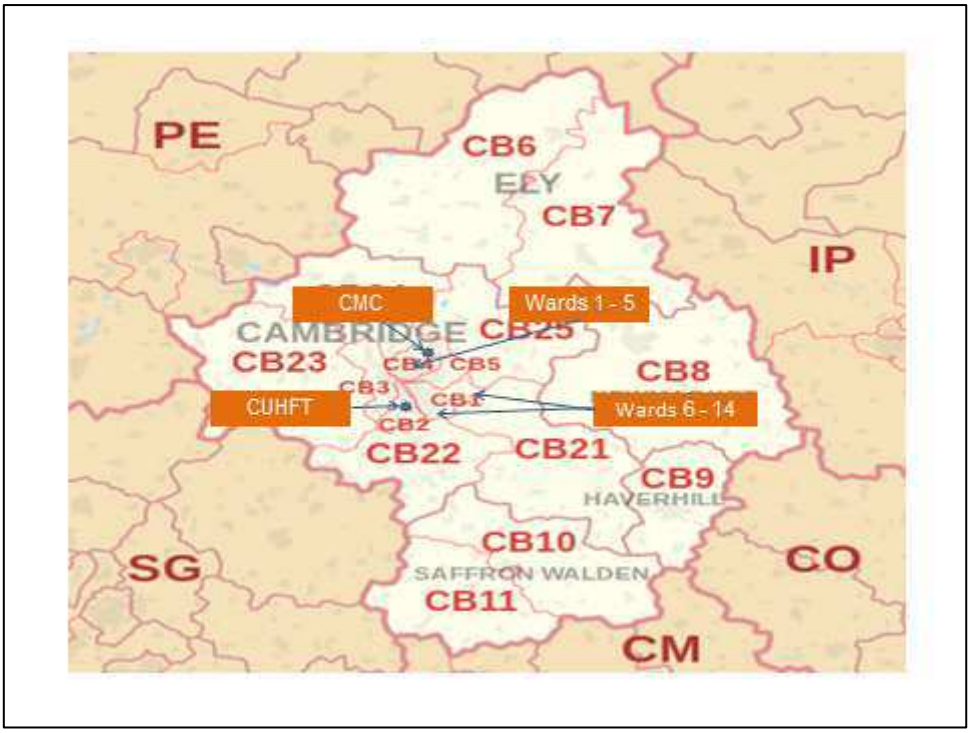


Fig 1 Map of Cambridge Post codes

No	Cambridge City Wards	2011 Census (000)	Postcode	Average IMD Score 2015
1	Kings Hedges	9.14	CB4	23.3
2	Arbury	9.07	CB4	19
3	East Chesterton	9.41	CB4	18.5
4	West Chesterton	8.63	CB4	9.2
5	Castle	9.79	CB4	6.5
Total Population CB4		**46.04**		
6	Newnham	7.87	CB2	6
7	Abbey	9.91	CB1	22
8	Market	7.87	CB1	10
9	Petersfield	8.33	CB1	11.4
10	Romsey	9.25	CB1	12.4
11	Coleridge	9.39	CB1	5
12	Cherry Hinton	8.78	CB1	8
13	Trumpington	8.03	CB1	13
14	Queen Edith's	9.13	CB1	7.4
Total Population CB 1 & 2		**78.56**		
Total City Wards Population		**124.6**		

Table 1: Cambridge City Wards population & deprivation data source: Cambridgeshire Atlas

Note: The Indices of Deprivation 2015 (ID2015) were released on the 30 September 2015. The indices are combined together to form the composite Index of Multiple Deprivation 2015 (IMD2015). In total there are seven indices: Income/Employment/Education, Skills and Training/Health deprivation and Disability/Crime/Barriers to Housing and Services/Living Environment

Age distribution: In terms of age distribution the latest census information (2011) shows that in general the age distribution across all Cambridge City wards is broadly the same; there is however a high student population therefore the average age is significantly lower to other parts of Cambridgeshire.

In terms of NHS 111 service utilisation (home visits/F2F consultations) by age & postcode you would expect that the highest usage be from the most densely populated postcode ward i.e.CB4 and arguably from the over 65yrs cohort. In fact the highest usage is from the 18 – 64 yrs group (see table 2).

Known Patient Postcode	Under 18s				18 to 64 yrs				65yrs+			
	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs
CB1	3	146	20.0%	31.4%	8	200	18.2%	28.5%	72	37	33.3%	32.5%
CB2	3	25	20.0%	5.4%	5	86	11.4%	12.3%	11	2	5.1%	1.8%
CB3	1	41	6.7%	8.8%	1	69	2.3%	9.8%	24	12	11.1%	10.5%
CB4	7	205	46.7%	44.1%	25	255	56.8%	36.4%	95	44	44.0%	38.6%
CB5	1	48	6.7%	10.3%	5	91	11.4%	13.0%	14	19	6.5%	16.7%
Cambridge City Total	**15**	**465**			**44**	**701**			**216**	**114**		

Table 2 NHS 111 utilisation by age/postcode

In terms of population density as already highlighted the CB4 wards to the North and the East of the city are more densely populated. Although interestingly the Trumpington, Queen Edith wards are forecast to see the greatest growth between 2011 – 2031, which is due to the large amounts of land available for building new homes.

Traveller Communities: Approximately 1% of the Cambridgeshire community are made up from travellers, in 2005 a commissioned review assessed this as 5702 although based on 2016 evidence this figure is likely to have doubled, 70% are Romany travellers, with 20% being Irish and the remaining 10% being made up of other nationalities, mainly Eastern European.

There is a wealth of local and national evidence which reports the poor health status of Gypsies and Travellers. A lower life expectancy, higher infant mortality rate, poorer health outcomes and poorer access to preventative care is found in the Gypsy and Traveller population compared to the general population and there is evidence that mental health problems are more widespread.

There are issues around access to health services and lack of cultural awareness among healthcare staff impacts on this. There are particular issues around encouraging men to access health services. Literacy problems may cause difficulties with reading communications such as hospital appointments/results and public health information.

Getting to and from the OOH bases: This depends entirely on where residents live in relation to the CMC/CUHFT sites and whether they have access to a car or not. Therefore without further in depth call by call travel time analysis it is impossible to assess exact journey times. As a result the journey difference from CMC to CUHFT has been used for comparison only, albeit recognising that in general the biggest impact on access will affect the most deprived areas. In addition the data does not capture how patients arrive at the OOH base whether by car or public transport.

According to ***AA route planner*** the average journey by car from CMC to CUHFT should take approx. 16 minutes (4.2 miles) although this is subject to traffic congestion which is widely recognised as an issue in Cambridge, particularly at peak, recognising that the OOH service starts at 1830 which towards the end of the 'rush' hour period.

Patients who don't have access to a car and rely on public transport (bus/guided bus) the trip to CMC from CB4 wards takes approximately 25 mins and is direct with no change of bus required.

If travelling across the city to CUHFT from CB4, buses to CUHFT take between 40-50 mins and require a transfer at Station Road in the city centre to get to CUHFT. In general between 1800 and 2300 buses run every 30 minutes, however, between 2300 and 0630 there is only 1 bus at 0152.

Patients living within postcode areas CB1&2 are geographically closer to CUHFT site with direct bus routes and shorter travel times.

Parking: Currently patients who attend the CMC do not have to pay for parking, however at CUHFT a flat rate of £3.50 applies. In addition there is a short walk 4 minute from the multi storey (car park 1) to the proposed clinic 9 site.

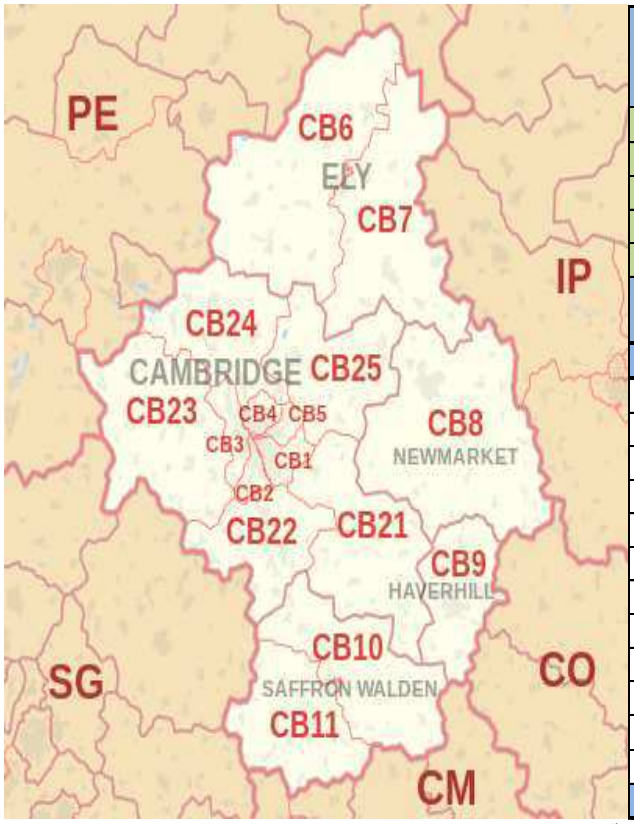
3. Summary of findings

Public Health England/Local Government Association amongst others studies have established a direct correlation (see fig 2) between deprivation and the utilisation of health services. This therefore suggests that residents living in the most deprived areas of Cambridge i.e. those with a CB4 postcode are likely to use OOH services more than those in the other city postcode areas i.e. CB1&2.

Fig 2 Wider Determinants of Health Source: Dahlgren, G. and Whitehead, M. (1993)

An analysis of calls to NHS 111 resulting in a GP base consultation or home visit by post code area indicates that 50% of face to face base consultations and 30% of home visits occur within the Cambridge city area (CBs 1-5). The Chesterton area (CB4) accounts for 13.8% of total home visits and 19.8% of total face to face base consultations.

There is however a similar proportion of total activity occurring in the South of the city combined (CB1 and CB2). The suggestion is that the split of activity, not only across the city but across the Cambridge patch as a whole, is not concentrated enough in one geographical location as to cause a major impact on patient overall travel times and ability to physically access the service should it move bases to CUHFT.



Known Patient Postcode	Home Visit	F2F Base Visit	% Home Visit	% F2F
CB1	83	383	9.0%	15.1%
CB2	19	113	2.1%	4.4%
CB3	26	122	2.8%	4.8%
CB4	127	504	13.8%	19.8%
CB5	20	158	2.2%	6.2%
Cambridge City Total	275	1280	29.9%	50.3%
Other relevant Cambridge Postcodes				
CB6	14	21	1.5%	0.8%
CB7	13	12	1.4%	0.5%
CB8	3	12	0.3%	0.5%
CB9	0	1	0.0%	0.0%
CB10	0	3	0.0%	0.1%
CB11	0	0	0.0%	0.0%
CB21	42	78	4.6%	3.1%
CB22	65	135	7.1%	5.3%
CB23	50	212	5.4%	8.3%
CB24	98	250	10.7%	9.8%
CB25	58	90	6.3%	3.5%
other	135	121	14.7%	4.8%
Grand Total	478	935		

Source: HUC activity data from 19th October to 28th December 2016

However, an argument can reasonably be made that it is expected that more home visits and face to face consultations would occur for patients who live geographically closer to the base site, hence a movement of site would mean more a displacement of this proportion of activity according to location as opposed to a shift of current trends.

4. Conclusions & Mitigations

In conclusion the proposal to relocate the CMC OOH base to CUHFT clinic 9 has a negligible impact on the health inequalities of the population of Cambridge who use these services.

The main issues derived from this review are associated with the impact on access and travel to the proposed new site; in particular the families who do not have access to cars and

rely on public transport and live in the CB4 postcode areas. This means that in the future they will have further to come to get across the city as well as increased cost.

CB4 postcodes are in general more densely populated and have higher deprivation than the other Cambridge City codes. This indicates that there is likely to be more families from more deprived low income backgrounds the additional time and cost associated with public transport fares and parking costs could dissuade patients from this group attending the CUHFT base in the future.

This could be offset by the patient requesting a GP home visit or indeed receiving verbal advice and guidance triaged by clinicians working within the Integrated Urgent Care (IUC) clinical hub negating the need for a F2F consultation e.g. Mental Health First Response Service (FRS), GP, Pharmacist, Dental Practitioners. Furthermore the public facing 'App' - MIDOS will be available in January, which allows patients to search in different languages for local healthcare services as an alternative to A&E or OOH services.

In terms of any impact on the equality related issues, patients who are disabled will still be able to access the clinic 9 site in the same way that they accessed CMC, disabled parking bays will be made available adjacent to clinic 9. NHS 111 already provides interpreter services as well as services to facilitate access for deaf and blind people including LGBTI. These impact assessments and policy documents remain live and were recently updated as an integral part of the IUC mobilisation process.

As we know from the recent Travellers JSNA undertaken in 2010 by definition travellers are unlikely to be registered with a GP, this coupled with their lifestyle choices result in higher than average mortality rates and poorer health outcomes. Whilst literacy is also a challenge it is likely that travellers understand what hospitals are used for and where they are. Having OOH collocated on the acute site should simplify this for travellers. In addition the planned public consultation intends to engage with these hard to reach groups.

As highlighted earlier there is no change to the clinical services that patients receive, arguably having the OOH base co located with Acute based services enhances patient safety as Emergency back-up services are readily available at immediate notice.

In conclusion the proposal to move of the current CMC OOH base to CUHFT does not significantly increase the inequality of care received by patients living in the Cambridge City wards.

Produced by
Ian Weller
Head of Urgent & Emergency Care
Jan 2017

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CAMBRIDGE CITY COUNCIL

Councillor David Jenkins
Chair of Health Committee
Cambridgeshire County Council
Shire Hall,
Castle Hill,
Cambridge CB3 0AP

03 March 2017

Dear David,

CCG Consultation on moving the current GP Out of Hours base

I understand that the Health Committee approved the process for public consultation on the proposed relocation of the Cambridge "Out of Hours" base. As I am sure you are aware this consultation, as it has been taken forward, has caused a great deal of concern amongst local people living within the vicinity who feel that they will struggle to access the service if it is relocated, leaving them worse off, and that many of the benefits stated in the consultation won't be realised.

At our last City Council Full Council meeting I responded to a question, in my role as the City Council's Executive Councillor for Communities, about the consultation. I said that I would bring the concerns of the resident, notably that the consultation had not given sufficient information in key areas to allow her to come to an informed view – thereby invalidating the consultation process – to your attention.

I would be grateful if you could take this concern into account, as part of the committee's continuing scrutiny of this service change, and investigate the points raised. The full question submitted to our public meeting is shown on the reverse of this letter.

If you can advise me of the view that you will be taking in regard to this concern, or any responses you receive from further scrutiny of this matter, this will be helpful – I can then convey them to the resident and others with an interest in the consultation.

As this matter is of significant interest to local residents I am making a copy of this letter available in the public domain.

Yours sincerely,

Richard Johnson,
Executive Councillor for Communities

Question from resident

Dear Sir/Madam, I have a question for Richard Johnson as Executive Councillor for Communities, to ask at the Full Council meeting tomorrow.

Cambridgeshire and Peterborough Clinical Commissioning Group are consulting the public about moving the current Out of Hours GP base from Chesterton Medical Centre to the Integrated Clinic 9 at Addenbrooke's, ending on 6th March. However the data produced was criticised by the public and representatives of the government body Healthwatch at a recent public meeting. There are significant gaps in the evidence including;

- The Health Inequalities Equalities Impact Assessment (HIIA) doesn't follow a recognised methodology
- 19.8% of all users of the Chesterton Out of Hours Service are from CB4 area (Chesterton, Arbury, Kings Hedges) where there is the highest level of deprivation in the city. People from CB4 are also the most frequent users of the 111 service. They represent almost half of the users in the youngest age group (P.3 HIIA)
- There is no analysis of impacts on people outside the city. For example, 9.8 % of the total users of the Chesterton Out of Hours Service, are from CB24 postcode, Willingham etc.
- There is no examination of journey times, how people reach the centre, the difficulties of night-time travel, congestion, population growth in north Cambridge or the effect the new rail Station will have, despite an acknowledgement (Part 4) that 'The main issues derived from this review are associated with the impact on access and travel'.
- The HIIA conclusion that the proposal would have a 'negligible' impact is not quantified
- There is no evidence to support the mitigation statement that a GP visit would offset local need
- Other evidence about overcrowding in A & E departments says it is usually to do with a shortage of bed spaces and rarely due to people who could be dealt with by GP's. (Page 5 Crowding in Emergency Departments, The College of Emergency Medicine 2014)
- There is no evidence supporting the assumption that relocating the service would help recruitment of GP's for the out of hours service.
- There is an over-reliance on the concept of an A & E Hub recommended by Royal College of Medicine, which elsewhere states, 'People identify too easily with A & E and are attracted by the uncapped appointment system.'

Campaigners in north Cambridge, myself included, believe moving the OOH service to Addenbrookes will worsen this situation and leave north Cambridge, an area with significant deprivation and existing health inequalities, much worse off. The assumption by the CCG, in favour of moving the centre, needs to be much more closely examined.

In light of the many gaps identified in the consultation document, the lack of evidence, contradictions and inadequate Health Inequalities Impact Assessment, please would City Council formally contact Healthwatch and request the consultation procedure be halted.

Agenda Item No: 7

AIR QUALITY IN CAMBRIDGESHIRE – IMPLICATIONS FOR POPULATION HEALTH

To:	**Health Committee**
Meeting Date:	**16 March 2017**
From:	**Director of Public Health**
Electoral division(s):	***All***
Forward Plan ref:	*Key decision:* **No**
Purpose:	**To bring to the attention of the Health Committee current concerns regarding air quality in Cambridgeshire and the opportunities locally to address poor air quality.**
Recommendation:	**The Health Committee is asked to:** **a) note and comment on the current air quality issues in Cambridgeshire, local opportunities/initiatives to improve air quality and the NICE Draft National guidance** **b) request that Director of Public Health draws this report to the attention of the Chairman/woman and Spokes for the Economy and Environment Committee and the Highways and Community Infrastructure Committee, with a recommendation that the Committees consider the potential impact on air quality as part of their decision making process.**

	Officer contact:
Name:	Iain Green
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Email:	Iain.green@cambridgeshire.gov.uk
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1. BACKGROUND

1.1 What is air pollution?

1.2 A detailed description of air quality and its effects on human health can be found in the "Cambridgeshire Transport and Health Joint Strategic Needs Assessment 2015", but in summary air pollutants are generated by a mixture of natural and man-made processes and are released into the air. The distribution of these pollutants depends on the size of the particles and weather patterns, some pollutants being deposited locally and some affecting sites in other world regions. For example, in spring 2014 there were two peaks of air pollution in the East and South East of England caused by high levels of air pollution already existing in urban areas and exacerbated by Saharan dusts and pollutants from mainland Europe brought by easterly winds. These resulted in a significant increase in respiratory conditions presenting to health care services including NHS111, GP services, and emergency departments. It was estimated that the national excess consultations for wheeze or breathlessness was 1,200 GP consultations during the first episode and 2,300 excess consultations in the second.

1.3 In England, the most deprived wards tend to experience the highest concentrations of pollutants, although the least deprived wards also experience above average concentrations of pollutants. This can mainly be explained by the higher proportion of both deprived communities and very wealthy communities in urban areas and the levels of pollution due to road transport sources. (Appendix A contains a Fact Sheet On Particulate Matter)

2. MAIN ISSUES

2.1 Snapshot of air pollution in Cambridgeshire

2.1.1 Even though most annual average concentrations of air pollutants may not be over Air Quality Thresholds, there are levels of air pollution in Cambridgeshire that impact health.

- A Public Health England Report 'Estimating local mortality burdens associated with particulate air pollution' published in 2014, estimated that 5.5% of mortality (age 25+) in Cambridgeshire could be attributed to particulate air pollution. This is similar to the national average of 5.6% and equates to an estimated 257 deaths.
- Air pollution also impacts respiratory and cardiovascular hospital admissions and incidence of respiratory disease.
- "Hot spots" of pollution include urban areas and transport corridors such as the city centre and the A14.
- New housing developments in Cambridgeshire are sometimes sited near poor air quality areas.
- There are higher levels of nitrogen dioxide in the winter months and peaks of larger particulate matter in the spring, which may lead to seasonal health impact.
- Small particulates from traffic also contribute to indoor air pollution, where people spend most of their time and receive most of their exposure to air pollutants.

2.1.2 In Cambridge City and South Cambridgeshire the major roads and urban centres have the highest levels of pollution with specific issues at congested roads and junctions such as Milton Road, or where there is a lot of standing traffic and buses e.g. Drummer Street.

2.1.3 In Huntingdon air pollution is concentrated around the A14 and the ringroad, some central sections of St Neots are also affected e.g. the High Street, which is both canyon-like and congested.

2.1.4 In Fenland (Wisbech) an assessment of source apportionment showed that HGVs and single occupancy car trips make up a large proportion of the total pollution concentrations. This could be reduced by changing short car trips to walking and cycling, as both walking and cycling levels in Wisbech have been shown to be low.

2.2 National Issues

2.2.1 There has been a lot of interest in the national and local media recently from the issue of poor air quality in London to the car manufacturers' diesel emission test cheating.

2.2.2 Earlier policies to reduce air pollution from vehicles relied solely on improvements in diesel vehicle technology via EURO (EU) engine standards. These proved ineffective in real operation. Whilst the gains should have been substantial on paper, up to a 50% cut in emissions between EU2 and EU4 for buses, the reality was a very mixed picture with some in service EU2 buses out performing EU4.

2.2.3 Cambridge City Council's long-term field evidence backed-up by the Cambridge Real Emissions Project support this view, with only a 5% improvement in ambient air quality as a result of moving approximately 400 buses up to EURO standards with the majority of buses moving from EU2 to EU4 or EU5.

2.2.4 However, new low emission vehicles are either fully electric with no emissions at the point of use or hybrid vehicles which have significantly reduced emissions for periods of the drive cycle and may be capable of some zero emission running. Therefore, with new low emission vehicle technology there is the potential for real substantial cuts in emissions.

2.3 Draft NICE Guidance

2.3.1 The National Institute for health and Care Excellence have produce draft guidance for consultation on air pollution (Air Pollution: outdoor air quality and health December 2016), (A link to the guidance can be found at the end of this report).

2.3.2 The Guidance is for local authority staff working in:

- Transport
- Planning
- local air quality management
- public health, including environmental health
- Local government elected members

2.3.3 The guidance contains 6 recommendations grouped around the following themes:

- **Planning**
- **Clean air zones**
- **Reducing emissions from public sector transport services and vehicle fleets**
- **Smooth driving and speed reduction**
- **Cycle routes**
- **Awareness raising**

2.3.4 The main recommendations of relevance to the Council are as follows:

2.3.5 Planning

- Take air quality issues into account in the Local Plan for new developments e.g. include air pollution in strategic planning across local authority departments and different tiers of local government

- Provide an infrastructure to support low- and zero-emission travel e.g. provide cycling and walking routes and charge points for electric vehicles in residential areas and commercial developments.

2.3.6 Clean air zones

- Consider introducing clean air zones in areas outside those targeted by the national plan. It could include restrictions for polluting vehicles and/or action to encourage the use of less polluting ways to travel.
- Consider support for low- and zero-emission travel e.g:
    - encouraging walking and cycling
    - encourage uptake of low- and zero-emission vehicles, for instance, electric charging points or use of low- or zero-emission vehicles for deliveries to retail, office, residential or other sites in the zone
    - specifying emission standards for private hire and other licensed vehicles.
- Consider fuel-efficient driving initiatives such as:
    - bylaws and other action to support 'no vehicle idling' areas, particularly outside schools, hospitals and care homes
    - driver training to reduce emissions
    - actions to smooth traffic flow
    - Where traffic congestion is contributing to poor air quality, consider incorporating a congestion charging zone within the clean air zone.

2.3.7 Reducing emissions from public sector transport services and vehicle fleets

- Consider introducing fuel-efficient driving as part of any test carried out when appointing or re-appraising staff who drive as part of their work.
- Consider training staff drivers to reduce their vehicle emissions
- Consider making the minimisation of vehicle emissions a factor when making procurement decisions.

2.3.8 Smooth driving and speed reduction

- Consider using variable speed limits and average speed technology on the roadside to promote a smoother driving style and incorporating real-time information to tell drivers what the current optimum driving speed is.
- Where speed reduction is needed to reduce road danger and injuries take account of the potential adverse impact on air pollution.
- Consider 20-mph zones in residential areas characterised by stop–go traffic where this will reduce accelerations and decelerations.
- Where physical measures are needed to reduce speed, such as speed bumps, ensure they are designed to minimise sharp decelerations and consequent accelerations.
- Consider using signs that display a driver's current speed to reduce unnecessary accelerations.

2.3.9 Cycle routes

- Avoid siting cycle routes on highly polluted roads. Ideally use off-road routes or quiet streets.
- Where busy roads are used consider:
    - Providing as much space as possible between the cyclist and motorised vehicles.
    - Using dense foliage to screen cyclists from motor vehicles, without reducing street ventilation so that air pollution can disperse.
    - Reducing the time cyclists spend at busy sites, including some junctions, where this can be done without increasing the time that other groups spend exposed to poor air quality.

2.3.10 Awareness raising

- Consider providing information on air quality with weather forecasts and the pollen index. Provide this through local, national and social media.
- Consider providing the public with information on how:
    - health is affected by exposure to air pollutants
    - travel choices contribute to pollution and exposure to levels of local pollution
    - engine 'idling' affects air quality in the vehicle as well as outside
    - to minimise exposure by altering travel habits e.g. restricting time spent with an engine 'idling'.
- Make businesses aware that they can reduce road-traffic-related air pollution and improve fuel efficiency e.g. scheduling deliveries to minimise congestion, and encouraging employees to cycle to work
- For at risk groups:
    - Consider making healthcare professionals aware of the UK Daily Air Quality Index, and that they understand the health effects of long-term exposure to air pollution.
    - Healthcare professionals could raise awareness of poor outdoor air quality and advise high risk groups on how to minimise their exposure and its impact

2.4 District Council Duties – Annual Air Quality Status Reports and Air Quality Action Plans

2.4.1 The Environment Act 1995 provides that every local authority shall review the air quality within its area, both at the present time and the likely future air quality. It requires local authorities to designate an Air Quality Management Area (AQMA) where air quality objectives are not being achieved, or are not likely to be achieved. Once an area has been designated the local authority is required to develop an Action Plan detailing remedial measures to tackle the problem within the AQMA. In addition each District Council in Cambridgeshire is required to submit an Annual Status Report each year, it is also recommended that all local authorities should consider drawing up an Air Quality Strategy.

2.4.2 The Public Health Outcome Framework includes an indicator, based on the effect of $PM_{2.5}$ on mortality. This is intended to enable Directors of Public Health to prioritise action on air quality in their local area to help reduce the health burden from air pollution.

2.4.3 DEFRA expects the highest level of support from local authorities (e.g. Chief Executive and Council level) to ensure that all parts of a local authority are working effectively together. The public can be given further confidence that the work being taken forward to tackle air quality is supported at the highest level through engagement in and sign-off of Action Plans and annual reports by both the Chief Executive and also the heads of the main departments involved e.g. environmental health, planning, transport and public health.

2.4.4 To date the Director of Public Health has “signed off” the Annual Status Reports for Cambridge City Council and East Cambridgeshire District Council.

2.5 What are we already doing?

- The Public Health directorate are working with Cambridge City Council as part of their Air Quality Action Plan Steering Group.
- The Smart Cambridge programme (see 2.5.1 below)
- Promoting dialogue between the Clinical Commissioning Group and the City Deal Project.
- Health impacts of air quality are considered as part of the requirement for public health to sign off the significant implications section of relevant committee papers.

- The Cambridgeshire Local Transport Plan 2011-2031 aims to address existing transport problems while at the same time catering for the transport needs of new communities and improving air quality.

2.5.1 The Smart Cambridge programme

The University of Cambridge, Cambridge Environmental Research Consultants and Cambridge City Council are working on a project assessing low cost air quality sensors with the ambition of developing a real time air quality network across the city. The first phase of the project compared results from a network of nodes with an urban air quality model and results from the existing monitoring stations. Twenty sensors were deployed for a four month period (June-October, 2016) and focussed on three areas:

- the rapidly developing biomedical campus to the south of the city;
- a key transport corridor (Hills Rd) ;
- and a new development in north-west Cambridge adjacent to a busy motorway (M11).

The sensors measured CO, NO, NO_2, O_3, SO_2, PM_1, $PM_{2.5}$ and PM_{10} temperature and relative humidity at 1 minute intervals. The results of the test were positive with the sensors performing well.

2.5.2 The second phase of the project will look at whether we can use the sensors to establish source attribution by combing additional data such as traffic flow and meteorological data. This will also include cross referencing spikes in pollution with CCTV footage to see if we can attribute these spike to individual vehicles.

2.5.3 An important part of the project going forward will be looking at how we can use this data to give better real time AQ data to residents, change behaviours and design interventions within the city to improve Air Quality e.g. using real time data to text patients who are susceptible to poor air quality.

2.6 Opportunities

2.6.1 There are opportunities to include air quality as a priority/or consideration in the City Deal project and the transport deal as part of the Devolution Agreement for Cambridgeshire and Peterborough.

2.6.2 There is further scope to work with Huntingdonshire, Fenland, and South Cambridgeshire District Councils on their Annual Air Quality Status Reports and Air Quality Action Plans.

2.6.3 There is scope to develop a text alert system for patients who are susceptible to poor air quality (see 2.5.3 above).

2.6.4 The Council could explore where there are opportunities to implement the NICE Air Quality Guidance when it is formally adopted (due for publication June 2017)

2.6.5 The Transport and Health Joint Strategic Needs Assessment (JSNA) recommends a future focus on:

- Switching to a low emission passenger fleet and vehicles.
- Encouraging walking and cycling rather than car use.
- Further assessment of shorter-term measures to reduce person exposure, for example:
    - Text alerts to vulnerable people.
    - Monitoring of building filters.
    - Further use of health impact of air pollution during planning process for new developments.
    - Further understanding around the seasonal impact of air pollution and potential measures that could reduce this.

2.6.6 During the production of the JSNA several areas were highlighted by stakeholders from all districts as important areas of focus to continue the control and potential improvement of air quality in Cambridgeshire.

2.6.7 **Lower emissions from vehicles**. A significantly lower emission passenger transport fleet will be required to make air quality improvements in central Cambridge and beyond. This is dependent on accelerating and stimulating the shift to lower emission vehicles with continued traffic restraint.

2.6.8 Buses are the main source of air pollution from traffic, especially in the City Centre, so a significant reduction in emissions from the buses in operation is required. Buses are a large proportion of the fleet and they make repeat journeys. Renewing a small number of vehicles with cleaner technology will lead to more improvement than with any other category of vehicle.

2.6.9 Incentives for low emission vehicles for taxis. The District Councils are the Licensing Authority for taxis and can make a difference by tailoring Taxi Licensing Policy to incentivise low or zero emission vehicles.

2.6.10 **Switching car journeys to active transport**. Switching journeys from cars to walking, cycling and public transport not only has a large beneficial impact on the individual's health, but a wider benefit to the population health as there are corresponding decreases in overall air pollution levels.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in **Section 1** of this report.

3.3 Supporting and protecting vulnerable people

The report above sets out the implications for this priority in **Section 1.3** of this report

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

4.3 Equality and Diversity Implications

The report above sets out details of significant implications in Section 1.3 of this report

4.4 Engagement and Consultation Implications

There are no significant implications within this category.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 **Public Health Implications**
The report above sets out details of significant implications in Section 2 of this report

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes : 6/3/17 Name of Financial Officer: Clare Andrews
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes : 6/3/17 Name of Legal Officer: Fiona McMillan
Are there any Equality and Diversity implications?	No Name of Officer: Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes : 1/3/17 Name of Officer: Matthew Hall
Are there any Localism and Local Member involvement issues?	No Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

Source Documents	Location
Draft NICE Guidance - Air pollution: outdoor air quality and health draft for consultation, December 2016	https://www.nice.org.uk/guidance/GID-PHG92/documents/draft-guideline
Transport and Health JSNA 2015	http://cambridgeshireinsight.org.uk/JSNA/Transport-and-Health-2014/15
DEFRA Local Air Quality Management Policy Guidance (PG16) 2016	https://consult.defra.gov.uk/communications/laqm_changes/supporting_documents/LAQM%20Policy%20Guidance%202016.pdf

Appendix A – Fact Sheet On Particulate Matter

Fact sheet on particulate matter: PM_{10} and $PM_{2.5}$

What are PM_{10} and $PM_{2.5}$?
Particulate matter is a mixture of solid particles and liquid droplets in the air. PM_{10} are particles of material that are 10 micrometres across or smaller, $PM_{2.5}$ are particles of material that are 2.5 micrometres across or smaller

Why PM_{10} and $PM_{2.5}$?
These have been chosen as these sizes are likely to be inhaled into the lungs. The smaller the particles the greater the potential impact because of their ability to penetrate deeper into the lung. Particulate matter affects both respiratory and cardiovascular diseases.

Sources of Particulate Matter
Particles in the air arise from a variety of natural and man-made sources and are classed as either primary or secondary sources.

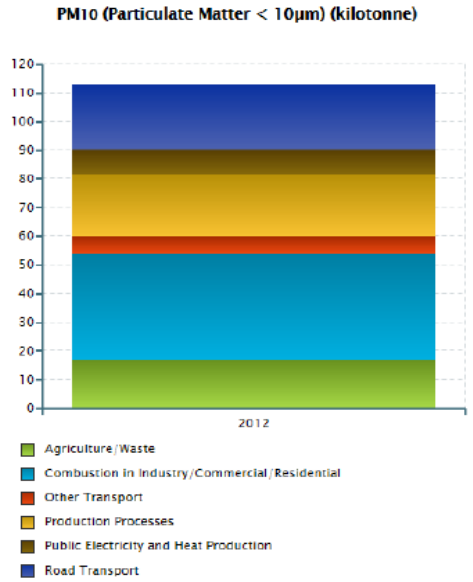
Natural sources
- Sea Spray.
- Erosion of soil and rocks.

Man-made sources
- Combustion processes – both domestic combustion (wood/coal burners) and industrial (power generation).
- Transportation – primarily diesel emissions.
- Transportation – Non-exhaust emissions (attrition of road surfaces and wear and tear of tyres and brakes).
- Industrial sources – construction, waste, aggregates (mining/quarrying), agricultural.

Primary
- Released directly into the air.

Secondary
- Formed in the atmosphere by the chemical reaction of gases, first combining to form less volatile compounds which in turn condense into particles.

For $PM_{2.5}$ not all sources are local as in some weather conditions, air polluted with $PM_{2.5}$ from the continent may circulate over the UK (long range transportation) especially the East and South East of England.



Source: National Atmospheric Emissions Inventory (2013)

Particulate matter in the UK
Emissions of particles have been dropping in the UK for the last 40+ years. It was estimated in 1970 there was 491 kilotonnes of particles emitted into the UK atmosphere whereas in 2012 114 kilotonnes of particulates were emitted into the UK atmosphere.

Air quality standards
PM_{10}: The United Kingdom has a standard of 40 microgrammes (µg) per cubic metre (m^3) of air as an annual average, with a 24 hour average of 50µg/m^3 not to be exceeded more than 35 times a year (to be met by 31 December 2004).

$PM_{2.5}$: The United Kingdom has a target value of 25µg/m^3 of air as an annual average to be reached by 2010, with an additional national exposure reduction target for 2020 based on the levels of $PM_{2.5}$ in 2010. Only areas with initial concentrations equal to or less than 8.5µg/m^3 have no reduction target.

For UK, the average $PM_{2.5}$ level for the base year was 13µg/m^3 resulting in a required 15% reduction necessary by 2020.

Particulate matter monitoring in Cambridgeshire:

Cambridge City:

- Gonville Place (PM_{10} and $PM_{2.5}$)
- Montague Road
- Parker Street
- Newmarket Road ($PM_{2.5}$ only)

South Cambridgeshire:

- Impington
- Orchard Park, Girton (PM_{10} and $PM_{2.5}$)
- Bar Hill (Decommissioned) (PM_{10} and $PM_{2.5}$)

Huntingdonshire District Council:

- Pathfinder House
- Mobile (Decommissioned)

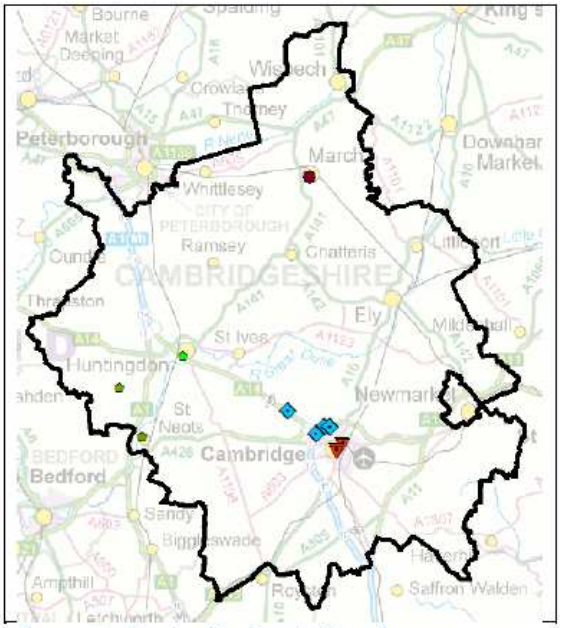
Fenland District Council:

- None

East Cambridgeshire District Council:

- None

All monitors assess PM_{10} unless stated



Source: Huntingdonshire County Council

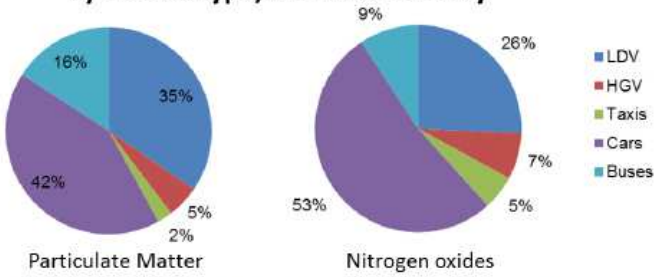
Fact sheet on nitrogen dioxide (NO_2)

Nitrogen dioxide (NO_2) is primarily a secondary pollutant produced by the oxidation of nitric oxide (NO) by ground level ozone. Nitric oxide is produced by the reaction of nitrogen and oxygen in the combustion process. The major source of this pollutant in the UK is the combustion of fossil fuels, particularly by motor transport and non-nuclear power stations. It is estimated that some 75% of oxides of nitrogen are emitted from motor vehicle exhausts in urban areas. Of the transport sources, petrol combustion in cars is currently responsible for a greater proportion than diesel, though this relationship is changing with the progressive introduction of the catalytic converter into petrol vehicles.

Nitrogen dioxide is an irritant gas which has serious and, sometimes, fatal effects on health when inhaled in the very high concentrations associated with accidental exposures. Its properties as an oxidising agent can damage cell membranes and proteins. At relatively high concentrations it causes acute inflammation of the airways.

Air Quality Standards recommend a standard of 40µg/m^3 as an annual average with an hourly mean of 200µg/m^3 not to be exceeded more than 18 times a year (to be met by 31 December 2005). Nitrogen dioxide is measured continuously at the active monitoring sites in Cambridgeshire and monthly at the passive diffusion sites.

Examples of contributions of pollutants, by vehicle type, for Elizabeth Way



Source: Cambridge City Council. LDV- light duty vehicle, HGV – Heavy goods vehicle

Agenda Item No. 9

SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

To: Health and Wellbeing Board

Date: 19 January 2017

From: Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG

1.0 PURPOSE

1.1 The purpose of this report is to update the Health and Wellbeing Board on the latest Sustainability and Transformation Plan (STP), published by the Sustainability and Transformation Programme team on 21 November 2016.

2.0 BACKGROUND

2.1 Cambridgeshire and Peterborough's latest five-year Sustainability and Transformation Plan (STP) to improve local health and wellbeing was published on 21 November 2016.

2.2 Led by local clinicians, the STP has been developed by all local NHS organisations and local government officers, and through discussion with our staff and patients. It aims to provide solutions to the county's challenges to deliver the best possible care to keep the population fit for the future and take joint responsibility for improving health and wellbeing.

2.3 The plan addresses the issues highlighted in our Evidence for Change (March 2016) and the main reasons why changes are needed in the local health and care system. It details how we propose we could improve services and become clinically and financially sustainable for the future.

2.4 Following on from the interim STP summary published in July where we forecasted that as a system we will have a £250m financial deficit by 2020/21, the STP outlines that this is in addition to £250m of savings and efficiency plans individual Trusts and the Clinical Commissioning Group (CCG) need to deliver over the same period. This makes a total system-wide financial challenge of £500m over the next four years. It also estimates the need to invest £43m to improve services over these four years, which increases the total system-wide financial challenge from £500m to £543m.

2.5 The scale of the changes required is significant and we all recognise the delivery will be challenging.

3.0 KEY ISSUES

3.1 Through discussion with our staff, patients, carers, and partners we have identified four priorities for change as part of the Fit for the Future programme, and developed a 10-point plan to deliver these priorities:

At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

3.2 **We have translated the STP into a programme of improvement projects, each of which reports to a delivery group**

Our priorities will be delivered through eight delivery groups, responsible to Accountable Officers who are Chief Executive Officers from across the health and social care system.

The groups cover clinical services, workforce and support services. The clinical delivery groups include public health and care services and are designed to encourage system-wide working and to allow for patient-led care to be at the forefront of everything we do.

Delivery Groups

Urgent and Emergency Care Accountable Officer: Roland Sinker, CUH	**Women & Children** Accountable Officers: Matthew Winn, CCS & Wendi Ogle-Welbourn, CCC & PCC	**Elective** Accountable Officer: Tracy Dowling, C&PCCG	**Primary Care & Integrated Neighbourhoods** Accountable Officer: Aidan Thomas, CPFT
Shared Services Accountable officer: Stephen Graves, PSHFT	**Digital Delivery** Accountable Officer: Stephen Posey, PHT	**Workforce & Organisational Development** Accountable Officer: Matthew Winn, CCS	**System Delivery Unit** Accountable Officer: Lance McCarthy, HHCT

Improvement projects

Service area	Improvement projects
Urgent and emergency care	Reduce demand for hospital care through: • Integrated NHS 111 and out of hours with clinical hub • Develop and deliver a mental health first response service to enable 24/7 access to mental health

	• Re-design the clinical model for intermediate care (community beds, re-ablement and therapy) • Ambulances: dispatch on disposition, hear and treat, divert to community services • Reduce re-admission rates through supported discharge • Extent and enhance ambulatory care services as alternatives to admissions • Develop primary and urgent care hubs in rural communities • Reduce length of stay in hospital
Women and children	• Introducing a 7-day-a-week paediatric community nursing (for children who would otherwise require emergency/urgent care in the hospital setting) • Maternity developments such as the 'saving babies lives' care bundle • Improving the care models for children with asthma and children's continence services • Developing an integrated children and family health and wellbeing service for 0-19 year olds (universal services) • Improve the mental health support for children and young people
Elective care	• Achieve shorter, faster, more effective treatment pathways • Models of care to enable GPs and consultants to share decision making • Develop GP referral support to address unwarranted variation in referral practice • Maximise clinical thresholds for effective services • Standardise high volume elective treatment pathways (hip, knee, arthroscopy, cataract, glaucoma, cardiac, ENT) • Reduce outpatient follow-up activity through virtual clinics, technology for results • Deliver productivity gains in provider trusts
Primary care and integrated neighbourhood teams	• CVD and stroke prevention • Improve identification and management of patients with hypertension and atrial fibrillation • Improve uptake of NHS Health Checks • Improve uptake and completion of cardiac rehabilitation • Mental Health • Implement enhanced primary mental health care (PRISM) • Ensure mental health service model matches capacity and demand • Implement mental health strategy across the system • Diabetes • Support self-care, provide enhanced patient education and virtual patient reviews • Develop a proactive integrated model of care for people with long term conditions • Design and implement the 8 diabetes NICE care processes • Respiratory • Improve respiratory patient identification • Develop specialist community expertise • BLF 'Love your lungs' and spirometry testing

	• Implement new medicines management and prescribing practices including minimise triple therapy for COPD
Shared services	• Merger of HHT and PSHFT to enable shared service savings • Explore back office consolidation across primary care at scale • Implement a single approach to procurement across C&P • Develop and sign off strategic estate plans, (including potential for primary care co-location, including other public services like Citizens Advice)
Digital delivery	• Digital opportunities: tele-medicine, tele-monitoring, GS1, remote monitoring, internet of things • Shared Wi-Fi, infrastructure for professional and citizen – all health and care locations • Paper free care delivery
Workforce & Organisational Development	• Develop a system wide Workforce Investment Plan, in which all providers commit to investment priorities in relation to Apprenticeships (via LEVY), Pre Registration, CPD and wider workforce transformation • Link to supply improvement programme and design a tailored programme for primary care, linking to case load management trailblazers

3.3 All of the leaders across the system are being asked to sign a Memorandum of Understanding (MoU) as a demonstration of their commitment to work together, share budgets, deliver agreed clinical services and ensure that together we provide health and care services that are clinically and financially sustainable.

3.4 Eleven delivery groups have been set up to deliver the 'Fit for the Future' 10-point plan – led by chief executives officers from across the system. The 11 groups have identified 53 improvement areas which are being scoped and measures for success developed, including quality key performance indicators and targets, and key milestones.

3.5 If patients and carers want to be part of the discussion and work with us to develop solutions, they can contact the team on contact@fitforfuture.org.uk

4.0 IMPLICATIONS

4.1 If the Trusts and CCG meet their savings and efficiency plans, and all aspects of the STP are delivered, this will achieve the savings and efficiency target (of £500m) and produce a small NHS surplus of £1.3m (by 2020/21).

4.2 Due to the high levels of acute hospital activity, and resulting deteriorating financial position in our system, we are looking at ways to accelerate the pace of change and focus early investment on the areas that will have greatest impact on reducing hospital activity levels.

4.3 Our priorities are to increase the amount of care delivered closer to home and to keep people well in their communities.

4.4 There will be more opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff

and local people to help shape proposals for service change and to be involved with any formal consultation process. Any changes to services will also be open to scrutiny by the County Council's Health Committee.

4.5 The proposals will be further developed over the next few months. If anyone wants to be part of the discussion please contact the team via email: contact@fitforfuture.org.uk

5.0 RECOMMENDATION/DECISION REQUIRED

5.1 The Health and Wellbeing Board are required to comment upon and note the STP.

6.0 SOURCE DOCUMENTS

Source Documents	Location
• Cambridgeshire and Peterborough Sustainability and Transformation Plan – October 2016 • Sustainability and Transformation Plan summary document – updated, November 2016 (also attached as a PDF) • Frequently Asked Questions – Third edition, November 2016	All available at www.fitforfuture.org.uk/what-were-doing/publications/

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Cambridge & District citizens advice

Advice on Prescription Project

This report covers the period from 1st April 2016 to 31st Dec 2016.

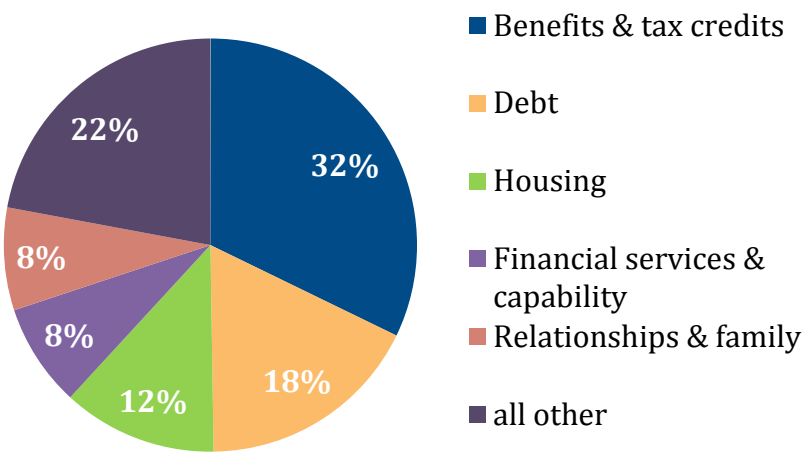
East Barnwell Health Centre

- This is the second year of this project which runs until 31st March 2017.
- In the period from 1st April 2016 to 31st December 2016, our outreach adviser has made 119 appointments with 65 clients. 30% of new enquiries have been opened for the returning clients. She also continued to work on 44 enquiries opened in the previous period.
- Financial gains for clients totalled £153,378 for this time period and £240,171 for 2015/16. Total: £393,549.
- 57% of clients who responded to our survey reported that their problem was successfully resolved (NB: a large % of clients have on going matters – sometimes many months - so it takes longer to get to a "problem resolved")
- 75% of those who were suffering from stress or anxiety said they were less stressed after getting help.
- 39% of respondents reported seeing their GP less following the advice session against 33% in previous year.

Statistics:

Issues discuss during appointments	Q1-Q3 2016-17 (Apr – Dec)	Total to date:
Benefits & tax credits	127	200
Consumer goods & services	2	6
Debt	72	109
Education		1
Employment	4	17
Financial services & capability	21	50
Health & community care	25	49
Housing	29	75
Immigration & asylum	1	3
Legal	9	13
Other	20	26
Relationships & family	30	50
Tax		
Travel & transport	6	7
Utilities & communications	15	16
Discrimination		
Grand Total	**361**	**621**

Advice categories summary (total to date):



Outcomes:

This is a record of financial outcomes for clients for the period from April to December 2016.

Financial Outcome Category	Outcome	No of Unique Clients	Number of Outcomes	Total £ amount recorded
Debts written off	Debt write off - other	1	2	£6,936
	DRO - debt relief order	4	5	£29,582
	Total	**5**	**7**	**£36,517**
Income gain	Benefit / tax credit gain - a new award or increase	16	28	£84,607
	Benefit / tax credit gain - award or increase following revision or appeal	4	7	£20,377
	Better deal through switching supplier	1	1	£408
	Better deal with same supplier	1	1	£90
	Charitable payment	5	7	£2,025
	Other (financial)	3	3	£163
	Other savings achieved	1	1	£140
	Total	**25**	**48**	**£107,810**
Re-imbursements, services, loans	Blue badge - obtained	1	1	£0
	Bus pass obtained	1	1	£676
	Court fees waived or refunded	1	1	£180
	Financial gain/improvement	1	1	£5,000
	Food provision / referral	1	1	£30
	Free or reduced charges/costs	1	2	£254
	Goods or services provided	1	2	£400
	Refund / Repair / Replacement agreed/scheduled	2	2	£2,511
	Total	**7**	**11**	**£9,051**
			Total	**£153,378**

Breakdown of financial outcomes for different Benefit Enquiries

Benefits		Total £ amount recorded
03 Pension Credit	Benefit / tax credit gain - a new award or increase	£4,118
07 Housing Benefit	Benefit / tax credit gain - a new award or increase	£18,329
08 Child Benefit	Benefit / tax credit gain - a new award or increase	£3,229
10 Working & Child Tax Credits	Benefit / tax credit gain - a new award or increase	£12,487
11 Jobseekers Allowance	Benefit / tax credit gain - a new award or increase	£11,404
17 Attendance Allowance	Benefit / tax credit gain - a new award or increase	£8,596
19 Employment Support Allowance	Benefit / tax credit gain - a new award or increase	£25,101
	Benefit / tax credit gain - award or increase following revision or appeal	£10,995
21 Personal independence payment	Benefit / tax credit gain - award or increase following revision or appeal	£9,382
22 Localised social welfare	Other (financial)	£75
23 Council tax reduction	Benefit / tax credit gain - a new award or increase	£1,343
99 Other benefits issues	Other (financial)	£88
Total		**£105,147**

East Barnwell Case Study:

Client is 52 years old and living in South Cambs DC rented accommodation. He is required to leave the property due to his mother (the tenant) moving into a care home. He is not entitled to take over the tenancy and needs to find alternative accommodation so he is potentially facing homelessness.

The adviser helped him to transfer the utility bills into his own name after his mother moved into the care home and provided budgeting support while he was still in her property. This ensured he is able to stay on top of the bills. He can now manage his budget and has not got into debt since living alone.

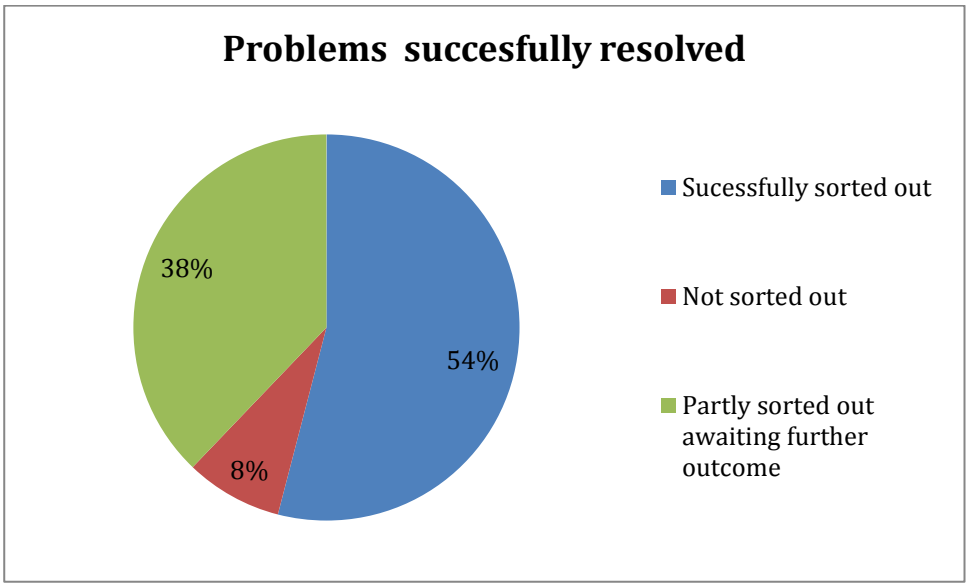
The adviser helped him register for Home-link and bid for properties online. Client has recently bid for two properties and is awaiting the outcome. He was feeling anxious about his housing status when he first sought help but is now feeling he is getting somewhere with our assistance.

The adviser also helped him to make a claim for Employment Support Allowance, a benefit he was eligible to receive due to his ill health, and he is now in receipt of £73.10pw. He is not well enough to return to work yet but has recently enrolled on a part time adult education course in Cambridge to improve his back to work skills.

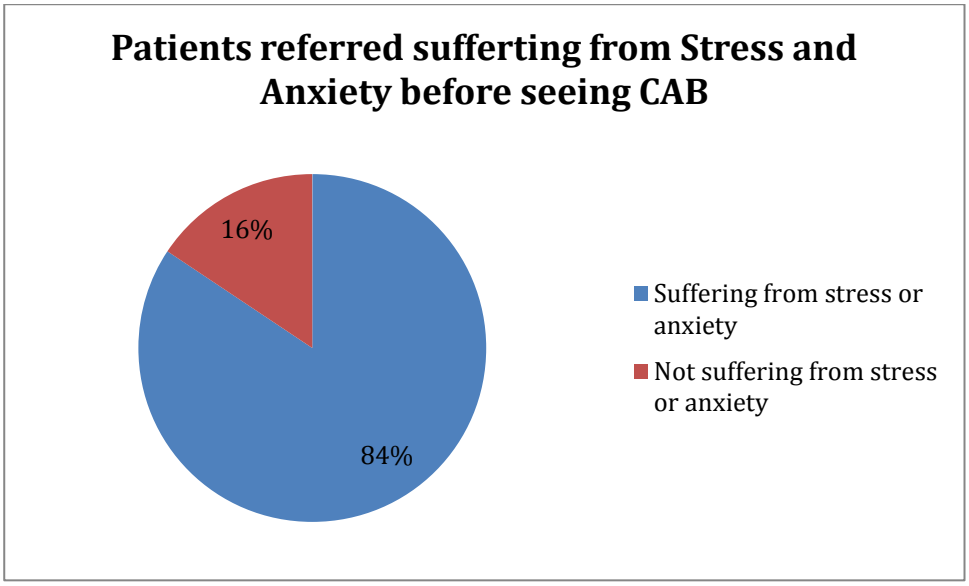
The adviser has noticed a great improvement in his confidence since first coming to East Barnwell outreach. He is able to manage his finances, has started studying, is looking for somewhere else to live and is anxiety levels are greatly reduced.

The Patient Survey

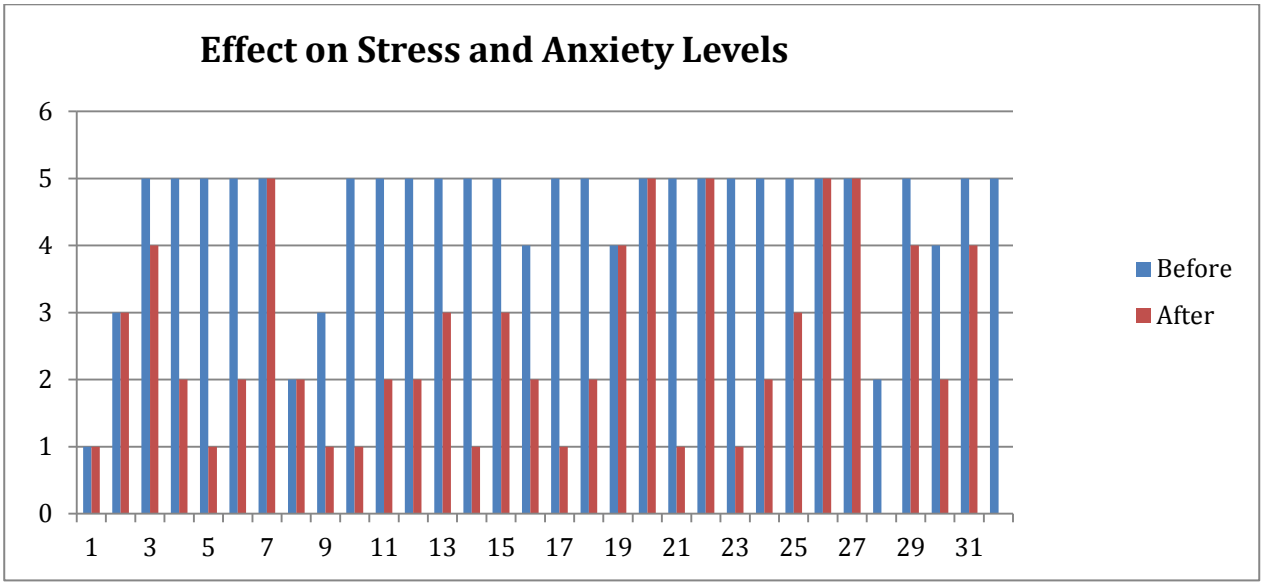
The survey was conducted by telephone some weeks after the advice session.



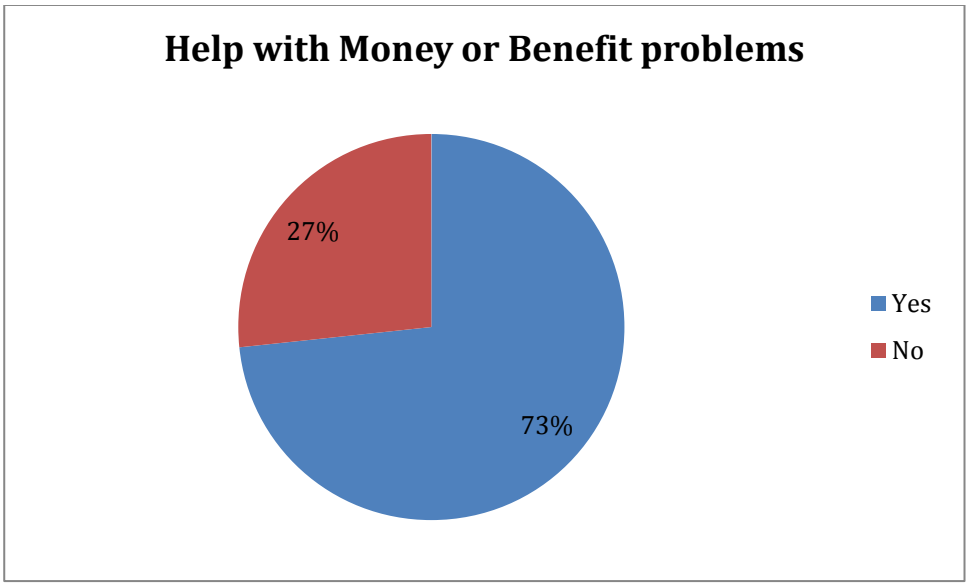
Respondents were asked 'Following your appointment with the CAB adviser was your problem successfully sorted out?'
54% said that their problem had been successfully resolved and 38% said it was partially resolved. Only 8% said that it had not been sorted out at all.



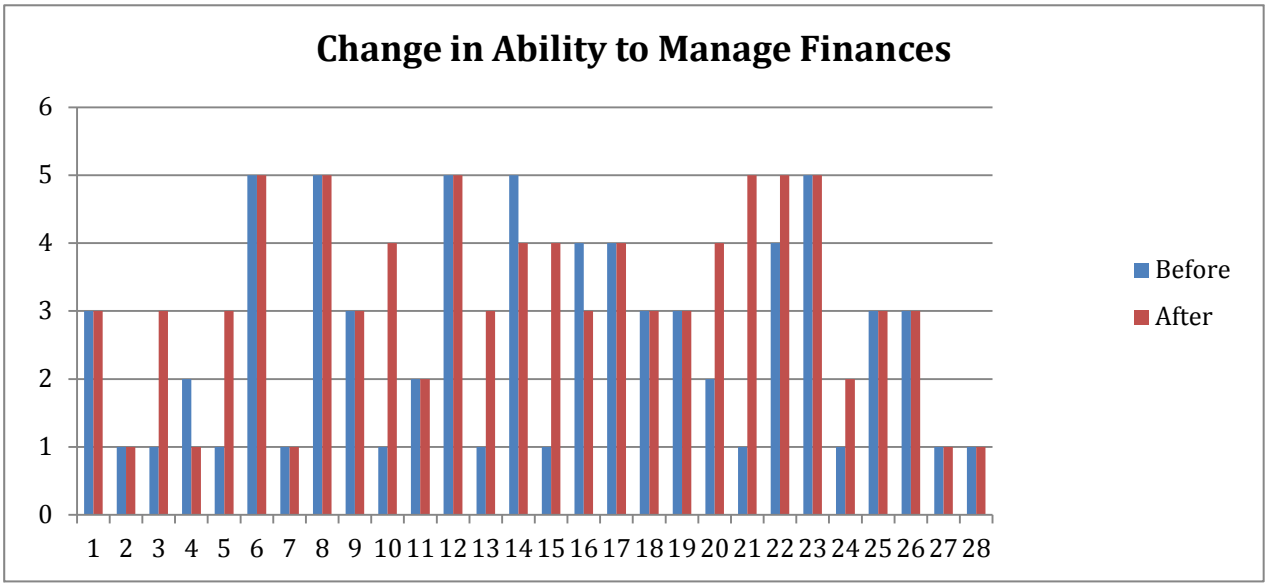
Patients were asked to say whether they had been suffering from stress or anxiety before seeing the adviser. 84 % said they had and 16% said they had not.



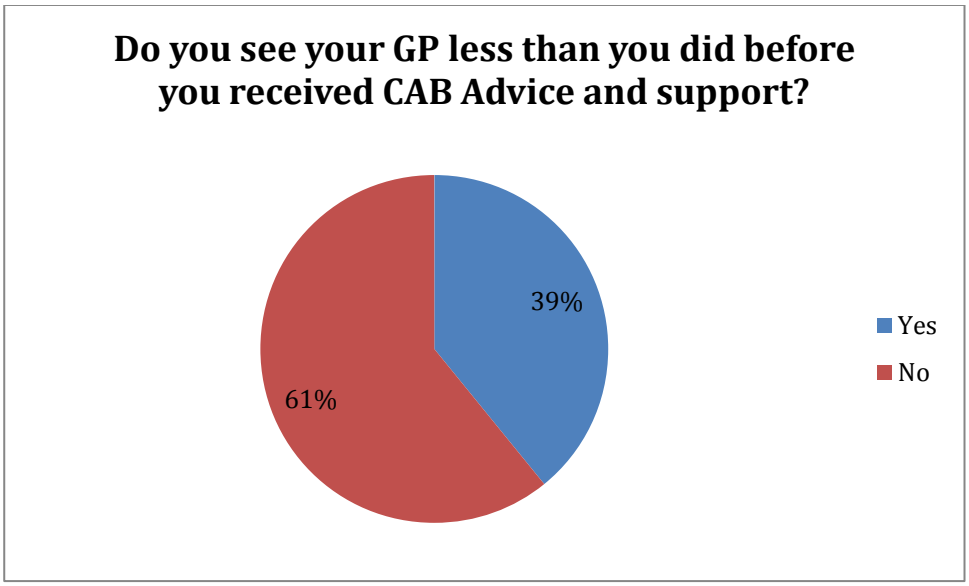
Respondents who said they had been suffering from stress or anxiety were then asked to rate the severity of this on a scale from 1 (very mild) to 5 (very high) before the session and some weeks after the advice session.
68% of patients said they were less stressed or anxious (similar to the findings in the year 1 survey) following advice.



73% of respondents said that the help they received included advice with money or benefit issues.



Respondents who had received help with money or benefit issues were asked about the effect that this has had on their ability to manage their household finances (1 – ability to manage very low, 5 – very high).
Improvements were reported in 32%% of cases and across the group as whole patients rating of their ability to manage finances has increased from 2.57 to 3.21.



39% of respondents said that they now see their GP less often than they did before they saw the CAB adviser and that the advice given has moved them forward.

Signposting

46% of clients said they had received signposting to other organisations who may be able to give them additional help and support.
These included Social Services, Bank Customer Helpline, Mental Health Line, Cambridge and Peterborough Foundation Trust.

Client Comments

It was good. Thank you.

It is difficult to get an appointment - they should be more flexible. I would like to book another appointment with Wendy again.

More flexibility for disabled people

Wendy was absolutely great and really helped me.

Very helpful. I was very happy with the adviser. She was understanding but assertive, she went out of her way to help me. CAB helped me massively and if I had not received the support I did, I may be dead by now. I have no negative feelings and I am very grateful for all the support CAB has given me, I finally have my life together and I have not had that for an extremely long time.

Service provided very beneficial

Everything was fine. As I have not received response yet I am a bit anxious but it is not a CAB fault.

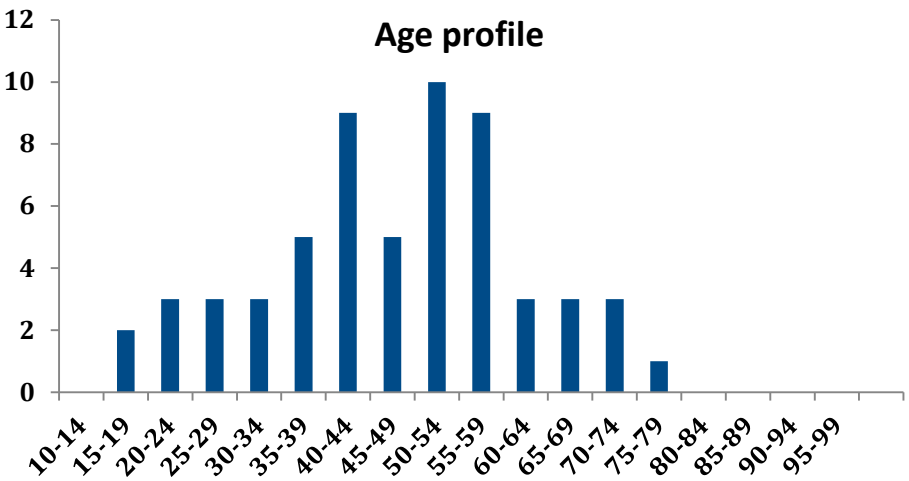
The help was very good. I really appreciated it.

The Adviser is a lovely lady. She has done everything she could. I am very thankful.

Everything is great at the moment.

East Barnwell Surgery Clients Monitoring Information:

Gender	Clients	%
Female	31	**52%**
Male	29	**48%**
Unknown\Not Recorded	5	
Total	**65**	**100%**



Disability	Clients	%
Disabled	12	**23%**
Long-term health condition	28	**54%**
Not disabled/no health problems	12	**23%**
Not recorded/not applicable	1	
Unknown/withheld	12	
Total	**65**	**100%**

Type of Disability	Clients	%
Cognitive Impairment	0	**0%**
Deaf	0	**0%**
Hearing Impairment	0	**0%**
Learning Difficulty	2	**5%**
Mental Health	9	**23%**
Physical Impairment (non-sensory)	3	**8%**
Visual Impairment	2	**5%**
Long-Term Health Condition	19	**48%**
Multiple Impairments	2	**5%**
Other Disability or Type Not Given	3	**8%**
Not recorded/not applicable	25	
Total	**65**	**100%**

Nuffield Road Medical Centre

The Nuffield Road Medical Centre Advice Service opened on 9th June 2016 and these statistics cover the period 9th June 2016 until 31st December 2016 in its first year.

Our adviser received 31 client referrals from GPs and other medical staff in this period and we were able to arrange 29 appointments with clients of these in this period. 12 additional appointments have been arranged but clients cancelled or were 'no shows'. (Number of clients for Q3 2016-17 – 14)

33% of patient who responded to our survey reported that their problem was successfully resolved and additional 50% said their problems have been resolved partly.

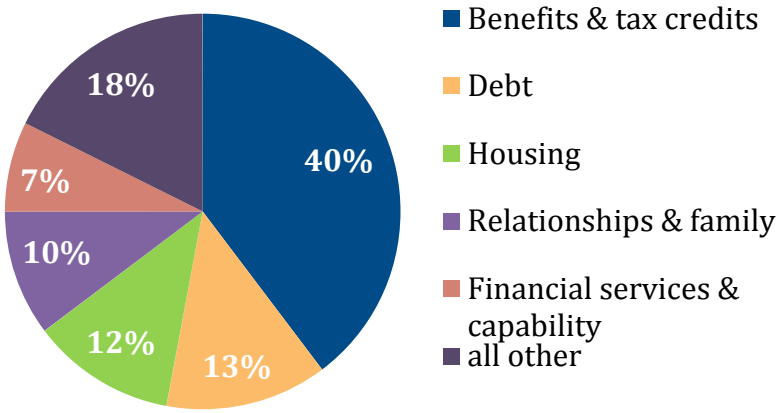
75% of those who were suffering from stress or anxiety when they saw the adviser said they were less stressed afterwards.

50% of respondents reported seeing their GP less now following the advice session

The breakdown of the issues discussed during appointment below:

Issues discuss during appointments	Total to date
Benefits & tax credits	27
Consumer goods & services	1
Debt	9
Education	2
Employment	
Financial services & capability	5
Health & community care	1
Housing	8
Immigration & asylum	
Legal	
Other	3
Relationships & family	7
Tax	
Travel & transport	
Utilities & communications	2
Discrimination	3
Grand Total	**68**

Breakdown of the enquiries types:



Outcomes:

Record of financial outcomes for clients for the period from June to December 2016:

Financial Outcome Category	Outcome	No of Unique Clients	Number of Outcomes	Total £ amount recorded
Debts written off	DRO - debt relief order	4	4	£44,221
	Total	**4**	**4**	**£44,221**
Income gain	Application made to govt scheme for financial help/energy efficiency measures	1	2	£580
	Benefit / tax credit gain - a new award or increase	3	4	£16,150
	Benefit / tax credit gain - award or increase following revision or appeal	2	3	£8,282
	Charitable payment	2	2	£270
	Total	**6**	**11**	**£25,282**
			Total	**£69,503**

Breakdown of financial outcomes for different Benefit Enquiries

Benefit type	Outcome	Total £ amount recorded
07 Housing Benefit	**Benefit / tax credit gain - a new award or increase**	£2,548
10 Working & Child Tax Credits	**Benefit / tax credit gain - award or increase following revision or appeal**	£3,751
17 Attendance Allowance	**Benefit / tax credit gain - a new award or increase**	£4,280
18 Carers Allowance	**Benefit / tax credit gain - a new award or increase**	£3,229
19 Employment Support Allowance	**Benefit / tax credit gain - award or increase following revision or appeal**	£4,531
99 Other benefits issues	**Benefit / tax credit gain - a new award or increase**	£6,093
Total		**£24,432**

Nuffield Road Medical Centre Case Study:

Client has been referred to us by his GP at the Nuffield Road Medical. He was 33 years old, single and classed as homeless. His problems started just over a year ago when his relationship with his partner broke down and this resulted in him having an undiagnosed breakdown. This led to him suffering from severe anxiety and depression and at that time his issues were still undiagnosed. Due to this the client was unable to hold down his job, because his anxiety prevented him from carrying out his duties. This is the first time that the client has not worked. The knock on effect was that the clients fell behind on his rent and other bills, ultimately leading to his eviction from the property.

Currently he has been granted access to his daughter 1 day per week (who he sees at his parents). His relationship with his father was very strained, largely down to his father's view of "the way he now is" which includes him developing a stutter.

Client's anxiety means that he was not able to deal with people therefore being in a hostel/ night shelter has been a situation that he can't face. It also meant that going to the City Council offices to get help from staff about his situation e.g. advisers/ housing officers, was almost impossible for him because he found it too stressful.

First we have made an application to Central Aid to request funds for the client to buy a winter coat because the only clothing he had wasn't warm enough for this time a year. He was granted £100 worth voucher for clothing.

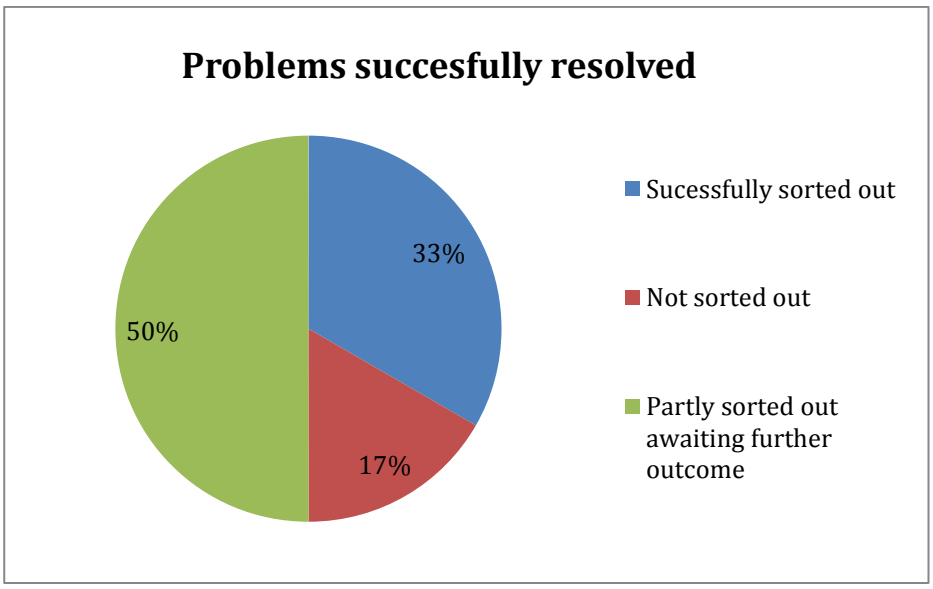
We made a homelessness application on his behalf but this was rejected by the council. We were informed that client would need to go to the City offices in order to speak to a housing officer. He also would need to do a Home-link application. Due to the clients mental state he was unable to attend a meeting with a Council officer so we contacted Cambridge Street and Mental Health Outreach Team for help. After exchanging some emails and presenting the situation it was agreed

that single homeless temporary accommodation would not be suitable because it involves sharing facilities with other tenants which would result in further stress and anxiety. At the same time the housing officer agreed to meet the client with our advisor at the Nuffield Road Medical Centre.

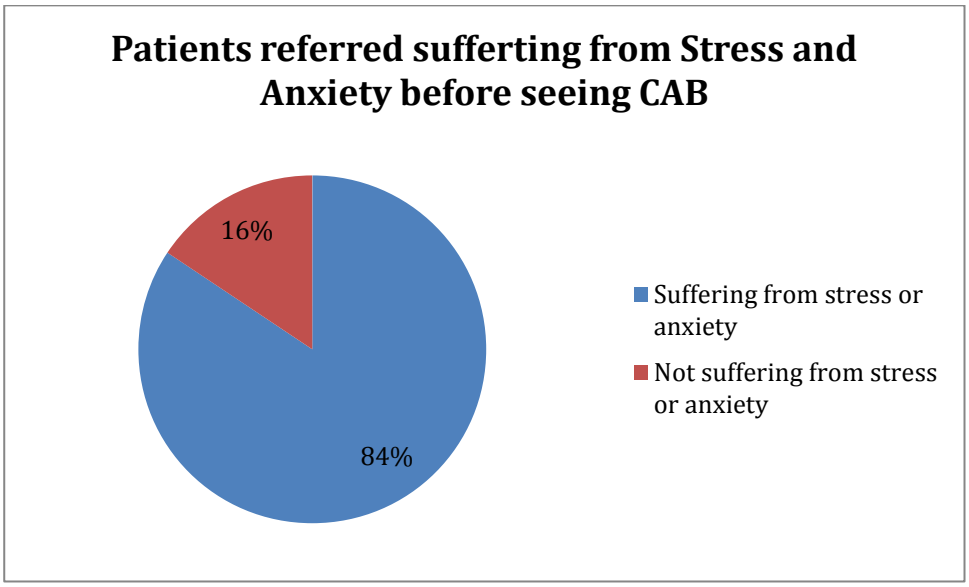
During the interview the housing officer agreed that the client had not made himself intentionally homeless and also agreed that as he has severe mental health issues they had a duty to find him a temporary place to stay. The result was that the client was offered a self-contained unit in a hostel. The housing officer also said that he would refer the client to a support group based there.

Client is now housed, has correct benefits, able to see his daughter and starting to feel better.

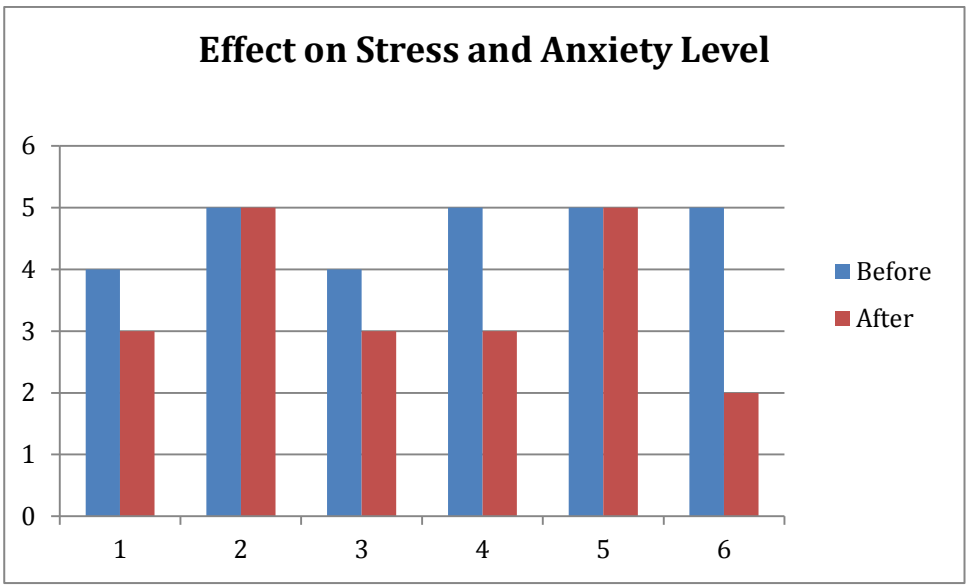
The Patients Survey



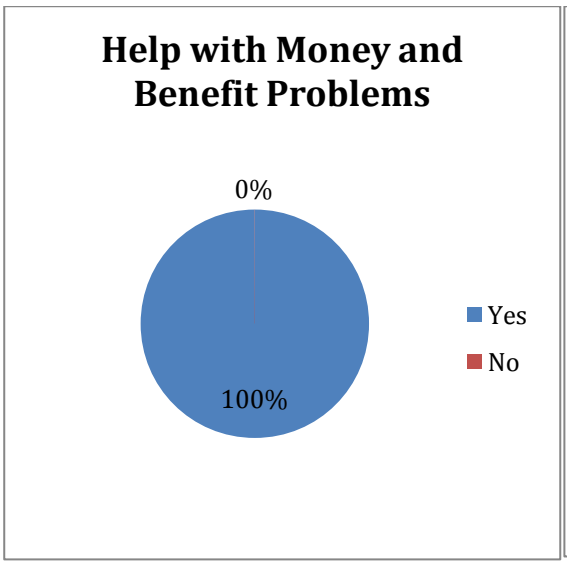
Respondents were asked 'Following your appointment with the CAB adviser was your problem successfully sorted out?'
33% said that their problem had been successfully resolved and 50% said it was partially resolved. Only 17% said that it had not been sorted out at all.

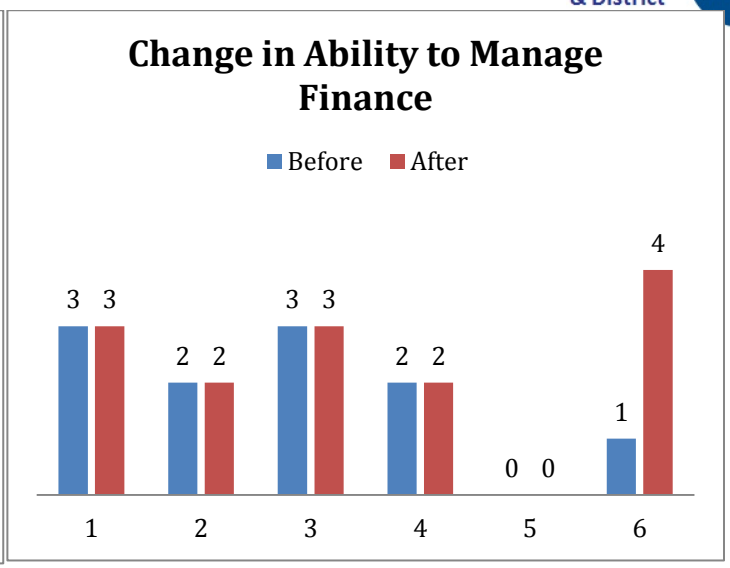


Patients were asked to say whether they had been suffering from stress or anxiety before seeing the adviser. 84 % said they had.

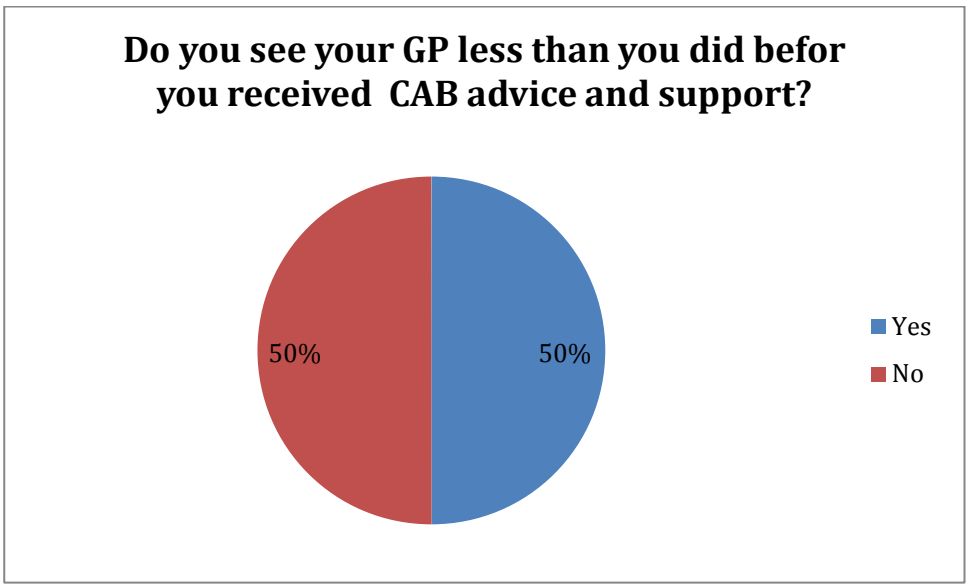


Respondents who said they had been suffering from stress or anxiety were then asked to rate the severity of this on a scale from 1 (very mild) to 5 (very high) before the session and some weeks after the advice session.
75% of patients said they were less stressed or anxious (similar to the findings in the year 1 survey).





All respondents reported they received help with money or benefit issues. We have also asked them about the effect that this has had on their ability to manage their household finances (1 – ability to manage very low, 5 – very high).
Improvements were reported by respondents in 16% of cases and across the group as whole patients rating of their ability to manage finances has increased from 2.67 to 3.17.



50% of respondents said that they now see their GP less often than they did before they saw the CAB adviser.

Signposting

50% of respondents they had received signposting to other organisations who may be able to give them help and support.
These included Social Services and Housing Tenancy Supporting Groups.

Client Comments

Found the service helpful, got to the bottom of my problem quickly and reason not received money for months.

Really good, very convenient.

Service is very helpful and worthwhile. Has helped me a lot. Really grateful.

Completely satisfactory service.

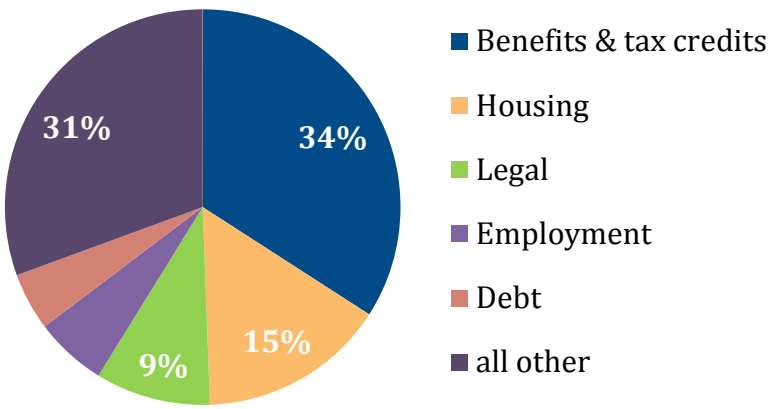
I don't have much to say, guy I saw was nice and understanding. I would like to make an appointment ahead as I am anxious about other issues.

Meadows Community Centre

The Meadows Community Centre project has been opened on 3rd August 2016 and report provides stats for the period to 31st December 2016 and was to help with referrals from Arbury GP surgery.
So far our adviser has seen 31 clients at that outreach and advised on a total of 85 different issues. The breakdown of these is shown below.

Issues discuss during appointments	Total to date
Benefits & tax credits	29
Consumer goods & services	3
Debt	4
Education	2
Employment	5
Financial services & capability	2
Health & community care	
Housing	13
Immigration & asylum	3
Legal	8
Other	2
Relationships & family	3
Tax	
Travel & transport	2
Utilities & communications	3
Discrimination	6
Grand Total	**85**

Breakdown of the enquiries types:



Outcomes:

Record of financial outcomes for clients from August to December 2016:

Financial Outcome Category	Outcome	No of Unique Clients	Number of Outcomes	Total £ amount recorded
Income gain	Benefit / tax credit gain - a new award or increase	2	2	£13,388
	Benefit / tax credit gain - award or increase following revision or appeal	1	1	£1,100
	Benefit / tax credit gain - Money put back into payment	1	2	£6,994
	Charitable payment	1	1	£60
	Total	**4**	**6**	**£21,542**
Re-imbursements, services, loans	Benefit / tax credit loan agreed	3	3	£291
	Cancellation – successful	1	1	£1,700
	Goods or services provided	1	1	£30
	Total	**4**	**5**	**£2,021**

Breakdown of financial outcomes for different Benefit Enquiries

Benefits	Outcome	Total £ amount recorded
07 Housing Benefit	**Benefit / tax credit gain - Money put back into payment**	£6,994
	Total	**£6,994**
10 Working & Child Tax Credits	**Benefit / tax credit gain - a new award or increase**	£9,587
	Benefit / tax credit gain - award or increase following revision or appeal	£1,100
	Total	**£10,687**
19 Employment Support Allowance	**Benefit / tax credit gain - a new award or increase**	£3,801
	Total	**£3,801**
Total		**£21,482**

Meadows Community Centre Case study:

The client came to see us because her Child Tax Credit (CTC) payments had stopped and she did not know why. The client previously contacted HMRC who asked if she had sent back a form, which she was previously told by them not to complete. They sent another form and the client returned it and HMRC reported that all was fine. However, her CTC was still not being paid. She contacted HMRC and was told that Concentrix were now dealing with the matter and working on an investigation. The client had not received any correspondence from Concentrix at this stage.

She phoned Concentrix and was informed that she was under investigation because they believed that another person was living her and her daughter. The background was that the client had completed a mutual exchange to swap social housing with the individual they claimed still lived at property. Concentrix asked the client to send them evidence that she was living there alone which she did – by recorded delivery. Two weeks later she phoned Concentrix and was told that they had not received the evidence and that they were handing the case back to HMRC.

The client has missed out on £620 of CTC over a 2.5 month period. A budgeting loan repayment comes out of her income support. She has debts with electricity/gas, broadband, phone, Brighthouse, water arrears and 2 credit cards. She has stopped repayments after her CTC was stopped, because it put her into financial hardship. The client reports that she suffers from 'severe depression'.

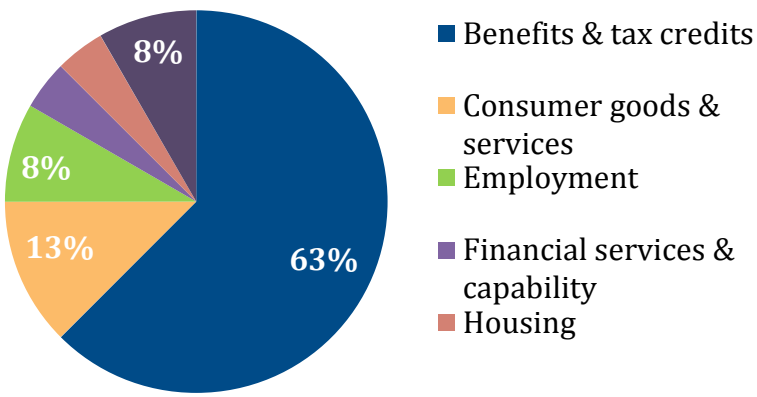
We phoned HMRC on the client's behalf and explained the situation and the client's financial hardship. HMRC said that the paperwork the client sent as proof that she lived alone was received by them on 22nd September. They offered the client an emergency payment of £100 for the next day and a further payment in two weeks'. Due to financial hardship, HMRC prioritised the client's mandatory reconsideration to be completed within 2 weeks.
Client claim was successful and her benefits sorted out.

Trumpington Pavilion

The Trumpington Pavilion project has been opened in September 2016 and report provides stats for the period to 31st December 2016. Unfortunately the Trumpington GP Surgery was unable to offer space but we hope to move into the new GP surgery and community centre once finished and opened in April 2017.
Our advisers have met 11 clients during this period and discussed 24 different issues with them.

Issues discussed during appointments	
Benefits & tax credits	15
Consumer goods & services	3
Debt	
Education	
Employment	2
Financial services & capability	1
Health & community care	
Housing	1
Immigration & asylum	1
Legal	
Other	
Relationships & family	
Tax	
Travel & transport	
Utilities & communications	1
Discrimination	
Grand Total	**24**

Breakdown of the enquiries types:



To date there has been one non confirmed financial outcome which is PIP award (enhanced rate of daily living component - £82.30 per week and enhanced rate of mobility component - £57.45 per week) which is an equivalent of £7267 per year. Case study based on this case below.

Although the service has been slow to take off we believe the location has affected the demand. However, the first week back after Christmas our advisor saw 4 clients in one session (cases not included in this report).

Case study – Trumpington Pavilion:

Client attended drop-in to discuss moving from Disability Living Allowance (DLA) to PIP.

Client was 67 and retired. She was suffering from systemic lupus which causes physical disabilities and various health issues including problems with her lungs. She was also suffering from depression and anxiety. Client was receiving DLA on a higher rate of care and mobility components. She said that she has been on DLA since 2000/01 when she went through a stressful but successful appeal with help from Citizens Advice.

Client has received a letter informing her that her DLA is due to stop and inviting her to apply for PIP.
Client also said that she visited Australia for 45 days and she was concerned that this might affect her eligibility for PIP. We have checked residence rules and confirmed that her overseas trip will not affect her eligibility for PIP.

We have also informed client that she needs to start her PIP claim as soon as possible. We explained that client will receive a PIP2 form and invited her to call us for an appointment to complete the form once she has received it. We have informed client that she will need to provide up to date medical evidence to support her claim.

Our advisor helped her to complete PIP form. On the basis of the information provided, the client should be awarded enhanced rate of daily living component and enhanced rate of mobility component of PIP which would result in a contribution of benefits of £7,267 which will help the client to pay for the additional support she needs.