

BUILDING COMMUNITY RESILIENCE

To: Health Committee

Meeting Date: 10 March 2016

From: Sarah Ferguson, Service Director Enhanced and Preventative Services
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Electoral division(s): All

Forward Plan ref: *Key decision:* No

Purpose: To introduce *Stronger Together – Cambridgeshire's Strategy for building resilient communities*, and to seek the views of Health Committee on the actions taking place in support of this strategy and how this could link with existing public health community resilience based work.

Recommendation: Health Committee is asked to comment on the actions proposed to support the Community Resilience Strategy and how this could link with existing public health community resilience based work.

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1. BACKGROUND

- 1.1 The public sector faces enormous challenges in the next few years. Rising demand together with significantly reduced resources makes redesigning public services imperative. Put simply, the public sector cannot continue delivering services in the way that it does now.
- 1.2 Alongside this, there is a growing body of research and evidence to show that local community-based support can be more effective in supporting some vulnerable people – and better at preventing some of the crises which necessitate costly Council services.
- 1.3 *Stronger Together – our strategy for building resilient communities* represents the culmination of work that has been happening across the Council on the back of these two immediate imperatives. It proposes a fundamental shift in the way that service provision and local communities interact; essentially, repositioning the Council as part of the wider community, with a real focus on building the capacity of local people to help us to meet local needs together.
- 1.4 The concepts and actions within this strategy have been informed by officers and Members across the Council, from a series of meetings, workshops, discussions, Member seminars and more latterly a more formal Programme Board with membership drawn from each directorate. It has been developed alongside the Council's new operating model, reflecting the cross-cutting nature of both the work and the potential impact. Community Resilience is an enabler within the operating model.
- 1.5 The Council's General Purposes Committee agreed to adopt this strategy at its meeting in October 2015. Since then officers and Members across the Council have been developing activity to make this strategy a reality.

2.0 FINANCIAL BENEFITS AND BUSINESS PLANNING

- 2.1 There is evidence to show that this approach can deliver improved services for less money. But it is difficult to accurately predict the savings that will accrue from fostering more resilient and supportive communities. Our business plans will consider the following:
 - **Costs avoided** – for example, less costly care packages for older people, where neighbours and friends can do some of the things that we currently ask domiciliary care providers to undertake;
 - **Helping to guide where savings could be made in front line services** – for example, where local parents step up to successfully offer peer support through children's centres or other community spaces and therefore reduce the need for services for parents in crisis, or where communities part-fund some highways improvement work or help to maintain local footpaths;
 - **Mitigating the impact of cuts which will have to be made to front line services** – for example, by ensuring there is a greater wealth of volunteer capacity in local areas with people willing and able to give some time to help others including through more organised opportunities such as timebanks, or through raising awareness and perceptions of volunteering opportunities.

- 2.2 There is increasing emphasis on demand management within the Council's business plan. This strategy is central to our ability to manage demand for our services - through supporting families and communities to do more to prevent the escalation of need and also to support the most vulnerable. It will drive our work with local communities to help, for example, to support a network of opportunities for socialising to combat loneliness and isolation in older people, or to encourage local people to look out for their vulnerable neighbours. For the most vulnerable, this strategy articulates our intention to combine our own care delivery with that from local people, for example by building capacity locally to support carers with their caring, or including local community support within care plans for adults with disabilities.
- 2.3 Council staff will place additional focus on helping to create groups and networks of people who face (or have faced) similar issues or needs, for example, parents with children who have a disability, or people with caring responsibilities. In this way people will increasingly be able to get some of the help and advice they need without recourse to our services.

3.0. SUPPORTING ACTIVITY

- 3.1 Our strategy proposes six areas of activity. Each represents a specific part of the work we need to take forward, and there are developing action plans for each area. The six areas are:

- Communication
- People helping people
- Council members
- Our workforce
- Community spaces
- Partnerships

Further detail on each of these areas can be found within the strategy document itself, together with a clear articulation of what the Council aims to achieve by 2020.

3.2 Communication

A comprehensive Communications Strategy and Action Plan are in place to support the Community Resilience Strategy. In the meantime work has already started in raising awareness of the challenge being faced by the Council and ways we and the community can help one another as part of the Council's Budget Challenge Campaign.

A regular update is now being sent to Parish Councils and a letter has also been sent with supporting materials that they can use themselves or in local publications. A menu of ideas and support offers, case studies and online resources are now being developed to help Parish Councils, the community and other organisations to develop their own local activity that will mitigate the impact of our budget and service reductions. Communications to staff have begun and will increase with official launch of the Community Resilience Strategy, and we are increasingly publicising the good work that is already happening in local communities, with or without our support.

The way the Council is using social media has been changing in order to better place the Council and its services as part of the wider community rather

than a centralised provider of services. This means the Council can actively target communities in a geographic location but also communities who share an interest or need. This in turn allows a much more targeted and cost efficient approach as well as engaging with people where they are having the conversations rather than expecting them to come to the council.

3.3 People helping people

This workstream aims to facilitate people helping people in a range of capacities across the county. People help people in a broad range of ways – from very informal help for a neighbour, through to more facilitated volunteering such as peer-to-peer support. Within this workstream we will look at how the Council can support people helping people in both formal and informal ways. We aim to build on existing good practice across the Council, for example, in libraries, and develop the links between service provision where this is needed.

Activity planned includes:

- The delivery of three pilot learning sites aiming specifically to build community capacity. These will take place in Godmanchester, Ely and Littleport, and the Abbey area of Cambridge. The Godmanchester site will build upon the “mini-patches” work happening through Transforming Lives.
- Work on building peer support mechanisms across the county.
- Aligning our Voluntary and Community Sector (VCS) contracts around our Community Resilience strategy.
- Making available a toolkit for staff and Members, providing advice on sources of funding, support and training that community groups can access, useful tools, tips and techniques for building capacity in communities, and examples of successful activities and case studies.
- Identifying occasions where our staff may not feel they are able to link vulnerable people with sources of support from within the community – and making sure our policies and processes facilitate this whilst also keeping people safe from harm.
- Further development of Time Banks and Time Credits.

3.4 Council Members

The first Councillors as Community Connectors cohort is now complete. Two further cohorts are planned. The purpose of this group is for pro-active Members to work together to mutually improve knowledge of how to help build capacity within the communities in their divisions. The material they have covered includes: community engagement techniques, discussions with service leads regarding how the councillors’ community role can support services, and practical ideas to take forward. Attendance has been slightly lower than anticipated; of the 18 who signed up, 12 remain engaged with the programme. A number of councillors on the programme have initiated new activity including: holding a village meeting to ask how the community can do more, arranging for members to be trained as Community Navigators and instigating parish clusters.

The programme has been a conduit for the Cultivating Communities Small Grants pilot through which communities can work with their County Councillor to apply for a grant to fund local community-led partnership projects.

Stronger Together has stimulated positive conversations with local councils. Some have approached the council to ask what they could do to help mitigate the impact of the cuts, and a number of county members have started discussions with their parishes to stimulate ideas. Examples of activity include:

- Histon and Impington parish proactively working with a county officer to further develop their already substantial community offering
- Development of a Parish menu outlining examples and suggestions of ways our two councils can work together
- An invitation to officers to attend Huntingdonshire Joint Rural Forum to discuss 'Where will the axe fall and how can towns and parishes help?'
- Cllr Tew convening parish cluster meetings where parishes are now collaborating on projects
- Cllr Downes holding a Village Meeting explaining the situation and asking for ideas. These are now coming forward through their Community Plan.
- Monthly briefings of relevant information to all Local Councils from the County Council Communications team

At this early stage the approach we are adopting is to work with the willing, engaging with proactive local councils who approach us.

3.5 **Our workforce**

LGSS have the lead on this workstream, and due to other priorities they do not yet have plans in place. The draft Council Workforce Strategy is being revised to reflect the new direction of Customer First that the new Chief Executive is introducing and the final product will include the requirements of our work on community resilience.

In the meantime, there will be a workshop in the New Year to plan how we will support our staff to gain the skills and expertise they will need for this new way of working.

3.6 **Community spaces**

The use of the Council's assets will play a pivotal role in supporting an integrated approach to community resilience. At this point however there is still work to be completed before a detailed proposal can be developed that sets out how we will use our assets to help our communities become more resilient and self-sufficient. There are a number of stages that are necessary in this process. The first is to define exactly what the Council's service offer is. Work has been undertaken on this and it is starting to take shape. Once complete this will be mapped against an assessment of community need using the various data sets and forward projections to facilitate this process. Having determined the needs and priorities of communities a gap analysis will be undertaken by comparing this assessment to the location of the existing public estate. It is highly unlikely that the existing infrastructure and the identified infrastructure needs will be aligned and therefore the process will create some surplus assets and perhaps some investment requirements.

We have begun work on identifying those aspects – buildings, staff and activity – which we could potentially bring together across children's centres and libraries in a given geographical location. We will build on this over time to identify one community-facing hub space in each community (geographical size to be determined), which will be the local "front door" for the provision of

information and advice, preventative activities, developing and brokering community support, and networking and partnership working across all of our services. This will mean reducing our property portfolio as we join up across services, and will involve working with other Partner organisations who also desire a local presence.

3.7 Partnerships

A series of individual meetings are taking place with partners to explore the resonance of the strategy with their own objectives. Discussions are also taking place at partnership boards to establish any cross-cutting strategic links which need to be made. From these discussions, any countywide actions and goals will be developed as well as any specific local activity to take the work forward. These conversations will have been concluded by March 2016, with a proposal that they are presented back to Cambridgeshire Public Services Board for strategic sign up. In Fenland, initial discussions have been taking place under the auspices of the Fenland Strategic Partnership to look at whether rethinking the totality of the resource being allocated across agencies in a community through the lens of community resilience could assist the process of re-focussing services.

4. PUBLIC HEALTH SERVICES

- 4.1 Many public health services have been using the principles and practice of community resilience for some years. The Council's Community Resilience Strategy provides a positive opportunity to potentially build further links, particularly through Member training and Parish Councils.

The following are examples of Public Health interventions that involve engaging individuals and communities to develop the knowledge, skills and resilience to enable them to take responsibility for their health and well being. The interventions are delivered by members of the Public Health Directorate or through commissioned services. They include working with a range of different ages and communities in a variety of settings.

4.2 Healthy Fenland Fund

Public Health staff have worked to establish the Healthy Fenland Fund to build community resilience and reduce health inequalities in Fenland through engaging communities to take responsibility for their health and well-being. Communities in Fenland are able to access small grants that will enable them to develop local projects and interventions to address their health and well-being needs.

This funding may be used to strengthen the community by supporting the "building blocks" or for a specific project that addresses a community issue. Care Network in collaboration with Cambridgeshire Community Foundation has been commissioned to administer the Fund and to engage communities.

It has employed community workers who will be responsible for identifying "enablers" and supporting them to work with their communities to realise their assets and manage their own needs. Enablers are community members who identify and use their community strengths, physical and social assets and make connections in their communities to develop resilience and strengthen their communities. The Healthy Fenland Fund acts as an incentive and the

community workers will work with communities and advise them how best to access and best use the Fund.

4.3 Breastfeeding Peer Support Programme

Members of the Public Health Directorate facilitate a Peer Breastfeeding Programme that currently has Peer Breastfeeding Support Groups in Fenland, East Cambridgeshire and Huntingdonshire where there are lower rates of breastfeeding. There is evidence that breastfeeding has considerable health benefits for the child and mother. Peer support groups are acknowledged as being an effective means for initiating and increasing the length of time women breastfeed. Peer supporters are voluntary lay women, recruited from the local community who have breastfed themselves and successfully completed additional accredited breastfeeding training that is provided by Public Health. Trained peer supporters go on to recruit new members and form their own peer support groups.

In addition to supporting mothers to breastfeed, the peer programme also increases social networking opportunities, provides opportunities for the peer supporters to undertake further education or training and other voluntary roles in the community. It also builds relationships with professionals making them more aware of the contribution that the peer supporters make to the number of women who successfully breastfeed.

4.4 KickAsh

Kick Ash Cambridgeshire is a health promotion programme that aims to reduce the prevalence of smoking amongst young people who are 16 and under. It is a school based programme that engages young people in promoting the no-smoking message with young mentors being recruited who represent a wide cross section of students from different social groups. The programme is currently active within 10 schools with over 150 mentors being trained this year (2015/16) and in excess of 500 during the life of the programme.

It is facilitated by Public Health, CAMQUIT (Stop Smoking Services), Personal Social Health Education (PSHE), Communications and Trading Standards. The mentors working with staff from these Departments influence the design and development of the programme within their school and in the wider community

The Programme is led by mentors from Year 10 (15/16 yrs. olds) who deliver bespoke PSHE units of work to year 8 (13 yrs. old) and year 5/6 (10/11 yrs. old) students. The units focus upon what influences their decision making around smoking and related risk taking behaviour. In addition they undertake a number of events in the community, raising awareness of the issues e.g. flash mob appearances in busy areas, training and workshop activities and communication that includes social media and press releases.

The mentors have expressed the following benefits: acquired new skills, gave them responsibilities which helped build their confidence, gave them leadership opportunities, good for their CVs, made them feel valued and gave them an understanding of the smoking related issues.

Schools have reported the following benefits: opportunities to work with other schools including primaries and the wider community with professional support from an outside agency, provides a focus upon health which is a priority for schools, participation in a high profile programme is good for school reputations and credibility. Those schools which are involved report that the programme is now a school priority.

4.5 Gypsy and Traveller Health Team

The Public Health Directorate includes the Traveller Health Team that works to improve the life chances of Gypsies and Travellers across Cambridgeshire. As the largest ethnic minority group in Cambridgeshire, their life expectancy is approximately 10-12 years less than that of the non-Traveller residents and they are 5 times more likely to experience ill health (Travellers Joint Strategic Needs Assessment [JSNA], 2010). Activities focus on providing the communities with the knowledge and skills to improve their health and well-being.

Other funding has been secured by the team for specific projects. The Travellers Literacy Project targets those who have none or few literacy skills. The project enables learners to become more aware of how to access GP and other services. Improved literacy also helps with making health choices and the services that will help them with these choices. Literacy tutors report that participant mental health has improved through increasing their self-esteem and confidence building. A number of participants have progressed to employment or transferred to other skills development courses, which for many will be their first experience of achieving a qualification and a route to employability and independence

4.6 Health Explorers

A high smoking rate is one of the factors associated with the high numbers of smoking related deaths and illness in Fenland. In 2014 the voluntary organisation Our Life was commissioned by Public Health to facilitate a Citizen's Investigation into Smoking in Fenland.

Our Life specialise in community engagement and carry out high-quality public participation processes, research and training designed to involve local people in local decisions around issues that directly affect them and the areas in which they live. The starting point in Our Life's work was to discover the assets that the local communities already have and how to build on the existing strengths in the communities.

A "conversation" was held with 17 volunteers from Fenland (these were mainly made up from people who use the Rosmini Centre in Wisbech) about tobacco use in the local area. This informed the Fenland Explorer Project which recruited five volunteers from the community. They were trained and undertook street based research by interviewing over 150 local people from Fenland market towns. They used the findings to produce a final report which is being used for the ongoing engagement of communities in smoking prevention and the Stop Smoking Services. The volunteers became the Fenland Health Explorers who created their own identity, logo and reported that they had increased their knowledge, communication skills and confidence.



4.7 Health Walks

For a period of 12 years Public Health staff sometimes with partner agencies have trained and supported volunteers to lead Health Walks East Cambridgeshire.

Health Walks are evidence based interventions that support not only the promotion of physical activity but also psychological wellbeing. They bring together groups of up to 40 individuals who may have low levels of physical activity and/or be socially isolated. Local case studies have revealed the social impact of the walks with individuals not able to walk still meeting with the group for social gatherings.

4.8 Health Trainers

Public Health commissions Everyone Health to provide an integrated Lifestyles Service which includes Health Trainers. Historically in Cambridgeshire the Health Trainer Service was confined to the 20% most deprived areas but since 2015 the Service has been commissioned for the rest of the county.

Health Trainers offer tailored advice, motivation, skills and practical support to individuals who want help to adopt healthier lifestyles. They focus on those in greatest need and more disadvantaged communities. The Cambridgeshire Service also includes community engagement workers who develop links with communities to enable health trainers to work with them to develop their knowledge and skills for taking responsibility for their own health. For example they recruit and train volunteers to run Health Walks (expanding the East Cambridgeshire model to the rest of the county) and other community physical activity initiatives or provide cooking classes for mothers.

4.9 Workplace Health Programme

Public Health has a long standing Workplace Health programme which offers support to employers to improve the health of their workforces. There is evidence that workplace health programmes support improvements in employee health and provide financial savings through for example reduced sickness absence. Business in the Community (BITC) has been commissioned to develop the Programme, primarily with workplaces in the private sector in the more deprived areas over the next two years. Support is also being given to Local Authorities and the NHS by members of the Public Health Team.

Integral to the sustainability of the programme is ensuring that workplaces i.e. employers and employees are committed to and own their Programmes along

with the securing the skills to ensure that they are sustainable. Volunteer Health Champions are recruited and trained. Their role is to engage the ongoing support of employers and employee, play a lead role in organising initiatives that promote health and wellbeing, as well as signposting to relevant, local services. Employer networks have also been formed where peer support is available for employers who are taking forward workplace health programmes

4.10 Sexual Health Champions

Public Health commissions the a voluntary sector organisation DHIVERSE, to train community volunteers as Sexual Health Champions (SHCs) to work with their communities to promote sexual health and HIV prevention. The project has been especially successful with Black, Asian and Minority Ethnic (BAME) groups with the volunteers playing a key role in developing an awareness of HIV in their communities and ongoing sexual health promotion. More recent work has resulted in the recruitment of volunteers from the Men who have Sex with Men (MSM) communities.

4.11 Engaging Retailers - Healthy Options Project

The Healthier Options initiative engages local food businesses in Cambridgeshire to provide healthier food and drink options to customers. Environmental Health Teams from Cambridge, South Cambridgeshire and Fenland Councils have promoted the initiative to businesses in their areas and encouraged them to sign-up to the “Healthier Intention” pledge” to support their communities to make healthier food choices.

Social media, a website, a twitter account and a Facebook page are being used to engage not only with local businesses but also with the community. This has led to some local residents signing up to become Healthier Options Ambassadors and helping to promote the initiative to both local businesses and their communities.

4.12 Building Skills for Community Resilience - Public Health Training

Public Health provides various training courses for communities and professionals. These enable them to motivate and provide support for individuals and communities to take responsibility for their health and adopt healthier lifestyles. Examples of training are brief behavioural change interventions and motivational interviewing. More specifically Mental Health First Aid Training teaches people how to identify, understand and help a person who may be developing a mental health issue; this could be with their family, friends, workplaces or communities.

5. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

The following bullet points set out details of implications identified by officers:

- The Bank of England estimates that around 15 million people volunteer regularly on a formal basis, and that the same amount of time is spent on informal volunteering, which might be running a neighbour to a doctor's appointment or taking an elderly relative to do their shopping. They

calculate that the economic value of volunteering could exceed £50bn a year.

- Individuals benefit from doing things for others, though the balance of benefits differs across individuals. For example, younger people highlight the importance of acquiring new skills and enhancing employment prospects, while older volunteers benefit from increased social interaction and improved health. Enjoyment and satisfaction rank high across all volunteer types, and it is clear that there are economic benefits for the individual. The Bank of England estimates that the gains to the individual in terms of wellbeing, improved health and increased employability might exceed the £50bn-plus benefit to the recipients of volunteering.
- It is therefore reasonable to suggest that building and supporting increased volunteering across the county will have benefits for the local economy.

5.2 Helping people live healthy and independent lives

The following bullet points set out details of implications identified by officers:

- There is evidence that community engagement and resilience supports the adoption of a healthy lifestyle as a community norm and engagement in health improving initiatives
- The benefits to those supported by volunteers include improvement in health, wellbeing and independence
- Supporting community resilience builds increased social capital; cohesion, empowerment, and improved relationship with organisations.

5.3 Supporting and protecting vulnerable people

The following bullet point sets out details of implications identified by officers:

- The County Council, along with other partners in the public sector, will have to make reductions in front line services in order to meet the significant financial challenges ahead. This strategy is a key aspect of the Council's approach to mitigating the impact of those cuts on those who need support but could manage without the intervention of statutory services.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

- Implications for delivery of savings are outlined in paragraph 3. There are no significant additional costs incurred in the delivery of the overall strategy – though some actions may require short-term revenue input in order to achieve identified savings (invest to save). Delivery requires no additional staffing capacity, rather it asks our staff to work in different ways to secure support for people and places from within the local community.
- The strategy helps to establish how we best use our property assets to achieve the most value for Cambridgeshire residents.

6.2 Statutory, Risk and Legal Implications

The following bullet points set out details of significant implications identified by officers:

- The strategy is designed to mitigate the impact of reductions in local government funding. As such it should help to guard against the risks identified in the corporate risk register around failure to deliver our five year business plan, namely:
 - Lack of capacity to respond to rising demand for service provision, in new and existing communities
 - Failure to produce a robust and secure business plan over the next 5 years
 - Failure to deliver the current five year business plan.
- There will be a continuing legal duty on local authorities to ensure that vulnerable people are not exposed to additional or unreasonable levels of risk as a result of the implementation of these strategic objectives.

6.3 Equality and Diversity Implications

The following bullet point sets out details of significant implications identified by officers:

- Evidence indicates that services delivered by local people within local communities can be more successful than statutory services at reaching people who may need support. Our strategy should therefore support more equal and diverse accessible provision locally.
- Our services will become increasingly more localised, less uniform and more bespoke, so that we can meet local and individual need within each specific community context.
- People identify themselves within different communities, not only the geographical community in which they live. People are also part of communities with shared interests (e.g. the Women's Institute, or the local Allotment Society) and this strategy will drive our approach to building relationships and harnessing capacity within these communities too.

6.4 Engagement and Consultation Implications

The following bullet point sets out details of significant implications identified by officers:

- We recognise that successful delivery of this strategy will hinge upon the relationships we have with other agencies in local communities – at a strategic planning level as well as between people working in local areas. There have been some early discussions with voluntary sector organisations and other statutory agencies further develop a partnership approach to developing and supporting community resilience..

6.5 Localism and Local Member Involvement

The following bullet points set out details of significant implications identified by officers:

- The role of Members is critical to the success of this strategy – in engaging communities and in acting as community advocates. For this reason, this strategy has been circulated in draft form to all Members for comment prior to being considered at General Purposes Committee. The role of Members is further outlined on pages 11-12 of the strategy.
- A number of councillors have volunteered to become early adopters of this work, piloting this new and critical way of working. They have formed a “Councillors as Community Connectors” group, meeting as an action learning set, and the learning from their experience will inform our direction going forward. Councillors are invited to express an interest in joining cohort two of this programme, which will begin in January 2016.

6.6 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- There is evidence that community resilience and engagement can have a positive effect on the health of Cambridgeshire residents, by supporting the adoption of a healthy lifestyle as a community norm and improving engagement in health improving initiatives. Targeting efforts where people have greater health needs will have the most impact. This would include focusing on more deprived areas, on those who are isolated and do not access services, or those where increased self-care or community support is required would have a larger impact on health.
- Building community resilience will impact on many of the needs identified in different Joint Strategic Needs Assessments (JSNAs), including the following:
 - Migrant communities
 - Long Term Conditions
 - New Communities
 - Homelessness and at risk of homelessness
 - Vulnerable children and adults
 - Autism, personality disorders and Dual Diagnosis
 - Carers
 - Older People’s Mental Health

Source Documents	Location
<p>Community Resilience Strategy <i>Stronger Together – Cambridgeshire County Council's strategy for building resilient communities</i></p> <p><i>In giving, how much do we receive? The social value of volunteering.</i> Andrew G Haldane, Chief Economist, Bank of England, speech on 9 September 2014</p> <p><i>NICE Guidelines PH 9 Community Engagement</i></p> <p><i>Joint Strategic Needs Assessments</i></p>	<p>http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/5 (listed under 'Children, young people and families')</p> <p>www.bankofengland.co.uk/publications/Pages/speeches/default.aspx</p> <p>https://www.nice.org.uk/guidance/ph9/chapter/Appendix-C-the-evidence#evidence-statements</p> <p>http://www.cambridgeshireinsight.org.uk/jsna</p>