

Wellbeing Panel

Agenda

Date

Monday 7 October 2019

Time

6.30pm

Place

Council Chamber
Thorpe Lodge
1 Yarmouth Road
Thorpe St Andrew
Norwich

Contact

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@BDCDemServices

Members of the Wellbeing Panel

Mr F Whymark
(Chairman)

Mr M L Murrell
(Vice Chairman)

Mr A D Crotch
Mr R R Foulger
Ms N J Harpley
Miss S Lawn

Mrs S M Prutton
Mr N C Shaw
Mrs L A Starling
Mr D M Thomas

Conservative Substitutes

Mr A D Adams
Mrs S C Gurney
Mr D King
Mr G F Peck
Ms C E Ryman-Tubb
Mr S C Walker
Mr J M Ward

Liberal Democrat Substitutes

Ms J A Neesam
Vacancy

Labour Substitute

Mrs B Cook

If any Member wishes to clarify details relating to any matter on the agenda they are requested to contact the relevant Director / Assistant Director

The Openness of Local Government Bodies Regulations 2014

Under the above Regulations, any person may take photographs, film and audio-record the proceedings and report on all public meetings. If you do not wish to be filmed / recorded, please notify an officer prior to the start of the meeting. The Council has a protocol, a copy of which will be displayed outside of each meeting room and is available on request.

**The Chairman will ask if anyone wishes to
film / record this meeting**

A G E N D A

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| 1 | To receive declarations of interest under Procedural Rule no 8 | |
| 2 | Apologies for absence | |
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| | To approve the Minutes of the meeting held on 26 June 2019. | |
| 4 | Matters arising | |
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Trevor Holden
Managing Director

DECLARATIONS OF INTEREST AT MEETINGS

When declaring an interest at a meeting Members are asked to indicate whether their interest in the matter is pecuniary, or if the matter relates to, or affects a pecuniary interest they have, or if it is another type of interest. Members are required to identify the nature of the interest and the agenda item to which it relates. In the case of other interests, the member may speak and vote. If it is a pecuniary interest, the member must withdraw from the meeting when it is discussed. If it affects or relates to a pecuniary interest the member has, they have the right to make representations to the meeting as a member of the public but must then withdraw from the meeting. Members are also requested when appropriate to make any declarations under the Code of Practice on Planning and Judicial matters.

Have you declared the interest in the register of interests as a pecuniary interest? If Yes, you will need to withdraw from the room when it is discussed.

Does the interest directly:

1. Affect yours, or your spouse / partner's financial position?
2. Relate to the determining of any approval, consent, licence, permission or registration in relation to you or your spouse / partner?
3. Relate to a contract you, or your spouse / partner have with the Council
4. Affect land you or your spouse / partner own
5. Affect a company that you or your partner own, or have a shareholding in

If the answer is "yes" to any of the above, it is likely to be pecuniary.

Please refer to the guidance given on declaring pecuniary interests in the register of interest forms. If you have a pecuniary interest, you will need to inform the meeting and then withdraw from the room when it is discussed. If it has not been previously declared, you will also need to notify the Monitoring Officer within 28 days.

Does the interest indirectly affect or relate any pecuniary interest you have already declared, or an interest you have identified at 1-5 above?

If yes, you need to inform the meeting. When it is discussed, you will have the right to make representations to the meeting as a member of the public, but must then withdraw from the meeting.

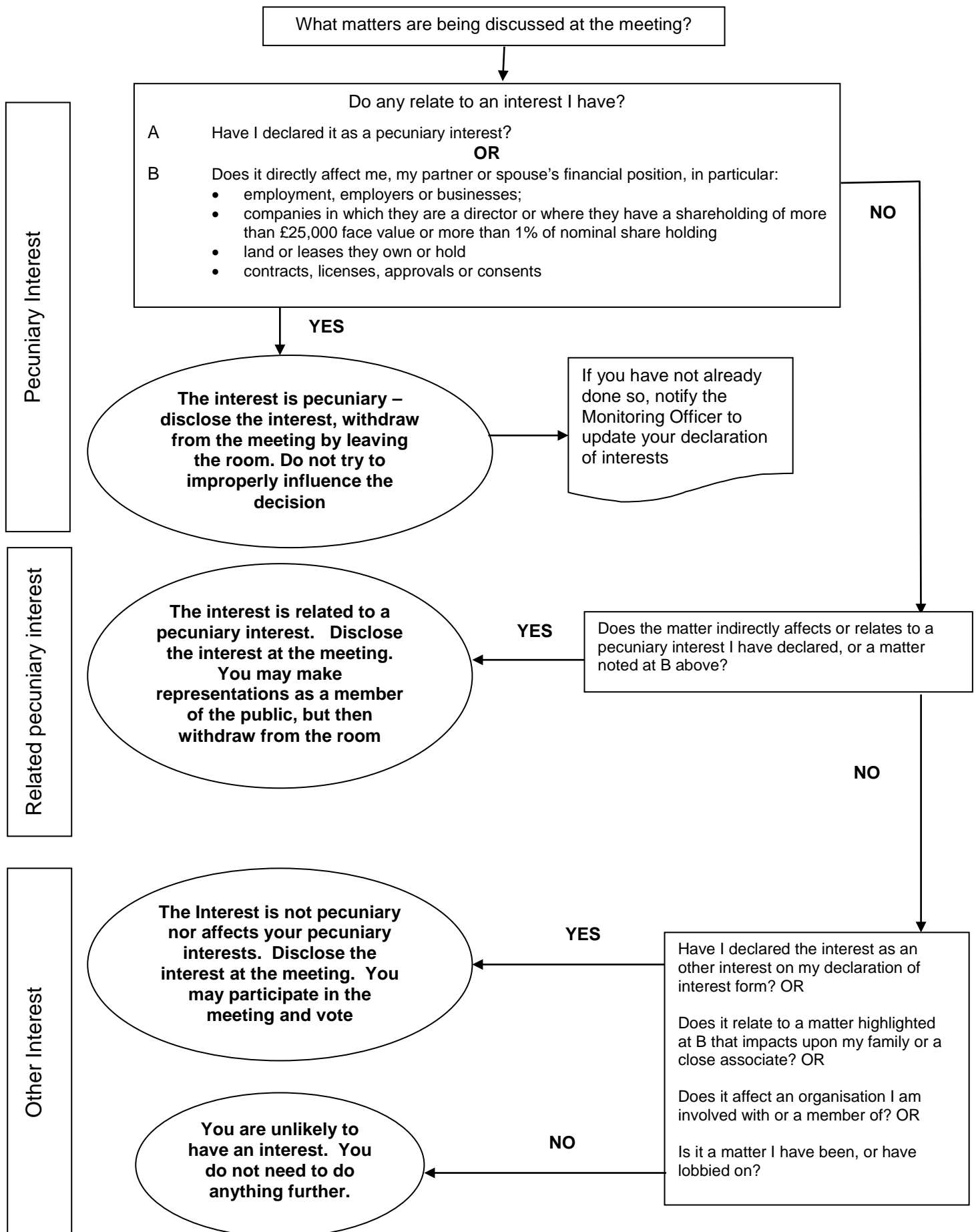
Is the interest not related to any of the above? If so, it is likely to be another interest. You will need to declare the interest, but may participate in discussion and voting on the item.

Have you made any statements or undertaken any actions that would indicate that you have a closed mind on a matter under discussion? If so, you may be predetermined on the issue; you will need to inform the meeting, and when it is discussed, you will have the right to make representations to the meeting as a member of the public, but must then withdraw from the meeting.

FOR GUIDANCE REFER TO THE FLOWCHART OVERLEAF

PLEASE REFER ANY QUERIES TO THE MONITORING OFFICER IN THE FIRST INSTANCE

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



Minutes of a meeting of the **Wellbeing Panel** held at Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich on **Wednesday 26 June 2019** at **6pm** when there were present:

Mr F Whymark – Chairman

Mr R R Foulger
Mr N C Shaw

Mr M L Murrell
Mrs L A Starling

Mrs S M Prutton
Mr D M Thomas

Also in attendance were the Director of People and Communities, the Interim Head of Housing and Environmental Services, the Assistant Director of Individuals and Families, the Housing, Health and Partnership Officer and the Committee Officer (DM).

The Chairman welcomed new Members to their first meeting of the Panel and invited all present to introduce themselves.

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr A D Crotch and Miss S Lawn.

2 MINUTES

Minutes of the meeting held on 8 October 2018 were confirmed as a correct record and signed by the Chairman.

3 THE ROLE OF THE PANEL

Members received a presentation from the Director of People and Communities (a copy of which is attached at Appendix 1 to the signed copy of these Minutes and was circulated to all Members of the Committee) about wellbeing of residents of the District and the main issues and challenges in supporting wellbeing. Despite a general pattern of relative good health, wealth and stability, key challenges included:

- an increasingly high level of residents over 65 years of age compared to the national average and people living longer in poor health
- a lower than average working age population
- high cost of renting / purchasing housing
- lower salaries than the national average
- 52% of Broadland residents living in the urban areas of the district creating a challenge for the delivery of services to rural and urban areas

- poor access to key services in rural areas
- 12% of households had no cars – in response to a question, officers undertook to seek to establish if this related to those in rural areas who would therefore struggle to access services or if it related to those in urban areas where alternative transport was more likely to be available.

The four key areas of attention to support wellbeing were:

- Frailty and Falls
- Employment and Aspirations
- Activity and Healthy Living
- Mental Wellbeing.

A wide range of services were already in place / being developed in these areas although the area of mental wellbeing had historically been under-resourced. Particular recognition had been given to the Council's role in prevention of homelessness. Reference was made to the challenge of securing affordable housing – the actual levels of provision tended to fluctuate with recent provision achieving approximately 30%.

The general approach and ethos relating to wellbeing centred on working with partners and communities to identify issues as early as possible and work collaboratively to support customers to help address their needs at the root cause.

4 DOMESTIC ABUSE CONSULTATION RESPONSE

Members had received a copy of the Ministry of Housing, Communities and Local Government consultation document on the future delivery of support to domestic abuse victims and their children in accommodation based domestic abuse services. The Interim Head of Housing and Environmental Services commented that domestic abuse was one of the most frequent reasons for people presenting themselves as homeless and placed a high demand on the housing options service. A number of measures had been developed county-wide as part of supporting people, and other initiatives, to support victims of domestic abuse and the Council had been instrumental in the development of the Norfolk Strategy. More locally, the Council had commissioned the services of Leeway who provided services through the Council's Help Hub.

The consultation document was seeking a response to proposal and examples of good practice. The main thrust of the proposal was the establishment of Multi Agency Local Partnership Boards. Having regard to the range of different needs in various areas of the Country and rationalising this, it was essential for the creation of a nationally recognised methodology and standard needs assessment for all areas to assess the needs for

domestic abuse support services. It had been difficult to achieve this in the past and it would help identify what was being provided and where the gaps existed. Members welcomed these proposals which would enable cross-county working and welcomed the move to strengthen the role of local authorities by providing statutory guidance and a legal duty to deliver support to domestic abuse survivors. To ensure district councils were fully represented on any partnership boards, consideration could be given to creating a mechanism (perhaps via sub-committees) to feed into the Boards as was the case with the current Health and Wellbeing Board which helped to secure District Council involvement.

Members were keen to ensure that existing support mechanisms were not lost in the development of the new proposals with the risk of vulnerable people being without a continuity of support.

The question was also raised about the consultation document's focus on victims of domestic abuse and their children in accommodation based services and if this needed to be extended to include victims not in accommodation based services. There was a need for enhanced support for men and LGBT victims as well as females and for the development of perpetrator schemes to help get to the root of problems and support prevention. Raising awareness and publicity for men and minority groups was essential in encouraging all victims to come forward for help.

5 SUSTAINABILITY AND TRANSFORMATION PARTNERHSIP (STP) – UPDATE

Members received a briefing note on the latest position on Sustainability and Transformation (a copy of which is attached at Appendix 2 to the signed copy of these Minutes).

The Sustainability and Transformation Plans for health and social care between health and local authority services had led to the evolution of Sustainability and Transformation Partnerships to oversee their implementation. The Partnerships were currently developing plans for the next 5 years, aligning with the NHS long-term plan and would see the establishment of an Integrated Care System by April 2021. There would be three main levels of partnership working in the Norfolk and Waveney STP/ICS: the Norfolk and Waveney footprint, the Clinical Commissioning Group (CCG) level and the Primary Care Network level.

Members commented on the complicated relationship between District boundaries, the CCGs and Primary Care Networks and the difficulties of working across non-coterminous boundaries which highlighted the need for partnership working.

A number of recommendations had been considered and supported by the Corporate Management Leadership Team (CMLT) as follows:

- Endorse our involvement within the STP and wider health and social care agenda; and identify where we need to develop, if we do not already have a presence.
- Support our involvement and planned opportunities with Local Delivery Groups (LDG) and Primary Care Networks.
- Agree our level of involvement with the Health & Wellbeing Board.
- Agree focus and opportunities to develop the health and wellbeing agenda across Broadland and South Norfolk.

Members confirmed their support for the recommendations.

6 WORK PROGRAMME

The following matters were agreed as areas of work for inclusion in the Panel's work programme:

Temporary Accommodation

Our Locality Offer

Inclusive Growth Strategy

Norfolk & Waveney Sustainability and Transformation Partnership

Health and Wellbeing Priorities

A concern was raised about a perceived change in allocations by housing associations and if the Panel could examine this. It was felt this was more a matter for individual exploration or for Scrutiny rather than a Policy Development matter. Officers undertook to try to identify if there were any emerging issues which needed attention.

The meeting closed at 7:20pm

SAFEGUARDING CHILDREN, YOUNG PEOPLE AND ADULTS POLICY

| | |
|-------------------------------|--|
| Report Authors: | Sarah Oldfield / Liam Pickering Housing, Health & Partnerships Officer / Early Help Hub Manager tel: 01603 430121/ 01508 533684 email: sarah.oldfield@broadland.gov.uk / lpickering@s-norfolk.gov.uk |
| Portfolio Holder: | Housing and Wellbeing |
| Wards Affected: | All |
| Purpose of the Report: | The two Councils one team approach provides the opportunity to take a consistent approach across both council areas to dealing with safeguarding concerns for children and adults. This report and attached draft Policy provide guidance for dealing with concerns, outlines a revised safeguarding process and clarifies the roles and responsibilities of council officers and Members. |

Recommendations:

1. That the Wellbeing Panel note and endorse the joint Safeguarding Policy across two Councils and the proposed timescales for implementation from January 2020.

1 SUMMARY

- 1.1 Broadland and South Norfolk Councils currently have differing Safeguarding policies in place to safeguard the welfare of children, young people and adults.
- 1.2 At present there are two separate processes for dealing with safeguarding concerns. As we move to more shared working this could present confusion for officers working across multiple sites, which will lead to errors.
- 1.3 Collaboration has provided an opportunity to learn from best practice across both areas and to create a revised process that delivers for all staff and residents.
- 1.4 A new process has been built around the individual at risk to ensure their safety is not compromised and that referrals are made in a timely manner with no delays or unnecessary handoffs

2 BACKGROUND

- 2.1 Broadland and South Norfolk Councils have a responsibility to accept the moral and legal duty of care for children, young people and adults, as per Section 11 of the Children Act 2004 and also the Care Act 2014. This includes implementing procedures to safeguard their well-being, protect them from abuse and offering a safe platform for individuals to report abuse.
- 2.2 Safeguarding duties include:
 - Respecting and promoting the rights, wishes and feelings of children, young people and adults.
 - Training and supervising employees and volunteers to safeguard and protect people from abuse and through best practice reduce the likelihood of allegations being made against them.
 - Using appropriate recruitment procedures and checks that safeguard children, young people and adults.
 - Requiring all staff, members and volunteers abide by the Safeguarding Procedure.
 - Requiring all relevant staff to attend child protection training at least every three years and requiring that they attend safeguarding adults training.
- 2.3 All Council staff and elected Members have a responsibility to report any concern they may have about the welfare of a child, young person or adult.
- 2.4 By enabling our residents to remain safe and access the relevant support from services and partners they will be better placed to overcome their challenges and positively contribute to society.
- 2.5 Clear and effective safeguarding procedures not only benefit residents, but

the organisation is safeguarding against damage to reputation.

3 CURRENT POSITION

Broadland District Council

- 3.1 All staff are expected to report their safeguarding concerns using a Safeguarding Referral Form, which is based on Signs of Safety used by Norfolk County Council to assess risk and find solutions.
- 3.2 This includes questions
- (1) What are we worried about?
 - (2) What's working well?
 - (3) What needs to happen?
 - (4) How worried are we on a scale of 0 – 10? (0 being extremely at risk, 10 being little risk)
- 3.3 Staff are encouraged to escalate their own safeguarding referrals to the appropriate channel, with support from a Designated Safeguarding Officer (DSO) if required. A flow chart gives guidance on how to deal with a Safeguarding case and each department has a nominated DSO, as well as two lead safeguarding officers based in the Housing team.
- 3.4 A safeguarding referral form can be completed electronically or manually and an onward referral can be made to the Multi-Agency Safeguarding Hub (MASH), Children's Advice and Duty Service (CADS) or police control room Mental Health Advice Team (MHAT). Copies of the referral are given to the lead safeguarding officers for secure central storage.
- 3.5 Analysis of safeguarding referrals made:

A review of safeguarding referrals was carried out on a 16 month period between November 2017 and February 2019. During this period 27 safeguarding referrals were made as follows:

| Department making referral | Housing | Environmental Health | Finance & Revenues (including Council Tax) | Housing, Health & Partnership Officers | Help Hub | Economic Development |
|--|----------------------------------|--|--|--|----------|----------------------|
| Number of referrals made | 12 | 8 | 3 | 2 | 1 | 1 |
| Referrals escalated and who to: | 7 CADS -3 MASH-2 MHAT-2 | 3 MASH-1 MHAT-1 Housing Association-1 | 3 MASH-2 MHAT-1 | 2 MASH-2 | 0 | 1 MASH-1 |

South Norfolk Council

- 3.6 If a member of staff has a safeguarding concern they can discuss this with their team leader or a designated safeguarding officer. There are six DSOs at South Norfolk Council.
- 3.7 Any member of staff can complete a safeguarding referral webform which is sent to a secure email inbox and a message is sent to all DSOs to notify them that a new referral has been received.
- 3.8 A DSO picks the case up from the communal inbox and deals with it, gathering information, speaking to the referrer and referring on to CADS / MASH if appropriate and recording their actions. The actions and outcome (if known) are logged on an Excel document in a secure folder on a shared drive.
- 3.9 All staff receive an appropriate level of safeguarding training for their role. All staff who identify a safeguarding concern are required to complete the safeguarding referral.
- 3.10 DSOs will usually will take responsibility for any next steps, including onward referral to external agencies such as MASH and CADS, however trained staff who regularly engage with vulnerable people, such as Housing Solutions Officers may make their own onward referrals to CADS / MASH following submission of the internal safeguarding referral.
- 3.11 DSOs will usually follow up with the person concerned, or the person reporting the issue and identify who is already involved. This will often mean that a conversation can be had with any statutory service involved and reduces the need to escalate cases to CADs and MASH unnecessarily.
- 3.12 Where a case is identified by the DSO as not being a safeguarding issue that requires escalation but where there are unmet needs the DSO will request support for the individual concerned from the Help Hub if necessary.
- 3.13 Safeguarding Referrals 2018/19

| Number of cases | Adults | Children | Outcome |
|-----------------|--------|----------|--|
| 23 | 13 | 10 | 3 escalated to CADS/MASH 5 Early Help Referrals 15 Resolved by DSO and existing services |

- 3.14 A like for like comparison of safeguarding data from Broadland and South Norfolk has not been possible due to the different ways in which information is logged.

4 PROPOSED ACTION

- 4.1 Whilst the number of safeguarding concerns raised is relatively small across both areas, failure to have a consistent and robust policy and process may have serious implications for the organisation and customers.
- 4.2 One unified policy and process for making safeguarding referrals across both areas will allow officers working in multiple locations to be clear on what action they need to take, ensuring a consistent approach. This will ultimately mean that the process is best place to safeguard vulnerable individuals.
- 4.3 Designated Safeguarding Officers across Broadland and South Norfolk have reviewed both policies and created a new single policy which incorporates all local and national guidance as provided in the attached document.
- 4.4 The Policy includes a revised process which will see frontline officers taking a more active role in escalating cases and non-frontline officers afforded more support from DSOs.
- 4.5 A flow chart which outlines how this Policy works in practice is outlined within the policy.
- 4.6 Officers need to be able to quickly and easily reference the Policy when dealing with safeguarding concerns, as such it has been a priority to keep the new Policy succinct whilst ensuring it meets all legal and organisational requirements.
- 4.7 The new Policy is broken down into shorter sections to support this. The policy covers the following areas:
 - (1) Recognising safeguarding concerns
 - (2) Disclosures, suspicions and allegations
 - (3) What to do if you have a concern
 - (4) Local safeguarding infrastructure
- 4.8 Providing clear and effective processes will reduce inappropriate safeguarding referrals and duplicated or conflicting responses. As well as improving the safety of those at risk this will also reduce the amount officer time spent dealing with issues.
- 4.9 As we progress into shared IT systems we will move to a single electronic system across for capturing safeguarding concerns and recording onward referrals. This would allow DSOs to observe any referral patterns and also capture information about vulnerable adults and families who may have presented to different departments across the Councils. However, as an interim measure recording will need to be retained on both SNC and BDC shared drives.
- 4.10 As well as safeguarding vulnerable residents it is important that the Policy considers the needs of the employee. The Policy and guidance are designed

to promote the wellbeing of those dealing with the safeguarding concern and make the process clear and easy to follow. Safeguarding training will also be refreshed for all relevant staff to ensure they are comfortable and confident in raising and escalating concerns.

- 4.11 To accompany the new Policy the roles and responsibilities of DSOs have been reviewed. Going forward there will be a revised number of DSO with representatives from all areas of business. The safeguarding lead is working with the existing DSO group to expand this network across the organisation. The responsibilities of the DSOs and safeguarding lead, along with all other staff, are laid out in the Policy
- 4.12 Revised Safeguarding training will be offered for all staff and members on the new process and on the extent or the role of DSOs to support staff in making safeguarding referrals.
- 4.13 A quick reference guide will be created, similar to the existing pamphlet used by SNC officers, to provide key messages of what to do when identifying a safeguarding concern.

5 INTERIM OPTIONS

- 5.1 Some of the action required to bring a consistent approach to safeguarding across the two Councils will not be possible to implement immediately. A single system and intranet will ensure that information can be easily submitted and stored, regardless of where an officer may be located. Whilst this is in development DSOs from both staffing teams will record safeguarding activity within the existing shared drives.
- 5.2 The organisation will have a shared platform for webforms which can be accessed by all officers from a shared intranet page. In the meantime a link to the Safeguarding e-form will be placed on the appropriate BDC intranet page which will link to a webpage on the internet which will house the safeguarding form which will be hosted by SNC's web form system.
- 5.3 Placing this web form on the internet means there is a risk that this may be accessed by public, although this has been mitigated by actions taken by the digital team detailed in Section 6.2.
- 5.4 The digital team have included this piece of work on their work programme, which will take approximately one working week to complete. An exact date will be scheduled into the work programme once the new procedure has been approved.
- 5.5 An immediate priority of this process will be to ensure that, as well as DSOs, all relevant line managers and duty managers have suitable safeguarding training to be able to guide colleagues through the process. Many of our services work outside of normal office hours. If a staff member identifies a safeguarding concern on a Friday evening this may not be able to wait until Monday. This is especially relevant for those with Duty Management

responsibilities at Leisure Centres in South Norfolk.

6 ISSUES AND RISKS

IT systems

- 6.1 At present it is not possible to put the electronic system used at South Norfolk onto the Broadland Broadcast server. However a workaround involving a link to a web page has been identified as outlined above in Section 5.2.
- 6.2 This creates a risk that the safeguarding form could be accessible by members of the public, outlined in Section 5.3. However, this would be minimal as the page would not be advertised to the public or be placed on public facing webpages but we do publish our Safeguarding guidance on the website, so there is a small possibility the link could be used. If a member of the public did submit a form however, this would be picked up by DSOs and dealt with appropriately.
- 6.3 A fully connected IT infrastructure is currently being investigated and expectation is it will be one to two years to fully integrate IT systems and have one safeguarding system accessed by all staff. Timescales for the workaround solution are given in Section 5.4.
- 6.4 Some concerns about the recording system of the Excel spreadsheet have been expressed by DSOs at South Norfolk and we also wish to resolve these as part of the process. The recording system will be revised as part of changes to the process.

Staff engagement with Safeguarding

- 6.5 Across both areas experienced frontline staff wish to continue making their own safeguarding referrals and Designated Safeguarding Officers recognise the value in having staff take responsibility for escalating their own referrals. This is the default model at Broadland and some staff at South Norfolk, particularly in Housing and Early Help already log their safeguarding concerns, via the e-form, before making their own onward referrals directly to MASH and CADS.
- 6.6 The attached draft Policy would enable staff with an appropriate level of knowledge and training to continue to deal with safeguarding concerns they identify (in line with existing model at Broadland). For this to be extended to all frontline case level staff at the House, further safeguarding training may need to be carried out, with additional support from DSOs.
- 6.7 Safeguarding training has been offered to Members in Autumn 2019 and this will include a brief overview of the new system. Further training can be arranged for early 2020 as required.

Resource Implications

- 6.8 We will need to carry out additional or refresher safeguarding training for all

relevant staff which will require officer time but this will be managed as part of Business As Usual and within existing workloads.

- 6.9 There will be increased safeguarding responsibilities for Line Managers, particularly at Leisure Centres and Waste Depot facilities outside of regular office hours. This will require further training for these individuals.
- 6.10 Currently there are 16 DSOs in Broadland, three of whom carry out Safeguarding training and six in South Norfolk. Training of staff can be carried out in-house by Safeguarding DSOs and timescales for this delivery will be factored into the implementation of one process.
- 6.11 There should not be any costs to including Safeguarding as part of a unified IT system aside from officer time to amend the relevant webforms and links.
- 6.12 **Legal Implications** – We are not making any changes that have legal implications. We continue to following existing national policy guidelines. We have not consulted the Monitoring Officer or taken legal advice.
- 6.13 **Equality Implications** – No Equality Impact assessment is indicated. The policy is designed to protect all individuals and families across both Councils. We have sought advice from the officer responsible for Equality and Communities Impact Assessments in this regard.
- 6.14 **Environmental Impact** – There should be no impact on the environment from this Policy.
- 6.15 **Crime and Disorder** – the proposals will not impact upon crime and disorder.
- 6.16 **Risks** – the minimal risks associated with modifying the current arrangements are:
- Referrals not being processed appropriately.
 - Safeguarding concerns not being raised in timely and appropriate manner.

These risks would exist regardless of the process but will be mitigated by additional training and communication to staff as detailed above.

7 CONCLUSION

- 7.1 It is essential we ensure we have clear safeguarding processes in place that all staff are aware of and referrals can be made in a timely, efficient manner across both Councils.
- 7.2 The proposed joint Safeguarding Policy and procedure has been reviewed by the Corporate Management Leadership Team (CMLT) and received their approval.

8 RECOMMENDATION

- 8.1 That the Wellbeing Panel note and endorse the joint Safeguarding Policy across two Councils and the proposed timescales for implementation from January 2020.

Background Papers

None.



Two Councils
One Team



Broadland District Council & South Norfolk Council Policy for Safeguarding Children, Young People and Adults

If you have a concern for a child, young person or adult and wish to get advice or make a referral without consulting this guidance - please refer to the Children, Young People and Adult [Safeguarding Reporting Procedure Flowchart](#)

Outside normal office hours or should a Designated Safeguarding Officer not be available, contact the Norfolk Multi-agency Safeguarding Hub (MASH) – 0344 800 8020.

If you have immediate concerns for the safety of an individual, you should call 999 for an emergency response.

Contents

1. Introduction
2. Recognising Safeguarding concerns
3. Disclosures, Suspicions and Allegations
4. What you should do if you have a concern – Child, Young Person and Adults Safeguarding Procedure
5. Safeguarding infrastructure in Broadland and South Norfolk

Appendix 1 - Good Practice Reference Guide

Appendix 2 - Safeguarding referral process



Two Councils
One Team



Section 1: Introduction

Broadland District & South Norfolk Councils are committed to safeguarding:

1. The welfare, protection and encouraging participation of young people.
2. The welfare, protection and the right to live independently for adults.

We will do this by:

- Accepting the moral and legal duty of care for children, young people and adults, as per Section 11 of the Children Act 2004 and also the Care Act 2014. Implementing procedures to safeguard their well-being protect them from abuse and offering a safe platform for individuals to report abuse.
- Respecting and promoting the rights, wishes and feelings of children, young people and adults.
- Ensuring that no individual or group is treated any less favourably than others in being able to access services which meet their particular needs as per the Equality Act 2010.
- Training and supervising employees and volunteers to safeguard and protect people from abuse and through best practice reduce the likelihood of allegations being made against them. See Appendix 1 for Good Practice Reference Guide.
- Using appropriate recruitment procedures and checks that safeguard children, young people and adults.
- Requiring all staff, members and volunteers abide by the Safeguarding Procedure.
- Requiring all relevant staff, including members of the Senior Management Team to attend child protection training at least every three years and advising that they attend regular safeguarding adults training.
- Ensuring that all service providers commissioned by Broadland District & South Norfolk Councils comply with the Safeguarding procedure as part of our statutory duties.

Our duty:

As local authorities we have a duty under the following acts:

- **The Children Act 2004** – Section 11: *Provide Arrangements to safeguard and promote welfare.* Further information can be found in the government document *Working Together to Safeguard Children 2018*
- **Children and Social Work Act 2017** – Corporate Parenting principles for Local Authorities
- **The Care Act 2014** – *Promote that individual's wellbeing including Protection from abuse and neglect.*
- **The General Data Protection Regulations and Data Protection Act 2018**
- **PREVENT** duty under **The Counter Terrorism and Security Act 2015** - Section 26: *A specified authority must have due regard to the need to prevent people from being drawn into terrorism.* Referrals are made using the National Prevent referral form.
- **The Equality Act 2010 – Public Sector Equality Duty:** *To have due regard to the need to:*
 1. *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
 2. *Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.*
 3. *Foster good relations between people who share and relevant protected characteristic and those who do not share it.*

The nine protected characteristics covered by the act are; Age, Disability, Gender reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation, Marriage and Civil Partnership.

- **The Modern Slavery Act 2015:** A local authority is required to notify the government where they have reasonable grounds to believe that a person may be a victim of slavery or human trafficking.
- **Mandatory reporting duty for Female Genital Mutilation (FGM) under The Serious Crime Act 2015:** The duty applies to healthcare, social work or teaching professionals but the legislation states that non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks.

All Council staff and elected Members have a responsibility to report any concern they may have about the welfare of a child, young person or adult.

Principles

This guidance is based on the following principles:

- The welfare of children, young people and adults is paramount. The Children Act 1989 describes a young person as under 18 years of age. For the purposes of this guidance we have adopted this definition when speaking of children and young people. Individuals over the age of 18 will be referred to as adults.
- Any individual, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse.
- It is the responsibility of safeguarding professionals from the statutory agencies to determine whether or not abuse has taken place, but safeguarding is everyone's responsibility.
- An understanding of the needs and wants of the child, young person or adult.
- Using a Signs of Safety approach to focus on increasing safety, reducing risk and work towards collaboratively agreed goals in a constructive and positive manner.
- All incidents of poor practice and allegations will be taken seriously and responded to swiftly and appropriately.
- The Councils recognise their duty of care towards employees and will provide appropriate support and training in the operation of this procedure.

Section 2: Recognising Safeguarding Concerns

What is Neglect and Abuse?

Neglect and abuse can be seen in many different forms and can be caused by someone inflicting harm or failing to act to prevent harm, either intentionally or unintentionally. Individuals can be neglected or abused within a family, community or institutional setting by a person(s) known or unknown to them. Neglect and abuse crosses gender and age lines. For example; between a same sex couple, a female relative to a child and a young person to an adult. Neglect and abuse can take the form of:

- Neglect and acts of omission
- Psychological (emotional) abuse
- Physical abuse
- Sexual abuse
- Domestic Violence and abuse
- Financial or Material abuse
- Honour based abuse (HBA)
- Forced Marriage
- Female Genital Mutilation (FGM)
- Modern Slavery
- Radicalisation
- Discriminatory abuse
- Organisational (Institutional abuse)
- Self-neglect and Hoarding
- Self-harm
- Disability and abuse
- Bullying and Cyber-bullying

Child Sexual Exploitation and Grooming

Sexual exploitation of children under 18 involves exploitative situations, contexts and relationships where children (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Grooming is when someone builds an emotional connection with a child or adult to gain their trust for the purposes of sexual abuse or exploitation or radicalisation .

Child Criminal Exploitation

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

Appendix 1 gives further information, including signs and indicators of these types of abuse and their long term impact. This also includes links to more information on the different types of neglect and abuse and how to recognise them.

Radicalisation/PREVENT

From 1st October 2019 a new PREVENT referral form is being used in Norfolk to streamline the way statutory agencies can report a PREVENT concern to the police and Multi-Agency Safeguarding Hub (MASH). This is the only document that should be used to submit a concern that someone may be vulnerable to radicalisation or extremism in Norfolk. The form is designed in such a way to prompt the referrer to describe as much detail as possible,

If you have concerns that someone is being radicalised for extremist behaviour, collect all information on the referral form and speak to Teri Munro, Early Intervention & Community Safety Manager in the Help Hub (telephone 01603 430510, x2510 or email teri.munro@broadland.gov.uk).

The process for making a Prevent referral for adults or children remains the same except that the new referral form must be used: this will avoid agencies having to duplicate information on separate referrals. The new email address for referrals is preventreferrals@norfolk.pnn.police.uk.

Section 3: Disclosures, Suspicions and Allegations

All Council staff and elected Members have a responsibility to report any concern they may have about the welfare of a child, young person or adult.

Responding to a Disclosure or Allegation by an individual

Actions to take

The person receiving the disclosure should:

- Act calmly so as not to frighten the individual
- Ensure the immediate safety of that person, this may include seeking medical attention
- Tell the individual they are not to blame and that they have the right to tell
- Take what the individual says seriously, recognising the difficulties inherent in interpreting what is said by a child, an individual who is disabled, or an individual who speaks a different language
- Keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said – **Do not investigate**
- Reassure the individual, but do not make promises of confidentiality which might not be feasible in the light of subsequent developments
- Make a written record of what has been said/heard/or seen as soon as possible once away from the individual and using their language, for example, a child.
- Follow the appropriate action set out in this document

Please note:

It may be that the individual is not able to express themselves verbally. Communication difficulties may mean it is hard for them to complain or be understood. Sometimes it is hard for them to complain or be understood. Sometimes it is difficult to distinguish the signs of abuse from the symptoms of some disabilities or conditions. However, where there are concerns about the safety of a child, young person or adult, record what has been observed in detail.

Actions to Avoid

The person receiving the disclosure or allegation should not:

- Panic
- Allow their shock or distaste to show
- Probe for more information than is offered
- Speculate or make assumptions
- Make negative comments about the alleged abuser
- Approach the alleged abuser
- Investigate
- Make promises or agree to keep secrets

If honour based abuse is being disclosed, you should never offer to act as a mediator or approach family or community members.
Government guidance on dealing with honour based abuse and forced marriage highlights the 'one chance' rule, that is you may only have one chance to speak to a potential victim and thus may only have one chance to save a life.

Records and Information

Information passed to a Designated Safeguarding Officer, Social Services or the Police must be as helpful as possible, hence the necessity for making a detailed record as soon as possible. (A safeguarding reporting form is included in Appendix 2 and can also be found on the intranet under Safeguarding).

Sharing concerns with Parents/Family/Carers

Both councils advocate working in partnership with parents or carers where there are concerns about an individual/family. Therefore in most situations, it would be important to talk to parents or carers in a sensitive manner to help clarify any initial concerns. For example, if a child seems withdrawn, there may be a reasonable explanation, such as, an upset in the family such as bereavement or house move. Where this would not be appropriate is where such discussions could lead to a risk of harm.

Confidentiality and Information Sharing

The Data Protection Act 2018 in line with the General Data Protection Regulations came into force on 25th May 2018.

The regulations require Local Authorities to consider their legal basis for processing personal data and to ensure that:

- Individuals understand why their data is being collected (and in some cases consent to this), the purpose it is being collected and their rights in relation to this
- Any personal data collected is used only for the purpose it was collected for
- Any personal data is stored securely
- Any personal data is destroyed after the appropriate period of time has passed.

In terms of Safeguarding, consent is considered necessary from an individual to discuss their circumstances with another organisation or service, such as a Health Visitor or to make a referral, for example to Social Services.

However, there are conditions within the legislation that state, where appropriate, consent does not have to be provided.

If you are unable to obtain consent or consent is refused but you feel that the individual and/or their family is at risk of harm then there is a lawful basis for you to share that information. However it is advisable that you speak to a Designated Safeguarding Officer beforehand.

You must detail on the Safeguarding e-form reasons the information is being shared or referral made without consent.

This can include:

- **Steps you have taken to obtain consent**
- **If consent has been refused and why**
- **Reasons you are continuing with the contact with no consent in place.**

Specific wording from the Data Protection legislation is available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf

Further guidance on Safeguarding Adults: Sharing information is available from

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

Mental Capacity

Mental capacity may be considered an issue if it is felt that an individual is refusing to provide consent, engage with professionals or accept a service which it is believed may benefit them.

The Mental Capacity Act 2005 (MCA) applies to young people and adults aged 16 or over. It is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about any support or care they could receive. Further details available from <https://www.legislation.gov.uk/ukpga/2005/9/contents>

The Act is underpinned by five key principles: (Section 1, MCA)

1: A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

2: Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

3: Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

4: Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

5: Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a

way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

In the first instance mental capacity should always be assumed. However, if it is felt that an individual may lack capacity to make decisions an assessment would have to be carried out by Social Services in conjunction with that individual's GP/Health Care provider.

If someone is found to lack the capacity to make a decision and such a decision needs to be made for them, the MCA states the decision must be made in their best interests.

Seeking Advice

If there is uncertainty about what to do with a safeguarding concern, seek advice! Initially this should be a line manager or a Designated Safeguarding Officer. MASH (0344 800 8020) could be contacted.

If you have immediate concerns for the safety of an individual, you should call 999 for an emergency response.

Red Flag procedure for staff making a 999 call:

- Do you have immediate concerns about the safety of someone because they are experiencing or at risk of harm caused by themselves or someone else?
- Do you have contact with them now? Are they on the phone or in an interview with you?
- Alert a colleague using your red flag or other means if they're face to face.
- Request that they call 999 for an emergency response and alert a line manager.
- Keep talking to the individual until help arrives.
- ONCE HELP HAS ARRIVED: Record outcomes of referral/conversation on Safeguarding Referral Form and pass to a Designated Safeguarding Officer for sign-off.
- TAKE SOME TIME OUT: Speak to your line manager or HR about any support you may wish to have.

Holding a conversation with someone expressing harmful or suicidal thoughts

- DO keep talking and listening. Be calm and non-judgemental
- DO ask if the person intends to harm themselves. If they answer yes
- DO ask how they would do it and if they have set a time to do it.
- DON'T try to offer advice, problem solve or imply their feelings aren't justified
- If the person has already commenced an attempt at harming themselves, DO try to find out more. For example, have they taken anything, what have they taken and how much. This information can be passed to the emergency services.

Support for members of staff who have experienced abuse

The Domestic Violence and Abuse Policy for the Council can be found on the [intranet](#) and seeks to reassure anyone who has or is experiencing Domestic Abuse that they will be treated compassionately and receive appropriate support and assistance.

Access to counselling and advice to improve wellbeing is also available to staff, more information can be obtained from your line manager or by contacting HR.

Safeguarding concerns relating to staff members, volunteers, partners and members

Allegations that a member of staff, an elected member or volunteer is, or maybe the perpetrator of abuse, can raise concerns among other staff, elected members or volunteers. This includes the difficulty involved in reporting such matters.

The council assures all staff, elected members and volunteers that they will fully support and protect anyone, who in good faith (without malicious intent), reports a concern about a colleague's practice or the possibility that an individual/s maybe being abused by a colleague.

All allegations against employees will be dealt with in accordance with the Council's Disciplinary Policy and Procedure and/or Whistleblowing Policy. South Norfolk Council is committed to following the Local Authority Designated Officer (LADO) procedure where it is appropriate to do so.

The role of the LADO is set out in [Working Together to Safeguard Children](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf) (July 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

The LADO is responsible for:

- Providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers.
- Managing and overseeing individual cases from partner agencies if appropriate.
- Ensuring the child's voice is heard and that they are safeguarded.
- Ensuring there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made.

Allegations against councillors will be dealt with via the Council's Standards procedure. (Children and Young People's Service and/or the police will determine whether child protection or criminal investigations will take place).

If you feel that the council has not dealt with a children's or young person's safeguarding issue effectively and you have already tried to resolve the issue with them, the NSPCC have launched a whistleblowing advice line where a concern against the council can be raised. The number to call is 0800 028 0285 and further information can be found in Appendix 1 of this guidance.

Section 4: What you should do if you have a concern – Child, Young Person and Adults Safeguarding Procedure

Roles and responsibilities

All staff

All staff have a duty to report safeguarding concerns

- If an officer has any cause for concern about a child, young person or adult they should make a referral using Safeguarding process and follow this process laid out in the attached flow chart/
- Advice and guidance can be sought from a Designated Safeguarding Officer.

Designated Safeguarding Officers

The role of the designated officer is as follows:

- Respond immediately to the person raising the concern and assist if requested in clarifying the details in the Safeguarding Reporting form
- If needed, discuss the concerns with another designated officer
- Decide on the immediate actions to be taken
- Keep in contact with the persons reporting the concern and give them support and any follow up information as appropriate
- Ensure correct completion and storage of reporting documentation including recording further actions and follow-up.

| Designated Safeguarding Officers | Primary location |
|--|---------------------------|
| Help Hub, South Norfolk | SN House |
| Help Hub, Broadland | Thorpe Lodge |
| Communities Senior Manager | SN House and Thorpe Lodge |
| Policy & Partnerships Team (2) | Thorpe Lodge |
| Housing & Benefits Team | SN House |
| Housing & Benefits Team (2) | Thorpe Lodge |
| Leisure Centre Team (3) | SN leisure Centres |
| Community Team (2) | Thorpe Lodge |
| AD – Individuals & Families | SN House and Thorpe Lodge |
| Executive Assistant – People & Communities | SN House and Thorpe Lodge |
| Human Resources (2) | Thorpe Lodge |
| Environmental Protection Team | Thorpe Lodge |
| Revenues Team | Thorpe Lodge |
| Finance | Thorpe Lodge |

Team Leaders, Managers, Duty Managers (for teams working directly with public)

- Responsible for the safeguarding and wellbeing of their team members
- Supporting team members to make the safeguarding referral
- Supporting team members to escalate the safeguarding concern as appropriate

- Discussing concerns with a Designated Safeguarding Officer

With officers working outside of office hours it is important to note that a safeguarding referral should not be seen as a resolution of the presenting issue. Duty Manager for services working outside of the usual hours of delivery assume responsibility for the DSO role.

Frontline officers - teams working directly with the public

All staff have a duty to report safeguarding concerns

- If an officer has any cause for concern about a child, young person or adult they should make a referral using Safeguarding process and follow this process laid out in the attached flow chart/
- Advice and guidance can be sought from a Designated Support Officer or Line manager.
- Discussion of referral with DSO, Team Leader, Duty Manager
- Escalating a safeguarding concern, if required, to CADs/MASH in line with process, with support of DSO or line manager

Safeguarding Lead

- Will attend all relevant safeguarding training
- Scrutinise safeguarding practices and ensure policy and guidance is following
- Escalate strategic safeguarding concerns with the relevant governing bodies.

The Safeguarding Lead for South Norfolk and Broadland District Councils should be a nominated officer at Director Level or above and is currently Jamie Sutterby, Director of People and Communities.

Safeguarding Responsibilities

| Staff Member | Safeguarding Responsibilities |
|--|---|
| Officers | <ul style="list-style-type: none"> • All staff have a responsibility to report safeguarding concerns. |
| Team Leaders | <ul style="list-style-type: none"> • Supporting Team Members, • Escalating referral where necessary. • Discuss with Designated Safeguarding Officer where necessary |
| Designated Safeguarding Officers | <ul style="list-style-type: none"> • Immediate response to person raising the concern • Clarify/assist completion of the Safeguarding Reporting form • Escalate referral as appropriate • Store completed referrals. • Report trends and patterns to Designated Safeguarding Officer Group (DSOG) |
| Safeguarding Lead | <ul style="list-style-type: none"> • Responsible for the strategic delivery of Safeguarding • Chairing the Designated Safeguarding Officer Group (DSOG) • Providing corporate oversight and accountability for all safeguarding issues • Reporting issues/trends arising from Designated Safeguarding Officers Group into Corporate Management Leadership Team (CMLT) |
| Corporate Management Leadership Team (CMLT) | <ul style="list-style-type: none"> • Corporate oversight of responses to safeguarding issues affecting the organisation, the districts and residents • Corporate responsibility for ensuring safeguarding of customers of the organisation, staff and members • Engagement with external authorities where there are strategic safeguarding concerns relating to that organisation's performance |

| | |
|--|--|
| | <ul style="list-style-type: none">or practice• Informing the practice of DSOG through the Safeguarding Lead• Ensuring practice within their given service area adheres to safeguarding policy and procedures |
|--|--|

Councillors

- If a councillor has any cause for concern about a child, young person or adult they should make a referral using Safeguarding process for your Council as detailed in Appendix 2.
- Advice and guidance can be sought from a Designated Support Officer.
- Councillors should familiarise themselves with the Good Practice Reference Guide in Appendix 1.
- Training in this Safeguarding Policy will be provided through the Councillor Development Programme
- Any allegations made against Councillors would be dealt with through the Monitoring Officer and Standards Board.

The Safeguarding Referral Process

The Procedure

A flow chart detailing the safeguarding referral process is shown in Appendix 2. The safeguarding referral form can be found on the intranet under safeguarding, **or to complete a safeguarding referral please follow the attached link (need to insert)**

If you have a concern that someone is being radicalised, you need to complete the PREVENT referral form available from: (link) and speak to a Designated Safeguarding Officer.

Completing the Safeguarding Reporting Form (SRF)

The Safeguarding Reporting Form for Children/Young People and Adults has been designed to fit with the Signs of Safety approach adopted by Norfolk County Council. The form aims to provide a focus for the conversations that take place when we believe that a child/young person or adult's needs are not being met and something else is needed to improve outcomes. The same online form is to be used by all staff across Broadland and South Norfolk Councils.

In all instances a Safeguarding Reporting Form (SRF) should be completed, this provides an opportunity to examine the detail behind a concern and to enable accurate information to be recorded and escalated to CADS/MASH as necessary.

In addition, Serious Case Reviews (SCRs) for children and young people and Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs) for adults take place when an individual dies or is seriously injured and abuse or neglect is thought to be involved. The reviews look at lessons that can help similar incidents from happening in the future.

Some reviews cite a lack of information sharing and escalating concerns between organisations to be a factor in not getting help to an individual in a timely manner. Therefore, regardless of whether a concern becomes part of a formal referral, it is important that any concerns are recorded as a means to potentially form part of a bigger picture for that individual/family.

What happens after a Safeguarding Referral Form has been submitted?

Following submission of a SRF frontline officers whose usual work involves them dealing directly with vulnerable members of the public will, in consultation with a DSO or their duty manager, be expected to escalate their safeguarding concerns in line with guidance (see flow chart).

For identifying officers who do not generally work with vulnerable members of public or are not safeguarding trained the initial SRF will be raised in the same way. The DSO will discuss the case with the colleague and either

- a) The DSO will escalate the concern in line with guidance
OR
- b) The identifying officer will escalate the concern with the support and guidance from the DSO

Escalating a safeguarding concern:

- The flow chart in Appendix 2 outlines exactly how to escalate a concern.
- It is important to remember that if you feel there is an immediate risk to someone's safety contact should be made with the emergency services by calling **999**.

Once the case has been escalated

Children and Young People: Children's Advice and Duty Service (CADS) – 0344 800 8021

The Consultant Social Worker will have a conversation with you regarding your concerns. They may ask questions around:

- All the details known to you/the council about the child/young person
- Their family composition including siblings, and where possible extended family members and anyone important in the child's life
- The nature of the concern and how immediate it is
- Any and what kind of work/support you have provided to the child or family to date.

In this respect, it's important that you complete the Safeguarding Reporting Form (SRF) as fully as you can. Although it is acknowledged that you may not have all the details about the child/young person and their family this is not a reason to delay contacting CADS if you have a concern.

Each phone call will be followed up in writing by the Consultant Social Worker. Please record details of the contact in the Safeguarding Referral Form (SRF).

Adults: Multi-agency Safeguarding Hub (MASH) 0344 800 8020

The MASH team member will take as much detail as possible from you. They will check to see if the individual is already known to them and will also complete a Decision Support tool and a risk assessment to determine the next steps.

The MASH will inform referrers of the decision(s) that have been taken and what is going to happen next, for example; no further action but the information given has been recorded, an assessment is due to take place or action by another agency is going to take place.

It is important that you record any follow up and actions on the Safeguarding Reporting Form (SRF).

Storing safeguarding recording forms

To ensure that we:

- Safeguard any personal information disclosed as a result of the recording of a concern or referral to Early Help/MASH/CADS
- Have a central point for the storage of any reporting forms and additional documents

All safeguarding referral forms generate an electronic record which is sent to a Designated Safeguarding officers inbox for follow up. These are stored in an electronic file that can only be accessed by designated safeguarding officers.

If you disagree with the decision that has been made

If you feel that the wrong decision has been made about the approach to a concern/referral you have made you can:

- In the first instance speak to your line manager or the Designated Safeguarding Officer lead for the council
- Check that all of the relevant information has been disclosed when making a referral or having a conversation and that worries have been clearly articulated.

If you are still unhappy with the decision, the conversation should be progressed to the line manager/safeguarding leads of each agency, as set out in the Resolving Professional Disagreement Policies for both councils.

Section 5: Safeguarding Infrastructure in Broadland and South Norfolk

Government guidance makes it clear that it is a shared responsibility, and depends upon effective joint working between agencies and professionals that have different roles and expertise.

It is not the responsibility of Council representatives to decide if abuse or neglect is occurring but it is their responsibility to act on any concerns by reporting any suspicions they have.

What is Signs of Safety?

Norfolk County Council uses Signs of Safety to assess risk and find solutions. It uses four questions to ask when thinking about and working with a family:

1. What are we worried about?
2. What's working well?
3. What needs to happen?

4. How worried are we on a scale of 0 – 10? (0 being extremely at risk, 10 being little risk)
The focus is on enabling constructive conversations between the child, their family and professionals. Signs of Safety – <http://www.signsofsafety.net>

Children's Advice and Duty Service (CADS) for professionals only.

CADS is based within Children's Services at County Hall and made up of senior social workers providing advice and support to other professionals who have a concern about a child or young person. They ask key questions about the risks and strengths within families. They will then agree with the reporting professionals who is best placed to meet the needs of a child.

The aim is to get the right support to children and families first time by talking through concerns and solutions with professionals we can work better together and get support earlier to families. **Tel: 0344 800 8021.**

The MASH (Multi-Agency Safeguarding Hub)

The Multi Agency Safeguarding Hub (MASH) for Norfolk operates as the central location where safeguarding concerns and referrals for adults are submitted. **Tel: 0344 800 8020.** The MASH is a partnership between Norfolk County Council Social Care, Police, Probation Services and Health Services although any organisation or individual can contact them with a concern.

When a concern is given or a referral is made the MASH undertakes further information gathering about the individual from relevant agencies and their own multi-agency records, and from this combination of information will make a decision as to what further action can be taken. Even if it is only a contact that is made, this helps to build up a picture of the circumstances of the individual.

Early Help

Early help is about working with children, young people, families and individuals to offer the right support at an early stage before a small need becomes a bigger one.

A number of different professionals and organisations may be involved in the early help process to offer support in a range of areas. The goal of early help is to support residents to resolve their own problems and prevent further problems in the future.

Early Help Hubs are located throughout Norfolk. In Broadland the Help Hub is based at Thorpe Lodge and in South Norfolk the Help Hub is based in South Norfolk House.

Referral mechanisms to Early Help Hubs differ by location. Information on how a referral can be made can be found on the intranet.

Help Hubs offer support on a range of needs and are open to all ages. It is important to note however that safeguarding concerns need to be escalated in line with the flow chart in this policy. A referral into early help is not an appropriate escalation for a safeguarding concern but it may be a suitable means by which to access the right support for someone after the safeguarding issue has been investigated properly.

Mental Health Advice Team (MHAT)

The Mental Health Advice Team based at the Norfolk Police control can be used by all staff to report or discuss mental health concerns they may have about residents they are working with.

What the MHAT can do to help:

- They have access to the Police records and the Adult Social Care Carefirst system, can contact GPs and GPs can prescribe for them.
- They can undertake a Mental Health state assessment.
- Following a report/referral the team may recommend a joint visit to the individual/household. The joint visit would include an MHAT Nurse and an Officer from the referring council department, ideally the referring Officer. The joint visit is important for not only safety purposes but it also facilitates joint learning by both parties and it can help determine further actions.

Referrals can be made either by calling **101** and asking for the Mental Health Advice Team or by emailing mhat@norfolk.pnn.police.uk. Note: Emails should be sent from a valid GCSX account. If you feel that it is an emergency, please call **999**.

Where this call is made in relation to a safeguarding concern a Safeguarding Reporting Form will also need to be completed following a report/referral so that the council has a record of the action taken.

Safeguarding Boards and Localities

Children's and Adult's Social Services are the lead organisations in preventing and identifying possible abuse and as part of their statutory duties they host:

- The Norfolk Multi Agency Safeguarding Arrangements
- The Norfolk Safeguarding Adults Board (NSAB) - to be replaced by Norfolk Multi-Agency Safeguarding Arrangements (MASA) in September 2019

The two governing bodies have a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements, including training.

Broadland and South Norfolk Councils are involved with their local adult and children's Safeguarding groups, who meet regularly to ensure an effective front line coordination of agencies to safeguard and promote the welfare of children, young people and adults as part of a collaborative approach.

This guidance follows and defers to the policies and procedures set by the Norfolk Multi-Agency Safeguarding Arrangements (MASA), previously [NSCB](#), and Norfolk Safeguarding Adults Board [NSAB](#). They can be found in full by following the links.



Broadland District & South Norfolk Council

SAFEGUARDING GOOD PRACTICE REFERENCE GUIDE Guidance for Safeguarding Children, Young People and Adults

EXAMPLES OF NEGLECT AND ABUSE:

Neglect and acts of omission: Neglect is the persistent failure to meet an individual's physical and/or psychological needs, which is likely to result in the serious impairment of that person's physical and mental health and development. The wilful neglect and ill-treatment of a person (aged 16+) who lacks capacity are criminal offences under the Mental Capacity Act 2005. Neglect may also occur during pregnancy for example, as a result of maternal substance abuse.

Neglect may involve a person, carer-giver or parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect an individual from physical and emotional harm or danger
- Ensure access to appropriate medical care and treatment
- Ensure adequate supervision (including the use of inadequate care-givers)
- It may also include neglect of, or unresponsiveness to, an individual's basic emotional needs.
-

SIGNS/INDICATORS OF NEGLECT AND ACTS OF OMISSION

| Personal Indicators | Environmental Indicators |
|--|---|
| <ul style="list-style-type: none"> • Over or under weight. • Growth and development outside of expected range • Poor sense of self-worth/self esteem • Untreated health Conditions including Mental Health • Frequent accidents • Unkempt appearance/dirty or smelly. • Tired/hungry or irritable. • No attachment apparent with caregiver • Drug/Alcohol use | <ul style="list-style-type: none"> • Caregiver inappropriate response to needs. • Lack of food, inadequate clothing, poor home environment. • Unsuitable caring responsibilities • Financial difficulties • Domestic Abuse • Isolation • Sensory deprivation - lack of access to glasses, hearing aids etc. • Absence of appropriate privacy and dignity • Absence of method of calling for assistance |

Impact of Neglect and Abuse

The impact of neglect and abuse can be wide reaching and last for a long time. In the short term, neglect and abuse can have an immediate impact, such as disruption to home/school life, depression, physical injury and even death.

Longer term impacts include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self-harm, suicidal thoughts
- problems with drugs or alcohol

- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others, or engaging in other abusive relationships
- learning difficulties, lower educational attainment, difficulties in communicating behavioural problems including anti-social behaviour, criminal behaviour.

Psychological (Emotional) Abuse: Emotional Abuse is the persistent emotional maltreatment of an individual. It may involve conveying to an individual that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the individual opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It can also involve manipulating the individual into thinking that they are dependent on the other person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing an individual from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying - see below) causing individuals to feel frightened or in danger, or the exploitation or corruption of individuals (as below). Some level of emotional abuse is involved in all types of maltreatment of individuals, though it may occur alone

SIGNS OF EMOTIONAL ABUSE

| Health or Physical Indicators | Behavioural Indicators |
|--|--|
| <ul style="list-style-type: none"> • Loss of appetite or overeating at inappropriate times • Bed-wetting or bed soiling that has no medical cause • Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains) • Prolonged vomiting or diarrhoea • Has not attained significant developmental milestones • Dressed differently from other children in the family • Has deprived physical living conditions compared with other children in the family • Neurotic behaviour e.g. hair twisting | <ul style="list-style-type: none"> • Inability of the vulnerable person to sleep or tendency to spend long periods in bed • Anxiety, confusion or general resignation • Tendency towards social withdrawal and isolation • Fearfulness and signs of loss of self-esteem • Uncharacteristic manipulative, uncooperative and aggressive behaviour • Fear of making mistakes • Being unable to play • Self-harm • Fear of parent/care-giver being approached regarding their behaviour |

Physical Abuse: Inflicting deliberate harm on an individual and may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning and suffocating. Physical harm can also be caused when a parent, relative or carer fabricates the symptoms of, or deliberately induces, illness in an individual

SIGNS OF PHYSICAL ABUSE

| Health or Physical Indicators | Behavioural Indicators |
|---|--|
| <ul style="list-style-type: none"> • Unexplained bruising, marks or injuries on any part of the body • Bruises which reflect hand marks or fingertips (from slapping or pinching) • Injuries that are not concurrent with developmental level or physical ability • Cigarette burns • Bite marks • Broken bones • Scalds | <ul style="list-style-type: none"> • Fear of parents/care-giver being approached for an explanation • Aggressive behaviour or severe temper outbursts • Flinching when approached or touched • Reluctance to get changed or show certain parts of the body, for example wearing long sleeves in hot weather • Depression • Withdrawn behaviour/Running away from home. |

Sexual Abuse: This can be direct, involving sexual activity where consent is explicitly denied or the individual lacks the capacity to give informed consent and can include violence, or the threat of violence to themselves and/or others.

The Sexual Offences Act 2003 definitions are:

Rape – Penetration of the vagina, anus or mouth using a penis.

Assault by Penetration – Penetration of the vagina or anus (but not the mouth) using a part of the body or anything else.

Sexual assault – Intentional touching of another person

Sexual Abuse can involve non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities or encouraging individuals to behave in sexually inappropriate ways, or grooming someone in preparation for abuse.

Sexual abuse can also include the failure of measures to prevent a young or vulnerable person from being exposed to sexual activities by others.

In 2015 legislation came into force criminalising revenge porn - the distribution of a private sexual image of someone without their consent and with the intention of causing them distress. Those found guilty could face up to two years imprisonment.

SIGNS OF SEXUAL ABUSE

| Health or Physical Indicators | Behavioural Indicators |
|---|--|
| <ul style="list-style-type: none"> • Physical injuries such as bruising, bleeding or itching suggestive of either physical or sexual assault • Stomach pains or discomfort when walking or sitting down • A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI's • Pregnancy and/or seeking an abortion • Eating disorder resulting in weight gain or loss • Health problems associated with drug/alcohol use • Learning disability • Mental Health concerns | <ul style="list-style-type: none"> • Sexually risky behaviour • Self-harming • Thoughts of or attempted suicide • Drug/Alcohol use • Sudden or unexpected changes in behaviour e.g. aggression, withdrawn or secretive • Fear of being left with a specific person or group of people • Having nightmares and or bedwetting • Running away from home, missing from school or residential care • Sexual knowledge beyond age or developmental age • Sexual drawings or language • Disclosing they have secrets they can't tell anyone about • Eating problems such as overeating or anorexia. |

Domestic Violence and Abuse: Is violence and abuse that occurs in intimate or familial relationship and can be found in all relationship types regardless of age, gender, social and cultural background. For example, heterosexual married couple, a lesbian couple, and a child being abusive to a parent.

The abuse can be physical, psychological (emotional) sexual or financial. A large factor in Domestic Abuse is the intention of the perpetrator, and their belief in the right, to exert control over the individual/s experiencing the abuse.

SIGNS OF DOMESTIC ABUSE

| Health or Physical Indicators | Behavioural Indicators |
|--|---|
| <ul style="list-style-type: none"> • Have frequent injuries, with the excuse of “accidents” • Frequently miss work, school, or social occasions, without explanation • Dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors) • Physical symptoms of stress and anxiety | <ul style="list-style-type: none"> • Seem afraid or anxious to please • Go along with everything the perpetrator says and does • Withdrawing from friends, family, hobbies etc. • Check in often with the perpetrator to report where they are and what they’re doing • Receive frequent, harassing phone calls • Talk about the perpetrators temper, jealousy, or possessiveness • Rarely go out in public without their partner • Have limited access to money, credit cards, or a car • Being spoken for at appointments etc. • Minimalising and carrying the blame for the perpetrator’s behaviour. |

Support for members of staff who have experienced abuse

The Domestic Violence and Abuse Policy for the Council can be found on the [intranet](#) and seeks to reassure anyone who has or is experiencing Domestic Abuse that they will be treated compassionately and receive appropriate support and assistance.

Access to counselling and advice to improve wellbeing is also available to staff, more information can be obtained from your line manager or by contacting HR.

If you have immediate concerns for the safety of an individual, you should call 999 for an emergency response.

Financial or Material Abuse: The unauthorised, fraudulent obtaining and improper use or restriction of funds, property or any resources of a person, this can also include scams.

Honour based abuse (HBA): is defined as a crime or incident which has or may have been committed to protect or defend the honour of the family and/or the community. It is a collection of practices used to control behaviour and includes Forced Marriage (FM) and Female Genital Mutilation (FGM).

Honour-based abuse can affect both men and women, and cuts across a number of cultures and communities. It is closely associated with domestic abuse and child protection matters.

Issues such as dress, choice of friends, relationships with members of the opposite sex and career choice among others could all impact on a family's honour. Violence and abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code – this is honour-based abuse.

There are many examples of how honour-based abuse can affect someone's life including being isolated from local communities, not being allowed independence, forced into marriage or under duress from their family.

Honour-based abuse can result in the following:

- Common assault
- Domestic abuse
- Forced marriage
- Cruelty to persons under 16 (including neglect and abandonment)
- Theft (e.g. passport)
- Child abduction
- Abduction of an unmarried girl under the age of 16 from parent or guardian
- Abduction of a woman by force or for the sake of her property
- Rape
- Aiding and abetting a criminal offence
- Kidnapping
- False imprisonment
- Female Genital Mutilation
- Murder

Female Genital Mutilation (FGM): Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or Sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health. The maximum sentence for carrying out FGM or helping it to take place is 14 years in prison.

Forced Marriage: A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (withholding wages or other money) can also be a factor.

Modern Slavery: Victims can be men, woman and children of all ages and cut across the population. Normally more prevalent amongst the most vulnerable, minority or socially excluded groups and it is not something that only happens in other parts of the country. Types of modern slavery include;

- Child Trafficking - Movement of young people for the purposes of exploitation.
- Forced Labour/Debt Bondage – Victims work to pay off debts that they may never be able to pay off. Debts can be passed onto children.
- Forced Labour – Victims work against their will, usually involving threats of violence or harm to themselves or their families. Victims can be employed in many sectors across the UK from Mining, Tarmacking, Food Packaging and Hospitality.

- Sexual Exploitation (see below)
- Criminal Exploitation – Victims are forced into criminal activity such as cannabis cultivation or pick pocketing against their will. They are often controlled and maltreated

Discriminatory Abuse: Can involve a lack of regard or hostility to the values, belief or culture of an individual. For example:

- Lack of respect shown to an individual
- Failure to respect dietary needs
- Failure to respect cultural and religious needs
- Signs of a substandard service offered to an individual
- Exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status
- Lack of insight or understanding of person's needs or behaviour
- Cold, dismissive or intolerant attitude by care-giver or other significant persons.

Organisational (Institutional) Abuse: Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the child/adult/young person, including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, for example, or in relation to care provided in one's own home from domiciliary services. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Self-neglect and Hoarding: Self-neglect may not be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions. This refers to a person for whom there is a concern about their mental competence for the situation in which they find themselves. Once identified as a situation that cannot be managed through regular case management, high risk or self-neglect situations could be managed by using elements of the safeguarding process, i.e. professional meetings.

Self-neglect is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. A definition of self-neglect excludes a situation in which a mentally competent adult, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as matter of personal choice.

Hoarding is described as a persistent difficulty discarding or parting with possessions because of a perceived need to save them. A person with hoarding disorder experiences distress at the thought of getting rid of these items. Excessive accumulation of items, regardless of actual value, occurs. Commonly hoarded items are newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food and clothing.

SIGNS OF SELF-NEGLECT AND HOARDING

| Self-neglect Indicators | Hoarding Indicators |
|---|---|
| <ul style="list-style-type: none"> • Living in unclean circumstances • Neglecting household maintenance • Hoarding • Poor diet and nutrition, for example, little or no fresh food available or what there is being mouldy. • Persistent declining or refusing prescribed medication and/or other community health care support • Continued refusing to allow access to health and/or social care staff in relation to personal hygiene or care • Refusing to allow other organisations with an interest in the property e.g. utilities companies, housing services • Repeated episodes of anti-social behaviour – either as victim or perpetrator • Unwillingness to attend external appointments • Lack of personal hygiene • Social isolation | <ul style="list-style-type: none"> • Avoids throwing away possessions • Experiences severe anxiety about discarding possessions • Has trouble making decisions about organising possessions • Feels overwhelmed or embarrassed by possessions • Is suspicious of other people touching possessions • Has obsessive thoughts about possessions i.e. Fear of running out of an item, checking the rubbish to see if it was accidentally discarded • Loss of living space inside the home • Social isolation • Family or marital problems • Financial difficulties • Health hazards |

NSCB Neglect Strategy 2017 - <https://www.norfolkscb.org/revised-neglect-strategy-2017/>

Neglect Identification Tool - <http://www.norfolkscb.org/wp-content/uploads/2015/04/Neglect-Identification-Toolkit-NIT1.pdf>

A good tool to aid recognition of factors which may indicate a child or young person is suffering from neglect.

Graded Care Profile -

<http://www.norfolkscb.org/wp-content/uploads/2015/05/GCP-Norfolk-Version-2.pdf>

A practical tool to give an objective measure of the care of children across all areas of need.

The neglect and abuse a person may experience can be a mix of those types detailed above. Neglect and abuse may come from one person or from a range of people found in an individual's life for example, a young person experiencing neglect from within their family, is bullied at school and being groomed online. Similarly, one individual may experience different forms of abuse as they progress through life.

- Cutting, scratching, hair pulling
- poisoning
- over-eating or under-eating
- burning your skin
- inserting objects into your body
- overdosing
- exercising excessively
- engaging in risky behaviour such as sexual activity or substance/alcohol misuse.

Reasons why individuals self-harm vary and can involve ways to cope with; pressures at school or work; bullying; experiences of abuse, confusion about sexuality, difficult feelings, such as depression, anxiety, anger or numbness, experienced as part of a mental health problem and can also be a way to express suicidal feelings or thoughts without taking definitive steps to take their own life.

Disability and Abuse: A disabled person is more likely to experience domestic abuse and may be less able to protect themselves - making them more vulnerable to the possibility of being abused. The risk of abuse can be increased as they are often reliant on the perpetrator for their care.

The perpetrator may be abusive or neglectful in their care of the victim or even withhold care altogether. Abuse can be withholding sensory or mobility aids from the victim to isolate them. It can also be withholding medication or a person's means of any independence. The perpetrator may take control of the finances of the victim and cause them to get into debt, or refrain from giving them the funds they are owed. The perpetrator may insist on being present at any medical or social care appointments, making it difficult for the victim to disclose any disability abuse. Disabled people will find it more difficult to remove themselves from an abusive situation or to leave their home if it has been adapted for their disability.

Bullying and Cyber-bullying: Bullying and harassment means any unwanted behaviour that makes someone feel intimidated, degraded, humiliated or offended. It is not necessarily always obvious or apparent to others. It may happen at school or in the workplace without a teacher's or employer's awareness.

Bullying can be:

- Physical: e.g. hitting, kicking and theft.
- Verbal: e.g. name calling, constant teasing, sarcasm, racist or homophobic taunts, threats, graffiti and gestures or being excluded by their peers.
- Emotional: e.g. tormenting, ridiculing, humiliating and ignoring.
- Sexual: unwanted physical contact or abusive comments.

Cyber-bullying: Cyber-bullying involves using technology to bully people. It can include texting, instant messaging and posting on social media and gaming websites. Cyber-bullying can happen at any time of the day. To make matters worse, bullying messages and images can be shared so they are seen by more people for longer than other kinds of bullying. And this kind of sharing can quickly get out of control.

Examples of cyberbullying include:

- emailing or texting threatening or nasty messages to people
- posting an embarrassing or humiliating video of someone on a video-hosting site such as YouTube
- harassing someone by repeatedly sending texts or instant messages through an app or in a chat room
- setting up profiles on social networking sites, such as Facebook, to make fun of someone
- "happy slapping" – when people use their mobiles to film and share videos of physical attacks
- posting or forwarding someone else's personal or private information or images without their permission – known as "sexting" when the content is sexually explicit
- sending viruses that can damage another person's computer
- making abusive comments about another user on a gaming site

Child Sexual Exploitation and Grooming

In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Groomers can do this by:

- pretending to be someone they are not, for example saying they are the same age online
- offering advice or understanding
- buying gifts
- giving the person attention
- using their professional position or reputation
- Taking them on trips, outings or holidays.

Once they have established trust, groomers will exploit the relationship by isolating them from friends or family and making the individual feel dependent on them. They will use any means of power or control to make someone believe they have no choice but to do what they want. Groomers may introduce 'secrets' as a way to control or frighten the individual. Sometimes they will blackmail the person, or make them feel ashamed or guilty, to stop them telling anyone. Victims of grooming may believe that the groomer has their best interests at heart i.e. the groomer is their boyfriend or girlfriend or a close friend of the family.

SIGNS OF GROOMING AND EXPLOITATION

| Indicators |
|---|
| <ul style="list-style-type: none">• Entering or leaving vehicles driven by unknown adults.• Excessive use of mobile phones including receiving calls late at night• Concerns raised that a child may be exposing other children to risk• Reports that the individual has been seen in places known to be used for sexual exploitation• Unexplained relationships with older adults• Associating with other people who are known to be sexually exploited, including in school/residential setting• Sexual relationships with a significantly older person• Phone calls, texts or other communication from unknown adults• Mobile phone being answered by an unknown adult• Accounts of social activities with no plausible explanation of the source of necessary funding• Having keys to premises other than those they should have• Possession of money and/or goods with no plausible explanation |

Grooming for Sexual Abuse/Exploitation – Child Sexual Exploitation

90% of children who are sexually abused are abused by someone they know. However, the use of the internet offers a platform for abusers to interact with children anonymously and away from parental supervision.

Groomers may look for:

- Usernames or comments that are flirtatious or have a sexual meaning.
- Public comments that suggest a child has low self-esteem or is vulnerable.

Groomers don't always target a particular child. Sometimes they will send messages to hundreds of young people and wait to see who responds.

Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

Grooming for Radicalisation.

Radicalisation is a process where a person, often from a vulnerable background begins to adopt extreme political, religious, or social view(s) and through these - engage in extremist activity. Their views will often be formed through misguidance, misunderstanding, jealousy, anger, a 'sense of injustice', resentment or fear.

Radicalisation can occur when a person comes across extreme individuals who groom them into adopting radical views. These people manipulate the young person by using emotional triggers to engage with them, potentially during a time of hardship for that person; targeting somebody who for example:

- Is grieving the loss of a loved one
- Has failed school, college or university
- Suffers from emotional difficulties or other mental health issue
- Struggles to make ends meet, financially
- Feels that they have no prospects or purpose in life
- Is neglected, disowned or feels unloved by his or her family
- Struggles to make friends or fit in with the community
- Has tried and is failing to find a job
- Has been involved in some kind of criminal behaviour
- Has or is serving time in prison

CONTACT DETAILS:

A list of organisations, websites and policies that can provide further information on some of the issues discussed in this policy.

Children's Advice and Duty Service – **0344 800 8021** (Professionals only)

Norfolk MASH – **0344 800 8020** or mash@norfolk.gcsx.gov.uk
<https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/mash/mash-model>

Shows the path enquiries take when they are passed to the MASH, the different organisations involved and the possible outcomes.

Central Early Help – **01603 223161** or nehffdatateam@norfolk.gcsx.gov.uk Broadland Early Help Team – **01603 430120**

South Norfolk Early Help Team -
Norfolk Constabulary non-emergency number – **101**

Norfolk Safeguarding Children's Board (NSCB) - <http://www.norfolkscb.org/>
Telephone the NSCB Support Team on 01603 223409

- HM Government: Working Together to Safeguard Children 2018
<https://www.norfolkscb.org/working-together-2018/>
- Resolving Professional Disagreements –
<http://www.norfolkscb.org/about/policies-procedures/10-2-resolving-professional-disagreements/>

- HM Government: Seven Golden Rules for Information Sharing – <http://www.norfolkscb.org/wp-content/uploads/2015/04/Seven-Golden-Rules-for-information-sharing.pdf>

Norfolk Safeguarding Adults Board (NSAB) - Telephone **0344 800 8020**.
<http://www.norfolksafeguardingadultsboard.info/>

Norfolk County Council provide a range of services: keeping children safe, schools, special educational needs, young people in care, fostering and adoption, looked after children, activities for young people, family information services, home education, school travel, etc. Tel: 0344 800 8020 www.norfolk.gov.uk

Early Help – Norfolk County Council
<https://www.norfolk.gov.uk/children-and-families/early-help>

The role of the LADO [Working Together to Safeguard Children](#) (July 2018)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

POLICIES AND PROCEDURES

Safeguarding Adults: Sharing Information:
<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

HM Government: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

GENERAL INFORMATION

NSPCC - The NSPCC (National Society for the Prevention of Cruelty to Children) is the UK's leading charity specialising in child protection and the prevention of cruelty to children. Tel: 0800 800 500 (Adults Helpline) Tel: 0800 1111 (Children and Young People Helpline) www.nspcc.org.uk

NSPCC Whistleblowing -
<https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>

Action for Children is a provider of family and community centres, children's services in rural areas, services for disabled children and their families, and services for young people leaving care. Tel: 01923 361 500 Email: ask.us@actionforchildren.org.uk
www.actionforchildren.org.uk

CEOP works with child protection partners across the UK and overseas to identify the main threats to children and young people, and coordinates activity against these threats to bring offenders to account. We protect children from harm online and offline. Tel: 0870 000 3344 www.ceop.police.uk or www.thinkuknow.co.uk/parents for more information.

Childnet A non-profit organisation working with others to 'help make the Internet a great and safe place for children.' Tel: 020 7639 6967 Email: info@childnet.com
www.childnet.com

Children's Commissioner A website with advice and information on children's rights, for children and young people living in children's homes, foster care, boarding schools, residential special schools, or FE colleges or going through adoption.
Tel: 020 7783 8330 www.childrenscommissioner.gov.uk

Kidscape Charity committed to keeping children safe from abuse by preventing bullying and child sexual abuse. Kidscape works, with children and young people under the age of 16, their parents/carers, and those who work with them, to provide individuals and organisations with practical skills and resources necessary to keep children safe from harm. Tel: 020 7730 3300 www.kidscape.org.uk

MAP Map has advisors, counsellors and youth workers who work with young people to provide the best help they can in a way that makes sense to young people. They also provide education and training for young people, parents and carers.
Tel: 01603 766994 Email: info@map.uk.net www.map.uk.net

Action on Elder Abuse – 080 8808 8141 or <http://elderabuse.org.uk/>

Domestic Abuse

Norfolk County Council - <https://www.norfolk.gov.uk/safety/domestic-abuse>

Leeway Their service was set up by a group of women who recognised the need for a refuge in Norwich and this became just the third such service of its kind in the country. They have since expanded the services they offer to meet the needs of all women, men and children who experience domestic abuse.
Domestic Violence Helpline 0300 561 0077 www.leewaysupport.org

Womens Aid – <https://www.womensaid.org.uk/>

Refuge - <http://www.refuge.org.uk/>

Domestic Violence Helpline. A national 24-hour service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf. Run in partnership between Women's Aid and Refuge - 0808 2000 247

Galop LGBT Domestic Abuse Advice - <http://www.galop.org.uk/domesticabuse/>

National LGBT Domestic Abuse Helpline – 0800 999 5428

Men's Advice Line: Advice and Support for Men experiencing Domestic Abuse – 0808 801 0327 or <http://mensadviceline.org.uk/>

Duluth Wheels - <https://www.theduluthmodel.org/wheels/>

Power and Control Wheel - A graphic that documents common abusive behaviours and tactics.

Neglect

Self-Neglect and Hoarding strategy-

A link to the strategy from NSAB

<https://www.norfolksafeguardingadultsboard.info/assets/SELF-NEGLECT-and-HOARDING/NSAB-Self-neglect-and-hoarding-Strategy-AUGUST2016-FINAL.pdf>

Sexual Safety, Child Sexual Exploitation and Grooming

Stop It Now! Aims to protect children and prevent child sexual abuse, by raising awareness, changing attitudes and behaviour, so that people take appropriate action to prevent abuse, and seek help if they are worried about themselves or others.

Tel: 0808 1000 900 (freephone helpline) Email: help@stopitnow.org.uk

www.stopitnow.org.uk

CSE

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/what-is-child-sexual-exploitation/>

Talk PANTS – NSPCC - <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

Talking PANTS teaches children important messages, like their body belongs to them and they should tell an adult if they're upset or worried. Also features the Pantosaurus song.

The Harbour Centre- 01603 276381

<http://www.theharbourcentre.co.uk/aboutus.html>

A service to empower and support victims of rape and serious sexual assault including penetration, where specialist workers can discuss options and assist in making decisions about care.

Consent and a cup of tea - <https://www.youtube.com/watch?v=pZwvrxVavnQ>

A YouTube video from Thames Valley Police illustrating consent using a cup of tea.

Contraceptive and Sexual Health in Norwich -

<https://www.icash.nhs.uk/>

Think U Know - <https://www.thinkuknow.co.uk/>

Guidance for internet safety from CEOP Command. Information is given in age appropriate formats and includes sections for parents/carers and teachers.

Grooming -

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/grooming/>

WRAP – Workshop Raising Awareness to Prevent

<http://www.norfolkscb.org/people-working-with-children/further-safeguarding-resources/>

Child Criminal Exploitation

Guidance for frontline professionals on dealing with county lines, part of the government's approach to ending gang violence and exploitation.

<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

Honour Based Abuse, FGM and Forced Marriage

Honour Based Abuse -

http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/

Karma Nirvana - 0800 5999247 or <http://www.karmanirvana.org.uk/>

A charity that supports victims of honour crimes or forced marriage

Forced Marriage - <https://www.gov.uk/guidance/forced-marriage>

Forced Marriage Unit – 020 7008 0151 Monday – Friday 9-5pm 020 7008 1500 Global Response Centre (out of hours) or fmfco.gov.uk

World Health Organisation: FGM - <http://www.who.int/mediacentre/factsheets/fs241/en/>
If you are worried about FGM you can contact the NSPCC anonymously on 0800 028 3550 or fgmhelp@nspcc.org.uk

Modern Slavery - www.modernslavery.co.uk

Duty to Notify - <https://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery>

Other Information

Financial Abuse -

AGE UK - <http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/protecting-yourself/what-is-financial-abuse/>

Bullying –

<http://www.bullying.co.uk/>

Cyber Bullying –

<http://www.bullying.co.uk/cyberbullying/what-is-cyberbullying>

Self-Harm -

<https://www.mentalhealth.org.uk/a-to-z/s/self-harm>

Technology - Think U Know

Find out what's good, what's not and what you can do about it. www.thinkuknow.co.uk

Legislation

The Children Act 2004 –

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

The Children and Social Work Act 2017

<http://www.legislation.gov.uk/ukpga/2017/16/section/1/enacted>

The Care Act 2014 –

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Equality Act 2010 –

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Mandatory reporting for FGM – <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Legislation designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.

Consent form for the use of image

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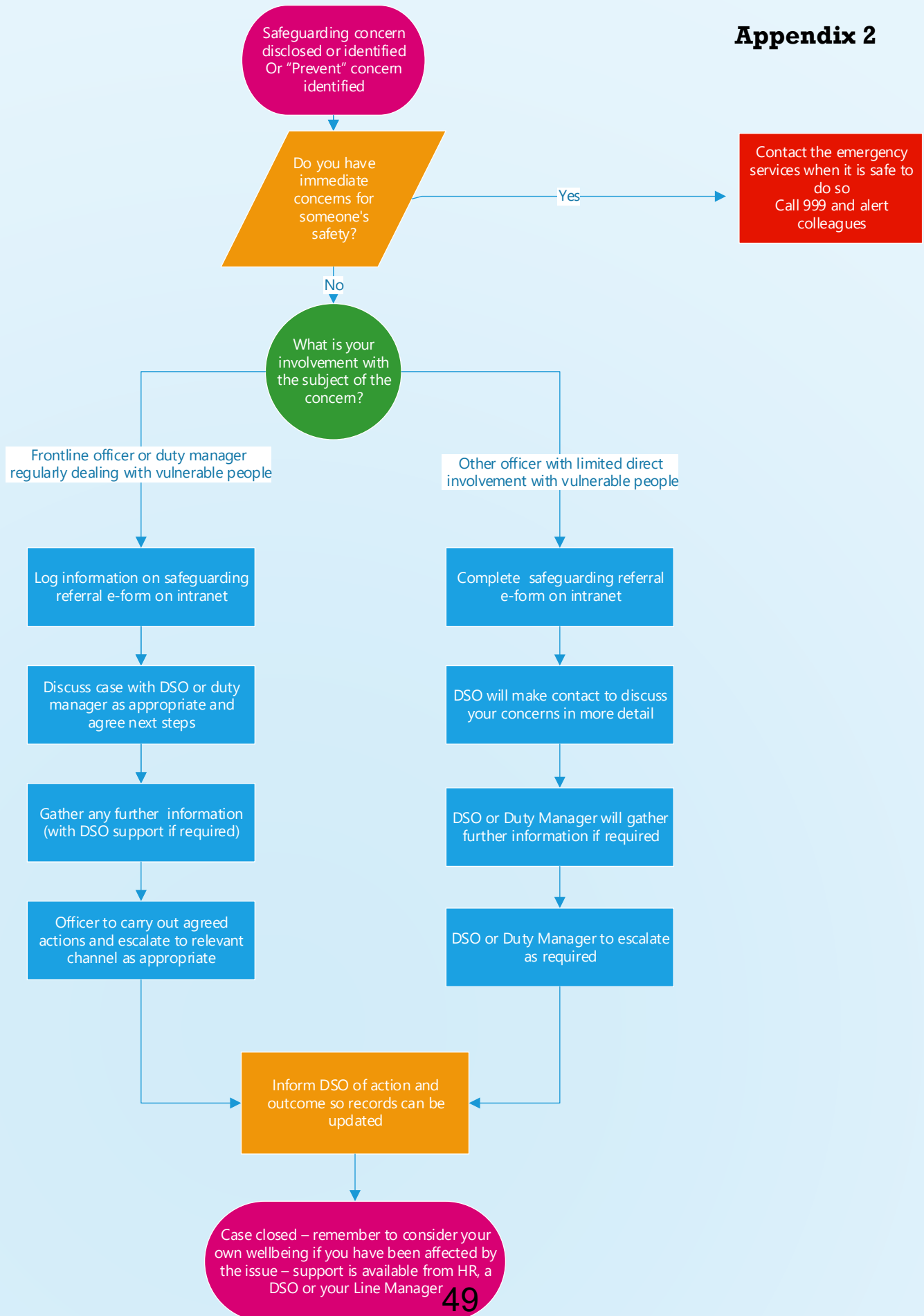
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Appendix 2



WELLBEING PANEL

7 October 2019

Final Papers

| Item | Details | Page No |
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DEMOCRATIC SERVICES

Broadland District Council
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HEALTH & WELLBEING PRIORITIES

Report Author: Sam Cayford
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Portfolio: Housing and Wellbeing

Wards Affected: All

Purpose of the Report: To give a sense of direction and understanding of the health and wellbeing needs that need to be addressed across Broadland and South Norfolk. The Two Councils One Team approach provides the opportunity to take a consistent approach across both council areas. The Strategy provides a framework that officers, and Members can work towards delivering health and wellbeing outcomes.

Recommendations:

The Wellbeing Panel to endorse and adopt the Health and Wellbeing Strategy and priorities and support its delivery.

1 SUMMARY

- 1.1 The Health and Wellbeing Strategy sets out a framework to reducing health inequalities and improving health outcomes for our residents. Key to success is the way we work with our partners to reduce demand on services when they are under pressure and recognising the role we play in improving health outcomes collectively.

2 BACKGROUND

- 2.1 The Two Councils One Team approach provides the opportunity to take a consistent approach in activity relating to health and wellbeing outcomes across both council areas.

3 CURRENT POSITION

- 3.1 Please see attached Health and Wellbeing Strategy (Appendix 1).

4 PROPOSED ACTION

- 4.1 This Strategy is evidence led and aims to outline where and how BDC and SNC resource can be used to best effect in improving our residents' health and wellbeing.
- 4.2 It outlines clear priority areas to focus attention and resources and identifies the communities who needed the greatest support. This is outlined through identifying 4 key health and wellbeing areas, namely:
- Frailty and Falls
 - Mental Wellbeing
 - Activity and Healthy Lifestyle
 - Employment and Aspirations
- 4.3 It also demonstrates how the various and varied functions of both Councils can make a strong contribution towards the health and wellbeing of our communities, as a part of a whole organisational approach
- 4.4 The Health and Wellbeing Strategy allows officers and Members to engage with local and national partners to clearly set out our intention for reducing health inequalities and promoting good health across both districts. Collaboration will be key to our delivery and we will use our governance arrangements with the Health and Wellbeing Board, the STP and CCG locality board as well as the Wellbeing Panel and Policy Committee to report on our achievements and seek support for further collaboration where necessary.

5 RECOMMENDATIONS

- 5.1 The Wellbeing Panel to endorse and adopt the Health and Wellbeing Strategy and priorities and support its delivery.

Broadland and South Norfolk Health & Wellbeing Strategy

The Health & Wellbeing Strategy will serve to support both Councils in identifying the needs of residents and help shape our response as district councils and in partnership with others to address those needs.

Broadland and South Norfolk Councils have championed the positive contribution district services make to the health and wellbeing of residents, including creating a local [Strategy \(SNC\)](#) and plan to deliver health and wellbeing outcomes. This aligns with the Norfolk-wide Health and Wellbeing Strategy which both Councils have formally endorsed.

Each locality has unique features such as our mix of rural and urban populations. However, similarly to Norfolk, there are common elements such as our ageing populations and difficulties in accessing services due to rurality. Encouragingly, there are important lessons and best practice to learn from both districts, partners and from outside the county.

The level of control over local public resource varies according to the organisation (e.g. Adult Social Care commissioning compared to Primary Care Network commissioning). The austerity measures across the wider public sector has seen this influence being reduced across the board. The Broadland and South Norfolk shared services agreement will strengthen our ability to influence partners' mainstream spending and aligned priorities across a wider footprint.

Just as importantly, the journey to develop strong, shared cultures across the two organisations will be encouraged by the 'Two Councils, One Team' journey, as we reach to achieve shared goals. Shared health & wellbeing priorities can support the collaboration and political agendas of both Councils. As outlined in the feasibility report, this strategy seeks to align our existing health and wellbeing strategies and frameworks, to give a shared framework for the health and wellbeing agenda.

Sense of where we are going next Implementing this strategy will ensure that as the Councils go through the shared team journey, health and wellbeing considerations will be at the heart of the redesigned service. It will guide officers on the ground, as well as the wider strategic ethos of the Councils. In an ever-evolving policy area such as this, a consistent focus on priority areas supports our Councils to succeed in improving health and wellbeing.

Foreword (YB & FW)

Whilst Broadland and South Norfolk Councils have previously not shared a Health and Wellbeing Strategy, developing this strategy has highlighted that both Councils have a similar commitment to developing preventative services, supportive and engaged communities and working alongside partners to make sure that our resources have the greatest possible impact. Working together is not new to our Councils. Services such as Care and Repair and the Energy Team have long had joint arrangements and shared outcomes, providing greater flexibility and efficiency for our residents.

Our engagement with partners has already provided significant benefit, such as adult social care co-location within our independent housing adaptation teams, the District Direct hospital discharge programme and the Early Help approach, to name a few. Success of programmes

such as these have had real and lasting benefits for our residents. Broadland and South Norfolk Councils are also involved in a range of Health and Social Care Commissioning Initiatives such as Social Prescribing and the Loneliness Framework.

Our impact as districts will be synergised through the shared officer team, and the Broadland Health and Wellbeing Strategy will enable both Councils to follow an evidence led, structured framework for our work going forward. It has been designed to be outcome led, enabling us to respond to the ever-changing health and wellbeing landscape. Broadland and South Norfolk Councils represent the Norfolk districts on the Sustainability and Transformation Partnership (STP) and sit on the Norfolk Health and Wellbeing Board. Implementing this strategy allows our Councils to have a strong, shared policy viewpoint on these and other forums moving forward.

The purpose of the Health & Wellbeing Strategy is to:

- Provide a vision and policy framework for Broadland and South Norfolk Council to improve the overall health and wellbeing of our residents
- Be evidence led in articulating the key characteristics of our communities and specific needs and issues which need support and intervention
- Provide evidence for where interventions are best targeted to address specific inequalities
- Outline the contributions that all services within the district Council can and do make towards achieving improved resident health and wellbeing
- Provides a framework for working in collaboration with partners which can provide the basis of shared developments to take forward through key partnerships

Our Role in Health & Wellbeing

District Councils were described by the Kings Fund as the ‘sleeping giants of public health’, reflecting the council’s role in the wider health and wellbeing system. As Districts, we are close to our residents and are attuned to the needs of the community in a way other levels of the public sector are not. Our members work on behalf of their wards to ensure that services meet the needs of the public and are our eyes and ears out in the community. The local focus and organisational size of Broadland and South Norfolk Councils enables us to efficiently and flexibly react to current need and demands on our services, thereby stretching any financial investment.

In improving the health and wellbeing of our residents, we can (and do) play a range of roles:

Advocacy – As district councils, we are close to our communities and can offer insight into where there are health inequalities. Working with partners allows us to use this information to shape how services are commissioned and delivered. At a regional and national level, we can help influence policy based upon our unique and rural locality perspective

For example, we raise the profile of district services through the District Council Network, LGA responses to consultation around Disabled Facilities Grant funding, planning policy; through partnership working with public health and sharing data to identify future funding needs around Excess Winter Death; development information to NHS England.

Enabling – As Councils we can affect and shape how others deliver services and therefore the impact on health.

For example, building employment opportunities through inward investment and economic development, planning and engaging with communities and creating affordable housing opportunities through negotiations with developers.

Commissioning – Where we do not have the in-house expertise to provide services (e.g. mental health/domestic abuse support) we work with partners to commission services.

For example, we commission the voluntary sector to provide self-esteem workshops in primary schools to increase mental health resilience in our younger residents.

Providing – We can provide services (sometimes beyond our statutory responsibilities) for our residents where we have the expertise to do so or there is a gap in provision to meet a defined need.

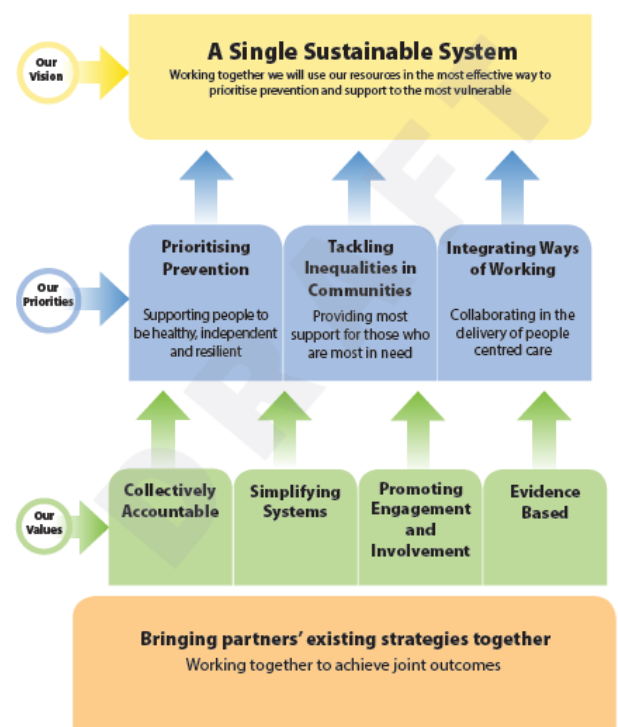
For example, we provide a Tots2Teens service that as well as offering activities for young people is also open to South Norfolk and Broadland staff to ensure sufficient childcare during the holidays.

Delivering in Partnership – A Strategic Context

Improving the health and wellbeing and quality of life are key ambitions for both South Norfolk and Broadland Council. The links between the role of districts and the impact on the health and wellbeing of residents has been well documented by The Kings Fund ‘[The district council contribution to health](#)’. The greatest benefit to residents is where the Councils work in partnership and below sets out the health and wellbeing strategic context.

Norfolk Health and Wellbeing Board – All districts including Broadland and South Norfolk are represented on the board itself and attend a sub-group of District Directors. The Broadland and South Norfolk Health & Wellbeing Strategy will feed in progress to the Board. The Board has responsibility for delivering a Norfolk-wide Health & Wellbeing Strategy and completing a Joint Strategic Needs Assessment ([Norfolk JSNA](#)). The county wide strategy is developed by Public Health through the Norfolk Health and Wellbeing Board ([Joint Health and Wellbeing Strategy](#)). The diagram sets out the Norfolk County Council strategic framework for their strategy. The aim, values and goals fit within the aspirations of both Councils’ approach to health & wellbeing.

Sustainability Transformation Partnership – The NHS and local Councils are developing and implementing agreed proposals to improve health and social care. Districts are represented on both the prevention and acute workstreams as well as on the North Norfolk, Norwich and South Norfolk Locality Boards. The introduction of Primary Care Networks



supports the place-based approach promoted by Districts and will be a key partner in delivering for our residents moving forward. Appendix B illustrates the geography that the PCN's will cover.

Why Prevention Matters

Preventing crisis is good for our residents and for the public purse. South Norfolk and Broadland Councils have adopted an early help approach to encourage residents to ask for help at the earliest opportunity. Working with partners has seen innovative methods of finding preventative solutions – however, this has so far been on an initiative-by-initiative basis. To have a fundamental shift towards prevention the public sector requires a fresh approach and agreement of cost-benefit analysis. Both Councils will continue to work locally and nationally to ensure that central and local government partners understand the need to work more collaboratively and with shared financial resource, shifting resources away from crises and into prevention.

| Examples of Cost of Crisis vs Early Intervention | | | |
|---|------------------------|--|----------------------|
| Outcome | Cost | Intervention | Cost |
| Eviction | £7,276 per incident | Homelessness advice & support | £699 per scheme |
| A&E attendance & acute admission | £2,220 per admission | Falls prevention intervention | £45 per intervention |
| GP referral to leisure centre | £22.60 per appointment | Leisure centre visit | £7 per session |
| Mental health inpatient stays | £459 per bed day | Mental Health community provision | £167 per contact |

Our Key Health and Wellbeing Partners

Clinical Commissioning Groups (CCGs) – CCGs were created following the Health and Social Care Act in 2012. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There is a single CCG covering Norfolk and Waveney.

Children's Services – Norfolk County Council – Children's Services are an integral part of the Early Help Hubs and are co-located within Broadland and South Norfolk Council.

Police – Reducing crime in Broadland and South Norfolk is a priority for all services and having the police based within the Early Help Hubs encourages greater partnership working. Reducing domestic abuse and helping residents feel safer supports wellbeing.

Norfolk & Norwich University Hospital Trust – Both Councils work closely to prevent admissions and re-admissions to hospital as well as supporting those patients being discharged back to living independently in the community. A recent partnership project, District Direct, is a county-wide initiative that is being delivered in conjunction with NNUH.

Norfolk Public Health Team – We work closely with the Public Health team to deliver preventative health messages and utilise the needs assessments they create to ensure we target our resources correctly. Both Broadland and South Norfolk ensure the preventative health messages are communicated to our residents attending GP surgeries.

Active Norfolk – Our boundaries are aligned with Active Norfolk where we collaborate to understand where physical activity has the greatest opportunity to improve lives and reduce inequalities in the district. We will tailor the physical activity offer, including active travel, based on where there is greatest need.

Adult Social Care - Norfolk County Council – We work closely with NCC to support our older population to live independently through adult social care services, who have co-located staff within the Integrated Housing Adaptations Teams. Combining public health information with our local insight allows us to take a preventative and targeted approach to delivering services.

Voluntary and Community Sector (e.g. Voluntary Norfolk – Social Isolation) – Norfolk has a vibrant and varied voluntary and community sector, supported through our Community Capacity team. Creating resilience in our communities is paramount to keeping our residents in good health. We both commission and encourage voluntary groups to reduce health inequalities.

Housing Associations – Saffron and Clarion Housing have most of the affordable homes in Broadland and South Norfolk. Supporting residents living in social housing by maintaining an effective housing register and partnership working to ensure sustainable tenancies, leads to positive health outcomes and innovative partnerships with our housing associations.

Town & Parish Councils – Regular meetings take place with town and parish Councils, who are close to their communities and we work together where there are vulnerable residents identified within their communities.

Cambridgeshire Community Services NHS Trust – Co-located within our Early Help Hub, CCS work closely with districts to deliver the healthy child programme, improving outcomes for children and young people across the district.

Our Proposed Health Priorities & Intended Outcomes:

The population and demography of Broadland and South Norfolk are distinct in their make-up and local issues. Based upon the evidence within this strategy, the following themes represent activities the Councils will focus on supporting over the duration of this strategy:

Frailty & Falls

We will work with partners to identify our older and frail residents, many of whom are at risk of a fall, to make sure they have access to all available support. We will develop and deliver preventative supervised activities that will work to reduce the number of falls in the district and help our population maintain independence, reducing the need for health and social care services.

The cost of frailty is anywhere between £975 for a person aged over 65 years, who is classed as fit, up to £4,189 for someone who is not. Maintaining good strength and balance is recommended through NICE guidelines. South Norfolk Leisure Centres offer Fit for Life classes and Broadland offers classes in the community and other support for older and vulnerable residents to prevent falls and other ill-effects of frailty before they happen at a much-reduced cost.

Case Study

Mrs C is a 73-year-old pensioner living in South Norfolk. She recently returned home from hospital through working with the District Direct officers co-located at the hospital. They made arrangements that meant she could return home without delay after undergoing hip replacement surgery. Mrs C struggles with the stairs getting in and out of her home. As a result, she feels isolated as she can't get out and about as much as she used to. She receives an assisted bin collection and mentioned that she was feeling isolated to one of the Street Team. This information was passed on to the Independent Living Team. As a result, the stairs at the front of her property have been replaced by a ramp and rail, enabling her to get out more easily and reducing her risk of falling. She was also referred to community connectors, who made her aware of a backgammon group in the local area, which she now attends weekly. A friend made at the group lives close to Mrs C, and now visits every morning for a cup of tea and to check up on her.

Savings

4 Excess bed days saved in hospital: £800

Cost of social isolation, including increased GP visits etc: £6,000 per annum

Avoided need for residential care: £34,996 per annum

Prevented a fall and A&E visit: £2,220

Costs

Installing a ramp through a Disabled Facilities Grant: £4,444

Fitting a handrail: £45

Total Public Pound Saved: £39,527

(Source: New Manchester Cost-Benefit Analysis; SNC)

Employment & Aspirations

Through the Inclusive Growth agenda, the Councils' will identify new and existing businesses that can improve the economic environment of South Norfolk and Broadland. Recognising the health and wellbeing benefits of being in employment, the Health & Wellbeing Strategy will support our residents through inclusive growth to sustain employment and support our young people's aspirations. We know that encouraging and supporting businesses to offer opportunities in Broadland and South Norfolk such as employment, apprenticeships and training will foster a strong labour market and workforce. We will lead by example by promoting health and wellbeing in our own workforce, in addition to working with partners such as Public Health and Active Norfolk in local and national workplace health initiatives.

Case Study

Mr T is a twenty-year-old living in Aylsham. He struggled in formal education and was made redundant from his job nine months ago. Since then, he has been searching for work and struggled to make ends meet, building up debts and not paying his rent on time. He doesn't own any personal transport and has found that the rural location has been a hindrance to his search for employment, so he doesn't know how to improve his prospects. Unsure what to do, he called Broadland District Council, from where he was referred to debt and welfare advice.

The officer met with Mr T to plan how he can manage his limited finances to not increase his debt and pay his rent. He was also passed on to the Broadland Choices programme, to help himself to gain employability skills, such as CV writing. Whilst attending the course, he heard about an apprenticeship in IT services at Broadland District Council and thought it would be a great way to improve his prospects, whilst also achieving a stable income. Whilst at the Council, he took full advantage of the opportunities available to him, such as community volunteering, bolstering his CV. He was then made aware of an IT support role at a company expanding their footprint at the Broadland Business Park. They were impressed by his proactive attitude, offering him a long-term contract.

Savings

Stopped need for Job Seekers Allowance: £10,321 per annum

Eviction from rented accommodation avoided: £7,276

Cost of a young person not in employment, education or training: £4,637

Apprenticeship: £1,500

Costs

IT Apprenticeship: £15,000

Total Public Pound Saved: £8,734

(Source: New Manchester Cost-Benefit Analysis; NCC Children's Services)

Activity & Healthy Living

Using strategic and operational data to identify how active our population are and how well they are living allows us to ensure all our residents are supported to be active in their communities. We will work within our own services and with our partners to create resilience within our communities to enable them to be able to self-manage their health and wellbeing where possible. Advice and information where appropriate will give residents the knowledge of where to escalate health and wellbeing issues that require more support when necessary.

Case Study

Mr F is a middle-aged man living in Spixworth. He used to be a keen footballer, but currently commutes into Norwich by car every day and between work and family life is too busy to go to training regularly. He recently went for a check-up, where his doctor informed him he was at risk of diabetes and heart problems in the next few years if he did not lose weight. She also advised him to eat healthier and exercise more. His GP referred him to Broadly Active, which following his exercise referral programme gave him the number for a local walking group. Mr F now goes for walks before work around the local community land (which BDC maintains), enabling him to spend quality time with his family in the evening whilst improving his health. Having made some new local friends, he also feels more engaged with his community through the walking group (who gained many new members after winning a 'Community at Heart Award'). Buoyed by increasing his fitness and confidence after joining a group, Mr F joined an over 40's football club to increase his fitness further.

Savings

Cost of Type 2 Diabetes: £2,500 per annum

Hospital admission for heart disease: £4,614

GP Consultation (10 min): £45

Costs

Social Prescribing Appointment: £15-20

Member Grant to support community group: £150

Total Public Pound Saved: £7,142

(Source: New Manchester Cost-Benefit Analysis; SNC)

Mental Wellbeing

Mental wellbeing has a significant impact on our residents' wellbeing and demand for our services. As Councils we see the impact poor mental wellbeing can have on our residents and how easily mental health issues can escalate to crisis. Through our various services, we are able to identify residents at risk of poor mental wellbeing, such as residents in debt, victims of antisocial behaviour and noise complaints. Our strength is dealing with low-level mental health issues, preventing escalation and signposting more clinical mental health issues to partners who specialise in this area of support.

Case Study

Ms S is a single mother of two living in Diss who had experienced emotional abuse from her previous partner and contacted the hub after a recommendation from a friend. She was supported by the Early Help Hub Domestic Abuse Worker to relocate and seek support. She now works part time during school hours to try and make ends meet but is struggling with rent and other debts. She worried that she may not be able to provide a safe home for her children. The stress of the situation has led her to have difficulties sleeping and feels emotionally drained. The Domestic Abuse Worker linked her to the Welfare Rights and Debt Advisor and who provided her with financial advice on how to deal with her situation. It also emerged she was eligible for working tax credit, which proved a great help to her situation. A Housing Solutions officer helped her resolve the situation and agree a payment plan with her landlord. Being able to plan for her future has eased her mind, and she now feels much more comfortable in her own home and more confident in caring for her children.

Savings

Mental Health Issues: £2,197

Eviction from rented accommodation avoided: £7,276

Homelessness Application: £2,724

Child taken into care: £52,676 per annum

Costs

Domestic abuse worker: £200

Housing officer appointment: £145

Housing benefit claim: £5,000

Debt & welfare advice: £20

Total Public Pound Saved: £59,508

(Source: New Manchester Cost-Benefit Analysis; BDC)

A Whole Organisation Long Term Approach

The health and wellbeing of our residents is everyone's business. Whilst the most immediate impacts are felt through people-facing services such as housing and benefits teams, leisure provision, environment and communities' teams, the influence of our residents' long-term lifestyles and inequalities across communities lies in how we plan, develop and shape areas and communities. Ensuring good housing, employment opportunities and happy communities is a collective aim of services across the council (Appendix C).

This strategy will sit alongside our:

Partnership Working - We will work collaboratively with our partners to identify and pursue opportunities that improve the health and wellbeing of our residents. Our communities are also a key partner and, where possible, we will engage and create resilience within them to improve health and wellbeing outcomes.

Business as Usual – Where possible, we will embed activities that improve health and wellbeing throughout the council.

Early Help Agenda – Prevention is central to our delivery at Broadland and South Norfolk, recognising the positive outcomes preventing issues escalating has both for our residents and for managing demand on our public-sector partners. We will continue to build upon our Early Help model and partnerships to continue to try and identify problems and issues in our communities and with residents at the earliest possible opportunity, and to focus on the root cause of the issue, not just the presenting factors.

Evaluation Base – Before embarking upon any initiatives or programmes of work we will identify methods of evaluation and set out what success looks like. We will not shy away from trialling new and innovative ways of working but will clearly outline what success will look like, so we know if this has been achieved. We will continue to share learning of what worked and what did not.

Locality Offer – As Districts, we have mapped existing place and neighbourhood strengths across both Councils. This has identified the need we are currently serving, and further analysis is being undertaken on where there are gaps that would benefit from additional support, which will form the basis of our locality offer.

Inclusive Growth Strategy – Employment and aspirations are such a vital cornerstone in someone's wellbeing that this priority requires its own workstream and strategy. The Inclusive Growth agenda focusses on giving residents the opportunity to improve their own lives by sharing in the economic successes within our districts.

Environment Strategy - Promoting active travel, improving food safety and improving the environment and housing where people live are intrinsically linked to health & Wellbeing.

Frailty and Falls

South Norfolk and Broadland have an increasingly older population. There are 17,370 people living in Broadland and South Norfolk aged 65 years and over with a long-term illness whose day-to-day activities are limited a little, with 12,953 who are limited a lot. The greatest use of services for frailty is from those over 75 years.

Having an older population increases the likelihood of frailty. Frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. Falls, dementia, deafness and stroke are some of the conditions associated with frailty. Supporting our residents to live in warm, adapted and safe homes can prevent issues arising. Preventing social isolation is also a key factor in reducing poor health outcomes as a result of frailty.

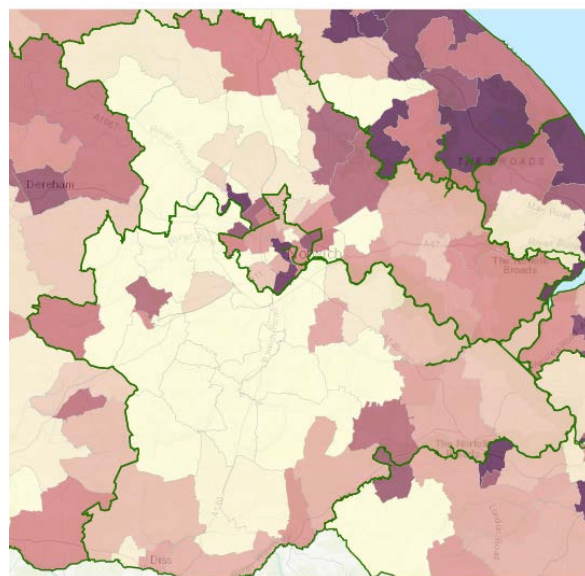


Figure 1: Percentage of residents whose day-to-day activity is limited a lot (2011, Norfolk Insight)

Falls are the most frequent type of accident for residents aged 65 and over and can have very serious implications. They can lead to a loss of confidence, reduced independence, increased isolation and long-term health problems. Amongst people aged over 75, falls are the leading cause of death. Dealing with the demand for support for frailty and falls is putting additional pressure on the system, which as a district we can be instrumental in alleviating.

We will follow [NICE guidelines and recommendations](#) to promote healthy lifestyles in our older population, to help manage frailty and prevent falls. Keeping our older population healthier for longer will encourage better outcomes for residents and reduce demands on services.

- By 2035, the number of people aged 80+ in South Norfolk will increase by **69.8%** and **54.6%** in Broadland, which is well above the England average
- **1,577** residents aged over 65 have a longstanding health condition caused by a stroke
- **2,192** older people in SN are predicted to be admitted to hospital after a fall in 2020
- **17,972** residents fall at least once a year across Broadland and South Norfolk
- **20%** of people die within four months of a fall and **30%** within a year
- Responding to older people who have fallen makes up **15%** of ambulance call outs

How We Support Our Residents



Older & Vulnerable People:

- Using the Disabled Facilities Grant, our Care and Repair Team provide housing adaptations such as walk-in showers and stairlifts and look for other innovative solutions such as assistive technology to enable residents to live independently in their own homes

- Supporting frail patients who attend their GP surgery for non-medical needs or where issues are exacerbated by their living situation via social prescribing, who will help look for community support and solutions.
- Supporting residents to return home quickly and safely to independent living through District Direct after a hospital stay
- Ensuring residents' homes are energy efficient, safe and free from Category 1 hazards
- Using our Leisure Service GP Referral Scheme to enable access to suitable leisure activities to maintain health and mobility
- Working with developers, social and private sector landlords to create and maintain housing environments which are suitable for an ageing population



Working Age:

- Using our leisure services, communities teams and community spaces to keep adults of working age healthy and active, helping prevent ill health in later life
- Raising awareness of support and services available for carers, from both ourselves and partners



How will we know we have been successful?

- Number of successful DFG applications delivered which maintain independence at home
- Minimising the numbers of excess winter deaths
- Hip fractures in people aged 65+ (**574 per 100,000** in SNC and **543 per 100,000** in Broadland, 2017/18)
- Number of residents living independently 91 days after intervention

IN PRACTICE

A project that aims to help residents get back on their feet following a recent admittance to hospital for Stroke or joint replacement. Working with NHS physios to help clients continue their rehabilitation journey following discharge from clinical care; one of the qualified referral instructors will conduct a series of home visits and focus on improving core strength, coordination and range of movement to make day to day living easier. The aim is to support residents to re-engage with the local community and instil exercise into their daily routines.

Employment & Aspirations

The development of our shared inclusive growth agenda across both councils demonstrates supports this priority. We know that being employed is good for our health. We know that people who are unemployed for more than 12 weeks are between four and ten times more likely to suffer from depression and anxiety. Unemployment can also lead to poorer physical health and more attendances at the GP. Some studies show that the risk of being out of work, in the longer term, is greater than the risk of killer diseases such as heart disease.

Volunteering and other meaningful occupations offer similar health and wellbeing benefits and which we seek to encourage, particularly our older population. As well as the implications to physical health being in a workplace it enables residents to use skills and have social contact, reducing the likelihood of social isolation and monetary issues.

As a council, we have a real opportunity to encourage as many of our residents to be employed as possible. We strive for our young people to aspire to a wide range of careers and to ensure there are a diverse range of employment and training opportunities to ensure a sustainable future

- **2.8%** of 18 to 21 year olds in South Norfolk claim out of work benefits, **3.0%** in Broadland (NOMIS, Aug 2019)
- **1,700** families in workless households in Broadland, **1,990** in South Norfolk (2017, DWP)
- **1.40%** claim out of work benefits in South Norfolk, **1.20%** in Broadland (Jan 2019, NOMIS)
- **1.2 per 1,000** residents of South Norfolk are long-term claimants of JSA, **1.0 per 1,000** in Broadland (2017, DWP)

How we support our residents



Younger Residents:

- Working with partners to deliver the Prince's Trust programme, job clubs and other initiatives to provide opportunities for younger people to enter education, employment and training
- Increasing employment opportunities and apprenticeships by increasing economic activity across South Norfolk

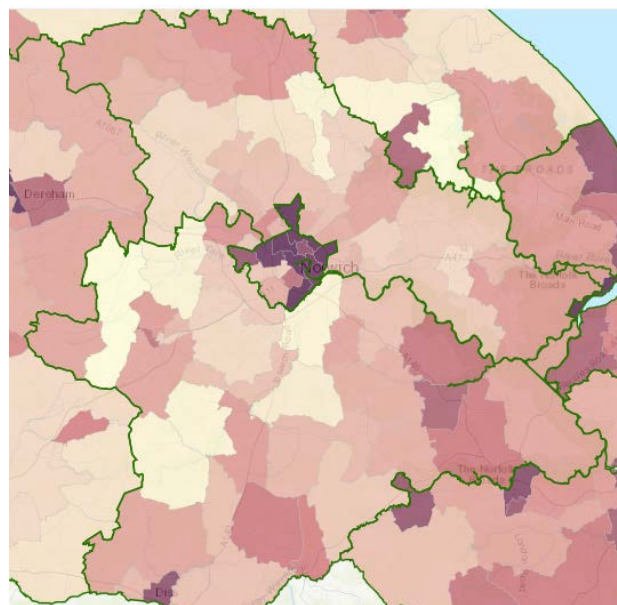


Figure 1: % of adult population (16+) that claim universal credit or JSA (August 2019, Norfolk Insight)



Working Age:

- Supporting employers to engage with healthy workforce initiatives, including mental health support for employees, to reduce sickness levels and increase productivity
- Continue to develop job and career opportunities through our Economic Development team by attracting business into the Broadland and South Norfolk area
- Working in partnership with the DWP and other organisations to move residents from benefits into sustainable employment
- Supporting residents into sustainable tenancies in a suitable location through our Housing Teams
- Reducing homelessness and providing temporary accommodation
- Reducing levels of sickness by supporting residents to remain healthy and independent in their own home
- Encouraging and enabling our communities to engage in volunteering
- As an employer, Broadland and South Norfolk Council will support its own employees by engaging in workplace health initiatives to improve mental health, reduce sickness absence and increase productivity



How will we know we have been successful?

- Reduce the gap in the employment rate between those with a long-term health condition and the overall employment rate
- Reduce % unemployed (**2.8% in South Norfolk, 3.2% in Broadland**, Jan-Dec 2018)
- Reduce the number of young people not in education, employment or training.
- Increase the number of apprenticeships advertised
- Reduce the % long-term JSA claimants (1 year+)

IN PRACTICE

The Norfolk Inclusive Growth Coalition has brought together the local district and county councils (and other partners), to engender collaborative working to improve inclusive growth in our county. The group is working to ensure that “All communities and individuals have opportunities to contribute, to learn and benefit from sustainable economic growth in Norfolk and our focus on inclusive growth and social mobility provides fairer chances for everyone to fulfil their potential and have healthy, independent lives”. Broadland and South Norfolk have led the way in this area locally (being the best performing local authorities in Norfolk according to the Social Mobility Index) and officers are currently forming an action plan to further our performance on inclusive growth, as we are currently mid-ranking authorities nationally on social mobility.

Activity and Healthy Living

Healthy and active residents are key in meeting the councils' aspirations and vision. Promoting a healthy lifestyle, including a healthy weight and physical activity is beneficial to the population.

A healthy population provides the basis for economic growth, as a healthy and well workforce are more productive, can be creative in their outlook and attract businesses to the district. With increasing pressures on funding available to support residents, tackling inactivity and poor health behaviours now will reduce the burden on public funds in the future.

This priority is specifically supported by the South Norfolk Leisure Strategy, which focusses on increasing levels of activity via our leisure centres and activity opportunities across the district.

- **15.8%** of the population of South Norfolk and **17.5%** of Broadland suffer from hypertension
- **17.9%** of South Norfolk and **24.5%** of Broadland residents are physically inactive
- **14.5%** of South Norfolk and **11.5%** of Broadland residents smoke
- **133** people die each year of circulatory conditions including heart disease and stroke
- **23%** over 16s are obese in South Norfolk and **25.6%** in Broadland
- **20.8%** of children in South Norfolk and **21%** in Broadland are measured in reception year as overweight

How can we support our residents?



Younger Residents:

- Close working between the Early Help Hub, leisure services and community leisure services to identify opportunities to encourage children and families to increase their levels of activity in the community
- Working in partnership with public health to promote local and national 'nudge' initiatives for healthier lifestyles including making better food choices and reducing smoking in pregnancy
- Increasing use of open spaces to develop community activities for younger people and families
- Continuing and building upon our leisure services targeted at younger people, such as Kids Camp, Tots to Teens and Swim School, to encourage younger people into activity

- Increasing the levels of community provision through both informal and formal methods of activity including roaming leisure classes, active trails and playground equipment



Working Age:

- Ensuring the environment in Broadland and South Norfolk encourages activity through working with developers and maintaining open spaces either as a council or through volunteers
- Supporting the Active Norfolk locality plan to encourage walking, cycling and active travel throughout Broadland and South Norfolk
- Improving access to leisure services, in line with the SNC Leisure Strategy
- Working with our town and parish councils to increase opportunities for community use of across Broadland and South Norfolk's open spaces
- Working with our local and national sports organisations to increase participation in sport



How will we know we have been successful?

- Increase the percentage of 'active' adults aged 16+ (**69.1% SNC, 63% BDC 2017/18**)
- Reduce the percentage of adults classified as overweight or obese (**60.3% SNC, 60.9% BDC, 2016/17**)
- Reduce the prevalence of overweight and obese children in Reception (**20.8% SNC, 21% BDC 2017/18**)
- Increase the prevalence of Year 6 children in healthy weight range (**70.6% SNC, 67.9% BDC, 2017/18**)
- Increase the number of SNC leisure memberships, particularly those who would otherwise have been inactive
- Increase the numbers of children attending Tots2Teens, Kids Camps and Swim School

IN PRACTICE

Broadly Active is a 12-week scheme, delivered by Broadland District Council and available through GP surgeries, physiotherapists or pharmacies. Qualified exercise professionals help participants to build a programme of physical activity that is appropriate for them and any medical conditions they may have. A range of sessions are offered across Broadland and they are supervised by safe, qualified and fun instructors. The scheme is available to anyone aged 16 and over. We recognise that regular activity that makes people feel warmer and breathe harder has many health benefits. It can help with weight loss, muscle strengthening, reduces the risk of falling and helps to manage or improve a range of medical conditions including:

- High blood pressure
- Diabetes
- Arthritis
- High cholesterol
- Anxiety/depression
- Chronic back pain
- Stress

Mental Wellbeing

Mental wellbeing affects people of all ages and across communities. It can impact on finding and staying in employment, education, leisure pursuits, home life, social life and retirement amongst other things. As identified through the recent Kings Fund report '[Housing and health](#)' for people with mental health problems, good-quality housing can support independent living in the community.

Broadland and South Norfolk's focus will be on low-level mental wellbeing, predominantly depression, anxiety and their causes, as well as dementia. However, reducing environments and situations which cause stress, supporting residents with addictions and preventing social isolation are all issues which have an impact on mental health, which as districts we can play our part in alleviating. We will support residents with conditions which require clinical interventions in terms of ensuring as much stability in the other areas of their lives, but our role is mainly preventative. The severity, duration and impact of mental illness varies hugely, and as such prevalence data is difficult to establish and can be inaccurate. However, we are able to make some assumptions based on estimates.

- **11.7%** of South Norfolk and **12.5%** of Broadland residents have been diagnosed with depression
- **2,372** of South Norfolk and **2,417** of Broadland residents are estimated to be living with dementia
- There are **138.1 emergency hospital admissions for self-harm per 100,000** residents in Broadland, with **103.0 per 100,000** in South Norfolk (PHE, 2017/18)

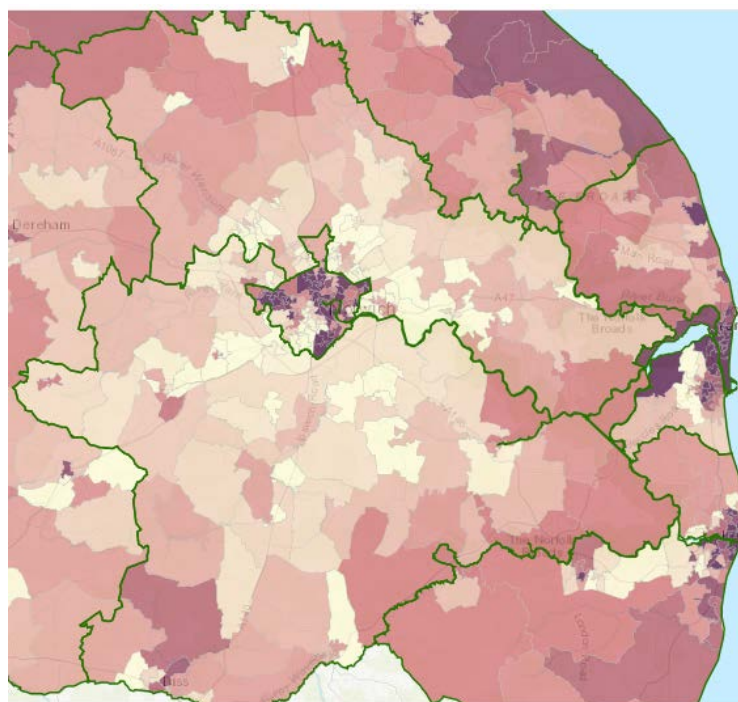


Figure 4: Indices of Multiple Deprivation, Overall Score (Norfolk Insight, 2015)

How can we support our residents?

Younger Residents



- Reducing fuel poverty and homelessness during pregnancy and in early years both of which are associated with developmental delays and social isolation
- Supporting partners through the Early Help Hubs to create opportunities to increase resilience in our younger residents e.g. carers support, Youth Advisory Board etc
- Work in partnership with public health to create easily accessible referral routes for young people to access support



Working Age:

- Supporting people with poor mental health to maintain tenancies early on can reduce demands on services later. Overcrowding and poor mental health are fundamentally linked, as housing is more than just a roof
- Fostering financial resilience and encouraging residents into employment to support this. Where this is not possible, ensuring there is access and navigation to available help
- Supporting and encouraging employers to help employees to remain in employment when they are suffering from mental ill health
- Providing agreed alternatives to medication for professionals to refer into e.g. leisure classes, walking groups etc
- Leading and developing a complex case management project with partners
- Increasing the number of social prescribing interventions relating to mental health



Older People:

- Working in partnership to reduce social isolation and hoarding by identifying the issue early and, through working with partners, including Voluntary Norfolk, to help develop sustainable community responses such as befriending services
- Developing the dementia referral pathway with partners to ensure Broadland and South Norfolk are districts where people living with dementia and their carers can prosper
- Ensuring that we are a dementia friendly organisation and to encourage partners and local businesses to follow suit. Specifically ensuring our Leisure and community centres are more user friendly to those living with dementia and their carers



How will we know we have been successful?

- Reducing or helping to better manage depression and Anxiety Prevalence (GP Patient Survey)
- % council staff trained as dementia friends
- Reduction in the number of people receiving incapacity benefit payment for mental health reasons
- Number of social prescribing interventions and referrals to the Early Help Hubs where mental health is a presenting issue

IN PRACTICE

The Evolve Homeless Prevention and Emotional Resilience Service supports vulnerable residents with mental health needs or wellbeing issues to avoid homelessness, achieve stability within their community and develop the right skills to reach their potential. The service is based in the South Norfolk Early Help Hub and works closely with partners. It provides 1 to 1 support and group work to some of our most vulnerable residents. The services reduces the demand on Council homelessness services and helps people remain safe and well in the community.

Future development and monitoring

Health & Wellbeing priorities do not stand still. We are seeing changes in the health and social care system, levels of resource available and the needs of our residents are constantly evolving. As a new organisation, identifying and collaborating with stakeholders to set out our vision for the health & wellbeing of our residents optimises the role both Broadland and South Norfolk play in shaping the future, for residents and the public sector alike. The power in and between BDC and SNC is the connections between the organisations.

Improving the health and wellbeing of our populations requires a whole systems approach which this strategy seeks to embed. It is challenging to identify the outcomes for a single organisation, in order to overcome this, we will measure success through high level outcomes reporting and evaluation of programmes implemented to deliver the approach.

Appendix A

| <u>Priority</u> | <u>Description</u> | <u>South Norfolk</u> | <u>Broadland</u> | <u>Norfolk</u> |
|---|---|------------------------------|----------------------------|----------------------------|
| <u>Frailty and Falls (Statistics)</u> | People aged 65+ with a limiting long-term illness whose day-to-day activities are limited a little (POPPI, 2019) | 26.23% | 25.60% | 25.8% |
| | People aged 65+ with a limiting long-term illness whose day-to-day activities are limited a lot (POPPI, 2019) | 19.43% | 19.20% | 21.4% |
| | % Increase in people aged 80+ by 2035 (POPPI, 2019) | 69.80% | 54.60% | 58.8% |
| | Residents 65+ with a longstanding health condition caused by a stroke (POPPI, 2019) | 2.36% | 2.34% | 2.34% |
| | Older people predicted to be admitted to hospital following a fall in 2019 (POPPI, 2019) | 3.24% | 3.30% | 3.23% |
| <u>Frailty and Falls (Measures)</u> | Minimising the numbers of excess winter deaths (PHE) | 24.5%, August 2016/July 2017 | 11%, August 2016/July 2017 | 18.80% |
| | Hospital admissions due to falls in people aged 65+ (PHE Healthy Ageing) | 1,622 per 100,000, 2017/18 | 1,560 per 100,000, 2017/18 | 1,826 per 100,000, 2017/18 |
| | Hip fractures in people aged 65+ (PHE) | 574 per 100,000, 2017/18 | 543 per 100,000, 2017/18 | 578 per 100,000, 2017/18 |
| <u>Employment & Aspirations (Statistics)</u> | NEET young people (16-17 year olds) (PHE, 2017) | 122 | tbc | 5.10% |
| | Residents claiming out of work benefits (NOMIS, Jan 2019) | 1.40% | 1.20% | 2.1% |
| | % residents long-term unemployed | 3.70% | tbc | tbc |
| | Reduce the gap in the employment rate between those with a long-term health condition and the overall employment rate (PHE) | 8.3%, 2017/18 | 2.9%, 2017/18 | 11%, 2017/18 |
| | Reduce the % unemployed (NOMIS) | 2.8%, Jan-Dec 2018 | 3.2%, Jan-Dec 2018 | 3.80% |
| <u>Employment & Aspirations (Measures)</u> | Reduce the % of long-term JSA claimants (PHE) | 1.2 per 1,000, 2016 | 1.0 per 1,000, 2017 | 2.2 per 1,000, 2017 |
| | % population suffering from hypertension (Department for Health, 2017) | 15.8% | 17.5% | 13.8% |
| | % population suffering from chronic heart disease | 3.50% | tbc | tbc |
| | % population physically inactive (PHE, 2017/18) | 17.90% | 24.50% | 21.80% |

| | | | | |
|--|---|----------------|----------------|----------------|
| <u>Activity and Healthy Living (Statistics)</u> | Smoking prevalence (LAHP, 2018) | 14.50% | 11.50% | 14.30% |
| | Number of early deaths from circulatory conditions (including heart disease and stroke), Norfolk Health Profiles | 69, 2017 | 64, 2017 | 541, 2017 |
| | % obese adults (16+) (Norfolk Health Profiles, 2017) | 23.00% | 25.60% | 25.70% |
| | Increase the percentage of 'active' adults aged 16+ (PHE) | 69.1%, 2017/18 | 63.0%, 2017/18 | 65.0%, 2017/18 |
| | Reduce the percentage of adults classified as overweight or obese (PHE) | 60.3%, 2016/17 | 60.9%, 2016/17 | 61.2%, 2016/17 |
| | Reduce the prevalence of overweight and obese children in Reception | 20.8%, 2017/18 | 21%, 2017/18 | 23.1%, 2017/18 |
| | Increase the prevalence of Year 6 children in healthy weight range | 70.6%, 2017/18 | 67.9%, 2017/18 | 66.2%, 2017/18 |
| <u>Activity and Healthy Living (Measures)</u> | % residents diagnosed with depression (from CCGs, 2016/17) | 11.70% | 12.50% | 9.80% |
| | Residents claiming incapacity benefit (NOMIS, 2016) | 1,175 | tbc | tbc |
| | % claiming incapacity benefit (of all claimants) (NOMIS, 2016) | 44.80% | tbc | tbc |
| | Residents estimated to be living with dementia (POPPI, 2019) | 2,372 | 2,417 | 15,955 |
| | Residents diagnosed with dementia (LAHP, 2018) | 55.10% | 66.60% | 65.10% |
| <u>Mental Health</u> | Reducing or helping to better manage depression and anxiety prevalence (GP Patient Survey), % of respondents aged 18+ | 12.5%, 2016/17 | tbc | tbc |

