

To: All Members and Substitute Members of  
the Overview & Scrutiny Committee -  
Community Wellbeing  
(Other Members for Information)

When calling please ask for:  
Ema Dearsley, Democratic Services Officer

**Policy and Governance**

E-mail: [ema.dearsley@waverley.gov.uk](mailto:ema.dearsley@waverley.gov.uk)

Direct line: 01483 523224

Calls may be recorded for training or monitoring

Date: 1 September 2017

**Membership of the Overview & Scrutiny Committee - Community Wellbeing**

Cllr Andy MacLeod (Chairman)	Cllr Sam Pritchard
Cllr Liz Wheatley (Vice Chairman)	Cllr Simon Thornton
Cllr Val Henry	Cllr Bob Upton
Cllr Mike Hodge	Cllr Ross Welland
Cllr Denis Leigh	

**Substitutes**

Cllr Patricia Ellis	Cllr John Williamson
Cllr Nabeel Nasir	Cllr Jerry Hyman

Dear Councillor

A meeting of the OVERVIEW & SCRUTINY COMMITTEE - COMMUNITY WELLBEING  
will be held as follows:

DATE: TUESDAY, 12 SEPTEMBER 2017

TIME: 7.00 PM

PLACE: COMMITTEE ROOM 1, COUNCIL OFFICES, THE BURYS,  
GODALMING

The Agenda for the Meeting is set out below.

Yours sincerely

ROBIN TAYLOR  
Head of Policy and Governance

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## **Waverley Corporate Plan 2016-2019**

### **Priority 1: Customer Service**

*We will strive to deliver excellent , accessible services which meet the needs of our residents.*

### **Priority 2: Community Wellbeing**

*We will support the wellbeing and vitality of our communities.*

### **Priority 3: Environment**

*We will strive to protect and enhance the environment of Waverley.*

### **Priority 4: Value for Money**

*We will continue to provide excellent value for money that reflects the needs of our residents.*

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### **Good scrutiny:**

- is an independent, Member-led function working towards the delivery of the Council's priorities and plays an integral part in shaping and improving the delivery of services in the Borough;
  - provides a critical friend challenge to the Executive to help support, prompt reflection and influence how public services are delivered;
  - is led by 'independent minded governors' who take ownership of the scrutiny process; and
  - amplifies the voices and concerns of the public and acts as a key mechanism connecting the public to the democratic process.
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## NOTES FOR MEMBERS

Members are reminded that contact officers are shown at the end of each report and members are welcome to raise questions etc in advance of the meeting with the appropriate officer.

### AGENDA

1. MINUTES (Pages 7 - 14)

To confirm the Minutes of the Meeting held on 27 June 2017 (to be laid on the table 30 minutes before the meeting).

2. APOLOGIES FOR ABSENCE AND SUBSTITUTES

To receive apologies for absence and note any substitutions.

3. DECLARATIONS OF INTERESTS

To receive Members' declarations of interests in relation to any items included on the agenda for this meeting, in accordance with Waverley's Code of Local Government Conduct.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chairman to respond to any written questions received from members of the public in accordance with Procedure Rule 10.

5. SCRUTINY REVIEW - FACTORS AFFECTING HEALTH INEQUALITIES IN THE BOROUGH (Pages 15 - 32)

To receive a presentation from Karen Simmonds, Public Health England (Surrey County Council) and to endorse the scope for scrutiny review on factors affecting life expectancy disparity in the Borough.

Recommendation

**That the scope for scrutiny review on factors affecting life expectancy disparity in the Borough be endorsed.**

6. PERFORMANCE MANAGEMENT REPORT - QUARTER 1, 2017/18 (APRIL - JUNE 2017) (Pages 33 - 38)

The report provides an analysis of the Council's performance in the first quarter of 2017/18 in the service area of Community Services. Annexe 1 to the report details performance against key indicators.

Recommendation

**It is recommended that the Community Wellbeing Overview & Scrutiny Committee:**

1. **Considers the performance figures for Quarter 1, and agrees any observations or recommendations about the performance and progress towards target it wishes to make to the Executive.**
2. **Considers the options for additional performance indicators set out at paragraph 3 and make recommendations on the preferred options to the Executive.**

7. SAFEGUARDING POLICY FOR CHILDREN AND ADULTS AT RISK (Pages 39 - 98)

This report summarises the Council's safeguarding responsibilities and proposes the new combined Safeguarding Policy for Children and Adults at Risk.

Recommendation

**That the Community Wellbeing Overview and Scrutiny Committee recommend adoption of the Safeguarding Policy for Children and Adults at Risk to Council via the Executive.**

8. COMMUNITY MEALS SERVICE UPDATE (Pages 99 - 106)

The purpose of this report is to update the Committee on the transfer of the Community Meals Service and progress to date.

Recommendation

**That the Committee considers the findings of this report and provides feedback to officers.**

9. SERVICE LEVEL AGREEMENT GRANT FUNDING

To appoint a Sub-group to meet early October to make comments and observations on the Executive Panel's Proposals.

10. PUBLIC TOILETS IN GODALMING, FARNCOMBE AND HASLEMERE

To receive a verbal update on the Council's decision to close the public toilets in Farncombe, Godalming and Haslemere following discussions with Godalming and Haslemere Town Councils.

11. COMMITTEE WORK PROGRAMME (Pages 107 - 126)

The Community wellbeing Overview and Scrutiny committee, along with the O&S Co-ordinating Board is responsible for managing the Committee's work programme.

The work programme includes items agreed at the O&S Coordinating Board and takes account of items identified on the latest Executive Forward Programme as to come forward for decision. Both documents are attached to review.

A Scrutiny tracker has been produced to assist the Committee in monitoring the recommendations that have been agreed at its meetings. The tracker details the latest position on the implementation of these recommendations.

Members are invited to identify any additional topics that the Committee may wish to add to its work programme.

Recommendation

**Members are invited to consider their work programme and make any comments and/or amendments they consider necessary, including suggestions for any additional topics that the Committee may wish to add to its work programme.**

12. EXCLUSION OF PRESS AND PUBLIC

To consider the following recommendation of the motion of the Chairman:

**Recommendation**

That pursuant to Procedure Rule 20 and in accordance with Section 100A(4) of the Local government Act 1972, the press and public be excluded from the meeting during consideration of the following items on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present during the items, there would be disclosure to them of exempt information (as defined by Section 100I of the Act) of the description specified in the appropriate paragraph(s) of the revised Part 1 of Schedule 12A to the Act (to be specified at the meeting).

**Officer contacts:**

**Alex Sargeson, Scrutiny Policy Officer**

**Tel. 01483 523214 or email: alexander.sargeson@waverley.gov.uk**

**Ema Dearsley, Democratic Services Officer**

**Tel. 01483 523224 or email: ema.dearsley@waverley.gov.uk**

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## WAVERLEY BOROUGH COUNCIL

### MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE - COMMUNITY WELLBEING - 27 JUNE 2017

(To be read in conjunction with the Agenda for the Meeting)

#### **Present**

Cllr Patricia Ellis	Cllr Nabeel Nasir
Cllr Val Henry	Cllr Bob Upton
Cllr Mike Hodge	Cllr Ross Welland
Cllr Denis Leigh	Cllr Liz Wheatley (Vice Chairman)
Cllr Andy MacLeod (Chairman)	

#### **Apologies**

Cllr Sam Pritchard and Cllr Simon Thornton

#### **Also Present**

Councillor Jerry Hyman (Farnham Residents)

1. APPOINTMENT OF CHAIRMAN (Agenda item 1.)

Councillor Andy Macleod was confirmed as Chairman of the Community Wellbeing Sub-Committee for the Council Year 2017/18.

2. APPOINTMENT OF VICE-CHAIRMAN (Agenda item 2.)

Councillor Liz Wheatley was confirmed as Vice-Chairman of the Community Wellbeing Sub-Committee for the Council Year 2017/18.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTES (Agenda item 3.)

Apologies for absence were received from Simon Thornton and Sam Prichard. Councillors Patricia Ellis and Nabeel Nasir attended as substitutes.

4. DECLARATIONS OF INTERESTS (Agenda item 4.)

There were no declarations of interests in connection with items on the agenda.

5. COMMITTEE AREAS OF RESPONSIBILITIES AND SERVICE CONTEXT (Agenda item 6.)

The Committee received a presentation from Damian Roberts, the Strategic Director for front Line Services, and Kelvin Mills, the Head of Communities and Major Projects, on the service areas falling within the remit of the Committee.

The Committee noted the Community Services Team structure and was advised that the team covered Community Partnerships including overseeing the service level agreements with a number of key partners including Citizens' Advice

Waverley, Farnham Maltings and the day centres in the borough. It also encompassed Economic Development working successfully with Enterprise First and the four chambers of commerce to support local business, and Community Safety delivering the key priorities of the Safer Waverley Partnership and working with the Joint Enforcement Team. The team was also instrumental in the current refurbishment and extension of the Farnham Memorial Hall and the transfer of the Community Meals Service.

The Committee noted that the Arts and Cultural Services team worked with partners to support the development and commissioning of arts and cultural projects to meet the needs of communities. They attracted external funding to deliver a wide range of community arts projects and directly delivered services from Godalming Museum, the Borough Hall and Farnham Memorial Hall (currently closed for refurbishment). The Farnham Museum was run for Waverley under a Service Level Agreement with Farnham Maltings

The Careline team looked after the careline emergency call systems and telecare for nearly 1900 clients – telecare was additional monitoring equipment linked either to a careline or a hand-held pager which included smoke detectors, bed and chair sensors and pill dispensers – which helped enable residents to live independently in their own home. The service operated 24/7, 365 days of the year. Waverley Training Services were a not for profit arm of Waverley offering training and apprenticeships in a range of subjects including business admin, customer service, management, IT and Social Digital Media. They worked with students in their workplace as well as in a classroom setting at their centre in Farnham.

The Leisure Services team managed the contract for Waverley's five leisure centres. They worked to develop access to leisure in the borough through participatory events such as Waverley's team in the Surrey Youth Games, Sport Relief Mile, annual skate events and through partnership working with local sports councils and schools. They were also responsible for promoting an active lifestyle through the development of health and wellbeing activities. The Greenspaces team covered the management of Waverley's Parks and Countryside. They had achieved Green Flag status for 4 sites in the borough and were working with the National Trust to develop a visitor centre at Frensham Great Pond. They also looked after the play areas and skate parks, trees on Waverley owned land and managed the contract for grounds maintenance across the borough.

The Committee noted that the key aims of the Team, noted in the service plan 2017/18 were:

- To successfully complete the Memorial Hall refurbishment creating:
  - a new multi-use community facility for Farnham;
  - a new home for the Gostrey Centre; and
  - a new home for Waverley Training Services.
- To increase Waverley Training Services provision to offer increased apprenticeship opportunities and help young adults into employment or further education.
- Increased use of Waverley's Careline service to help more vulnerable adults in our community.



- Maximise the usage and offering provided by our Leisure Centres ensuring that residents are happy with the service and facilities offered by Waverley.
- Regeneration of East Street area of Farnham through delivery of the Brightwells Scheme.

The Committee thanked the officers for a highly informative presentation about their service area.

## 6. COMMITTEE WORK PROGRAMME (Agenda item 7.)

The Committee received its work programme for 2017/18. The Work programme included items agreed at the O&S Co-ordinating Board and took account of items identified on the latest Executive Forward Programme as due to come forward for decision. Members were invited to identify any additional topics that the Committee might have wanted to add to its work programme.

Councillor Andy Macleod advised the Committee that himself and the Vice Chair have had a series of meetings with Karen Simmonds, the Public health lead at Surrey County Council for the Waverley area, about the wider health environment and how the Community Wellbeing committee could work to improve both the health and mental health of residents in our Borough.

Among conversation they also had talked about potential in-depth scrutiny review topics and now would like to propose a scrutiny review on reducing 'health inequalities in the Borough'.

The Committee was advised that a starting point for this review was information from Public Health England for the Waverley District in the Health Profile 2016. It stated that Life expectancy in the Borough was 7.4 years lower for men and 11.8 years lower for women in the most deprived areas compared with the least deprived areas.

These statistics were surprising and, therefore they would like to propose an in-depth scrutiny review on the factors affecting health inequalities in the borough and explore the following areas:

- 1) How the wider deterrents of health such as housing, employment, cost of living, environment, which includes social isolation, transport infrastructure & social capital, and career development & opportunity, contributed and affected the health and mental health of residents and overall life expectancy.
- 2) The second area related to how our lifestyles and health behaviours affect life expectancy, such as smoking and drinking
- 3) And thirdly looking into how accessible health and mental health care is for our residents.

The scope would be prepared by Alex Sargeson, the Scrutiny Policy Officer, and would be circulated to members for comment and approval. Members were in full support of the proposal and a task group would be established to take this further.

Councillors Andy Macleod, Patricia Ellis, Nabeel Nasir and Liz Wheatly all agreed to be part of the group.

7. COMMUNITY ENGAGEMENT PLAN (Agenda item 8.)

The Committee received a presentation from Inspector Mark Bridges on the Community Engagement Plan. He outlined that their aim was to be able to engage with the public in order to prevent and detect crime and pursue offenders. They wanted to provide support to all victims of anti-social behaviour and support the elderly and vulnerable in order to help them feel safe and secure. The Force wanted to engage with the community in the hope that they would support them and share information and intelligence and also in an effort to build greater confidence and security in local communities. Inspector Bridges advised the Committee that to carry out the engagement plan they needed to communicate with Councillors and a number of people in the community in order for it to be effective.

The presentation provided the Committee with an outline of performance of the Waverley Safer Neighbourhood Team and operations and campaigns recently carried out as well as looking forward to future ones. The presentation is attached at Annexe 1 to these minutes.

In relation to performance the Committee noted that although there was an 8% increase in offences recorded in Waverley over the previous financial year the number of positive outcome rates decreased by 4.1% points to 13.4%. This compares with a Forcewide increase of 8.1% over the previous financial year and a decrease in positive outcome rates of 4.8%. Nationally (March 2017) – At Force level, Surrey were 8th lowest at 53.7 crimes per thousand population and also 1st within its most similar forces. Members were pleased that the number of incidents of violent crime had decreased by 12.6% over the last year, nationally Surrey was rated 2<sup>nd</sup> lowest at 5.3 crimes per thousand population and also 2<sup>nd</sup> within its most similar forces. The Committee was disappointed to note that the number of incidences of domestic burglary had increased by 40.6% (71 offences) but was pleased that the levels of vehicle crime, sexual offences and antisocial behaviour had all decreased.

The Committee was advised that the Community Engagement Plan was in place so the police engaged where there was a “clear policing purpose” and to meet the needs of the community. This plan had been written with consideration given to The Policing Vision 2025 document by The APCC and NPCC, the College of Policing, recent HMIC Inspection and local Borough community knowledge and its demands. Engagement Plans aimed to empower and engage local people and acknowledged the importance of communication with those most likely to be affected by services, policies and decisions. Inspector Bridge advised that the Force used to do a lot of communication through fetes and schools and then, because of resources, had to reduce this. They ideally wanted to find a position in between this and “in the know” was a key to their success and any encouragement from Councillors and the public to enrol would be good so that there could be two way communication. The Committee was encouraged to sign up to the site ([www.intheknow.community](http://www.intheknow.community)) and it was suggested that a workshop could be arranged for discussion/action group to look further into any ideas of how to improve engagement.

The Committee thanked Inspector Mark Bridges for his presentation and looked forward to hear more at a future meeting.

8. SAFEGUARDING POLICY (Agenda item 9.)

This item was withdrawn from the agenda as there was some inaccuracies in the report and it needed updating.

9. PERFORMANCE MANAGEMENT REPORT (Agenda item 10.)

The Committee received the quarter 4 performance management report 2016/17. The report outlined an analysis of the Council's performance for services that fell within the remit of Community Wellbeing. The Annexes detailed performance against key indicators and provided the outturn performance on the Service Plan objectives for 2016/17.

The Committee considered the indicators and noted performance for Leisure Centres was particularly good but commented that when does outturn become too good?. They might need to consider a different indicator in future to more accurately reflect performance. There were no further comments on the indicators but the Committee felt that it only needed to receive indicators on an exception basis, and there were differing views as to whether the trend analysis should be presented quarterly or annually; overall more members expressed a preference to retain the quarterly trend analysis. It was also suggested that the other indicators (non-exception) could be circulated to Members for information outside of the committee environment.

10. LEISURE CENTRE CONTRACT MANAGEMENT SCRUTINY REVIEW REPORT  
(Agenda item 11.)

The Committee received a presentation from Councillors Richard Seabourne and Wyatt Ramsdale on a summary of the scrutiny work that was undertaken by the Leisure Centre Contract Management Sub-Committee which had been established in November. The presentation picked out some of the key points of the activities carried out between December and early June by the Sub-Committee the detailed report and the recommendations for consideration were detailed in the agenda.

The Committee was advised that the Management contract was signed with DC Leisure in 2007 for a period of 15years. DC Leisure was then acquired by Places for People (PfP) in 2012. In return for managing Waverley's 5 leisure centres PfP paid Waverley a management fee and had entered into a profit sharing arrangement with Waverley. The review was undertaken because the contract was longstanding, the Council's Leisure Centres would continue to need capital investment and the perceived success of Waverley's contract with PfP made it probable that important lessons could be applied to other major Council contracts.

The Committee was advised that the review had found that there was a healthy collaborative relationship Waverley v PfP There was signs of continuous improvement. Attendance had increased and there was no potential cost savings identified. The Sub-Committee had asked the question about whether not in a time

of financial shortage they should be maximising financial gain in order to protect other services.

The Councillors outlined potential opportunities for improvement. The Sub-Committee had found difficulty in identifying the commercial and wellbeing expectations to which PfP was expected to perform. Consequently it was recommended as a matter of urgency that the Portfolio Holder for Health, Wellbeing and Culture and the Head of Communities and Special Projects developed a clear policy setting out the Council's priorities for leisure centres in Waverley. Further, the Sub-Committee found it difficult to readily access summary management accounting information to show if the Leisure Centres were delivering a surplus to Waverley's residents or if they required subsidy. Consequently, it was recommended that continuous assessment of financial value for money was carried out by comparing revenue generated for Waverley by PfP with Waverley's internal operating costs. A specific budget monitoring template for leisure centres should also be created to improve financial and commercial management and analysis.

Other recommendations were as follows:

- Waverley's Finance team should start collecting good practice procedures by management accountants and, in particular, the specific procedures used by the current management accountant for Leisure, in order to provide quality information for a hand-over and back-up if the post holder was not available. In time best practice should be captured in a financial management manual.
- Waverley should include risk thresholds in monthly accounts for the Borough's leisure centres and these should be frequently reviewed.
- To understand the performance of the Council's leisure centres better it was recommended that the Council established a performance sharing network with similar neighbouring authorities to share key delivery metrics to help drive financial and service improvement.

The Sub-Committee noted further recommendations for other waverley services which included:

- The contract arrangements between the Council and Places for People (PfP) should be highlighted as a success and used as an example of good practice for other services in the Council that deliver large scale functions through contractors, specifically
  - highlighting the importance of the in-house experience / skills of the contract management team in delivering a service through a contract;
  - noting the promotion of a partnership ethos with the contractor based on a shared commitment to excellence and effective risk allocation;
  - noting the promotion of openness and trust and a shared and collaborative way to problem solving; and
  - noting that both client and contractor structured the contract to promote innovation, flexibility and adaptation where necessary.
- Service teams should investigate and implement the use of industry leading management tools, similar to Quest, across third party contracts.

The Committee thanked the Sub-Committee for its hard work in putting together a detailed review and endorsed the recommendations in the report being taken forward to the Executive for it to consider.

RESOLVED that the report be endorsed and the recommendations contained there in.

**The meeting commenced at 7.00 pm and concluded at 9.11 pm**

**Chairman**

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# **Waverley Borough Council Scrutiny Review**

Factors affecting health inequalities in the  
Borough

September 2017



## **SCOPING A SCRUTINY REVIEW**

### **Background**

Overview and Scrutiny by definition of the Local Government Act 2000 has the power to investigate and review an issue or concern by conducting an in-depth scrutiny review. Choosing the right topic for an in-depth scrutiny review is the first step in guaranteeing that the work of scrutiny adds value to the corporate priorities and benefits the Borough's residents. The Overview and Scrutiny Committee may wish to appoint a members task and finish group to undertake a majority of the research and to evaluate the evidence.

### **What makes an effective scrutiny review?**

An effective scrutiny review must be properly project managed. The review must clearly state the aims & objectives, rationale and how the review will contribute to policy development / improve service delivery. To ensure the review goes well it is vital that the scope is robust and thorough and is treated as a project plan. The review should be SMART (Specific, Measurable, Achievable, Realistic & Time-bound) in its scope in order to have the most impact. The scoping template is designed to ensure that the review from the outset is focused exactly on what the members hope to achieve.

The scoping document should be treated as the primary source of information that helps others understand what the review inquiry is about, who is involved and how it will be undertaken. Once the scoping document is complete it should be circulated to relevant officers and key members of the Executive for comment before being agreed by the relevant Overview & Scrutiny Committee. The scrutiny review will be supported by the Scrutiny Policy Officer.

### **What happens after the review is complete?**

It is important that the relevant Overview & Scrutiny committee considers whether an on-going monitoring role is appropriate in relation to the review topic and how frequent progress is reported back to the Overview & Scrutiny committee after completion. Overview & Scrutiny should be monitoring the progress and reviewing the changes that have been made as a result of a scrutiny review to ensure the work undertaken has been effective in achieving its objectives.



**FOR COMPLETION BY MEMBERS PROPOSING THE REVIEW**

Topic		
1.	Title of proposed review:	Factors affecting health inequalities in the Borough.
2.	Proposed by:	Cllr Macleod and Cllr Wheatley

Who is involved?		
3.	Chair of the task and finish group:	Cllr Macleod
4.	Members on the task group:	Cllr Andy Macleod Cllr Liz Wheatley Cllr Patricia Ellis Cllr Nabeel Nasir Cllr Nick Williams Cllr Sam Pritchard
5.	Scrutiny Policy Officer:	Alex Sargeson

Research programme	
6.	<p><b>Rationale / background to the review:</b> Why do you want to undertake this review? What has prompted the review? E.g. legislation, public interest, local issue, performance information etc.</p> <p>A starting point for this review was information from the Waverley Health Profile 2016, Public Health England, which reported life expectancy as being 11.8 years lower for women and 7.8 years lower for men in the most deprived areas of Waverley than in the least deprived areas. This data is of concern as Waverley is ranked the 323rd least deprived Local District Authority according to the gov.uk indices of multiple deprivation (IMD) 2015.<sup>1</sup></p>

<sup>1</sup><https://mycouncil.surreycc.gov.uk/documents/s34285/Annex%203%20Waverley%20Health%20Profile%202016.pdf>, p. 99. At the time of writing a new local health profile from Public Health England was released on July 13<sup>th</sup> 2017. This new profile reduced the disparity in life expectancy in women and men from the least to the most deprived areas to 9.5 years 5.7 years respectively. However while the gap in life expectancy has reduced in both genders from the 2015 data there is still nearly a 10 year gap for women.

A report from the Kings Fund titled 'The role of District Council contribution to public health' states that our health is primarily determined by factors other than health care and lower tier councils have considerable scope to influence many of the factors that determine our health.<sup>2</sup> These are the wider determinants of health, such as factors that affect the local economy and the environment, e.g. levels of relative deprivation, unemployment, the built and natural environment (planning), social isolation, education, cost of living, housing conditions, the environment, fear of crime; lifestyle factors such as alcohol misuse and smoking; and the spatial environment to ensure the local population can access health and social care services.

The Joint Strategic Needs Assessment (JSNA)<sup>3</sup> notes that people who engage in negative lifestyle risk behaviours, such as smoking and alcohol misuse, are more likely to develop poor health and mental health (including hypertension, stroke, heart disease, depression, anxiety and insomnia). Smoking is the primary cause of preventable illness and premature death and rates are much higher in the relatively deprived communities, which have a significant impact on increasing health inequalities by reducing life expectancy. Broad measures indicate that Surrey has statistically significant higher rates of alcohol-related hospital admissions compared with the south east region. In terms of Waverley, the JSNA notes that Godalming Centre and Ockford ward is one of a handful of wards across Surrey to feature high rates of local smoking prevalence (JSNA lifestyle chapter p4).<sup>4</sup>

The JSNA also mentions that these behaviours are influenced by the wider determinants of health. As a precaution the wards and data mentioned in this scope should be treated relatively and compared to the national average there are good levels of mental wellbeing within Surrey. Data from the (JSNA) and the UK local area profile report that the following wards perform worse on the Indices of Multiple Deprivation (IMD)<sup>5</sup> within Waverley; Godalming Central & Ockford Ridge (010A), Binscombe (005C), Farnham Upper Hale (002E) Cranleigh East (013C) and Farnham Castle (003B).<sup>6</sup> The latter ward (Farnham Castle) is mentioned in the JSNA summary for Surrey as the ward with the second highest recorded levels of common mental illness within the County.<sup>7</sup> According to Waverley's Health and Wellbeing Strategy 2016-2021 Godalming and Ockford ridge ward has the highest recorded level of common mental illness within Surrey and Farnham Moor Park is the 5<sup>th</sup> highest in the same table.<sup>8</sup> There does not appear to be one common factor as to

<sup>2</sup> The district council contribution to public health: a time of challenge and opportunity: The Kings Fund, David Buck and Phoebe Dunn, p. 5.

<sup>3</sup> JSNA Chapter: Improving Health Behaviours (Surrey), p.1.

<sup>4</sup> The LGA has responded to the Government's new Tobacco Control Plan. Despite smoking levels decreasing to 15.5% nationally, there remains one in five still smoking and reducing this further is made more difficult by the Government's reductions to the public health budget, which councils use to fund smoking cessation services.

<sup>5</sup> The IMD takes into account income, employment, health and disability, education training and skills, barriers to housing and services, crime and living environment.

<sup>6</sup> <http://www.uklocalarea.com/index.php?q=Waverley>

<sup>7</sup> JSNA Chapter: Wellbeing and Adult Mental health:

<http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1740&cookieCheck=true&JScript=1>

<sup>8</sup> Health and Wellbeing Strategy 2016-2021, Waverley Borough Council, <https://modgov.waverley.gov.uk/documents/s8431/Draft%20Health%20and%20Wellbeing%20Strategy%202016-2021%20Annex%201.pdf>, p. 6.

why each of these wards features in this data. However it is noted that improvements in mental health are linked to improved health outcomes.<sup>9</sup>

Data from the (JSNA) mentions Surrey County has the highest group of people with high anxiety scores and national data points towards there being a considerably higher prevalence of mental health problems (generalised anxiety, panic disorder and depressive disorder) in the county *than people diagnosed or received treatment*.<sup>10</sup> While the JSNA has reported common mental health needs in Surrey are relatively low compared to England, barriers such as stigma, poor transport infrastructure and social isolation may be contributing factors for a higher prevalence of mental health problems whilst having relatively low recorded mental health needs.<sup>11</sup> For example data from the JSNA reports that for mental health (depression and anxiety for 18+) Waverley has a score of 8.2% of the population.<sup>12</sup> This is compared to a national average for England of 7.3% and an average for Surrey of 6.6%.<sup>13</sup> Furthermore Waverley is ranked third from bottom (8/11 District Councils in Surrey) for populations aged 18-64 predicted to have a common mental health illness in Surrey.<sup>14</sup> Moreover for populations aged 65+ predicted to have depression as of 2017 Waverley is ranked the lowest of the 11 District Councils in Surrey.<sup>15</sup>

It is hoped that taking action through tackling the wider determinants of health, lifestyle factors and improved access to health and social care to reduce health inequalities will reduce the disparity of life expectancy in the Borough.

7.	<p><b>Terms of reference:</b></p> <p>What are your desired outcomes?</p> <p>What are the objectives for this review? (Linked to the research questions but are used to describe the general aims and outcomes of the review).</p> <p>Which research questions do you want to answer? (Questions upon which the review will be focused and for which timely and informed answers can be developed in accordance to the evidence collected)</p> <p>District councils have a key role to play in reducing health inequalities as part of their health and wellbeing responsibilities. The Kings Fund's acknowledges our health is primarily determined by factors other than health care. District Councils do have statutory health duties for the wider determinants of health such as, housing, leisure facilities, environmental health, economic development, the built and natural environment and</p>
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<sup>9</sup> Overview and Scrutiny Committee Review of Inequalities:

<https://www.gateshead.gov.uk/DocumentLibrary/Care/JSNA/002.pdf>

<sup>10</sup> This may be due to the stigma of having a mental health problem and thus making it harder for people to seek help from services. Or is this the case that people are unable to receive timely treatment?

<sup>11</sup> Again, mental health needs may be low due to the stigma of the issue and a lack of timely support and treatment being available.. or being unaware this care is 'out there' across a range of providers, including the voluntary and charitable sector.

<sup>12</sup> JSNA Chapter: Wellbeing and Adult Mental health, p. 6.

<sup>13</sup> Ibid.

<sup>14</sup> Data from Surrey.

<sup>15</sup> Ibid.

enabling communities (among other factors affecting the local economy and environment).<sup>16</sup>

### **Terms of reference**

#### **Desired outcomes**

To understand the role of the Borough Council in improving the health and wellbeing of the local population by reviewing the reasons for the disparity in life expectancy between the least and most deprived areas within Waverley and using this understanding to inform policy.

#### **Objectives for the review**

- To review a selection of the wider determinants of health as identified by this scope and a selection of lifestyle behaviours to illustrate the impact these factors have in producing both health and mental health inequalities in the Borough.
- To understand the relationship between the social determinants of health, negative lifestyle behaviours and the spatial environment on health outcomes.
- To understand how the geography and rural nature of borough affects the health and mental wellbeing of residents and how this impacts access to health and social care services
- Identify successful approaches to tackling health inequalities across wards by looking at case studies from other local authorities
- To consider where direct investment is most needed to reduce immediate health inequalities, including applying proportionate universalism as a concept into policy
- To make recommendations to the Executive and partners to reduce health (and mental health) inequalities and improve the lives and health of residents and communities within Waverley
- To improve how Waverley Borough Council engages with Public Health to tackle health inequalities by highlighting the health duties of the Borough Council through research and evidence of impact.
- Work towards developing a local preventative approach to health and mental health in collaboration with Public Health England.
- In addition to these objectives to examine the family support schemes funding and recommend a way forward.

#### **Research questions / key lines of inquiry**

1. What are Waverley Borough Council's health duties?
2. How do our current policies reflect our commitment to reducing the difference in health outcomes and life expectancy between the least and most deprived areas of the Borough?

<sup>16</sup> The district council contribution to public health: The Kings Fund, Buck and Dunn, p. 19-20.

	<ol style="list-style-type: none"> <li>3. How do the wider determinants of health (social, economic and environment), affect our health and mental health?</li> <li>4. To what extent do negative lifestyle behaviours impact on health and mental health?</li> <li>5. What is the existing role of the planning process in relation to providing for health and wellbeing and its contribution towards reducing inequalities? (e.g. through the National Planning Policy Framework, the Local Plan 1 and 2 and on planning decisions for existing applications).</li> <li>6. How does housing and planning policy contribute to improved health and wellbeing?</li> <li>7. Why is the inequality between the least and most deprived areas greater for women than men?</li> <li>8. Do factors that increase health inequalities differ from ward to ward? And if so why?</li> <li>9. How can the Council work with Public Health to promote the prevention of negative lifestyle behaviours (smoking and alcohol misuse) And what does successful prevention look like?</li> <li>10. To what extent does having a common mental health problem reduce life expectancy? And how can negative lifestyle behaviours such as substance and alcohol misuse contribute to poorer mental health? <i>(according to Oxford University, serious mental illnesses reduce life expectancy by 10-20 years – a loss of years that's equivalent to or worse than for heavy smoking).</i><sup>17</sup></li> </ol>
8.	<p><b>Policy development and/or service Improvement</b> How will this review add to policy development and / or service improvement</p> <p><b>Policy Development:</b></p> <p>This review has policy development implications for a wide-range of services that affect the wider determinants of health (housing, the built and natural environment, which includes planning; leisure, economic development). For instance this review will look into how the concept of proportionate universalism can be imbedded into the planning and delivery of council services to reduce health inequalities.</p> <p>There are also likely to be implications around ensuring all significant decisions consider the impact on the health and mental health of residents and service users before decisions are made; including taking into account how equitable services are / will be to the local population. In this respect, with the assistance of Public Health, it may be possible to identify where health equity audits and health inequality impact assessments would assist the Council to ensure it is seen to be more proactive in collating evidence on the health economics of its activities and considers the impact on residents' health (and mental health) in future decisions. Other outcomes expected from this review relate to preventing behaviours that damage a person's health (smoking and excessive alcohol consumption), e.g. by encouraging behavioural change.</p> <p>Public Health will no doubt have an important role in this piece of work and it is anticipated that there will be a handful of recommendations that will require the Council to work with the Public Health team at Surrey County Council to implement the recommendations</p>

<sup>17</sup> <http://www.ox.ac.uk/news/2014-05-23-many-mental-illnesses-reduce-life-expectancy-more-heavy-smoking>

coming from this review. Therefore how the Council engages with Public Health and uses its Community Wellbeing function in the broadest sense to build resilient and healthy communities will be critical to ensure the findings and legacy of this review encourages greater partnership working with our health colleagues.

In addition how Surrey County Council engages with the planning team at a local district level has important implications for ensuring future developments take into account the local health infrastructure need. Moreover the recommendations of this review may also help to inform where CIL monies can deliver transport infrastructure support to and from local health services in relation to future residential development sites.

It is also likely that this review will encourage and advocate for a greater role from the Borough Council in the Surrey health devolution deal to ensure the future funding provision for local health and social care services within the Borough are protected at the very least.

9. **Corporate priorities:**

How does the review link with the corporate priorities?

[http://www.waverley.gov.uk/info/200009/council\\_performance/524/waverley\\_corporate\\_plan\\_2016\\_-\\_2019#](http://www.waverley.gov.uk/info/200009/council_performance/524/waverley_corporate_plan_2016_-_2019#)

Community Wellbeing – building resilient and healthy communities by addressing health inequalities that affect life expectancy disparity in the Borough.

10. **Scope:**

What is and what isn't included in the scope? E.g. which services does the scope cover?

**NB:** Dahlgren and Whitehead's 1992 representation of the wider determinates of health illustrates factors that affect a person's health and wellbeing. This diagram was used to help scope this review.



The scope of this review is to explore three aspects of the wider determinants of health which are:

1. **Local economy and environment**
2. **Lifestyle behaviours**
3. **Equity of access to health and social care services**

### **Local economy and environment**

This will include **housing services** (housing enabling; service improvement; housing development, private sector housing) and **the built and natural environment which will primarily focus on planning** (policy team and development control). These two areas were chosen to illustrate with evidence the impact the local economy and the environment has on health and wellbeing, including life expectancy.

Housing was chosen because access to good quality housing, both in the public and private sector, is critical to good mental and physical health. Access to genuinely affordable housing (not the sector definition) is a prevalent issue not only in the Borough but across the whole county. Research from Shelter (2017) suggests the most common mental health problems amongst those experiencing housing worries are: stress, 64%, anxiety 60%, sleep problems, 55%, depression 48%, and panic attacks 30%. This in turn impacts on life expectancy. This review will focus equally on private sector housing standards as this is an area that has received little scrutiny in recent times.

The built and natural environment was chosen due to its impact on the provision of services such as housing, the spatial environment, infrastructure and proximity of services. Within the area of planning this review will be focused upon how the planning policy context impacts on the indices of deprivation within certain wards and will use this information to understand how steps can be taken so that the Council's planning powers and role as a local developer can aid the health and mental wellbeing of the local population.

### **Lifestyle behaviours**

To focus on the impact **smoking and alcohol misuse** has on health outcomes.

### **Equity of access to health and social care services**

The extent to which people are able to access health and social care services (GP and community health and mental health services) due to a) increased demand, b) reduced funding and therefore reduced service provision and c) transport infrastructure barriers.

This scope will not include:

The role of social and community networks on an individual's health and 'activities', i.e. social capital. While this review recognises this is extremely important in affecting a person's mental wellbeing, it is not within the scope of this review to investigate this determinant of health. However this review will consider implicitly how the Borough's

	<p>unique rural geography affects an individual's mental wellbeing, in particular around the problem of social isolation, as part of discussion around the built and natural environment.</p>
<p>11.</p>	<p><b>Methodology and methods:</b>  Your methodology underpins how you will undertake the review. For example what evidence will need to be gathered in-house and from external stakeholders / partners?  Your research methods are the techniques used to gather knowledge and information. These include but are not limited to desk based research, interviews, site visits, engagement exercises, surveys, focus groups etc.  How do these methods help you to answer your research questions in section 7?</p> <p><b>Methodology:</b></p> <p><b>Preliminary / core evidence that will need to be collected to inform this review is as follows:</b></p> <ul style="list-style-type: none"> <li>a) Local area profiling of the indices of multiple deprivation per ward to find out which determinant(s) of health contribute towards health inequalities.  (It is recognised that it may not be possible to pin down a direct causation to one factor. Rather, health inequality is a result of a number of factors, but one or more determinants may be more prevalent than other factors; but there is no guarantee that this will be the case across all wards in the Borough that feature relatively higher than other wards on the IMD).</li> <li>b) Evidence to show that current policies in housing and planning take into account health inequalities. And if not, why not?</li> <li>c) Evidence from organisations such as Citizens Advice, Catalyst, Healthwatch Surrey etc. to show both qualitative and quantitative information of how determinants of health and lifestyle factors affect health and mental health. This may also include data to show access to health and social care services.</li> <li>d) To identify how other District/ Borough Councils have applied the concept of proportionate universalism into their housing and planning policies.</li> <li>e) To take evidence and advice from Public Health England and other councils about how to implement the prevention agenda into policy to reduce the impact of negative lifestyle factors on ill health.</li> </ul> <p><b>Methods:</b></p> <p>A series of Member task group meetings will be held to hear evidence from both internal and external guests. Members will hear information and statements from witnesses and then provide questions to probe additional information to answer the key research questions as set out in this scope.</p> <p>It is anticipated there will also be a collection of written evidence submissions from other witnesses to aid the evidence gathering for this review.</p> <p>Anecdotal evidence will also be welcomed to demonstrate evidence of need.</p>



Council services expected to contribute	
Council Service	Reason / Intention for evidence
12. Housing (Private Sector Housing Manager, Housing Support Officer, Housing Tenancy and Estates, Family Support Manager, Sheltered Housing and Community Development (Housing))	
13. Planning Policy and Development Control	
14. Community Wellbeing (health & wellbeing aspect)	
15. Licensing enforcement (Alcohol)	

External Witnesses to be invited / submit evidence	
Organisation	Reason / Intention for evidence
16. Public Health England, Surrey County Council.	
17. Health and Wellbeing Board, Surrey County Council.	
18. Guildford & Waverley Clinical Commissioning Group (CCG)	
19. Citizens Advice Bureau	
20. Catalyst – the welcome project Waverley	
21. Healthwatch Surrey	
22. Local GP's	
23. Local authorities: Medway, Gateshead, South Somerset, Rotherham (written evidence submissions)	
24. Housing Association representative	
25. Shelter (housing charity)	
26. Voluntary Action South West Surrey Guildford and Waverley Mental Health Forum	

27.	Healthy Minds Surrey	
28.	Richmond Fellowship	
29.	Acorn (Community Drug & Alcohol Services)	
30.	Alcoholics Anonymous (mid-Surrey Intergroup)	

31.	<b>Project plan:</b>	
	What is the proposed start and finish date?	
	How many task and finish group meetings are anticipated to support this review?	
	Are the task and finish group meetings going to be thematic in approach? If so, what themes / policy issues will the task group consider in each respective task and finish group?	
	<b>Timescale</b>	
	Proposed start date:	September 2017
	Proposed finish date:	January 2018
	<b>Task and finish group plan</b>	
	How many task and finish groups are anticipated to support this review? Fill in and strike through as appropriate.	5
	<b>Task group theme (1):</b> Introduction and overview of topic	
<b>Aim:</b>		
To gain an understanding about how the determinants of health affect life expectancy; and to learn about the factors that influence determinants of health.		
Show case data to set the scene and go through the objectives of the review.		
Visual data aids to show health inequalities across the borough.		
Confirm research questions, task group structure and agree witnesses for future meetings.		
<b>Witnesses:</b>		
<ul style="list-style-type: none"> <li>• Karen Simmonds, Public Health England (Surrey County Council)</li> <li>• Katie Webb, Community Service Manager (Waverley Borough Council)?</li> <li>• Damian Roberts, Strategic Director for Frontline Services (Waverley Borough</li> </ul>		

Council)

**Task group theme (2): Local economy and environment**

**Aim:**

To find out the extent to which housing, both public and private, and planning contribute to health inequalities and;

Identify the factors within housing and planning that contribute to poorer health outcomes and if this differs across wards, why?

To look at the extent to which current housing and planning policy takes into consideration reducing health and mental health problems

**Witnesses:**

- Housing Officers (Private Sector Housing Manager, Housing Support Officer, Housing Tenancy and Estates, Family Support Manager, Sheltered Housing)
- Kate Douglas, Community Development Worker, Waverley Borough Council?
- Representative of a Housing Association
- Planning Policy Officers, Waverley Borough Council.
- Karen Simmonds, Public Health, Surrey County Council.
- Citizens Advice Bureau?

**Written evidence and research from:**

- Local authorities: Medway, Gateshead, Rotherham & South Somerset DC?
- Shelter?

**Task group theme (3): Lifestyle behaviours**

**Aim:**

To investigate and hear evidence from witnesses regarding the impact of smoking and alcohol misuse on mental health and life expectancy;

To understand the extent to which poorer social determinants contribute to a rise in the population taking up negative lifestyle behaviours such as smoking and alcohol misuse.

To learn which demographic is most at risk in developing health risks as a result of smoking and alcohol misuse; and

To learn what successful prevention and intervention looks like.

**Witnesses:**

- Public Health Officers with responsibility for smoking and alcohol misuse, Surrey County Council.
- Representative from the Health and Well-being Board, Surrey.
- Catalyst, (drugs, alcohol and mental health)
- Licensing enforcement (Alcohol), Waverley Borough Council.
- Alcoholics Anonymous?
- Acorn?

**Task group theme (4):** Equity of access to health and social care services

**Aim:**

What is the local health and social care provision in the Borough?

What is the current need among the population for Tier 2 services? (Primary Community Services – where there is an identified health and mental health need).

*JSNA states for Tier 2 primary community services the need is approximately 1 in 4 people*

Has it become harder to access these services over time? And is this because more people are experiencing health and mental health difficulties? Following on from this to what extent has the local voluntary and charitable sector provided a psychological therapy, community and supported employment service? <sup>18</sup>

To understand if there are geographical trends between areas that have a relatively higher IMD as identified by the JSNA and Public Health England and local areas that struggle to access health and social care services.

<sup>18</sup> What does this say about the level of demand v the level of need in the local population?

	<p><b>Witnesses:</b></p> <ul style="list-style-type: none"> <li>• Guildford and Waverley Clinical Commissioning Group Representative</li> <li>• Healthwatch Surrey</li> <li>• Written evidence from local GP's?</li> <li>• Healthy Minds Surrey?</li> <li>• Voluntary Action Southwest Surrey Guildford and Waverley mental Health Forum?</li> <li>• Richmond Fellowship? <i>(Need approx. 1 in 4 people) The majority of commissioned service is in the voluntary and charitable sector providing psychological therapy, community and supported employment services – JSNA) ref. Richmond Fellowship.</i></li> </ul> <p><b>Task group theme (5):</b> Conclusions and Recommendations</p> <p><b>Aim:</b></p> <p>To make conclusions and recommendations.</p>
32.	<p><b>Scrutiny resources:</b> In-depth scrutiny reviews are facilitated and supported by the Scrutiny Policy Officer.</p> <p>Alex Sargeson, Scrutiny Policy Officer (research and policy support to task group with the responsibility to compile information and write the final report).</p> <p>Yasmine Makin, Graduate Management Trainee (research and policy support to the task group).</p> <p>Emma Dearsley, Democratic Services Officer (organisation of task group meetings and recording key points and actions in task groups)</p>

For completion by Corporate Policy Manager	
33.	<p><b>Corporate Policy Manager comments</b> Will the proposed scrutiny timescale impact negatively on the scrutiny policy officer's time? Or conflict with other work commitments?</p>

<p>The review is wide ranging and for this reason an additional resource has been brought into the Policy Team to support the Scrutiny Policy Officer on a short term basis. I would expect the outcome of the review will positively inform the policy context of the Council.</p>	
Name:	Louise Norie
Date:	18/07/2017
For completion by Lead Director	
34.	<p><b>Lead Director comments</b> Scrutiny's role is to influence others to take action and it is important for the task and finish group to seek and understand the views of the Lead Director. Are there any potential risks involved that may limit or cause barriers that scrutiny needs to be made aware of?</p> <p>I welcome the review. The topic is a very important issue for Waverley and its residents and makes a vital contribution to Place Making. I am not aware of any significant risks other than the availability of staff in other organisations.</p> <p>Are you able to assist with the proposed review? If not please explain why? Are you or Senior Officers able to provide supporting documentation to this task group via the coordination of the Scrutiny Policy Officer?</p> <p>Yes</p> <p>I have sufficient experience of this topic from my previous local government roles.</p>
Name and position:	Damian Roberts, Strategic Director-Front Line Services
Date:	11 August 2017
For completion by Executive Portfolio Holder	
35.	<p><b>Lead Executive members comments</b> As the executive lead for this portfolio area it is important for the task group to seek and understand your views so that recommendations can be taken on board where appropriate.</p> <p>The examination of this very interesting and important issue has my full support. The disparity between the respective life expectancies which has been identified is unacceptable and our Corporate Priorities certainly</p>

recognise the potential of the Council's ability to impact upon the wellbeing and general quality of life of our residents.  
 Of particular interest for me within my Portfolio is the effect of social isolation contributing to a longevity outcome which is compromised. This is recognised in the approach of both Waverly's Health & Wellbeing and Cultural Strategies. The result of the study will, I hope, underpin the need for their stringent implementation and adjustment wherever possible.  
 Please do not hesitate to include me in any aspect of this piece of work if it is thought that I may be of help.

Name and position:

Jenny Else  
 Portfolio Holder Health & Wellbeing & Culture

Date:

15/08/2017

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**WAVERLEY BOROUGH COUNCIL**

**COMMUNITY WELLBEING  
OVERVIEW & SCRUTINY COMMITTEE**

**12 SEPTEMBER 2017**

**Title:**

**PERFORMANCE MANAGEMENT REPORT  
QUARTER 1, 2017/18  
(APRIL – JUNE 2017)**

**[Portfolio Holders: Cllr Jenny Else, Cllr Kevin Deanus]  
[Wards Affected: All]**

**Summary and purpose:**

The report provides an analysis of the Council’s performance in the first quarter of 2017/18 in the service area of Community Services. Annexe 1 to the report details performance against key indicators.

**How this report relates to the Council’s Corporate Priorities:**

Waverley’s Performance Management Framework and the active management of performance information help to ensure that Waverley delivers its Corporate Priorities.

**Equality and Diversity Implications:**

There are no direct equality and diversity implications in this report. Equality impact assessments are carried out when necessary across the Council to ensure service delivery meets the requirements of the Public Sector Equality Duty under the Equality Act 2010.

**Resource/Value for Money implications:**

There are no resource implications in this report. Active review of Waverley’s performance information is an integral part of the corporate performance management process, enabling the Council to improve Value for Money across its services.

**Legal Implications:**

Some indicators are based on statutory returns which the Council must make to Central Government.

**Background**

1. At the previous meeting of this Committee on the 27 June 2017 it was agreed that, going forward, performance indicators would be reported on an exception basis only. Therefore this report will only present those PIs where performance is above or below target by more than 5% or where those PIs without a target are notable. The graphic trend analysis report is set out at Annexe 1. Out of the 6 performance indicators with associated targets, only 1 is off target by less than 5%.

## **Performance in Quarter 1**

- The only PI missing its target in the first quarter 2017/18 is CS2, the number of visits to Farnham Leisure Centre. After a very strong performance in the last quarter of 2016/17 the number of visitors to the Farnham Leisure Centre dropped by 16.82%, and is now 4.75 % below the target of 140,000. The lower attendance is considered to be linked to tough local competition in this area.

## **Future Performance Management Reporting**

- As discussed during the previous meeting, the current set of indicators presented to this Committee offers only a narrow view of the overall service performance. Officers were asked to look into monitoring options of other service areas within the Community Wellbeing Committee remit and propose additional indicators which could be used to scrutinise future performance.

Service managers have been consulted and their suggestions for other performance indicators are listed below.

### **Careline**

- Total number of clients (data only)
- The number of calls per quarter (data only)
- Critical faults dealt with within 48 hours (target of 95%)

### **Waverley Training Services**

- Apprentice success rate (target of 80%)
- Apprentice timely success rate (gaining qualification in the time expected) (target of 75%)
- Number of apprentices on study programmes ( target 7.5 per quarter, 30 per year)

### **Leisure**

- Numbers attending weight management classes or other wellbeing activities (data only)

## **Recommendation**

It is recommended that the Community Wellbeing Overview & Scrutiny Committee:

- Considers the performance figures for Quarter 1, and agrees any observations or recommendations about the performance and progress towards target it wishes to make to the Executive.
- Considers the options for additional performance indicators set out at paragraph 3 and make recommendations on the preferred options to the Executive.

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### **Background Papers**

There are no background papers (as defined by Section 100D (5) of the Local Government Act 1972) relating to this report.

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### **CONTACT OFFICER:**

**Name:** Nora Copping

**Telephone:** 01483 523465


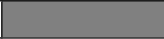

**E-mail:** [nora.copping@waverley.gov.uk](mailto:nora.copping@waverley.gov.uk)

Louise Norie

01483 523464

[louise.norie@waverley.gov.uk](mailto:louise.norie@waverley.gov.uk)

**Community Wellbeing**  
**O&S Committee**  
**Performance Management Report**  
**Quarter 1, 2017/18**  
**(April – June 2017)**

RAG Legend		Graph Lines Legend	
On target	<b>Green</b>	Waverley Outturn 2016/17 (blue line)	
Up to 5% off target	<b>Amber</b>	Waverley Outturn 2015/16 prior year	
More than 5% off target	<b>Red</b>	Waverley Target (black dotted line)	
Data not available	<b>Not available</b>		
Data only/ no target/ not due	<b>No target</b>		

**CONTACT OFFICER:**

**Name:** Nora Copping

**Telephone:** 01483 523 465

**Email:** [nora.copping@waverley.gov.uk](mailto:nora.copping@waverley.gov.uk)

**Report date:** 01 September 2017

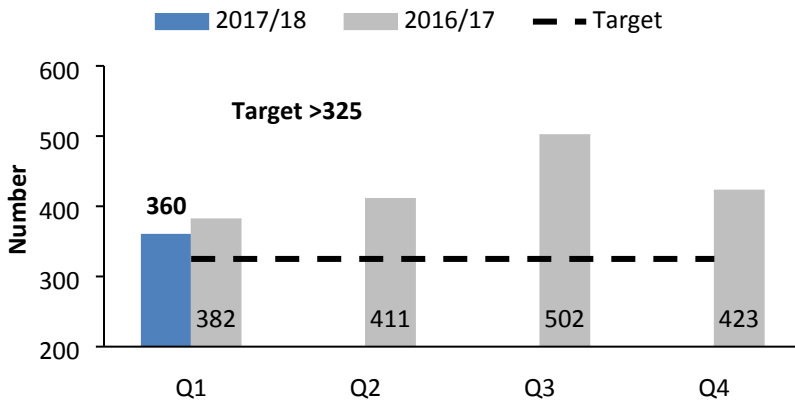
COMMUNITY SERVICES

COMMUNITY SERVICES

CS1: Number of Access to Leisure Cards issued

GREEN

Number of Access to Leisure Cards issued  
(higher outturn is better)



Quarter	2017/18	2016/17	Target
Q1	360	382	325
Q2		411	325
Q3		502	325
Q4		423	325

Comments

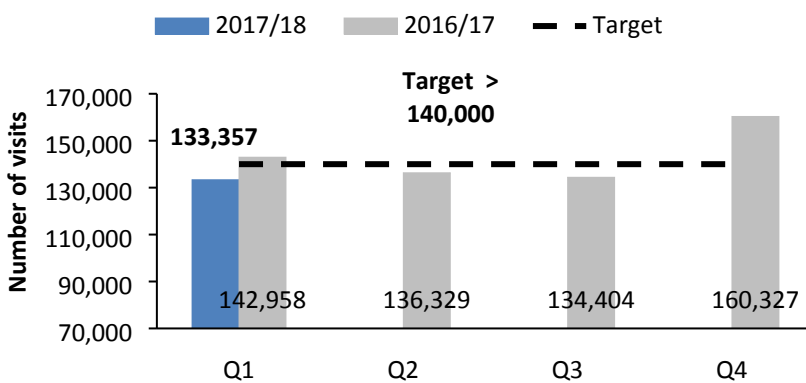
The first quarter figure shows a drop in the number of cards issued by 63 since the previous quarter, but the performance still exceeds the target by 10.76%.

COMMUNITY SERVICES

CS2: Number of Visits to Farnham Leisure Centre

AMBER

Number of visits to Farnham Leisure Centre  
(higher outturn is better)



Quarter	2017/18	2016/17	Target
Q1	133,357	142,958	140,000
Q2		136,329	140,000
Q3		134,404	140,000
Q4		160,327	140,000

Comments

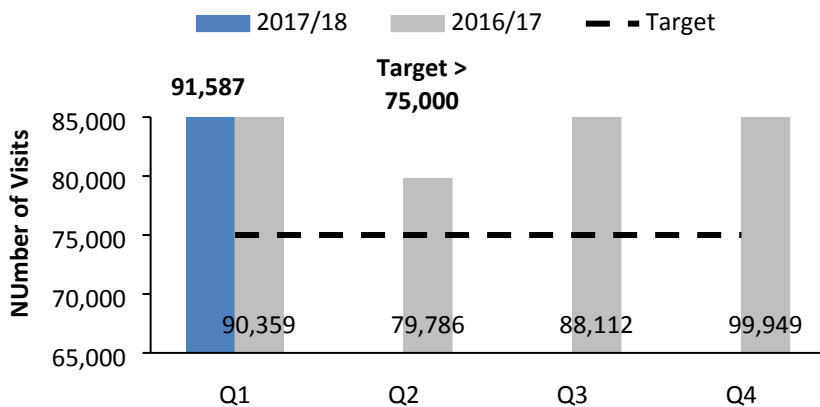
After a very strong performance in quarter 4, the first quarter figure dropped by 16.82%, and is now 4.75 % below the target of 140,000.

COMMUNITY SERVICES

CS3: Number of Visits to Cranleigh Leisure Centre

GREEN

Number of visits to Cranleigh Leisure Centre  
(higher outturn is better)



Quarter	2017/18	2016/17	Target
Q1	91,587	90,359	75,000
Q2		79,786	75,000
Q3		88,112	75,000
Q4		99,949	75,000

Comments

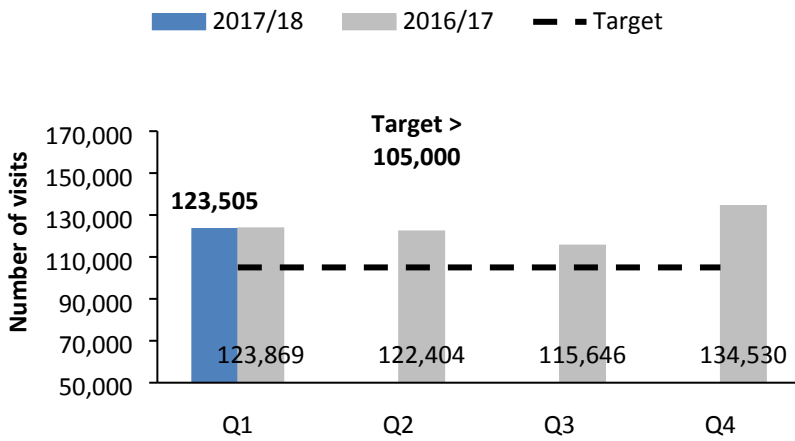
Performance in the first quarter has dipped by 8,362 visits (around 8.36%), however it still exceeds the target by 22.12%.

**COMMUNITY SERVICES**

**CS4: Number of visits to Haslemere Leisure Centre**

**GREEN**

**Number of visits to Haslemere Leisure Centre (higher outturn is better)**



Quarter	2017/18	2016/17	Target
Q1	123,505	123,869	105,000
Q2		122,404	105,000
Q3		115,646	105,000
Q4		134,530	105,000

**Comments**

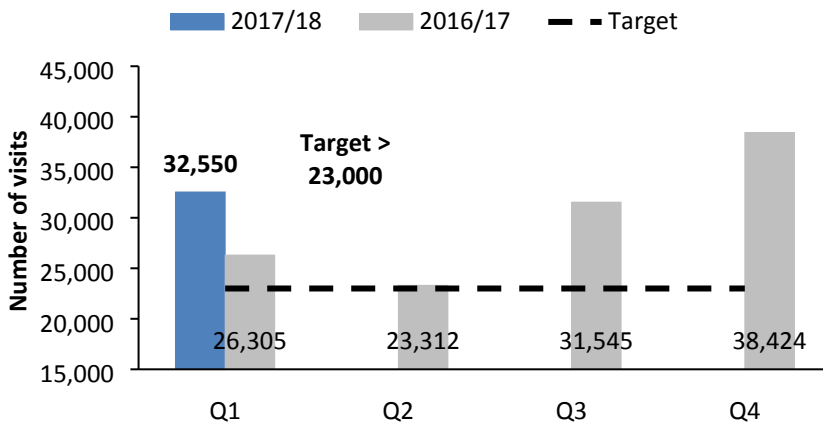
Performance continues to exceed the new increased target ( from 92K to 105K ) in the first quarter by 17.62% and remains at the same level when compared with the corresponding quarter last year.

**COMMUNITY SERVICES**

**CS5: Number of Visits to The Edge Leisure Centre**

**GREEN**

**Number of visits to the Edge Leisure Centre (higher outturn is better)**



Quarter	2017/18	2016/17	Target
Q1	32,550	26,305	23,000
Q2		23,312	23,000
Q3		31,545	23,000
Q4		38,424	23,000

**Comments**

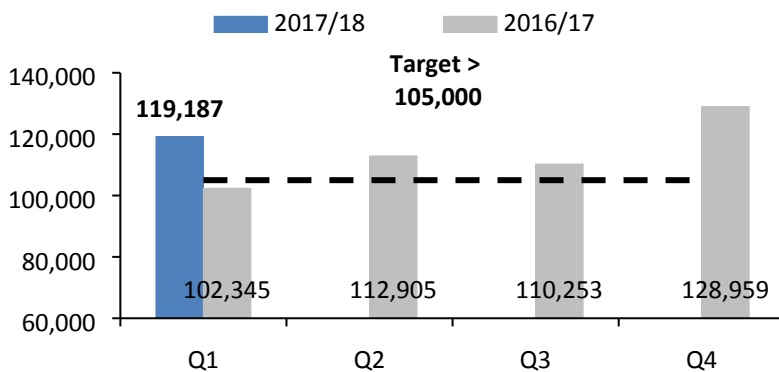
The first quarter performance has dropped slightly, but it still exceeds the target (by 41.52%) and the performance of the corresponding quarter last year (by 23.74%).

**COMMUNITY SERVICES**

**CS6: Number of Visits to Godalming Leisure Centre**

**GREEN**

**Number of visits to Godalming Leisure Centre (higher outturn is better)**



Quarter	2017/18	2016/17	Target
Q1	119,187	102,345	105,000
Q2		112,905	105,000
Q3		110,253	105,000
Q4		128,959	105,000

**Comments**

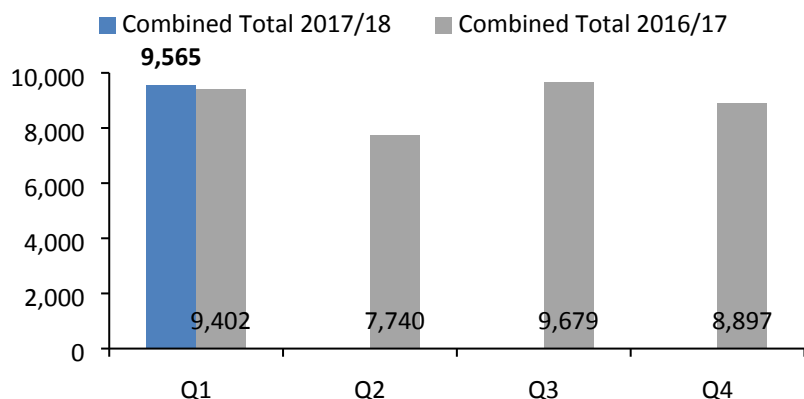
Performance continues to exceed the new increased target ( from 92K to 105K ) in the first quarter by 13.51% , and it also exceeds the performance of the corresponding quarter last year ( by 16.46%).

**COMMUNITY SERVICES**

**CS7: Total number of visits to and use of museums**

No target

**The number of visits and use of museums - Combined**



Quarter	Combined Total 2017/18	Combined Total 2016/17
Q1	9,565	9,402
Q2		7,740
Q3		9,679
Q4		8,897

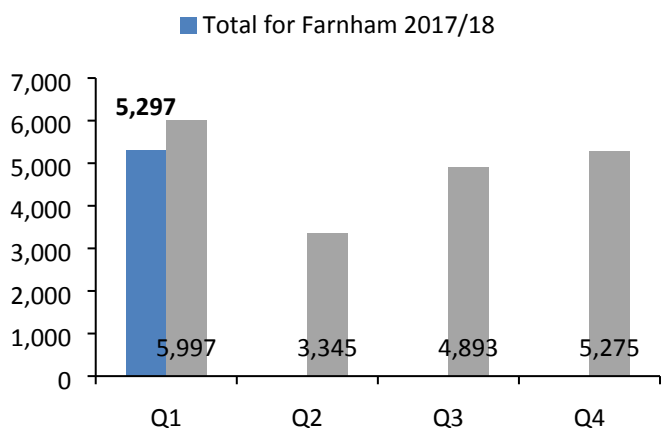
**Comments**

The figures for the quarter 1 show an improvement of 668 visits and use from Q4, with an improvement in the number both in Farnham (+22) and Godalming (+646).

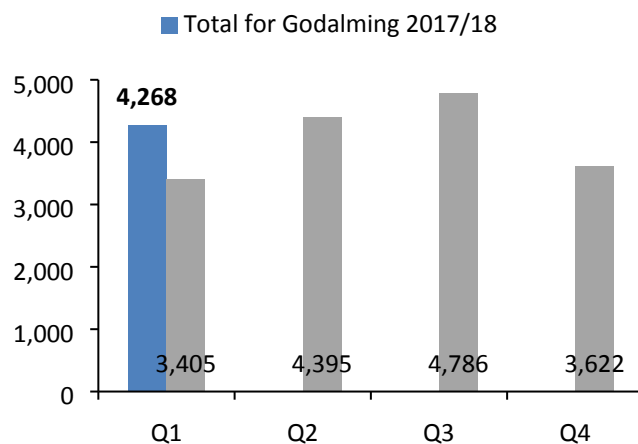
**Farnham**

**Godalming**

**The number of visits and use of museums - Farnham**



**The number of visits and use of museums - Godalming**

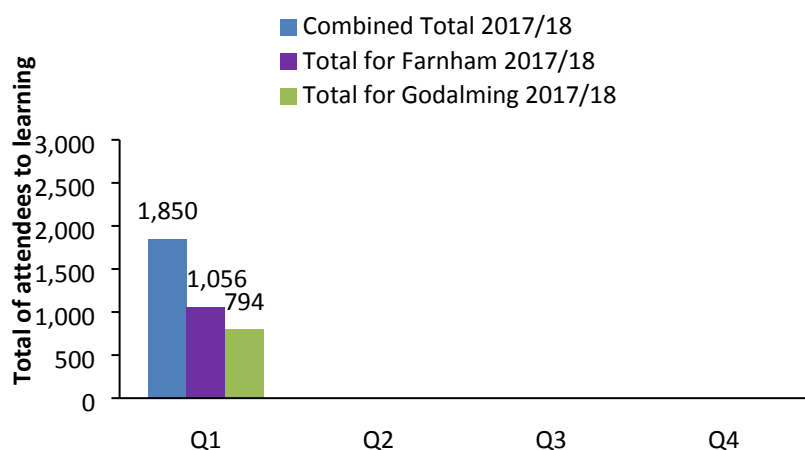


**COMMUNITY SERVICES**

**CS8: Total users of learning activities (number of attendees to on-site and off-site learning activities)**

No target

**Total attendees to on-site/off-site learning activities**



Quarter	Combined Total 2017/18	Total for Farnham 2017/18	Total for Godalming 2017/18
Q1	1,850	1,056	794
Q2			
Q3			
Q4			

**Comments**

The total number of learning activities remained at the same level as in the preceding quarter. The loan boxes scheme and outreach sessions with schools continue to be popular. The Godalming Museum displayed an exhibition provided by the Surrey County Archaeological Unit on recent excavations at Witley Camp at the Town Fete.

## WAVERLEY BOROUGH COUNCIL

### COMMUNITY WELLBEING OVERVIEW & SCRUTINY

12 SEPTEMBER 2017

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#### Title:

#### **Safeguarding Policy for Children and Adults at Risk**

**[Portfolio Holder: Cllr Kevin Deanus]**

**[Wards Affected: All]**

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#### Summary and purpose:

1. The Council currently has two Safeguarding Policies adopted in late 2014: for children and vulnerable adults. In line with safeguarding guidelines set out by Surrey County Council, the statutory authority for safeguarding, it is recommended that the two Policies are merged. The new Policy will adhere to Surrey County Council's adopted and recommended format and therefore will ensure a consistent Safeguarding Policy is adopted by District and Boroughs throughout the County.
2. This report summarises the Council's safeguarding responsibilities and proposes the new combined Safeguarding Policy for Children and Adults at Risk.
3. In addition to merging the two previous policies the new Policy updates current procedures to reflect best practice, clarifies the reporting process, and highlights the differing forms of abuse and indicators as well as summarising other related policies and strategies.

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#### How this report relates to the Council's Corporate Priorities:

This report relates to the Council's Community Wellbeing priority.

#### Financial Implications:

There are no financial implications.

#### Legal Implications:

It is a statutory responsibility for local authorities to have effective safeguarding arrangements, identified in the Children's Act 1989 and 2004 and more recently in the Care Act 2014.

#### Introduction

1. A life that is free from harm, abuse, and neglect is a basic right of every person. The objective of safeguarding is to prevent and reduce the risk of harm to adults and children from abuse or other types of exploitation and impairment of

development, while supporting individuals to maintain control over their lives and enabling them to make informed decisions without coercion. Although safeguarding is recognised as a key responsibility of local authorities, safeguarding is still everybody's business, and as neighbours, citizens, and community members we need to be alert to neglect and abuse, and be committed to reporting our concerns.

## **The Policy**

1. The Safeguarding Policy for Children and Adults at Risk sets out how the Council will meet its obligations to safeguard children and adults at risk. It applies to staff, agency workers, volunteers and contractors employed by the Council. It is also applicable to Councillors undertaking official duties on behalf of the Council. The policy complements and supports the agreed multi-agency procedures set down by the Surrey Safeguarding Children Board and Surrey Safeguarding Adults Board.
2. The policy is governed by a set of key principles and themes, designed to ensure that people who are at risk experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this policy are understood and applied consistently at an individual, managerial, and organisational level.
3. The Policy follows the safeguarding guidelines promoted and adopted by the statutory body for safeguarding - Surrey County Council. The Policy contributes to adopting a consistent approach to safeguarding by all Boroughs and Districts. It also brings together the Council's two currently separate policies, Safeguarding Children and Safeguarding Adults, as the process of referral is very similar.
4. The Policy identifies a wide range of common types of abuse or neglect that Councillors, staff, agency workers, volunteers and contractors employed by the Council should be aware of. (See Appendices 5 & 6). Details of other related policies and strategies are included.
5. The essential elements of the Policy are awareness of the Council's responsibilities for safeguarding and how to make a referral should a concern be raised. Once the Policy is adopted there will be awareness training for all staff on how to make a referral if there is a concern.

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## **Recommendation**

**That the Community Wellbeing Overview and Scrutiny Committee recommend adoption of the Safeguarding Policy for Children and Adults at Risk to the Council via the Executive.**

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## **Background Papers**

There are no background papers (as defined by Section 100D(5) of the Local Government Act 1972) relating to this report.



Attachment

Safeguarding Policy for Children and Adults at Risk and appendices

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**CONTACT OFFICER:**

**Name: Andrew Smith**

**Telephone: 01483 523096**

**Email: [andrew.smith@waverley.gov.uk](mailto:andrew.smith@waverley.gov.uk)**



# Waverley Borough Council

## Safeguarding Policy for Children and Adults at Risk

August 2017

*(Version 2: 11/08/17)*

DRAFT

## Contents

To be completed once content agreed and finalised

DRAFT

## Foreword

A life that is free from harm, abuse, and neglect is a basic right of every person. The objective of safeguarding is to prevent and reduce the risk of harm to adults and children from abuse or other types of exploitation and impairment of development, while supporting individuals to maintain control over their lives and enabling them to make informed decisions without coercion. Although safeguarding is recognised as a key responsibility of local authorities, safeguarding is still everybody's business, and as neighbours, citizens, and community members we need to be alert to neglect and abuse, and be committed to reporting our concerns.

This policy sets out how the Council will meet its obligations to safeguard children and adults at risk. It applies to staff, agency workers, volunteers and contractors employed by the Council. It is also applicable to Councillors undertaking official duties on behalf of the Council. The policy complements and supports the agreed multi-agency procedures set down by the Surrey Safeguarding Children Board and Surrey Safeguarding Adults Board. (See *Appendix 1: Safeguarding Boards*) The policy is governed by a set of key principles and themes, designed to ensure that people who are at risk experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this policy are understood and applied consistently at an individual, managerial, and organisational level.

The aims of safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect
- Stop abuse or neglect wherever possible
- Prevent impairment of development and enable individuals to have the best outcomes
- Safeguard individuals in such a way that supports them in making choices and having control over how they want to live
- Promote an approach that concentrates on improving life for the individual
- Raising public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide accessible information and support to help people understand what constitutes abuse and neglect, and how to respond

- Address what has caused the abuse or neglect

Safeguarding of children and adults at risk are governed by separate Government legislation and separate Surrey County Council safeguarding boards. Therefore the policy will consider the safeguarding of children and adults at risk independently, before addressing where there is overlap between the two safeguarding areas.

DRAFT

#### **Author and feedback**

The Council welcomes comments and feedback on its policies and procedures. Please contact the Lead Safeguarding Officer, Andrew Smith, if you have any comments.

## How to make a referral relating to children or adults at risk

### You have a Safeguarding concern

This could be a suspicion, an allegation, an observation or a disclosure of abuse or risk of abuse

### Is there an immediate risk of harm?

#### Yes

Call **Emergency Services on 999** and following the call to Emergency Services, report the concern to one of the designated safeguarding officers (See page 5)

If you are a member of staff, then also complete an internal reporting form which is on Backstage under *Report It* to be sent to the safeguarding team.

If you are an elected member, call **Emergency Services on 999** and report the concern to one of the designated safeguarding officers (See page 5)

#### No

If you are a member of staff, talk to your Line Manager and if it is decided there is a concern (The Safeguarding Team can be contacted for advice if needed), report it on Backstage and make the referral to the **Surrey Multi Agency Safeguarding Hub (MASH)** on **0300 470 9100** or a social worker if known to social services.

If you are an elected member, report the concern to one of the designated safeguarding officers (See below)

If further information or action is required from you, the MASH will contact you.

You may not find out the outcome of the alert you raised as information is only provided on a need to know basis.

**For further information on the Surrey Multi Agency Safeguarding Hub (MASH), see Appendix 2.**

## Waverley Borough Council safeguarding officers

Name	Role	Team	Contact details
Katie Webb	Community Services Manager	Community Services	01483 523340  Add GSX emails to all officers
Julie Shaw	Family Support Team Manager	Housing	01483 523245
Andrew Smith	Head of Strategic Housing and Delivery	Housing	01483 523096
Katrina Burns	Community Safety officer	Community Services	01483 523156
Eve Bartlett	Community Safety Officer	Community Services	01483 523513

### Other Waverley Officers

Name	Role	Team	Contact details
Wendy Gane	Head of Strategic HR	HR	01483 523582
Robin Taylor	Monitoring Officer (Head of Policy and Governance)	Policy and Governance	01483 523108

### Raising Alerts

To ensure timely response to Safeguarding concerns, alerts should be made by telephone to **Surrey Multi Agency Safeguarding Hub (MASH)**:

The team of multi-agency staff are based at Guildford Police Station, working hours 9am to 5pm Monday to Friday.

Monday to Friday 9am to 5pm     **MASH phone number: 0300 470 9100**

MASH Email: [mash@surreycc.gov.uk](mailto:mash@surreycc.gov.uk)

MASH Secure email: [mash@surreycc.gcsx.gov.uk](mailto:mash@surreycc.gcsx.gov.uk)



## **MASH team**

Surrey Police

PO Box 101

Guildford

GU1 9PE

## **Other useful contacts**

### **The Caldicott Guardian for Surrey Adult Social Care**

**Toni Carney – Email:** [toni.carney@surreycc.gov.uk](mailto:toni.carney@surreycc.gov.uk)

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities which provide social services must have a Caldicott Guardian.

<https://www.gov.uk/government/groups/uk-caldicott-guardian-council>

**Child Sexual Exploitation, Modern Slavery and Prevent** referrals should be made to Surrey Police on **101** unless it is an emergency in which case call **999**

**Crimestoppers 0800 555 111:**

**Adult Social Care – Emergency Duty Team 01483 517898**

General, non-safeguarding queries or existing open cases for Children (West Surrey)

**Surrey County Council's Children's Services**

Telephone: **0300 123 1620**

# Safeguarding children

## Introduction

Waverley Borough Council has a legal duty to work together with other statutory and voluntary agencies to safeguard and promote the welfare of children. For the purposes of this document children are considered as between 0 -18 years of age.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Children need to be loved and valued and be supported by a network of reliable and affectionate relationships. If children are denied this, they are at an increased risk of an impoverished childhood, and at an increased risk of disadvantage and social exclusion in adulthood. Abuse and neglect pose particular problems.

When safeguarding children, *Working Together to Safeguard Children* (See Appendix 4: Legal Framework) requires that the focus should be to promote children's wellbeing and welfare through supporting families. It recommends that safeguarding must address the needs of a child as much as the risk to a child in order to give children and families positive outcomes.

The Waverley Borough Council Safeguarding Policy for Children and Adults at Risk has been developed in accordance with Surrey County Council guidance regarding:

- the safeguarding training programme
- recruitment procedures that will safeguard children and promote welfare – for example: Disclosure and Barring checks for specified employees and thorough selection procedures
- details of the designated safeguarding officers
- the procedures that staff must follow if they believe a child or young person may be at risk

- The use of the Early Help Assessment (*See Appendix 7: The Early Help Pathway*) If there is a concern about children, but the child is not at risk of significant harm, this needs to be dealt with via the Early Help Assessment process. Most enquiries about children's welfare are to do with concerns regarding children with additional needs. These needs may require a multi-agency response. The Early Help Assessment will help to clarify the child's specific needs and in collaboration with parents, ensure appropriate actions including the identification of a lead professional to continue to assist the family if necessary. (*See Appendix 7 for more details*).

It is a statutory duty under the Children Act 2004 (*See Appendix 3: Legal Framework*) for each local authority to have a Safeguarding Board. Government guidance: *Working Together to Safeguard Children* (*see above*) added further duties. The Surrey Safeguarding Children Board is led by Surrey County Council. All Borough Councils are partner agencies of the Board along with other statutory and voluntary agencies. For details of the Surrey Safeguarding Children Board, see Appendix 1.

## **Key principles**

Effective safeguarding arrangements in every local area must be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation must play its full part
- A child-centred approach: for services to be effective they must be based on a clear understanding of the needs and views of children

## **Safeguarding is everyone's responsibility**

'Safeguarding is everyone's responsibility' is the founding principle of safeguarding children. It asserts that everybody has a role to play in protecting children from harm and keeping them safe. If a person comes into contact with a child whom he or she has concerns about, he or she must take action to safeguard the child. It is unlikely that a single individual's insight into a child's situation will form a complete picture and by raising concerns, however small, and sharing information, it will allow for more informed decision making and decisive action to be taken.

## **A Child Centred Approach**

Effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of vulnerable children.

Children have clearly expressed what they want from the safeguarding process:

### ***Vigilance***

To have adults notice when things are troubling them

### ***Understanding and action***

To understand what is happening; to be heard and understood; and to have that understanding acted upon.

### ***Stability***

To be able to develop an on-going stable relationship of trust with those helping them

### ***Respect***

To be treated with the expectation that they are competent rather than not

### ***Information and engagement***

To be informed about and involved in procedures, decisions, concerns and plans.

### ***Explanation***

To be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

### ***Support***

To be provided with support in their own right as well as a member of their family

### ***Advocacy***

To be provided with advocacy to assist them in putting forward their views.

## **Good Practice when working with children**

When working with children it is important to follow the good practice outlined below:

- Adults should not behave in a manner which would lead any reasonable person to question their suitability to work with children, or act as a role model.
- Adults must not work on their own with children. If a situation occurs when this arises, due to sickness or an emergency, always inform colleagues or parents/carers to ensure that someone can be present or nearby.
- It is inappropriate to offer lifts to a child or young person. There may be occasions where the child or young person requires transport in an emergency situation or where not to do so may place a child at risk. If circumstances permit, the parent/carer or line manager should be informed before the lift is provided.

- The event must always be recorded and reported to a senior manager and parents/carers.
- Physical contact is discouraged and should only take place only when it is absolutely necessary and in a safe and open environment i.e. one easily observed by others.
- Always report any accidents/incidents or situations where a child becomes distressed or angry to a senior colleague.

### **What to do if a child or third party makes an allegation**

If a child or third party makes an allegation or discloses information which raises concern about significant harm, the initial response should be to listen carefully to what the child or third party says so as to:

- clarify the concerns
- offer reassurance about how the child will be kept safe and
- explain that what they say cannot be kept in confidence and will be passed to Children's Services and/or the police

If the allegation is raised by a child, the child must not be pressed for information, led or cross examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice police investigations, especially in cases of sexual abuse. An interpreter should be used if necessary.

If the child can understand the significance and consequences of making a referral to Children's Services, he or she should be asked his or her view by the referring professional. Although the child's view should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children.

Professionals should generally seek to discuss any concerns with the family and where possible, seek their agreement to making referrals to Children's Services, but there will be some circumstances where professionals should not seek consent if it could:

- place a child at increased risk of significant harm
- place an adult at risk of serious harm
- prejudice the prevention or detection of a serious crime

- lead to unjustified delay in making enquiries about allegations of Significant Harm

Professionals should record in writing, on the referral form, whether they have discussed the referral with the family. They should also record the reasons if they decide not to inform the family of these matters.

The procedure below is designed to help professionals to understand what to do if they have concerns about a child who has additional needs and what to do if a child has been or is likely to be significantly harmed.

### **When to refer**

It is important that employees make a referral if it is believed or suspected that:

- A child is suffering or likely to suffer significant harm (*see Appendix 5: Safeguarding children from abuse*) or
- A child's health or development may be impaired without the provision of services or
- With the agreement of the person with parental responsibility, a child would be likely to benefit from family support services

There are a number of categories of abuse that could be defined as significant harm and they are set out in Appendix 5.

### **Allegations against staff, carers and volunteers**

An investigation is required if there is an allegation or concern that any person who works with children, in connection with his or her employment or voluntary activity, has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

Although some behaviours may not constitute a criminal offence, consideration will need to be given as to whether they may indicate unsuitability to work with children. These include concerns relating to inappropriate relationships between members of staff and children such as:

- having a sexual relationship with a child under 18 in a position of trust in respect of that child, even if consensual
- 'grooming' i.e. meeting a child under 16 with intent to commit a relevant offence
- other 'grooming' behaviour giving rise to concerns of a broader child protection nature - for example: inappropriate text/email messages or images, gifts, socialising etc.
- possession of indecent photographs/pseudo-photographs of children

Any allegations or concerns about a member of staff, councillor or volunteer should be immediately referred to the Head of Strategic HR who should act in accordance with the Surrey Safeguarding Policy. If the allegation concerns a councillor, then the Monitoring Officer should also be informed. If the alleged behaviour harmed a child, is a possible criminal offence or the behaviour indicates that they are unsuitable to work with children, the **Local Authority Designated Officer (LADO)** at Surrey County Council must also be informed within one working day of the allegation. If allegations are made directly to the police and if an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

The Local Authority Designated Officer is responsible for advising on and monitoring such allegations and can be contacted on 01372 833321. For further details, see Appendix 9.

**The actual process for making a referral is set out under *How to make a referral relating to children or adults at risk* (page 5)**

# Safeguarding Adults at Risk

## Introduction

Waverley Borough Council has a legal duty to work together with other statutory and voluntary agencies to safeguard and promote the welfare of adults at risk and treat them with dignity and respect. At the same time the Council will protect its staff and elected members from the risk of unfounded allegations. We will seek to ensure that any adult at risk receiving services from the Council can access council services in safety without fear of abuse.

This policy is designed to work in conjunction with Surrey Multi-Agency Adult Protection Procedures which is available on Surrey County Council's website:

[www.surreycc.gov.uk](http://www.surreycc.gov.uk)

The Council will seek to implement its policy on the protection of adults at risk by:

- ensuring that all staff who have regular, direct and unsupervised contact with adults at risk are carefully selected. They must provide two written references. Staff and appropriate elected members should complete a Disclosure and Barring check. Staff and appropriate elected members will receive basic training, accredited where necessary. All elected members must understand the adult protection process
- ensuring that all Council contractors who have regular, direct and unsupervised contact with adult at risks have effective policies and procedures in place
- ensuring that organisations that apply for grant aid for programmes that include adults at risk (funding or premises) have effective policies and procedures in place
- giving all the parties involved and the general public information about what they can expect from the council in relation to protecting and safeguarding adults at risk
- ensuring that there is a clear complaint procedure in place that can be used if there are any concerns
- sharing information about concerns with appropriate agencies and involving adults at risk and their carers as appropriate

## Who is an adult at risk?

The term adult at risk refers to anyone aged 18 and over who:



- is or may be in need of Community Care Services by reason of mental or other disability, age or illness; and
- is or may be unable to take care of himself or herself, and/or:
- is unable to protect themselves against significant harm or exploitation

Whether or not a person is vulnerable in these cases will depend upon surrounding circumstances, environment and each case must be judged on its own merits

## **Key principles**

The Care Act 2014 (See *Appendix 4: legal Framework*) introduced six principles of safeguarding which are listed below.

### ***Empowerment***

Presumption of person-led decision making and informed consent

### ***Prevention***

Take action before harm occurs

### ***Proportionality***

Take the least intrusive response appropriate to the risk presented

### ***Protection***

Provide support and representation for those in the greatest need

### ***Partnership***

Local solutions through services working with their communities

### ***Accountability***

Ensure there is accountability and transparency in safeguarding practices

In view of the above, the following principles have been adopted by all agencies and professionals working together to protect adults at risk.

- All adults at risk have a right to be protected and their decisions respected even if that decision involves risk.
- The prime concern at all stages will be the interests and safety of the adult at risk.
- The aim will be to give a professional service to support and minimise the distress of any adult at risk.

- Everyone will be treated sensitively at all stages of the investigation.
- The importance of professionals working in partnership with the adult at risk and others involved will be recognised throughout the process.
- All services will be provided in a manner that respects the rights, dignity, privacy and beliefs of all the individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability, age or sexual orientation.
- Adults who have been abused need the same care and sensitivity whoever the alleged abuser.
- The responsibility to refer the adult at risk rests with the person who has the concern.
- All agencies receiving confidential information in the context of an adult at risk investigation will make decisions about sharing this information in appropriate circumstances.
- Procedures provide a framework to ensure that agencies work together for the protection of the adult at risk. They are not a substitute for professional judgement and sensitivity
- Adults at risk have the right to have an independent advocate if they wish, at any stage in the process.

### **Making Safeguarding Personal**

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about the effectiveness of safeguarding from the perspective of the person being safeguarded.

MSP promotes conversations about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety, and seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

The key focus is on developing a real understanding of what adults at risk wish to achieve and agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes have been realised.

## The Wellbeing Principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as *The Wellbeing Principle* because wellbeing is put at the heart of care and support.

The wellbeing principle applies in all cases where care and support is being carried out, or decisions are made, or safeguarding is exercised. When safeguarding adults it applies equally to adults with care and support needs and their carers.

Promoting wellbeing means actively seeking improvements at every stage in relation to the individual, and where applicable their carer. It is a shift from providing services to the concept of meeting needs. In promoting wellbeing it should be assumed that individuals are best placed to judge their own wellbeing. Their individual views, beliefs, feelings and wishes are paramount and individuals should be empowered to participate as fully as possible.

## What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons or organisation. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

Any act of abuse, repeated or singular, is a violation of the adult at risk's human and civil rights

## Context

Abuse of adults at risk can occur in any setting or any situation and can be a complex area. Abuse may occur in:

**Domestic settings:** including the adult at risk's own home, or another person's home

**Institutional settings:** including day care, residential care, nursing homes and hospitals

**Public settings:** including in the street, any public area or social or work environment

Abuse of adults at risk occurs in all cultures, all religions and at all levels of society.

The abuser may be anyone, including a member of the family, friend, neighbour, partner, carer, stranger, care worker, manager, volunteer, another service user or any other person who comes into contact with the adult at risk.

## **Good Practice when working with Adults at Risk**

To help prevent abuse occurring and false allegations arising, the following basic guidelines will help safeguard both the adult at risk and members of staff.

### **You must:**

- treat all service users with dignity and respect
- provide an example of good conduct you wish others to follow
- Challenge unacceptable behaviour - e.g. bullying, and report all allegations/suspicions of abuse
- Be identifiable and wear a name badge at all times

### **You must not:**

- have unwarranted contact with an adult at risk
- make any comments, which may have a sexual connotation.

There may be exceptional circumstances where it is necessary to restrain the adult at risk to prevent him or her from damaging himself or herself or others. Only the minimum reasonable force necessary may be used. All incidents of physical restraint must be recorded on an incident form and be submitted to a nominated officer and the Health and Safety Officer

## **When to be concerned about possible abuse**

It is not the role of Waverley Borough Council to decide if an adult at risk is being abused or not, but it is our job to pass on any concerns. *Appendix 6: Adults at Risk: forms of abuse and indicators of abuse* provides a list of types of abuse and examples of behaviours associated with each type of abuse. This list is not exhaustive, and there may be other indicators.

## **Responding to a person who discloses a concern of abuse**

- In an emergency ring 999.
- Do ensure the safety of the individual and others if in immediate danger, and contact the relevant emergency service.
- Do not be judgemental or jump to conclusions.
- Do listen carefully.

- Do provide support and information to meet the individual's specific communication needs.
- Do use open questions.
- Do tell them that the individual did a good or right thing in telling you.
- Do tell the individual you are treating the information seriously.
- Do tell them it was not their fault.
- Do ask them what they need to keep themselves safe.
- Do not make promises you cannot keep.
- Do not promise to keep secrets.
- Do seek consent to share the information with your lead for safeguarding; however, lack of consent should not prevent you from reporting your concerns.
- Do explain that you have a duty to tell your lead for safeguarding.
- Do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or any witnesses.
- Do explain that you will try to take steps to protect them from further abuse or neglect.
- Do support and reassure the person.
- Do preserve any forensic or other evidence.

**Action after the concern of abuse has been recognised:**

*To be taken as soon as possible or within 4 hours*

- Report concerns to one of the Council's Safeguarding Officers (for details, see page 5).
- Record your concerns and how they came to light, any information given by the person, information about any witnesses, the individual's wishes, actions taken, who was present at the time, dates and times of incident(s).

- Record details of the person alleged to have caused harm.
- Do record any concerns about the person's capacity to make any decisions and the reasons for the concerns.
- Do record whether the person is aware that the concerns have been reported.
- Do record their perspective.
- Do record any previous concerns about the person.
- Do not breach confidentiality for example by telling friends or other work colleagues.
- Do use Whistleblowing Procedures if you feel that you will not be believed, taken seriously or believe that your manager or lead for safeguarding may be causing the risks of abuse to the adult or child.

**The actual process for making a referral is set out under *How to make a referral relating to children or adults at risk* (page 5)**

## **The Council's roles and responsibilities in safeguarding children and adults at risk**

The policy has considered children and adults at risk independently as they are the subject of different legislation. However, there are areas where safeguarding children and adults at risk overlap, and these are set out below:

### **The Council as an Organisation**

The Council is committed at senior officer and member level to safeguarding children and adults at risk. The Council recognises its responsibilities under the Care Act 2014, The Children Act 2004, and Working Together to Safeguard Children 2015. Safeguarding is a Council priority and this is clearly demonstrated by:

- representation at the Surrey Safeguarding Adults Board and the completion of standard returns for this board
- representation at the Surrey Safeguarding Children Board and the completion of Section 11 returns for this board
- appointment of a Lead Waverley Borough Council Member for Safeguarding Children and Adults at Risk
- appointment of Safeguarding Officers across the Council, to be formally approved by the Strategic Director of Frontline Services
- sign up to protocols and policies

### **The Council as an Employer**

In its role as an employer the Council incorporates safeguarding measures in its recruitment procedure and provides mandatory safeguarding training for all employees.

### ***Recruitment Procedures***

Waverley Borough Council is committed to safer recruitment. All new members of staff are required to undergo a Disclosure and Barring Service (DBS) check to obtain a Basic Disclosure Scotland certificate. Basic disclosures verify identity and show details of all convictions considered to be unspent under the Rehabilitation of Offenders Act 1974 or state that there are no such convictions. New employees who are taking up a position which involves working closely with children or adults at risk (in a voluntary or paid capacity) will be required to acquire an Enhanced DBS Disclosure. Enhanced DBS Disclosures provide additional detail about unspent and spent convictions, cautions, reprimands, final warnings plus any additional information held by the police.

## ***Training***

All employees will be required to undertake safeguarding training and become familiar with the Safeguarding Policy as part of their induction. Training will be provided at three levels:

**Citizen level:** This training is designed for all members of staff to give them an awareness of what safeguarding is, forms of abuse, and how to report any concerns they may have.

**Advanced level:** This training is aimed at those employees who have a role that involves direct contact with children and adults at risk.

**Safeguarding Officer level:** The leads for safeguarding, Safeguarding Officers, will undertake additional training as organised and recommended by the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Board to ensure their knowledge is up to date and is reflected in Waverley's policies and procedures.

## ***The Council as a Licensing Authority***

The Council is a licensing authority for services such as taxi drivers, public events, alcohol and entertainment, charity collections, gambling, animal licensing, boot fairs, Sunday and street trading and other licences such as fireworks.

The Council needs to ensure that all relevant checks are carried out prior to issuing licences and if a safeguarding concern is raised at any time during the process, the Council's safeguarding policy and procedure must be followed, including the notification of other government or national bodies.

## ***Contracts***

Safeguarding is referenced in the general conditions of contact for suppliers. If a supplier breaches the contract, the legal team will follow its processes in addition to following the Council's Safeguarding Policy for Children and Adults at Risk.

## ***Record keeping***

Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to individuals' care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made, all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken, what decisions have been made and why.

## ***A guide to making a record***



As soon as possible on the same day, a written record should be made of what has been seen, been said and any other concerns. It is important to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

Waverley Borough Council has designed a **Safeguarding Report Form**. It is to be used as soon as possible after the incident or disclosure to capture the safeguarding information including any actions taken. The form can be used for concerns about an adult or child.

When the form has been completed it must be sent to one of the Council's Safeguarding Officers.

The report will be kept on file securely with the centrally held Safeguarding Monitoring Register as a means of reference. It will also aid in the relaying of information to the Multi Agency Safeguarding Hub (MASH), and other organisations such as the police if and when required.

The form can be found at:

<http://sharepoint/sites/Community/services/Pages/Safeguarding.aspx>

Also see Appendix – Safeguarding report Form.

More information about recording keeping can be found at:

<http://www.surreycc.gov.uk/social-care-and-health/safeguarding-boards/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals/protocols-forms-and-guidance>

### **Information sharing**

Information sharing is vital to safeguarding and promoting the welfare of children and adults at risk. A key factor in many cases where children and adults have been harmed has been the failure to record information, to share it, to understand the significance of the information shared and to take appropriate action. Often it is only when information from a number of sources has been shared that it becomes clear that a child or adult at risk might be suffering harm.

Professionals who have contact with children, families and adults at risk should always share any concerns with the MASH where they have reasonable cause to suspect significant harm. For more information on the MASH, see Appendix 3.

All information sharing should be in line with the agreed set of principles about sharing personal or confidential information in the Surrey Multi-Agency Information Sharing Protocol (MAISP). Further information can be found at:

<http://www.surreycc.gov.uk/social-care-and-health/safeguarding-boards/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals/protocols-forms-and-guidance>

## **Appendix 1**

### **Safeguarding Boards**

In Surrey, the statutory Safeguarding Children's Board and Safeguarding Adults Boards are responsible for providing local agencies with guidance and holding agencies to account for their actions.

#### ***Representation on Safeguarding Boards***

The Children Act 2004 and Care Act 2014 together with associated statutory guidance sets out which organisations are required to sit on both boards and comprises all relevant statutory and key voluntary agencies.

The 11 Surrey Borough and District Councils have a single representative nominated by the Surrey Chief Executives Group to represent them on each board. Other borough and district council officers may attend the boards or the various sub groups that deal with the operational arrangements and ensure effective practice throughout the County.

#### ***Performance and Quality Assurance***

Organisations on the boards are responsible for ensuring that they provide any data that is required by the boards for their respective Performance and Quality Assurance Frameworks. Likewise, they are expected to complete any returns and comply with any audit requirements.

#### **Surrey Safeguarding Children Board (SSCB)**

The overall role of the SSCB is to coordinate local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together by developing interagency policies and procedures for safeguarding and promoting the welfare of children, including:

- the action to be taken where there are concerns about a child's safety or welfare
- training of those working with children and/or families or in services affecting the safety and welfare of children
- investigation of allegations concerning persons working with children

It is very important that local safeguarding arrangements are strongly led and promoted at a local level, specifically by:

- a strong lead from local authority members, and the commitment of chief officers in all agencies, in particular the Director of Children's Services and Lead Member for Children's Services at Surrey County Council; and

- effective local coordination and challenge by the Local Safeguarding Children's Boards

Borough and District Councils have a crucial role to play in the safeguarding of children in their areas. The Surrey Safeguarding Board Procedures Manual specifically refers to the duty of housing authorities to share information that is relevant to safeguarding. They should promote the welfare of children and the duties of leisure services departments and leisure contractors to ensure that their leisure facilities safeguard children. All casual and temporary members of staff must be aware of safeguarding children issues and know how to report concerns.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Each Surrey Borough and District Council completes Section 11 forms to be returned to the Surrey Safeguarding Children Board by the Lead Safeguarding Officer.

The Surrey Safeguarding Children Board has five core objectives to enable it to deliver its responsibilities as set out in *Working Together 2015*. These are:

- to optimise the effectiveness of arrangements to safeguard and protect children and young people
- to ensure clear governance arrangements are in place for safeguarding children and young people
- to oversee Serious Case Reviews (SCRs), Partnership Reviews and Child Death (CDOP) processes and ensure learning and actions are implemented as a result
- to ensure a safe workforce and that single-agency and multi-agency training is effective and disseminate good practice
- to raise awareness of the roles and responsibilities of agency and community roles and responsibilities in relation to safeguarding children and young people

In addition, the Board:

- coordinates what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area
- ensures the effectiveness of what is done by each such person or body for those purposes

The functions that support these objectives are to:

- develop policies and procedures
- communicate and raise awareness
- monitor and evaluate the effectiveness of partners individually and collectively
- participate in the planning of services
- undertake reviews of all child deaths and serious case reviews and disseminate the learning
- commissioning and delivery of multi-agency training
- evaluate of single agency and multi-agency training

#### *Additional Priorities*

In addition to the delivery of core business the SSCB has identified four targeted priorities on which to focus:

- To monitor and challenge the effectiveness of Early Help and to ensure that the voice of children and young people is heard
- To ensure professionals and the current child protection processes effectively protect those children identified as in need of protection and who are looked after
- To ensure children and young people at risk of Child Sexual Exploitation (CSE) are protected
- To monitor and challenge the effectiveness and impact of the Domestic Abuse Services in reducing the incidences of Domestic Abuse and protecting children and young people from harm

#### ***Surrey Safeguarding Adults Board (SSAB)***

The Surrey Safeguarding Adults Board (SSAB) helps and protects adults in Surrey who have care and support needs and who are experiencing, or are at risk of, abuse or neglect.

Representatives from carers' groups, disability groups and older people's groups are members of the board.

The Board ensures the voices of adults at risk, their families and their carers are heard and guarantees there are effective processes in place to prevent and respond to abuse and neglect. The board also raises awareness of the importance of

safeguarding through publicity campaigns and has a multi-agency training programme in place to give staff the right skills to safeguard adults.

The SSAB has three core duties:

- to publish a strategic plan that sets out how it will meet its main objective and what the members will do to achieve this
- to publish an annual report detailing what the SSAB has done during the year to achieve its main objective and implement its strategic plan
- to conduct any safeguarding adults reviews in accordance with the Care Act 2014

The functions that support its objectives and duties are to:

- develop a framework of multi-agency policies, protocols and procedures
- require member agencies to provide assurance on their safeguarding activities
- quality assure the safeguarding of member agencies
- implement a multi-agency Competency Framework and training programme
- undertaking Safeguarding Adults Reviews and learning lessons from them
- learn lessons from other reviews including Domestic Homicide Reviews
- undertake activities to raise awareness of safeguarding and to support the prevention of abuse and neglect

## **Appendix 2**

### **Surrey Multi Agency Safeguarding Hub (MASH)**

#### ***What is the MASH?***

The Surrey Multi-Agency Safeguarding Hub (MASH) is the single point of contact for reporting concerns about the safety of a child, young person or adult. It aims to improve the safeguarding response for children and adults at risk of abuse or neglect through better information sharing and high-quality and timely responses.

The Surrey MASH achieves this by co-locating agencies. It brings together Surrey County Council social care workers for children and adults, early help services, health workers and police as well as other partners across Surrey. Its aim is to identify need, risk and harm accurately and to facilitate the most appropriate and timely intervention.

#### ***The MASH partners***

The Surrey MASH comprises representatives from Adult Social Care, Children's Social Care, Health and Surrey Police. There is also a virtual team of partners who support the MASH via information sharing.

This includes Education Workers, Independent Domestic Violence Advisers, Youth Support Services, Probation Service, Ambulance, Hospitals, Surrey Fire and Rescue Service, Trading Standards, schools and colleges, a Data Analysis team as well as four Early Help Co-ordination Hubs.

Because of closer partnership working, there is clearer accountability and less duplication.

#### ***How does the MASH work?***

The MASH will consider all matters that come to its attention and decide on the best level of support or most appropriate service. If there is not enough information to make this decision, the MASH will ask other agencies for information such as police, health and schools, in order to make that decision and establish the right course of action. By offering advice from social workers from both adult and children services, the MASH can take a whole family centred approach: adults look after children/young people and vice versa; concerns/risks often affect both adults and children. For example, an adult at risk who is experiencing abuse could also be a parent and the abuse they are experiencing could impact on their child. A MASH which covers both adults and children can look at the risks for both adult and child and come up with a holistic plan that supports the family.

#### ***When should the MASH be contacted?***

The Surrey MASH should be contacted if you would like to report a concern about the safety of a child, young person or an adult. The MASH is for new contacts not existing open cases. If it is an existing case, contact the appropriate social worker or locality team.

***Situations where you would call a different number instead of the MASH***

If you have already been in touch with adult social care or children's social care services, please contact your allocated social worker or family support worker directly.

***Data Sharing in the MASH***

Any data or information in the MASH is shared using a secure IT system. Only information that is 'lawfully' relevant to each case will be shared. The data will be used to inform the decision on the most appropriate service by gaining a better understanding of risk and need. All other information that is not relevant, necessary or proportionate to the need or risk of that individual case will not be shared and will not be accessible to any third parties.

For further information about the MASH:

<https://www.surreycc.gov.uk/social-care-and-health/contacting-social-care/contact-childrens-services/about-the-multi-agency-safeguarding-hub>

## Appendix 3

### Safeguarding Reporting Form



#### Waverley Borough Council Safeguarding Reporting Form

1. Referral taken by	
Job Title:	Telephone:
Date of referral:	Time:

Referrer details	
Name	Job title
Place of work - address incl postal code	
Telephone	Email

2. Person details	
Last name	First Name
Date of Birth	Male/Female
Ethnicity (see code)*	Religion
Adult /Child	
Address	

3. Household details					
Last Name	First Name	Date of Birth	Male/Female	Ethnicity	Relationship to person
Please state principal carer and/or those with parental responsibility if appropriate and address if different:					



Telephone number:

Mobile number:

Please state if person referred has a disability or special needs?

**4. Other professionals involved (to include GP and school details) where known**

Name	Job Title	Address	Telephone

**5. Please state, if person is a child, whether the HUB has been contacted and any advice given**

**6. Has an Early Help Assessment (EHS) been completed.**

Yes	No	Don't know	Please attach if yes.

**7. Reason for referral**

What are your safeguarding concerns for this person?

What are these concerns based on? (What information have you gathered)

What services have already been offered by WBC and/ or other agencies and what were the outcomes?

**8. Please state which senior manager at WBC has the case been discussed with?**

--

**9. Please state if you have made a referral to any of the following agencies:**

Children's Services	Yes/ No	Adult Social Care	Yes/ No
Community Mental Health	Yes/ No	Police	Yes/ No
Chapter 1 (Domestic Abuse Outreach)	Yes/ No		
Other (please specify)			

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## **Appendix 4**

### **Legal Framework**

This Safeguarding policy is underpinned by a range of legislation including, but not limited to:

#### ***The Children Acts 1989 and 2004***

The *Children Act 1989* and *Children Act 2004* along with the statutory guidance, *Working Together to Safeguard Children 2015* provide the current framework for safeguarding children.

This legislation places an overarching responsibility on Surrey County Council, as the lead authority for children, for safeguarding and promoting the welfare of all children in their area, but makes clear that other agencies also have a role to play.

Section 11 of the Children Act 2004 places a statutory duty on various agencies, including districts and borough councils, to make arrangements to ensure that their functions are discharged taking account of the need to safeguard and promote the welfare of children. This includes any services or function they contract out.

This Act led to the establishment of the Surrey Safeguarding Children's Board and required Surrey County Council to secure the co-operation of partners in setting up arrangements to improve the well-being of children in Surrey.

#### ***Working Together to Safeguard Children***

This replaced the Area Child Protection Committee and sets out how organisations and individuals should work together to achieve this using the key principles:

Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part.

The approach must be child-centred: in order to be effective, there needs to be a clear understanding of the needs of the child.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

#### ***The Care Act 2014***

The Care Act 2014 sets out the legal framework for how local authorities and other statutory agencies, including district and borough councils, should protect adults with care and support needs who are at risk of abuse or neglect. It consolidates existing law and puts similar arrangements in place to those safeguarding children.

The Act required Surrey County Council, as the lead authority for vulnerable adults, to establish a Safeguarding Adults Board to bring together the key local partners to

focus on safeguarding strategy and practice. The Act also places a duty on Surrey County Council to carry out safeguarding enquiries where it is suspected that someone is suffering or at risk of abuse or neglect conducting Safeguarding Adults Reviews (SARs) where there is a cause for concern about a particular case, to learn lessons for the future.

All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

This guidance is updated from time to time; therefore the most up to date guidance will apply in relation to the operation of this policy.

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## Appendix 5

### Safeguarding children from abuse

#### Physical abuse

This is a form of significant harm which may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

The following are often regarded as indications of concern;

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Reluctance to give information or mention previous injuries.

If you notice that a child or young person has injuries such as bruising, bite marks, burns and scalds, or scars and are concerned about the cause, it should be reported using the procedures set out in ***How to make a referral relating to children or adults at risk (page 5)***

#### Emotional Abuse

Emotional abuse is a form of significant harm which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate or valued. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may also feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capabilities, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another, serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Staff must also be aware and report concerns relating to domestic abuse. The definition of domestic abuse was changed by Government in September 2012 and is now defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family member regardless of gender or sexuality. This can encompass, but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

### **Sexual Abuse**

Sexual abuse is a form of significant harm which involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities such as involving children in looking at, or in the production of, sexual activities, encouraging children to behave in a sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Staff must also be aware of **Child Sexual Exploitation** as an emerging, high priority concern. CSE is defined as:

*...involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of their performing, and/or another or others performing on them, sexual activities. It can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. 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.*

Sexual exploitation can have a serious long term impact upon every aspect of a child or young person's life, health and education. It also damages the lives of families and carers and can lead to families breaking up.

It is a multi-agency responsibility of partner agencies to identify those children and young people at risk of exploitation, to protect them and safeguard them from further risk of harm and to prevent children from becoming victims of this form of abuse.

## **County Lines**

*County Lines* refers to urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or *deal lines*. This criminal activity often involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money.

New guidance has been developed by the Home Office to support frontline staff – particularly those who work with children, young people and potentially vulnerable adults – in identifying potential victims of this type of criminal exploitation. It sets out the signs to look for in potential victims, and what action staff should take so that potential victims get the support and help they need. The document supplements an organisation's existing safeguarding policies.

Any practitioner working with a vulnerable person who they think may be at risk of county lines exploitation should follow their local safeguarding guidance and share this information with local authority social care services.

If you believe a person is in immediate risk of harm, you should contact the police.

The guidance is available here:

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

## **Neglect**

Neglect is a form of significant harm which involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)

- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

If physical, emotional, sexual or neglect significant harm is suspected, or you have any other concerns regarding significant harm, it is important to report them immediately using the referral method outlined below. A piece of information, no matter how small, could mean that a child at risk is identified. Several small pieces of information from different agencies have in the past identified horrific cases of abuse that would not have been identified by one single agency.

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## Appendix 6

### Adults at Risk: forms of abuse and indicators of abuse

#### Physical abuse

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

#### *Possible indicators*

- Unexplained or inappropriately explained injuries
- Exhibiting untypical self-harm
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body
- Medical problems that go unattended
- Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication
- Flinches at physical contact
- Appears frightened or subdued in the presence of particular people
- Asks not to be hurt
- May repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you')
- Reluctance to undress or uncover parts of the body

- Wears clothes that cover all parts of their body or specific parts of their body
- An adult with capacity not being allowed to go out of a care home when they ask to
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member

**Note:** The NHS defines capacity as *the ability to use and understand information to make a decision, and communicate any decision made. A person lacks capacity if their mind is impaired or disturbed in some way and this means the person is unable to make a decision at that time.*

<http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Capacity.aspx>

### **Domestic abuse**

Domestic abuse includes psychological, physical, sexual, financial, emotional abuse, and so called 'honour' based violence.

In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, Female Genital Mutilation, forced marriage
- Age range extended down to 16

Many people think that domestic abuse relates to intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home, in fact is connected with domestic abuse. This confirms that domestic abuse approaches can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult with care and support needs is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

The Anti-social Behaviour, Crime and Policing Act 2014 means it is now a criminal offence to force someone to marry. In addition, the Forced Marriage (Civil Protection) Act 2007 may be used to obtain a Forced Marriage Protection Order as a civil remedy.

Honour-based violence is a crime, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If a safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, the matter should be referred to the police as they have the necessary expertise to manage the risk.

Female genital mutilation (FGM) involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

### **Sexual abuse**

Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos

or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops where one person is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust).

### **Possible indicators**

- Urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained
- Appears unusually subdued, withdrawn or has poor concentration
- Exhibits significant changes in sexual behaviour or outlook
- Experiences pain, itching or bleeding in the genital/anal area
- Underclothing is torn, stained or bloody
- A child or a woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant

### **Sexual exploitation**

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the individual have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

### **Psychological abuse**

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing a person from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc).

***Possible indicators***

- Untypical ambivalence, deference, passivity, resignation
- Appears anxious or withdrawn, especially in the presence of the alleged abuser
- Exhibits low self-esteem
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance)
- Not allowed visitors/phone calls
- Locked in a room/in their home
- Denied access to aids or equipment (e.g. glasses, dentures, hearing aid, crutches etc.)
- Access to personal hygiene and toilet is restricted
- Movement is restricted by use of furniture or other equipment
- Bullying via social networking internet sites and persistent texting

**Financial or material abuse**

This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

***Possible indicators***

- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money

- Lack of money, especially after collecting Benefits
- Inadequately explained withdrawals from accounts
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signatories on accounts or cards
- Disparity between assets/income and living conditions
- Power of attorney obtained when the adult lacks the capacity to make this decision
- Recent changes of deeds/title of house or will
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money
- Service user not in control of their direct payment or individualised budget
- Miss-selling/selling by door-to-door traders/cold calling
- Illegal money-lending.

### **Modern slavery**

Modern Slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

There are many different characteristics that distinguish slavery from other human rights violations – however, only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- forced to work by mental or physical threat
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse
- dehumanised, treated as a commodity or bought and sold as 'property'

- physically constrained or has restrictions placed on his/her freedom of movement

Contemporary slavery takes various forms and affects people of all ages, gender and races.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting that person.

If an identified victim of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to the victims of human trafficking. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

### ***Possible Indicators***

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Although by no means exhaustive, some common signs follow.

Persons may:

- not be in possession of legal documents (passport, identification and bank account details) and they are being held by someone else
- have old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred
- look malnourished, unkempt, or appears withdrawn
- have few personal possessions and often wear the same clothes
- what clothes they wear may not be suitable for their work
- be withdrawn or appear frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English

- Exhibit fear of the authorities
- perceive themselves to be in debt to someone else or in a situation of dependence

### ***Environmental indicators***

- **Outside the property:** there are bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to prevent use. There are signs the electricity may have been connected from neighbouring properties or directly from power lines.
- **Inside the property:** access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

### **Discriminatory abuse**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. **Hate crime** can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

The government has recently published a four year plan for tackling hate crime: *Action Against Hate*. The plan is available via: [www.gov.uk/government/publications](http://www.gov.uk/government/publications)

### ***Possible Indicators***

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

A person may reject his or her own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices, or make complaints about the service not meeting his or her needs.

### **Organisational abuse**

Organisational abuse is the mistreatment, abuse or neglect of person by a regime or individuals in a setting or service where the person lives or that they use. Such



abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of the individuals.

It can include neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within a person's own home. 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.

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work
- receive inadequate guidance

Or where there is:

- unnecessary or inappropriate rules and regulations
- lack of stimulation or the development of individual interests
- inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership
- restriction of external contacts or opportunities to socialise

### **Neglect and acts of omission**

These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

### ***Possible indicators***

- Inadequate heating and/or lighting
- Physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing)
- Malnourished, has sudden or continuous weight loss and/or is dehydrated
- Cannot access appropriate medication or medical care
- Not afforded appropriate privacy or dignity
- Has inconsistent or reluctant contact with health and social services
- Callers/visitors are refused access to the person
- Person is exposed to unacceptable risk

### **Self-neglect**

Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings including behaviour such as hoarding. Self-neglect is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to his or her community.

### ***Possible indicators***

- Living in very unclean, sometimes verminous, circumstances
- Poor self-care leading to a decline in personal hygiene
- Poor nutrition
- Poor healing/sores

- Poorly maintained clothing
- Long toenails
- Isolation
- Failure to take medication
- Keeping large numbers of pets
- Neglecting household maintenance
- Portraying eccentric behaviour/lifestyles

**NOTE:** Poor environments and personal hygiene may be due to personal or lifestyle choice or other issues such as insufficient income.

### **Where does abuse take place?**

Abuse can take place anywhere. For example:

- The person's own home, whether living alone, with relatives or others
- Day or residential centres
- Supported housing
- Work settings
- Educational establishments
- Care homes
- Clinics and hospitals
- Prisons
- Other places in the community

### **Who might abuse?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the child or adult with care and support needs. A wide range of people may harm others. These include:

- a spouse/partner
- an adult with care and support needs
- other family members
- Neighbours
- Friends
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals
- Volunteers
- Strangers
- Gangs - small groups of people known to each other

## Appendix 7

### The Early help Pathway

PDF will need to be incorporated here and EH assessment form

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## **Appendix 8**

### **Other relevant policies and strategies**

#### **Prevent Strategy**

The purpose of the Prevent Strategy is to stop people becoming terrorists or supporting terrorism. It aims to identify individuals at risk of radicalisation and being drawn into extremist activity. The Community Safety Board has overall governance of the Prevent Strategy with the Multi-Agency Prevent Partnership Group established to review trends and developments as well as provide a 'quality assurance' overview around Prevent delivery across Surrey.

The Surrey Community Safety Partnerships have identified Prevent as a priority and each District and Borough has developed a local Prevent Action Plan. Workshops have been held to raise awareness.

#### **Domestic Abuse**

Domestic abuse can be any incident of threatening behaviour, violence or abuse between adults who are, or have been, intimate partners, family members or members of the same household regardless of gender or sexuality. Domestic abuse is not limited to violent abuse; it can be physical, psychological, sexual, emotional or financial. Children's health and wellbeing can be seriously affected by living in households where there is any form of domestic abuse. The county-wide Domestic Abuse Management Board has overall responsibility for the development and implementation of the DA Strategy. Waverley Borough Council is represented on this Board by the Community Safety Officer. More information including contacts for agencies that can offer support and practical advice can be found on [www.surreyagainstda.info](http://www.surreyagainstda.info)

#### **Child Sexual Exploitation**

Child Sexual Exploitation (CSE) is the sexual abuse of a child or young person aged under 18 by an adult who involves them in inappropriate sexual activities either with themselves or another person. The activity often takes place in exchange for money, alcohol, drugs, food, accommodation or presents. Online grooming is a type of CSE that impacts both boys and girls across Surrey. This area of work is led by specialist police officers working closely with partners such as local Councils, social services, youth services, housing providers and the voluntary sector.

A West Surrey meeting Missing and Exploited Children Conference (MAECC ) chaired by Children's Services meets monthly to discuss and agree actions to safeguard those young people identified as being at high/medium risk of CSE. District/Borough officers also attend and participate in these meetings.

More information can be found on Surrey Police's website.

### **Early Help**

Early Help co-ordination supports all Surrey agencies, preventing and reducing the repetition of youth and parental crime, schools' pupil absence and exclusion, domestic abuse and or violence, child abuse and neglect, poor family physical and emotional health, substance misuse, homelessness and financial exclusion.

Improved compliance by the safeguarding partnership with provision of help earlier with an audit trail showing outcomes to agencies involved.

### **Missing Persons Protocol**

This is in place to ensure that there is a coordinated response from agencies when a vulnerable adult goes missing. This includes Surrey Police, Surrey & Borders Partnership Trust, and Surrey Care Association, Surrey County Council Adult social Care Services and Surrey Care providers and associated agencies. It provides guidelines to all parties as to what actions should be taken when a person receiving care goes missing. More information can be found on the Surrey Safeguarding Adults Board website.

### **Surrey Multi-Agency Information Sharing Protocol**

The MAISP is an agreed set of principles about sharing personal or confidential information. It enables each organisation signed up to the protocol to understand the circumstances in which it should share information and what its responsibilities are. The MAISP has been developed in partnership with Surrey County Council, all the borough and districts as well as the health services and Surrey Police.

<http://www.surreycc.gov.uk/social-care-and-health/safeguarding-boards/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals/protocols-forms-and-guidance>

### **People in a Position of Trust Protocol**

The Care Act 2014 requires that Safeguarding Adults Boards should establish and agree a framework and process for any organisation to respond to allegation against anyone who works (in either a paid or unpaid capacity) with adults with care and support needs. The framework and process in the context is referred to as the *Protocol*. The Protocol applies to all partner agencies of Surrey Safeguarding Adults Board (SSAB) and organisations commissioned to provide services by them, so they respond appropriately to allegations against people who, whether an employee, volunteer or student, paid or unpaid, works with or cares for adults with care and support needs. These individuals are known as *People in a Position of Trust (PiPoT)*. SSAB also requires partner agencies and the service providers they commission to

identify a designated PiPoT lead or contact to oversee the delivery of responsibilities in their organisation.

Insert PiPOT Guidance and Procedure

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## Appendix 9

### Local Authority Designated Officer

Add PDF

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## WAVERLEY BOROUGH COUNCIL

### O&S - COMMUNITY WELLBEING

- 12/09/2017

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**Title:**

**Community Meals Service Update**

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**Summary and purpose:**

The purpose of this report is to update the Members of Community Wellbeing on the transfer of the Community Meals Service and progress to date.

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**How this report relates to the Council's Corporate Priorities:**

The Council supports and funds a number of voluntary organisations that provide high priority services for the benefit of Waverley residents, in partnership with the Council. The Community Meals Service is provided through the local voluntary organisations that provide services to older residents and is available to older residents, vulnerable people and people with disabilities through eligibility criteria.

**Financial Implications:**

The previous Waverley Meals on Wheels service was delivered by the Royal Voluntary Service under an annual Service Level Agreement. Waverley Borough Council and Surrey County Council Adult Social Care directorate both contributed £30,000 towards the overall service delivery, totalling £60,000. Waverley also contributed staff time and premises costs for the service totalling a further £10,000. Surrey County Council withdrew their funding to the service from 31 March 2017.

The Council has provided start up funding of £4,000 to each organisation for the first 3 months in the financial year 2016/17 and maintained the same level of funding, £30k for 2017/18 to support the first full financial year of the service along with capital funding of £40,000 to purchase equipment necessary to deliver the service.

Funding is not required for the element of the service delivered in house for the Godalming area. All associated administration is provided within existing budgets and the service is in effect self financing.

**Legal Implications:**

Waverley has no statutory obligation to provide a meals on wheels service. Currently the three external voluntary organisations are receiving grant funding in the financial year 2017/18 to enable them to develop and deliver the service during this transitional period and this is monitored through a Partnership Agreement. As noted above, the in-house Godalming service is self-financed.

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## **Introduction**

### **Background**

#### **Meals on Wheels Service Review**

1. It was agreed at Community Overview and Scrutiny on 19 January 2016 to carry out an in-depth review of the Meal on Wheels Service as a result of the steady decrease in the uptake of meals since 2011.
2. Drivers for the review included:
  - a. Monitoring information provided by Royal Voluntary Service showed that there has been a steady decrease in the take up of the Meals on Wheels service from 40,248 meals delivered in 2011/12 to 29,775 meals delivered in 2014/15.
  - b. The current Meals on Wheels Service had operated in the same way for some years.
  - c. Consultation from the Ageing Well Strategy highlighted the need to review the service as some residents expressed dissatisfaction with the quality of the meals.
  - d. Future priorities and how these would be achieved needed to be considered to ensure a sustainable meals service that meets the future needs of the community and offers a high quality service, meeting people's wellbeing needs and offers a value for money service.
  - e. The Sub-Committee agreed they would like to see a fresh food meal service for residents and following a presentation to Community O & S on Tuesday 14 June 2016 it was agreed to proceed with working with the local day centres to become service providers. Brightwells Gostrey and Rowleys Centre for the Community agreed to be a service provider along with Haslewey Community Centre due to the Orchard Club changing their service model.

#### **The New Service**

3. The new service transferred on 16 January 2017 with the offer of a 5 day a week service which provided a hot freshly cooked meal and optional afternoon tea (£5.50 for hot meal with a pudding and £3.25 for tea).
4. Service providers
  - a. Brightwells Gostrey Centre – Farnham Area
  - b. Haslewey Community Centre – Haslemere Area
  - c. Rowleys Centre for the Community – Cranleigh Area
  - d. Waverley Borough Council staff restaurant – Godalming Area
5. Menus are provided 5 days in advance in order to cater for clients who are vegetarians or have special dietary requirements and there is the option to receive frozen meals at weekends and bank holidays.

6. To ensure a consistent service across the borough it was agreed to develop uniformed branding and promotional material (see [Annexe 1](#)) and uniforms eligibility criteria and wellbeing checks for all the providers.

### **Support from Waverley Borough Council**

7. The Community Services Team worked with various services across the council to ensure a smooth transition of the service to the new providers. This included:
  - a. Working with IT services to create a database system for all the centres to manage the service, which includes generating meal rounds and number of meals served so bills can be produced separately. They also provided one to one training on the new data base.
  - b. Working with environmental health services to ensure the service meet all food and hygiene regulations. Environmental Health is in regular contact with the service providers offering vital support.
8. The Community Services Team wrote to all existing clients and volunteers on behalf of the centres to inform them of the change to the service and provide details of the new service.
9. Officers worked with the new providers to assist with the development of business plans and cash flow forecasts for 2017/18 to determine the levels of grant funding to support the transition of the service.
10. The Council provided start up funding of £4,000 to each organisation, (excluding the in house team for Godalming) for the first 3 months in the financial year 2016/17 and maintained the same level of funding previously for the Royal Voluntary Service (RVS) Meals on Wheels Service for 2017/18 to support the first full financial year of the service. This funding is monitored through partnership agreements.
11. Provided capital funding of £40,000 to purchase equipment necessary to deliver the service which included sealing machines, hot cupboards, fridges and laptops and made a donation to RVS for their hot boxes, heat pads and duvets to give to the new providers.

### **The new Service to date**

12. The new service has been operating for 7 months and as of the 30 June the headlines are: [Annexe 2](#) provides further detail of the points noted below:
  - a. Clients accessing the service 110 – each provider has seen a high turnover of clients using the service;
  - b. 10,283 hot meals delivered across the borough – this increased significantly in the second quarter (1 April – 30 June);
  - c. 748 frozen meals delivered; and
  - d. 1,026 teas delivered.
13. Other data collected has featured the turnaround of clients accessing the service, please see table below. This is mainly due to clients no longer living independently and going in to a care home, suspending the service for lengthy

stays in hospital or passing away. However, a handful of clients decided they did not want to move across to the new service. This is comparable to information supplied by the Royal Voluntary Service through their monitoring meetings.

Table 1

	<b>Total</b>
Number of new clients using the service	67
Number of clients that have ceased using the service	55
number of suspended clients	17
<b>Total turnaround in clients</b>	<b>139</b>

14. This data clearly demonstrates the need for continual promotion of the service across the borough. Currently the Cranleigh and Godalming area have been affected the most with the turnaround in clients and both providers are planning proactive marketing campaigns and leaflet drops (see [Annexe 1](#)). An article about the service went in the summer addition of the Council's 'Your Waverley' which also included a request for volunteers. The Godalming Service has had a good response from the article particularly with new referrals and enquiries for volunteering opportunities.
15. The client and family feedback to the new model has been very positive with clients increasing the amount of days that they receive meals due to being 'much nicer'; family members saying their parent looks healthier and has increased energy and comments such as; Haslemere volunteer I have been doing this for over 10 years and the service and meals are the best that they have ever been".
16. Virtually all volunteers transferred to the new model, however, some relations needed to be rebuilt as the volunteers were not as informed as we had expected and on the point of transfer there was some frustration and negativity. This has greatly improved and the volunteers have played a vital part in the success of the transfer of this service.
17. Lessons have been learnt in the first few months of the new service with the key one being the temperature of the freshly cooked meals and keeping them hot on the delivery rounds. This has now been resolved.
18. The Godalming Service that is presently being delivered by the Council's staff restaurant will continue in this current form for the foreseeable future as no voluntary organisation has come forward to take it on. The service is running well and there is no negative impact to the officers who are at the forefront of the delivery. Delivery of the meals to clients is achieved by external volunteers and some council employees as part of their volunteer hours.

## **Conclusion**

19. The Royal Voluntary Service Meals on Wheels Service successfully transferred across to the new delivery model on Monday 16 January 2017 and has embedded into all the local organisations.
20. The new service has been well received by the existing clients and there have been 67 new clients who are now accessing the community meals service. The aim is to increase the number of residents accessing the service from 139 to 180 by the end of financial year 2017/18.
21. It is essential that there is a robust marketing campaign in place to continually promote the service as due to the nature of the service there is a high turnover of clients. The Cranleigh and Godalming services need to undertake an assertive marketing campaign to increase their client numbers.
22. Continue with the Council staff restaurant delivering the Godalming service for the foreseeable future and increase the number of clients to 30 to ensure a sustainable service for the council.

### **Recommendation**

That the Community Wellbeing Overview & Scrutiny Committee considers the findings of this report and provides feedback to Officers.

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### **Background Papers**

There are no background papers (as defined by Section 100D(5) of the Local Government Act 1972) relating to this report.

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### **CONTACT OFFICER:**

**Name: Katie Webb**

**Telephone: 01483 523340**

**E-mail: [katie.webb@waverley.gov.uk](mailto:katie.webb@waverley.gov.uk)**

Logo and A5 Flyer



Community Meals Generic Logo

Generic Community Meals Service A5 Flyer





## Community Meals Service – Monitoring Information

	<b>Quarter 1</b> 16th January to 31st March 17	<b>Quarter 2</b> 1 April to 30 June 17	<b>Totals</b>
<b>Brightwells Gostrey</b>			
1. number of clients currently receiving the service @ 30th June			<b>46</b>
2. number of main meals delivered	1,941	2,331	<b>4,272</b>
3. number of frozen meals delivered	108	152	<b>260</b>
4. number of teas delivered	213	236	<b>449</b>
<b>Godalming</b>			
1. number of clients currently receiving the service @ 30th June			<b>20</b>
2. number of main meals delivered	938	1,019	<b>1,957</b>
3. number of frozen meals delivered	168	122	<b>290</b>
4. number of teas delivered	80	202	<b>282</b>
<b>Haslewey</b>			
1. number of clients currently receiving the service @ 30th June			<b>32</b>
2. number of main meals delivered	1,313	1,497	<b>2,810</b>
3. number of frozen meals delivered	0	57	<b>57</b>
4. number of teas delivered	102	65	<b>167</b>
<b>Rowleys Centre for the Community</b>			
1. number of clients currently receiving the service @ 30th June			<b>12</b>
2. number of main meals delivered	625	619	<b>1,244</b>
3. number of frozen meals delivered	101	40	<b>141</b>
4. number of teas delivered	44	84	<b>128</b>
<b>Total Across the Borough</b>			
1. number of clients currently receiving the service @ 30th June			<b>110</b>
2. number of main meals delivered			<b>10,283</b>
3. number of frozen meals delivered			<b>748</b>
4. number of teas delivered			<b>1,026</b>

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**INTRODUCTION TO WAVERLEY BOROUGH COUNCIL**

**OVERVIEW AND SCRUTINY WORK PROGRAMME**

The programme is designed to assist the Council in achieving its corporate priorities by ensuring topics add value to the Council's objectives, are strategic in outlook, are timed to optimise scrutiny input and reflect the concerns of Waverley residents and council members. The programme is indicative and is open to being amended with the agreement of the Chair with whom the item is concerned. The work programme consists of three sections:-

- Section A – Items tabled for the forthcoming relevant Overview and Scrutiny Committee.
- Section B – Items for consideration at future meetings of the relevant Overview and Scrutiny committee. In-depth scrutiny review topics for consideration by the respective Committee will also be listed in this section. It is expected some items will be carried over to the following municipal year.
- Section C – Lists live in-depth scrutiny task and finish groups, including objectives, key issues and progress.

## Community Wellbeing Overview and Scrutiny Committee

### Section A

#### Forthcoming agenda items

12<sup>th</sup> September 2017

Agenda item	Objectives for Scrutiny	Link to Corporate Plan	Executive Member lead	Director lead
<b>1. Scope: Factors affecting health inequalities in the Borough</b>	To receive and endorse the scope for scrutiny review on factoring affecting life expectancy disparity in the Borough.	Community Wellbeing	Cllr Jenny Else	Damian Roberts
<b>2. Safeguarding Policy</b>	For members to comment on the safeguarding strategy and scrutinise the plans to tackle and prevent policy issues such as extremism, domestic & physical abuse, exploitation, mistreatment, harm to children's health or development	Community Wellbeing	Cllr Kevin Deanus	Damian Roberts
<b>3. Performance report Q1 2017-2018</b>	To consider the performance figures for quarter 1 and make any observations or recommendations about performance and progress it wishes to make to the Executive and;  To consider the options for additional performance indicators	Customer Service	Cllr Julia Potts	Tom Horwood, Interim Managing Director

## Community Wellbeing Overview and Scrutiny Committee

	set out at paragraph 3 and make recommendations on the preferred options to the Executive.			
<b>4. Feasibility study</b>	Review the recommendations being put to Executive for further investment in the Leisure Portfolio.	Community Wellbeing	Cllr Kevin Deanus	Damian Roberts
<b>5. Community Meals Service</b>	To assess the sustainability of providing an in-house service to deliver the community meals service 2017/18 including the impact this has had on internal staff via staffside; and to monitor the quality of provision.	Community Wellbeing	Cllr Jenny Else	Damian Roberts
<b>6. Appointment of working group to support the Service Level Agreement process</b>	To agree membership of the O&S panel (4 maximum) to scrutinise the executive's preliminary decision as part of the Service Level Agreement process.	Value for Money and Community Wellbeing	Cllr Kevin Deanus and Cllr Jenny Else	Damian Roberts
<b>7. Public Toilets in Godalming &amp; Farncombe</b>	To receive an update on the Council's decision to close the public toilets in Farncombe and Godalming following discussions with Haslemere and Godalming Town Council.	Community Wellbeing	Cllr Kevin Deanus & Cllr Jenny Else	Damian Roberts

## Community Wellbeing Overview and Scrutiny Committee

### Section B

### Forward programme 2017-18

Subject (alphabetical order)	Purpose for Scrutiny	Date for O&S consideration	Date of Executive decision (if applicable)	Priority (high / low)
<b>Appointment of working group to support the Service Level Agreement process</b>	To agree membership of the O&S panel (4 maximum) to scrutinise the executive's preliminary decision as part of the Service Level Agreement process.	September 2017	February 2018	High
<b>Community meals service</b>	To assess the sustainability of providing an in-house service to deliver the community meals service 2017/18 including the impact this has had on internal staff via staffside; and to monitor the quality of provision.	September 2017		Low
<b>Community Safety Partnership</b>	To evaluate the effectiveness of the partnership and to consider the key issues;  To scrutinise the structural changes of the partnership and the implications and impact on Waverley.	January 2018		Low
<b>Culture &amp; well-being</b>	To consider the programmes on offer to better connect and enhance the well-being of the elderly by working with voluntary organisations.			
<b>Feasibility study</b>	Review the recommendations being put to Executive for further investment in the Leisure Portfolio.	September 2017		

## Community Wellbeing Overview and Scrutiny Committee

<p><b>Health and wellbeing strategy</b></p>	<p>To examine and identify areas where overview and scrutiny can add value to tackling some of the issues set out in the strategy – in particular:</p> <ul style="list-style-type: none"> <li>- inadequate housing for elderly;</li> <li>- poor housing conditions that contribute to poor health conditions;</li> <li>- how the environmental geography of the borough impacts unequally on groups of society and how this puts pressure on local health and social care services and;</li> <li>- to understand and scrutinise plans to tackle poor mental health in areas that have a higher than average incidence and risk of mental health issues such as Cranleigh, Godalming Central &amp; Ockford Ridge, Farnham Moor Park &amp; Farnham Castle.</li> </ul> <p>To look at how the issues raised for Waverley in the Joint Strategic needs Assessment - link with Waverley’s Health and Well-being strategy.</p>			<p>High</p>
<p><b>Health devolution deal</b></p>	<p>Key questions include what does this mean for services in Waverley? And what opportunities are there to scrutinise our local health services now that there is a shift towards local accountability for health and social care spending in the region?</p>			<p>High</p>
<p><b>Help for disabled and vulnerable adults</b></p>	<p>To explore the new local arrangements being made by Social Care Services including the MASH to support the needs of local vulnerable people.</p>			<p>High</p>
<p><b>Hospital transport provision</b></p>	<p>To explore whether there is scope to provide a sustainable community hospital transport</p>			<p>Low</p>

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	scheme.			
<b>Joint health scrutiny</b>	To explore whether there is scope to arrange joint health scrutiny with Surrey County Council on matters that affect the delivery of health services in Waverley.			?
<b>Leisure Centre contract management scrutiny review report</b>	Recommendations progress update in 6 months (presented to Executive in July 2017)	January 2018		Low
<b>Life expectancy disparity (health inequalities scrutiny review)</b>	To investigate via a scrutiny in-depth review how the dependencies of relative deprivation cause disparity in both health outcomes and life expectancy in the Borough by looking at the wider determinants of health (housing and planning), lifestyle factors and accessibility to service provision.  Scope to go to 12 <sup>th</sup> September meeting for endorsement.	September 2017		High
<b>Local policing</b>	To examine the cutback of neighbourhood policing and the affect on the community.			Low
<b>Mental Health</b>	To explore how changes in the health system have impacted on mental health services locally.			High
<b>Performance reports</b>	To consider the performance figures for quarter 1 and make any observations or recommendations about performance and progress it wishes to make to the Executive and;  To consider the options for additional	September 2017		



## Community Wellbeing Overview and Scrutiny Committee

	performance indicators set out at paragraph 3 and make recommendations on the preferred options to the Executive			
<b>Police Community Engagement plan</b>	<p>To consider the draft police Community Engagement plan in the context of the policy before it is made final and scrutinise issues such as</p> <ul style="list-style-type: none"> <li>- Proposals for levels of policing and police presence</li> <li>- who the police should engage with to deliver better outcomes for local people</li> <li>- to understand our neighborhood priorities</li> <li>- how citizens and communities can participate in policing</li> <li>- Identify and recommend solutions to local problems</li> </ul>	27 <sup>th</sup> June 2017		
<b>Prevent Counter Terrorism Strategy</b>	<p>To scrutinise the strategy and action plan.</p> <p>Prevent featured in the safeguarding policy.</p>		September 2017?	High
<b>Public Toilets in Godalming &amp; Farncombe</b>	To receive an update on the Council's decision to close the public toilets in Farncombe and Godalming following discussions with Haslemere and Godalming Town Council.	September 2017		High
<b>Rural and social isolation</b>	To examine how poor levels of connectivity and social isolation affect both the mental health of residents and the accessibility of health services for older people.			Low
<b>Safeguarding strategy</b>	For members to comment on the safeguarding strategy and scrutinise the plans to tackle and prevent policy issues such as extremism, domestic & physical abuse, exploitation,	September 2017	Mid – late September 2017	High

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	<p>mistreatment, harm to children’s health or development and to ensure all children grow up with the provision of safe and effective care.</p> <p>(Statutory duty to safeguard, report concerns and promote the welfare of children and vulnerable people</p> <p>(District councils can contribute to safeguarding and protecting children through policy in services such as housing &amp; planning, culture, leisure and learning opportunities and environmental health services).</p>			
<b>Services for active &amp; higher needs residents</b>	Explore which services are on offer for older people to keep them in good physical and mental health.			High
<b>Service Level Agreements</b>		September 2017		High
<b>Stroke service re-location</b>	Update on the approach that will be taken including the potential impact of ambulance response times in the south and east of the Borough.	Due for an update		High
<b>Sustainability &amp; Transformation plans</b>	To consider questions around the impact of national spending reductions in Health on local provision in Waverley.			High
<b>Waverley training services</b>	To scrutinise in the context of the recent Ofsted review (2016) on quality of teaching and assessment; and to consider the impact of the apprenticeship levy on the service.			High

Section C

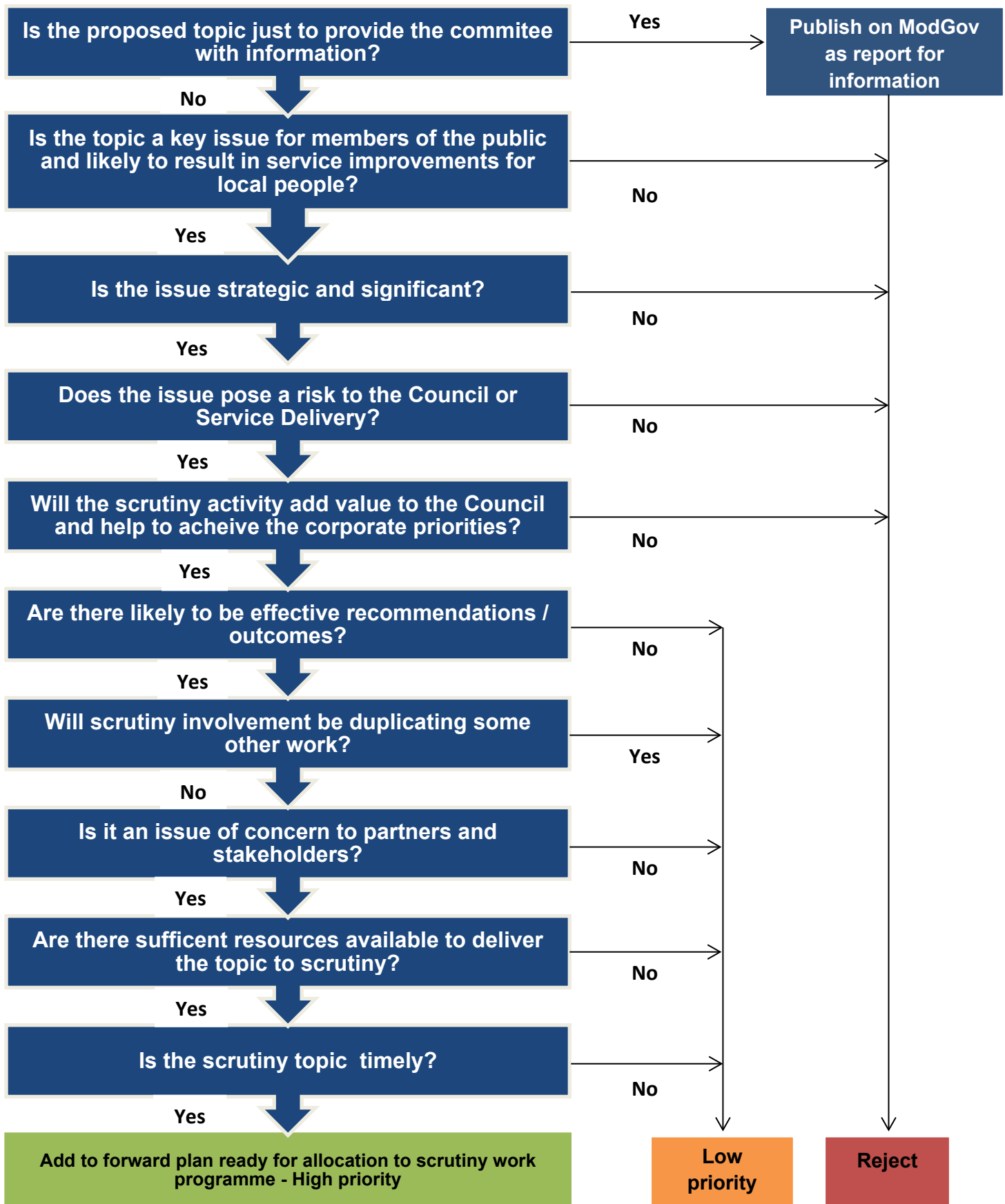
Proposed in-depth scrutiny reviews 2017-18

Subject	Objective	Key issues	Lead officer	Progress
<p><b>1. Factors affecting health inequalities in the Borough</b></p>	<p>1. To review a selection of the wider determinants of health (housing and planning) and a selection of negative lifestyle behaviors (alcohol misuse and smoking) to illustrate the impact these factors have in producing both health and mental health inequalities in the Borough.</p> <p>2. To understand the relationship between the social determinants of health, negative lifestyle behaviors and the spatial environment on health outcomes</p> <p>3. To understand how the geography and rural nature of borough affects the health and mental wellbeing of residents and how this impacts access to health and social care services</p> <p>4. Identify successful approaches to tackling health inequalities across wards by looking at case studies from other local authorities</p>	<ul style="list-style-type: none"> <li>• To review the reasons for the disparity in life expectancy between the least and most deprived areas within Waverley and between males and females (ref: Public Health profile for Waverley, 2016 &amp; 2017)</li> <li>• The factors affecting health and mental health inequalities which includes the social determinants of health, lifestyle factors and access to health and social care services (including the VCS).</li> <li>• Bringing explicit attention to the health duties of the Borough Council.</li> <li>• Investigating the concept of proportionate universalism and looking at how the Council can apply the concept into policy.</li> </ul>	<p>Damian Roberts</p>	<p>Scope:</p> <p>Tg1:</p> <p>Tg2:</p> <p>Tg3:</p> <p>Tg4:</p> <p>Tg5:</p>

**Community Wellbeing Overview and Scrutiny Committee**

	<p>5. To consider where direct investment is most needed to reduce immediate health inequalities, including applying proportionate universalism as a concept into policy</p> <p>6. To make recommendations to the Executive and partners to reduce health (and mental health) inequalities and improve the lives and health of residents and communities within Waverley</p> <p>7. To improve how Waverley Borough Council engages with Public Health to tackle health inequalities by highlighting the health duties of the Borough Council through research and evidence of impact.</p> <p>8. Work towards developing a local preventative approach to health and mental health in collaboration with Public Health England.</p> <p>9. In addition to these objectives to examine the family support schemes funding and recommend a way forward.</p>			
<p><b>2.</b></p>				

**Selection Criteria for Overview and Scrutiny topics**



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## Waverley Borough Council Key Decisions and Forward Programme

This Forward Programme sets out the decisions which the Executive expects to take over forthcoming months and identifies those which are key decisions.

**A key decision** is a decision to be taken by the Executive which (1) is likely to result in the local authority incurring expenditure or making savings of above £100,000 and/or (2) is significant in terms of its effects on communities living or working in an area comprising two or more wards.

Please direct any enquiries about the Forward Programme to the Democratic Services Manager, Emma McQuillan, at the Council Offices on 01483 523351 or email [committees@waverley.gov.uk](mailto:committees@waverley.gov.uk).

### Executive Forward Programme for the period 5 September 2017 onwards

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
<b>POLICY AND GOVERNANCE, HUMAN RESOURCES, BRIGHTWELLS AND LEP - CLLR JULIA POTTS (LEADER)</b>						
Brightwells [E3]	To bring forward matters when necessary	Executive	No	Potentially every Executive meeting	Kelvin Mills, Head of Communities and Major Projects	Environment
Performance Management	Quarterly combined performance report	Executive	No	October 2017	Louise Norie, Corporate Policy Manager	All
Independent Remuneration Panel - Members' Allowances	To receive the report and recommendations of the Panel	Executive, Council	No	October 2017	Emma McQuillan	VFM and CS
<b>CUSTOMER AND CORPORATE SERVICES - CLLR TOM MARTIN (DEPUTY LEADER)</b>						
Property Acquisitions	To bring forward opportunities for approval as they arise	Executive	No	Potentially every Executive meeting	David Allum, Head of Customer and Corporate Services	VFM and CS

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
Customer Services Review	To review and agree the way forward for Customer Services	Executive, Council	Yes	October 2017	David Allum, Head of Customer and Corporate Services	VFM and CS
<b>PLANNING I - CLLR BRIAN ADAMS</b>						
CIL Draft Charging Schedule	To agree the next stage	Executive	Yes	October 2017	Graham Parrott, Planning Policy Manager	Environment
Local Plan Part I	For adoption	Executive, Council	Yes	December 2017	Graham Parrott, Planning Policy Manager	Environment
Brownfield Register	To agree the register and process for future updates to list	Executive, Council	No	December 2017	Graham Parrott, Planning Policy Manager	Environment
Local Plan Part II - Preferred options Consultation	For approval	Executive, Council	Yes	February 2018	Graham Parrott, Planning Policy Manager	Environment
<b>ECONOMIC DEVELOPMENT - CLLR ANDREW BOLTON</b>						
Economic Development Strategy	For approval	Executive, Council	No	October 2017	Damian Roberts, Director of Operations	VFM and CS
<b>COMMUNITY SERVICES AND COMMUNITY SAFETY - CLLR KEVIN DEANUS</b>						
'Prevent' Counter-Terrorism Strategy	To agree a Strategy and Action Plan	Executive	No	October 2017	Katie Webb, Community Services Manager	Community Wellbeing



TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
Safeguarding Policy	To review and adopt the policy	Executive	No	October 2017	Kelvin Mills, Head of Communities and Major Projects	Community Wellbeing
Joint Enforcement Team (JET) Initiative	To agree next steps	Executive	No	October 2017	Richard Homewood, Head of Environmental Services	Environment
<b>ENVIRONMENT - CLLR JIM EDWARDS</b>						
<b>HEALTH, WELLBEING AND CULTURE - CLLR JENNY ELSE</b>						
Leisure Centre Facilities Review	For approval	Executive	No	October 2017	Fotini Vickers	Community Wellbeing
Leisure Centre Management - O&S Review	To receive a progress update after 6 months	Executive	No	February 2018	Kelvin Mills, Head of Communities and Major Projects	Community Wellbeing
<b>FINANCE - CLLR GED HALL</b>						
Budget Management [E3]	Potential for seeking approval for budget variations	Executive	Yes	Potentially every Executive meeting	Peter Vickers, Head of Finance	VFM and CS
<b>HOUSING - CLLR CAROLE KING</b>						
Housing Delivery Board [E3]	Potential to approve and adopt policies and make decisions to assist in the delivery of affordable homes in the Borough	Executive	Yes	Potentially every Executive meeting	Andrew Smith, Head of Strategic Housing Delivery	Housing

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
Partnership with Developers or Housing Associations for new Affordable Homes	Give consideration to matters as they arise to assist in the delivery of affordable homes in the Borough	Executive	No	Potentially every Executive meeting	Andrew Smith, Head of Strategic Housing Delivery	Housing
Implementing requirements of the Housing and Planning Act 2016	Decisions to implement changes resulting from the Act	Executive	Yes	October 2017	Andrew Smith, Head of Strategic Housing Delivery	Housing
Homelessness Reduction Bill	To agree a response and budget/grant allocations	Executive	No	October 2017	Andrew Smith, Head of Strategic Housing Delivery	Housing
HRA Business Plan Review	To review the business plan as part of the budget process	Executive	No	November 2017	Andrew Smith, Head of Strategic Housing Delivery	Housing
Housing Maintenance Contract Procurement [E3]	To report back on the progress of the project	Executive	No	January 2018	Hugh Wagstaff, Head of Housing Operations	Housing
Review Tenancy Agreements	To receive an update report	Executive	No	February 2018	Hugh Wagstaff, Head of Housing Operations	Housing
Housing Strategy	To adopt the strategy	Executive, Council	No	February 2018	Hugh Wagstaff, Head of Housing Operations	Housing
Asset Management Strategy [E3]	To adopt the strategy	Council, Executive	No	February 2018	Hugh Wagstaff, Head of Housing Operations	Housing

TOPIC	DECISION	DECISION TAKER	KEY	ANTICIPATED EARLIEST (OR NEXT) DATE FOR DECISION	CONTACT OFFICER	O & S
<b>PLANNING II - CLLR CHRIS STOREY</b>						

### Background Information

The agenda for each Executive meeting will be published at least 5 working days before the meeting and will be available for inspection at the Council Offices and on the Council's Website ([www.waverley.gov.uk](http://www.waverley.gov.uk)). This programme gives at least 28 days notice of items before they are considered at a meeting of the Executive and consultation will be undertaken with relevant interested parties and stakeholders where necessary.

**Exempt Information** - whilst the majority of the Executive's business at the meetings listed in this Plan will be open to the public and press, there will inevitably be some business to be considered which contains confidential, commercially sensitive or personal information which will be discussed in exempt session, i.e. with the press and public excluded. These matters are most commonly human resource decisions relating to individuals such as requests for early or flexible retirements and property matters relating to individual transactions. These may relate to key and non-key decisions. If they are not key decisions, 28 days notice of the likely intention to consider the item in exempt needs to be given.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of any of the Executive meetings listed below may be held in private because the agenda and reports or annexes for that meeting contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended), and that the public interest in withholding the information outweighs the public interest in disclosing it. Where this applies, the letter [E] will appear after the name of the topic, along with an indication of which exempt paragraph(s) applies, most commonly:

[E1 – Information relating to any individual; E2 – Information which is likely to reveal the identity of an individual; E3 – Information relating to the financial or business affairs of any particular person (including the authority holding that information); E5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings; E7 – Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime].

**Community Wellbeing Scrutiny recommendations tracker**

<b>Meeting date</b>	<b>Agenda item</b>	<b>Recommendations</b>	<b>Officer / Executive response</b>	<b>Timescale</b>
27th June 2017	1. Work programme	Members agreed to set up a task group on addressing health inequalities in the Borough; Scrutiny Policy Officer to prepare a scope for the next meeting in September 2017	Scope prepared and ready for the September meeting for members comments and endorsement.	Sep-17
	2. Community Engagement Plan	To set up a members briefing on the topic; Scrutiny Policy Officer to liaise with the Police lead to arrange a date and inform members of the Community Wellbeing O&S.	Had discussions with the Police and agreed to set up a date in September to hold the briefing - aim is to inform and review the police community engagement plan. Next steps are to set up a meeting date in members diary's and prepare briefing material	Sep-17
	3. Performance Management Report	To receive performance indicators on an exception basis. Overall members expressed preference to retain the quarterly trend analysis. It was also accepted that the remaining indicators could be circulated to members for information outside of the committee environment.		
	4. Leisure Centre Contract Management Scrutiny Review report	Members agreed and noted the recommendations set out in the Scrutiny review report.		To come back to scrutiny in 6 months time for a progress update on the recommendations made. (January 2018)

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