CABINET MEMBERS REPORT TO COUNCIL

November 2025

COUNCILLOR LIZ WITHINGTON - CABINET MEMBER FOR COMMUNITY, LEISURE AND OUTREACH SERVICES

For the period up to 30th November 2025

1 Progress on Portfolio Matters.

Community Outreach Portfolio Holder report: activity and achievements in November 2025

Homeless Prevention

During November, the team received **62** referrals to support residents threatened by, at risk of, or experiencing homelessness. An additional **8** customers were supported in the community without specific referral (having been met at a community event). These came from several sources, including the NNDC Housing Options team, The North Norfolk Foodbank, DWP, Housing Associations and Community groups.

Prevention Case Study

Mr W lives in Social Housing and has a terminal illness. He is a survivor of Domestic Abuse and felt that his home created bad memories of this trauma.

The Community Outreach Officer spent time with Mr W, assisting him with accessing home exchange webpages and submitting applications.
The officer also assisted Mr W with reviewing his attendance allowance. As a result, his award was upgraded to higher rate, thus increasing his income to assist with his care needs.

Mr W has secured a home swap into a suitable one-bedroom bungalow, which is due to take place in the new year. This will give Mr W the opportunity to start afresh in a new property, without the negative memory attachments, thus improving overall wellbeing.

New Connections

This month, Officers have made several new connections with services that help create a supportive network around those facing or at risk of homelessness.

These connections include Domestic Abuse support and Supported Housing providers, Parent and Child groups, Community Fridges, GP surgeries and local school SEND Co-Ordinators.

Fakenham Weekly Markets

Feedback from previous PositiviTea events highlighted that residents welcome the opportunity to have one to one conversation with NNDC officers and other organisations rather than going online or calling in.

Using this feedback, along with discussions with the clerk at Fakenham Town Council, we identified departments within NNDC and other organisations that offer support to residents and arranged to have a monthly stand at the popular weekly Market.

At the September event, we were joined by NNDC Energy Officers to promote energy efficiency and grants, alongside Community Outreach officers.

In November, an officer who specialises in benefits and council tax support withing NNDC Customer Services attended with the Community Outreach officers.

Unfortunately, poor weather had resulted in the market being less well attended by other stall holders, which resulted in fewer customers being drawn in. However, several customers did still come over to speak with us.

Conversations covered a wide range of issues.

For the December event, the Community Outreach Officers will be joined by officers from NNDC's Early Help and Prevention team, specialising in Financial Inclusion and Social Prescribing.

"Fakenham market was a fantastic opportunity to engage with the community. I even met a resident for whom I had previously completed an ECO4 LA Flex declaration, and they recognised me by name! It was wonderful to see the real-life impact of the work we do and how it benefits people directly. I had some really valuable conversations and would definitely do it again."
Dulcie Walsh, Energy Officer, NNDC.

Falls & Frailty

Data from the NNUH continues to be received on a weekly basis.

In November, we processed **27** referrals for North Norfolk residents, **3** referrals went on to decline the service.

94 calls were made during November.

This support empowers residents to:

- Stay safer in their homes for longer
- Become stronger and more active
- Connect with others
- Improve their income
- Improve their wellbeing

Falls and Frailty Case Study

Mrs S is the next of kin for Mr S. She reported to us that Mr S had had 3 serious falls in the past four weeks.

Mr S had experienced a stroke around 28 years ago, which left him paralysed on one side of his body. He also has a drop foot, epilepsy and dyslexia. He struggles with mobility and is also a heavy drinker, which is an factor in his fall's history.

Mr S is struggling to come to terms with his health issues and has often declined support in the past as a result.

Mr S lives in a bungalow which does already have some disability adaptations. Previously, walking aids were recommended, however Mr S had not followed up on this. Considering his recent falls, he was more open to this being actioned.

He undertakes two volunteer days per week; however, Mrs S was concerned that, besides this, Mr S does not often leave the house and does not have many social connections. He does have carers who come in, however Mrs S felt this was being used more for company than care, and that it was not financially viable.

Mr S receives PIP, Universal Credit and Council Tax Support.

The Community Outreach officer referred Mr S for an Occupational Therapist Assessment and walking aid assessment and made a referral to Active Now for exercise support.

Safety advice was offered, such as the use of key safes registered with the East of England Ambulance service, and the officer discussed benefits with Mrs S, advising on the additional elements of Universal Credit.

Care was taken to use a whole family approach and support was offered to Mrs S as a carer, through signposting to Carers Matter Norfolk, and advice on carer groups and carer's passports.

As a result, an Occupational Therapist has visited and Mr S was provided a recliner chair which is significantly easier for him to use, as he was struggling to get up from his couch.

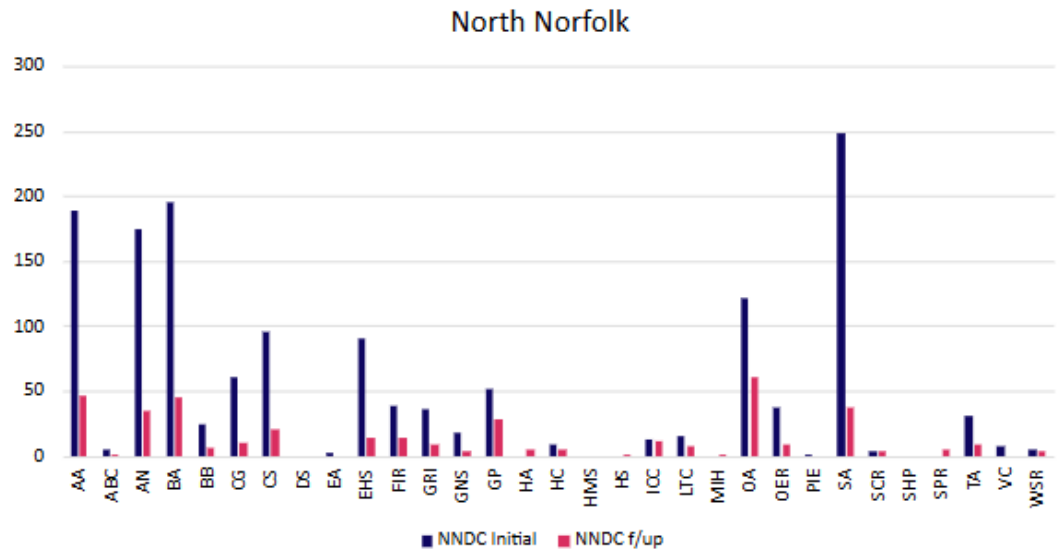
Mr S now has a care alarm in place and has started with Your Health Norfolk for exercise support via Active Now.

He has now started leaving the home, and he no longer requires support from carers which is also helping financially.

Mrs S reports that Mr S is doing exceptionally well and feels that not only has his wellbeing improved, but that hers, as his carer, has also improved and pressure has lifted.

Note: Due to overlapping reporting, the below graphs represent data from the start of the pathway in July 2024 to the end of October 2025. Further data will be provided in future reports.

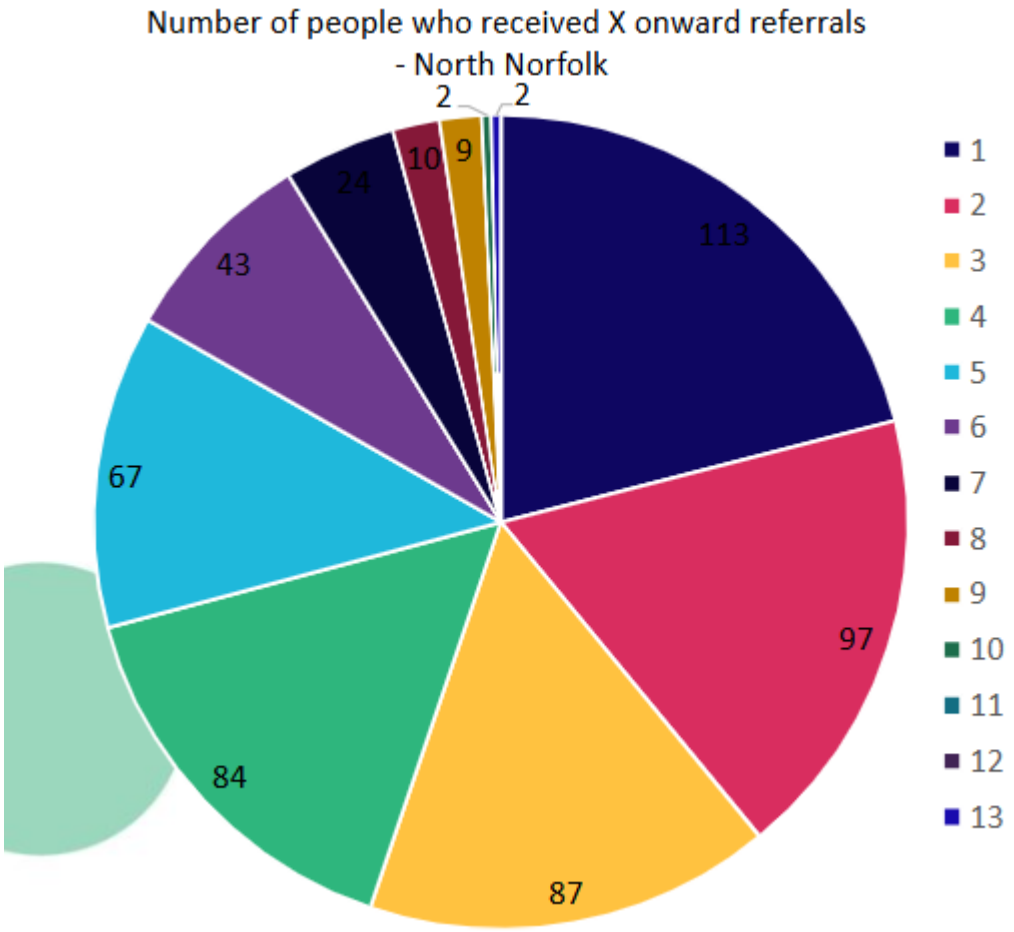
The following bar graph shows the range of referrals and actions made during the initial and follow up contacts with the Frailty Pathway officer. These vary from over the phone advice, the sending of leaflets and information by letter, signposting, and completion of referrals into the service, as some examples.



AA – Aids and Adaptations
ABC – Assisted Bin Collection
AN – Active Now Falls and Frailty Pathway Referral
BA – Benefit Advice
BB – Blue Badge Application
CG – Community Group Signposting
CS – Carer Support
DS – Debt Support
EA – Everyone Active Referral
EHS – Energy and Heating Support
FIR – Financial Inclusion Referral (North Norfolk Only)
GRI – Grant Funding Identified
GNS – Good Neighbour Scheme or Community Support Referral
GP – Signposted back to GP
HA – Housing Application (Or Suitability Assessment Referral)

HC – Hearing Concerns Referral/Signposting
HMS – Handyman Service (Broadland and South Norfolk Only)
HS – Hoarding Support
ICC – Escalated to ICC for MDT review or intervention
LTC – Long Term Condition Support
MIH – Make it Happen Funding Used
OA – Other Action
OER – Other Exercise Referral
PIE – Purchase of Items or Equipment
SA – Safety Advice
SCR – Social Care Referral
SHP – Referred back to Social Housing Provider
SPR – Social Prescribing Referral
TA – Transport Advice
VC – Visual Concerns Referral/Signposting
WSR – Wellbeing Service Referral

The following chart shows the number of people who have received one or more referrals from their contact with the pathway. For example, 87 customers have received 3 referrals or actions, 67 customers have received 5 referrals or actions, and 2 customers have received 13 referrals or actions, because of their contact with the pathway.



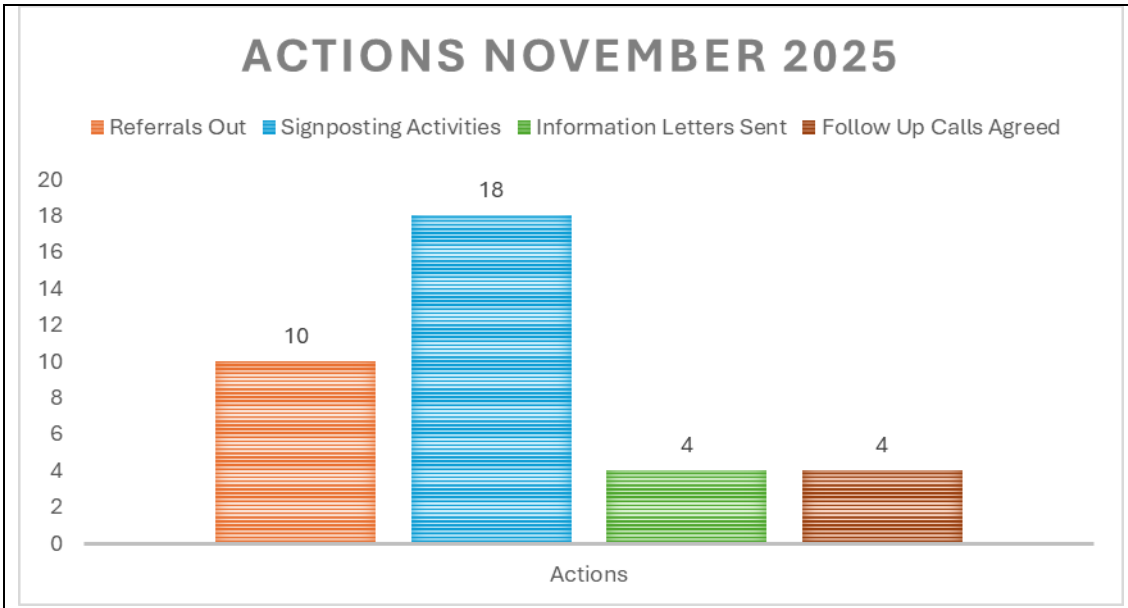
Promoting Independence

Promoting Independence is a new workstream lead by Norfolk County Council which uses Artificial Intelligence to identify residents who may be at risk of falls.

Letters are sent via Norfolk County Council in batches. Contact is then made by an Officer based at NNDC.

In November, **45** customers were contacted. Of these, **14** opted into the service, **13** opted out of the service, **15** did not respond to contact attempts, and a further **3** are ongoing and in process.

Of the **14** customers opting into the service:



The signposting has primarily focused on transport, council tax (NNDC) and housing (NNDC).

Promoting Independence Case Study

Mr C lives in a small town with no banks and has struggled to access banking and struggled to get face-to-face support.

The Community Outreach Officer identified Mr C needed support with pensions and Power of Attorney arrangements and so referrals were made to Community Action Norfolk (CAN) and Age Uk Norfolk. The officer talked Mr C through how CAN and AGE UK can help. Within a few days he was contacted and supported by AGE UK Norfolk and his banking issues are now being mitigated.

Healthier Towns

The Healthier Towns model is an adapt and grow model which takes account of local health inequalities, priorities, needs and community capacity. Although there will inevitably common threads these partnerships should reflect the individuality of our North Norfolk Communities.

Stalham

- Stakeholders in Stalham have agreed to take Healthier Stalham forward, with Cllr Matthew Taylor chairing the meetings initially. These will likely take place in Stalham Town Hall.

Fakenham

- An initial discussion has been held with the CEO of Fakenham medical centre.

- Fakenham Town Council has sought further information on the model.

North Walsham

- Local stakeholders are considering options for the further development of Healthier North Walsham

Briston

- A launch date has been set for 23rd January 2026, part of which will include a PositiviTea event.
- Funding has been secured by the community for a (Briston & Melton Constable) drop-in centre for general support, community events, and a location for third parties to use for the community.

Aldborough

- At the initial meeting to discuss the village becoming 'healthier', it was unanimously agreed to move ahead with this work.
- A healthier launch even has been proposed for the 20th January 2026.
- An allotment scheme is one of the first being discussed under the Healthier Aldborough work.

A clear communication framework is now in place for how Ward Councillors will be informed about the development of partnership working in our communities as part of the Healthier North Norfolk model.

If any Member wishes to know more about Healthier North Norfolk in relation to their ward please contact Catherine Van Battum, Health and Communities Team Leader catherine.vanbattum@north-norfolk.gov.uk

Other service News

Poppyland Radio Shows

In November, three new shows were recorded:

- Heritage House – Steve Cheshire explains about the wellbeing, therapeutic support and care offered by Heritage House in Wells-Next-The-Sea. With their vibrant, fun-filled activities, excursions, home cooked meals and warm welcome, they are challenging the stigma of day care and giving older people a tomorrow to look forward to.
- Brave Futures – the specialist support service for children and young people who have experienced sexual abuse. Brave Futures gives children and young people the skills and tools they need to re-build their futures; manage the trauma they have experienced and help them move from victim to survivor.
- Norfolk Clubhouse – one of 370 Clubhouses worldwide, June Webb has been the driving force behind the peer led hubs in Watton and Norwich. The Norfolk Clubhouse offers a warm welcome and a coaching style approach for people with lived experience of mental

health challengers.

North Norfolk Health and Wellbeing Partnership

A meeting of the North Norfolk Health & Wellbeing Partnership took place on Wednesday 12 November. Discussions centred around the Working Groups and Public Health funding and addressing health inequalities in North Norfolk.

North Norfolk Community Hub

A meeting of the North Norfolk Community Hub took place on Tuesday 25 November. The theme was Grief and Bereavement.

Presentations were provided by:

- Simon Arthur, Grief Recovery Specialist.
- Lorna Vyse, Practitioner and author in Child Loss and Bereavement.

There were 31 attendees from a variety of community, charitable and statutory organisations.

2 Forthcoming Activities and Developments.

3 Meetings attended

NN Health and Wellbeing Partnership
NN Health and Wellbeing Prevention Working Group x2
NN Health and Wellbeing Health Inequalities Working Group x2
ICP Health and Wellbeing Board
ICS Conference
Community Alcohol Partnership