

BOROUGH COUNCIL OF KING'S LYNN & WEST NORFOLK

ENVIRONMENT AND COMMUNITY PANEL

**Minutes from the Meeting of the Environment and Community Panel held on
Tuesday, 17th January, 2017 at 6.00 pm in the Committee Suite, King's
Court, Chapel Street, King's Lynn**

PRESENT: Councillors C Sampson (Chairman)
Miss L Bambridge, Mrs C Bower, A Bubb, Mrs S Collop, Mrs S Fraser, J Moriarty,
T Smith, Mrs S Squire (Substitute for P Rochford) and A Tyler

Portfolio Holders

Councillor I Devereux - Portfolio Holder for Environment
Councillor A Lawrence - Portfolio Holder for Community and Housing
Councillor B Long - Leader of the Council
Councillor Mrs E Nockolds – Deputy Leader and Portfolio Holder for
Culture, Heritage and Health.

Officers:

Sarah Dennis – Partnerships and Funding Officer
Lorraine Gore – Assistant Director
Ray Harding – Chief Executive
Honor Howell – Assistant Director

By Invitation:

Dr Ian Mack – CCG
Rebecca Mercer – CCH
Michael Deakin – Shelter
Jo Maule – Community Action Norfolk

EC59: **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Hipperson and Rochford.

EC60: **MINUTES**

RESOLVED: The Minutes from the previous meeting were agreed as a correct record and signed by the Chairman.

EC61: **DECLARATIONS OF INTEREST**

There were no declarations of interest.

EC62: **URGENT BUSINESS**

There was none.

EC63: **MEMBERS PRESENT PURSUANT TO STANDING ORDER 34**

There was none.

EC64: **CHAIRMAN'S CORRESPONDENCE**

The Chairman had received the following correspondence:

An email had been received from Councillor Gourlay regarding the Advice Services item on the agenda. The Chairman explained that the contents of the email should be covered during presentation of the agenda item and he would respond to Councillor Gourlay's email after the meeting.

The second correspondence had been received from Councillor Rochford and related to public toilets. The Chairman explained that the email would be passed onto the Public Toilets Informal Working Group for consideration in the future.

EC65: **SUSTAINABILITY TRANSFORMATION PLAN**

Dr Ian Mack and Rebecca Mercer were present at the meeting and provided the Panel with a presentation on the Sustainability Transformation Plan (as attached).

Dr Mack explained that the Sustainability Transformation Plan was a work in progress and consultation on individual projects would be carried out at the appropriate times with the relevant stakeholders.

The following was highlighted during the presentation:

- The Sustainability Transformation Plan covered Norfolk and Waveney.
- Population growth and changes would have an effect on the services provided and how they were delivered.
- Financial assumptions were included in the presentation and what would happen if the CCG was to do nothing.
- The challenge was growth in population and demand for services and there was a need for transformation. It was not about cuts, it was about looking for efficiencies in the existing systems and services.
- Key work streams and priority projects were highlighted in the presentation.
- The CCG would work with other public bodies, including the Borough Council.
- The CCG's vision, which was "for the people of West Norfolk to have high quality care, delivered locally, within our available resources".
- The CCG's vision for the future (2021) which was "a thriving local hospital, a strong united network of GP's, and a group of Out-of-Hospital providers of physical, mental health and social care services, all of whom behave as one integrated 'whole system' delivering high quality care by staff who are proud to work and live in West Norfolk".

The Chairman thanked Dr Mack and Rebecca Mercer for their presentation and invited questions and comments from the Panel, as summarised below.

Councillor Tyler asked if the plan was achievable and asked how confident the CCG was that the problems could be solved. Dr Mack explained that if the CCG did not look at how to overcome problems there was a success regime which would come in and sort the problems out for them; however this was not the route that they wanted to take. He explained that it was important to get governance right and do what was best for Norfolk. He hoped that sufficient resources would be available for changing over services and any double running costs during changeover periods.

Councillor Moriarty asked if there were common problems throughout the Country and if there was a way to share best practice and good ideas. Dr Mack explained that services were run in different ways across the country. He felt that services should be locally owned, however he accepted that there were common themes. Rebecca Mercer commented that learning and best practice was shared and the CCG had matched themselves to other areas with a similar population and was able to look at the services they provided and any problems they had encountered.

The Vice Chairman, Councillor Bambridge referred to a programme she had heard on the radio regarding a hospital in Birmingham and how they had moved to an electronic computer system. Rebecca Mercer informed those present that the Queen Elizabeth Hospital currently used a paper based system for patient records and Norfolk Hospitals were working together to look at ideas for new systems, however this was still a long way off. A system was also being looked at to allow records to be viewed across the County. Dr Mack commented that a local digital roadmap had been produced and formed part of the Sustainability Transformation Plan.

Councillor Fraser commented that any electronic systems would need to be mindful of confidentiality and data protection and Dr Mack explained that the relevant checks and processes would be put in place if such a system was to come into fruition.

Councillor Squire asked what improvements were proposed for Mental Health Services and made comment to the waiting list for diagnoses for children. Councillor Squire also asked who would be consulted on the Sustainability Transformation Plan. Dr Mack explained that the Plan would be made up of different projects and consultation would be carried out on the individual projects as required. He explained that the CCG regularly held stakeholder meetings, which were open to the public and presented issues and sought feedback.

Dr Mack referred to the comments made regarding the Mental Health Services, he acknowledged that there were clearly issues and existing processes could be complex. He explained that there were several organisations involved in the service including Norfolk County Council, Social Services and the NHS. Dr Mack explained that discussions were ongoing with Norfolk County Council on how the processes and services could be pulled together. He also explained that one of the work streams within the Sustainability Transformation Plan was Children and Young People.

Councillor Smith referred to the possibility of creating a King's Lynn 'hub' and asked if any further detail was available on this. Rebecca Mercer explained that this project was in the very early stages and a location for the hub was not yet known, however it was likely to be located within an existing facility. It was hoped that the hub would involve different agencies and organisations and could manage patients with complex needs. It was hoped that assessments and referrals could be made at the hub as well as crisis plans and care plans.

In response to a question from Councillor Tyler, Dr Mack explained that unnecessary costs would be looked at and non-clinical services such as HR and payroll would be looked at to see if there was the potential for more efficient working.

The Chairman, Councillor Sampson explained that he had been made aware that some of the services in Cambridgeshire were closing, which included some of the services close to the Norfolk border, which were regularly used by residents in Norfolk. Dr Mack explained that this would be investigated to ensure that necessary services were accessible.

In response to a further question from the Chairman, Dr Mack explained that the provision of housing would be investigated in the Sustainability Transformation Plan. He felt that older people often did not want to downsize or move to adapted accommodation; therefore it was important to build the right sort of accommodation to enable people to remain in their homes for longer. He explained that Sheltered Housing was important and it was also important for developers to be aware of the need for fit for purpose housing. The Chief Executive informed those present that the Borough Council, jointly with Norfolk County Council were discussing a 'housing with care' scheme in West Norfolk and a site had been allocated in the Borough for a trial.

The Chairman, Councillor Sampson referred to seven day working and felt that since surgeries had been closed on the weekends, the amount of patients in A&E had increased. Dr Mack explained that the availability of services would be looked at and reminded those present that there was the possibility of a project to create hubs.

The Portfolio Holder for Culture, Heritage and Health, Councillor Nockolds, informed those present that there were lots of organisations working together to improve health in the Borough. The Borough Council provided services such as Care and Repair, Careline and Leisure Facilities and was in the process of creating a Health Strategy to encourage residents to lead an active life.

Dr Mack commented that there were Borough Council representatives on the West Norfolk Health and Wellbeing Board.

RESOLVED: (i) The update was noted.

(ii) The CCG be invited back to the Panel in one year's time to provide an update on progress with the Sustainability Transformation Plan.

EC66: **ADVICE SERVICES**

The Assistant Director introduced the report which provided Members with an update on the new Information and Advice Services contract. She referred to the report, which had been circulated with the agenda and provided detail of the tender process and services provided. The Assistant Director confirmed that Shelter had been awarded the contract to provide debt advice and Community Action Norfolk for housing advice. The Citizens Advice Bureaux were still contracted by Norfolk County Council to provide a general advice services across the County.

Michael Deakin from Shelter provided the Panel with an overview of the services provided. A copy of his presentation is attached.

The Chairman thanked Michael Deakin for his presentation and invited questions and comments from the Panel, as summarised below.

Councillor Moriarty asked how Shelter was being promoted, now that it had been awarded the contract and he asked if people continued, out of habit, to contact the Citizens Advice Bureaux in the first instance. Michael Deakin explained that Shelter and the Citizens Advice Bureaux worked together and referred individuals on as appropriate. There was also lots of promotional work ongoing. In response to a further question from Councillor Moriarty, Michael Deakin explained that publicity had been focussed on the general public, but in the future the services provided would be promoted to Parish Councils and the wider Borough. Michael Deakin informed those present that a 'pop up' would be carried out in the town centre and officers from Shelter would be handing out leaflets to the general public.

The Portfolio Holder for Housing and Community, Councillor Lawrence explained that now the service was up and running, communication would go out to Parish Councils to promote the service further and officers from the Council would work with Shelter as appropriate. The Chairman, Councillor Sampson suggested providing information to the

Norfolk Association of Local Councils who could then disseminate the information to Parish Councils.

The Panel then received a presentation from Jo Maule from Community Action Norfolk (CAN) on the services provided. A copy of the presentation is attached.

The Chairman thanked Jo Maule and the representatives from Purfleet and Stonham, who had accompanied her to the meeting for their presentation and he invited questions and comments from the Panel, as summarised below.

Councillor Mrs Bower referred to the potential to hold drop in sessions in Hunstanton. Jo Maule explained that proposals were still in the early stages, but she was positive that something could be achieved.

Councillor Moriarty referred to the amount of service users and asked if the level was as was expected. It was confirmed that levels were lower than expected, but sometimes individuals would go direct to the Housing Associations rather than be referred by CAN. Comments were made that the introduction of Universal Credit could increase the amount of individuals using the service.

The Panel was informed that promotion of the service was continuing and a communications plan had been produced. CAN would also promote their service to Parish Councils.

The Portfolio Holder for Housing and Community, Councillor Lawrence thanked all the officers involved in making the processes work. He felt that everyone worked together well and were passionate to help the right people. He asked the Partnership and Funding Officer for an update on how the Council worked with the Citizens Advice Bureaux. The Partnership and Funding Officer explained that the Council continued to try and engage with Norfolk Citizens Advice Bureaux, including an invitation to the Panel meeting, but to no avail. Citizens Advice Bureaux staff at the local office continue to provide the service, challenges lay at a more senior level.

The Panel was informed that the Citizens Advice Bureaux had asked Stonham Housing for a training session on the new service.

RESOLVED: (i) The report was noted.
(ii) That Members receive a further update in six months' time.

EC67: **WORK PROGRAMME**

Members of the Panel were reminded that an eform was available on the Intranet which could be completed and submitted if Members had

items which they would like to be considered for addition to the Work Programme.

The Vice Chairman, Councillor Bambridge requested that an update on the West Norfolk Strategy Group be presented to a future meeting of the Panel. The West Norfolk Strategy Group had taken over from the West Norfolk Partnership.

Councillor Bubb asked if it would be possible for the Panel to receive a report on performance of the Port. The Chairman, Councillor Sampson explained that he would be attending a meeting of the King's Lynn Conservancy Board and would invite the Harbour Master to a future meeting.

RESOLVED: The Panel's Work Programme was noted.

EC68: **DATE OF THE NEXT MEETING**

The next meeting of the Environment and Community Panel would be held on **Wednesday 8th February 2017 at 6.00pm** in the Committee Suite, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX.

The meeting closed at 8.10 pm

Norfolk & Waveney Sustainability and Transformation Plan

Briefing Paper for
Environment & Community Panel
17th January 2017

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This presentation provides:

1. The Norfolk and Waveney STP
2. A summary of the challenges facing The Norfolk and Waveney Health and Social Care System
3. An indication of the overall 'solutions' to the challenges
4. The next steps

Working together to tackle these challenges

Sustainability and Transformation Plans:

- A national policy initiative that are part of the delivery of the NHS **Five Year Forward View (5YFV)** - the shared vision for the future of the NHS, including the **new models of care**.
- **44 place-based, system-wide** plans for **health and social care**.
- Aim to improve the health of the population, the quality of care for patients and the efficiency and productivity of the NHS by 2020/21.

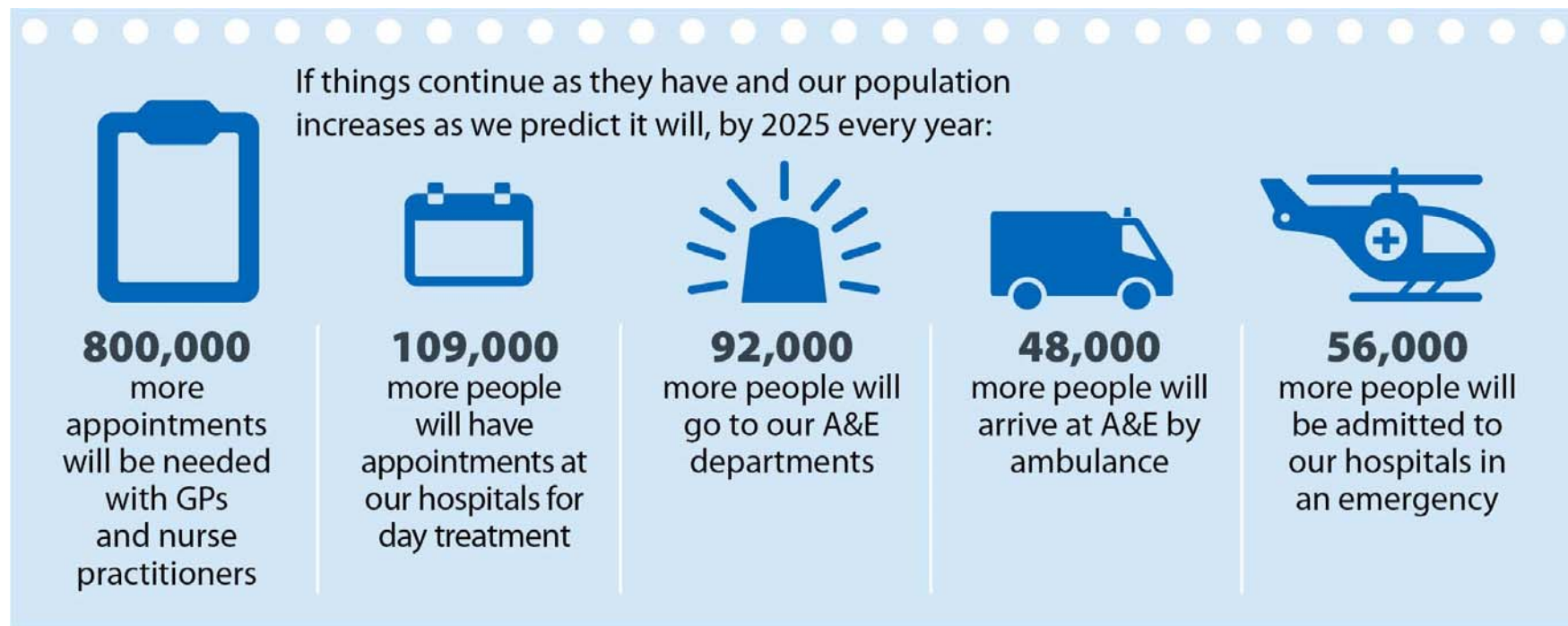
Norfolk and Waveney's STP

- NHS West Norfolk CCG
- NHS North Norfolk CCG
- NHS Norwich CCG
- NHS South Norfolk CCG
- NHS Great Yarmouth and Waveney CCG
- East of England Ambulance Service NHS Trust
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- Norfolk County Council
- Norfolk and Suffolk NHS Foundation Trust
- East Coast Community Healthcare CIC
- Norfolk Community Health and Care NHS Trust
- Norfolk Independent Care
- Norfolk and Waveney Local Medical Committee
- Healthwatch Norfolk
- IC24
- District, borough and city councils



Where we are now

- Our population is growing and changing
- The type of care that people need is changing
- We need to make our services more efficient
- Doing nothing is not an option. If we do nothing, in five years' time we would overspend by £409 million in just one year.



If trends in obesity continue then by 2020 we estimate that obesity will contribute to:



7,100
more people having
coronary heart disease



2,100
more people suffering
from a stroke



100,000
more people with
hypertension



50,000
more people getting
diabetes

If this happens then obesity will cost local health and social services more than £100 million per year by 2020.

Number of people with dementia in Norfolk and Waveney



13,586
2015



15,599
2020



18,172
2022



24,671
2036

Source POPPI and PANSI 2009

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Case for Change – the ‘do nothing’ scenario



721

Population

4% increase 2015-2021

Elderly Population Growth vs 2015

	2021	2025	
75+	18%	38%	~1500 more people aged 85+ per year
85+	18%	38%	

plus chronic disease increases



Acute Activity by 2021

A&E Attendances 2015/16 - 232,000 2020/21 **↑34,000**

Emergency Admissions 2015/16 - 103,000 2020/21 **↑22,000**

Current acute models of care would require by 2021.....

315 additional General & Acute beds

101 additional Consultants

522 additional Nurses

....these are not feasible solutions



Social Care Impact (by 2025)

- 2x as much sheltered housing
- 7x as much housing with care
- 2x as many nursing beds
- 1.5x as many residential beds

Additional Primary Care Workforce (FTEs in 2021)

99 additional GPs

60 additional Nurses



Financial Impact in 2021 (Revenue)

£349m NHS Deficit + **£93m** Social Care Deficit = **£442m** Total Deficit

Key: = 20,000 = 5,000 = 2,000



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Guidance from NHS England

NHS England guidance says that STPs must set out how an area will:

- Strengthen and invest in primary care in line with the GP Forward View.
- Deliver the A&E and ambulance standards, simplify the urgent and emergency care system and make it more accessible to patients.
- Make tangible improvements to mental health and cancer services, and for people with learning disabilities.
- Prevent illness, empowering people to look after their own health and to prevent avoidable hospital stays.
- Improve the quality of hospital services, including maternity services, and deliver the RTT access standard.
- Create a financially sustainable health system for the future.

Source: NHS Operational Planning and Contracting Guidance 2017-2019 (September 2016)

The STP timetable

- June 30 – initial submission to NHS England
- August 15 – KPMG engaged
- October 7 – Publication of “In Good Health” and June submission
- October 17 to 21 – Council, all Trust Boards, HWB and CCG Governing Body meetings
- October 21 – Submission to NHS England
- November to December – Wider engagement and detailed planning
- November 24 – Submission of full draft 2017/18 to 2018/19 Operating Plans
- December 23 – Submission of final 2017/18 to 2018/19 Operating Plans and signed contracts

- January to March 2017
 - Detailed Planning for each Delivery Workstream
 - Revised governance arrangements agreed and established
 - Recruitment and mobilisation of core team to include additional capacity for Programme Management, Communications & Engagement, Finance and Business Intelligence
- April 2017 onwards – Design and implementation including formal consultation on service changes

The Financial Assumptions

If the system “does nothing” there will be a big financial gap by 2020/21 because:

- Demand for services exceeds the income available
- Many NHS organisations are currently running a deficit

Financial gap in “do nothing” scenario	2015/16 £m	2016/17 £m
CCGs	16	148
NHS Providers	57	144
Specialist Commissioning	0	25
Social Care	18	99
Total	90	416

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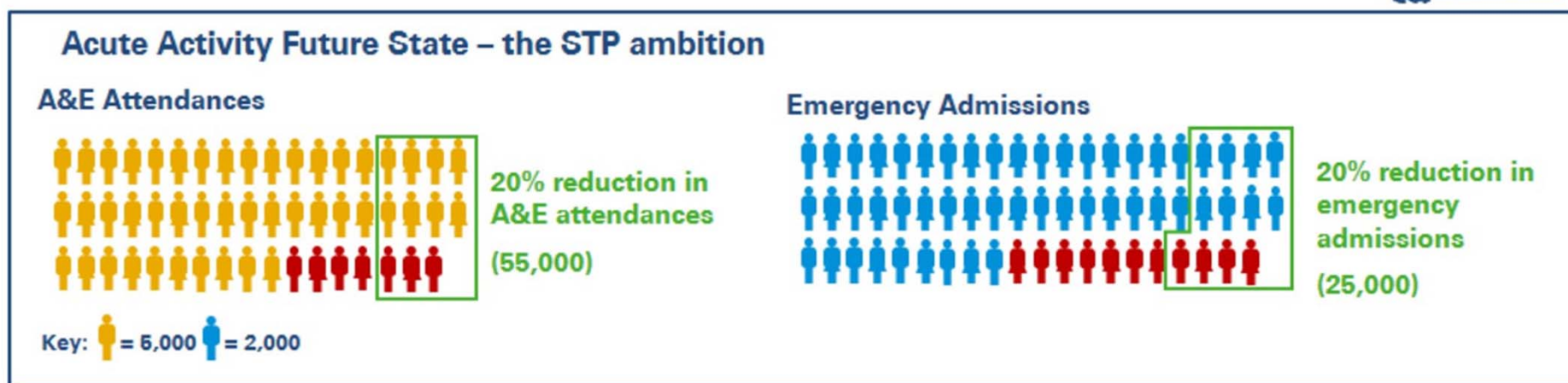
Filling the Gap

- The plan is to fill the gap through:
- “Productivity” = Provider (eg: doing the same activity for a lower cost) and CCG Savings (eg: paying less for providers doing the same activity)
- “Transformation” = Achieving the same outcomes for patients (or better ones) by changing the pathways and doing activity in better and cheaper settings (eg: supporting people at home rather than in expensive hospital beds; taking out unnecessary steps in a pathway)

Neither of the above are “cuts” as such but doing a lot more with the same or slightly more funding.



Reducing Acute Activity – Demand management



Solutions

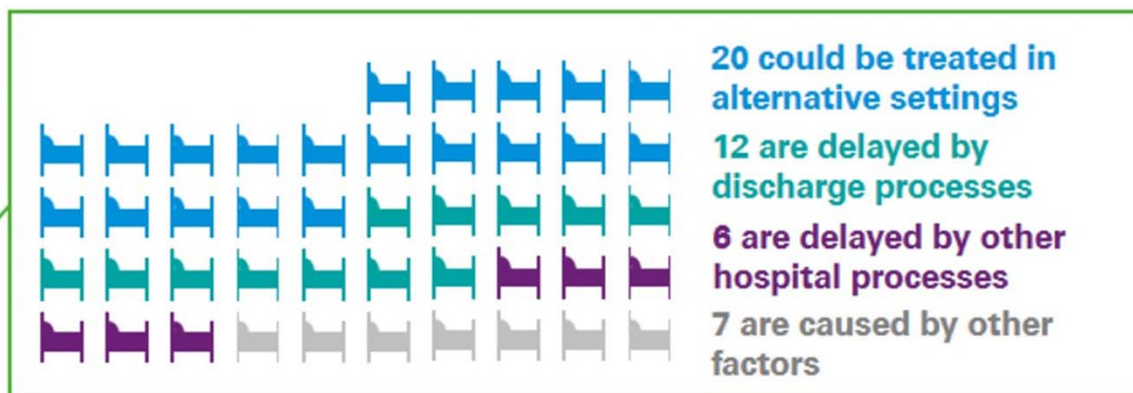
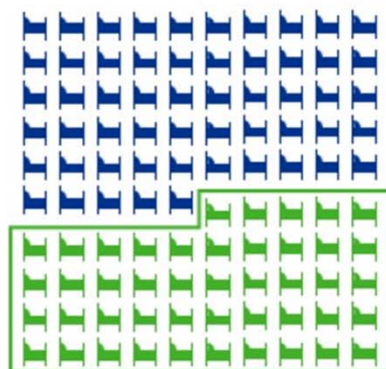
Primary, Community & Social Care	<p>Target cohort of 0-1 day LoS</p> <ul style="list-style-type: none"> Residential/care home telehealth (Airedale model) 111 with GP input Clinical Hub to reduce ambulance conveyance 	<p>Target cohort of >1 day LoS</p> <ul style="list-style-type: none"> Out of Hospital Teams supporting complex patients 	
	<ul style="list-style-type: none"> Other solutions e.g. Primary care structure/access (Workshop II), Out of Hospital teams (see later) 		
Acutes	<ul style="list-style-type: none"> Solutions in development 	Mental Health & Prevention	<ul style="list-style-type: none"> Solutions in development (Workshop II)

Reducing Acute Activity – Reducing Length of Stay



Oak Group Report found that for every 100 bed days

45 don't need to be in hospital



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STP Ambition

Reduce the number of bed days by 20% through improved community care

Reduce the number of bed days by 15% through improved discharge and hospital processes

Key targets: Those with LoS >1 day, complex and frail elderly patients



Solutions

Integrated Out of Hospital Teams & Solutions reducing admissions

Improved internal acute processes (Keogh review)

Improved system discharge processes

Prevention & Good Health in Communities



West Norfolk Clinical Commissioning Group

Key Workstream Objectives

- Prevention and wellbeing
 - Improve prevention, detection and management of **major chronic illnesses**.
 - Increase individual and community capacity for **self-care**.
 - Development of **social prescribing** model.
- Primary Care - Development of primary care provision model that improves **access and capacity** and addresses **retention and recruitment**
- Integrated Models of Care - Development and implementation of **optimal integrated care models** by locality to ensure **consistency** and **reduced variation** across Norfolk & Waveney

Priority Projects

1. Target conditions – Obesity and diabetes, including Making Every Contact Count
2. Social determinants of health –Social prescribing
3. Optimising Health Care through a Right Care Approach
4. GP input into 111
5. Ambulance conveyance
6. Same day access to primary care
7. Improving primary care access & capacity through phone triage, pharmacy support and sharing of Resources
8. Improving Staff Retention & Recruitment within Primary Care
9. Out of hospital integrated teams
10. Social Care transformation
11. Telemedicine for residential care
12. Individualised Care Planning and Co-ordination

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Demand Management

Key Workstream Objectives

Managing the flows of patients into elective care by:

- Ensuring only **procedures of clinical value** are commissioned and provided
- Ensuring CCGs adopt consistent **clinical policies and procedures** across the system
- Ensuring **effective pathways** are in place and complied with
- Ensuring consistent approaches to demand and referral management and **reducing unnecessary variation** in referral

Ensuring there is **good access to a range of providers** and encouraging more delivery in the **community** where appropriate

Ensuring our provider infrastructure has the **capacity** to deliver the care it needs and ensure **equitable access**

Ensuring we have good quality, consistent, up to date **data systems** that help us track, review and adjust patient flows

Delivering **savings** to the system

Priority Projects

1. Developing an up to date Demand & Capacity model for Norfolk & Waveney
2. Implementing the “Right Care” programme, focusing on the areas of highest impact
3. Developing an education programme to develop best clinical practice
4. Addressing and clearing the RTT (Referral to Treatment) backlog
5. Delivering agreed QIPP (Quality, Innovation, Productivity and Prevention) objectives

Acute Care Reform

Key Workstream Objectives

- Developing the **strategic direction** for acute services delivery and exploring opportunities for back office efficiencies between the acute, community and mental health providers
- Reducing acute activity:
 - **Improved demand management** (supporting the other work streams to deliver admission avoidance schemes)
 - **Reduced length of stay** by improving the process of care
- Ensuring **acute clinical service sustainability** at an STP footprint level across the key nominated specialty areas and their interdependencies

Priority Projects

1. Acute Services Review Phase 2
2. The development of a sustainable capacity solution to RTT workload across the three acute Trust sites
3. Taking forward the Carter Review reforms
4. Identifying and delivering 'back office' opportunities for the constituent providers

Mental Health Reform

Key Workstream Objectives

- Offset and **reduce the growth in out of area bed days**
- **Reduce suicide and self-harm**
- Increase recording of **dementia**, improve access to support and reduce use of residential and acute care
- Support community and primary care to **provide mental health support at an early stage**
- Increase community based treatment for **children and young people** (addressed separately through the LTP)
- **Reduce acute hospital use** for people of all ages with reported MH problem, including children and young people and dementia

Priority Projects

1. Enhance community provision that supports people with dementia in the community, promoting a “shift left” in provision, whilst supporting the projected increases in population
2. Implement a consistent Mental Health liaison service across N&W
3. Supporting people with Mental Health Co-morbidities

Our Vision

Our Vision is: **“for the people of West Norfolk to have high quality care, delivered locally, within our available resources”**

Our vision for how health and social care will be delivered in West Norfolk by 2021 is **“a thriving local hospital, a strong and united network of GPs, and a group of Out-of-Hospital providers of physical, mental health and social care services, all of whom behave as one integrated ‘whole system’ delivering high quality care by staff who are proud to work and live in West Norfolk”**

This future Vision of one integrated whole system assumes that the organisations delivering health and social care in West Norfolk will be reduced in number to enable the model to be created. This does not mean less staff providing services, rather, it means more flexibility about redeploying resources to the place they are

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Figure 4: Current Service Configuration in West Norfolk

isioning Group



needed by reducing duplicated tasks, functions and roles. This will increase the effectiveness and responsiveness of face-to-face patient and resident care and reduce bureaucracy and overlaps between the many organisations involved.

An evolving transformation in phases is depicted in illustrations from Figures 4 to 7. This vision has been articulated and discussed over a number of years with the West Norfolk Alliance and the current financial and political drivers make it an urgent, imperative action.

For West Norfolk, this means starting with one integrated community complex care hub in King’s Lynn (see Figure 5), incrementally adding formal and informal services that work together through arrangements such as honorary contracts and risk-sharing agreements. Out of necessity, this will initially be limited by the clinical space available currently but over the next 12 months, a capacity and fitness review will be conducted of all ‘public estate’ to determine the opportunities to

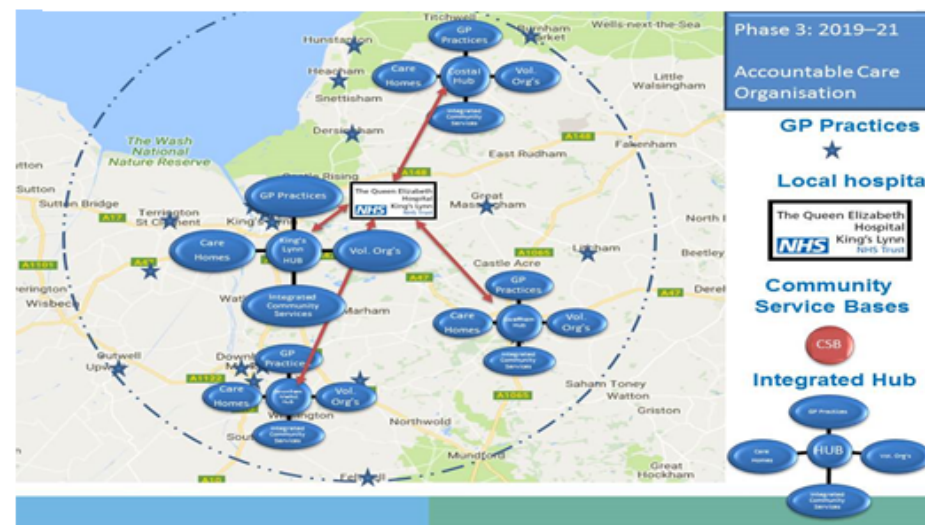
Figure 6: Phase 2 2017-19: Additional Hubs and Hospital Outreach/Networking



accommodate the various developments planned that require premises and could potentially be delivered in the same space. For example, General Practice bids for new premises are being considered by NHS England at the same time as the West Norfolk Transformation Plan is working up proposals for community complex care hubs, acute mental health facilities and emergency primary and secondary care collaboration. These need to be considered in totality, with all agencies working to one local vision. Ultimately, the West Norfolk Transformation Plan will recommend a series of reform proposals for consideration by each organisation, to move from the current state to a future, reduced number of organisations, working as one integrated care delivery system (see Figure 7). The financial impact this would have on individual organisations and on the future sustainability of local services will be a key focus for the programme.

There are various structural models available nationally that can be employed to deliver our vision including Multi-specialty Community Providers (MCP), Primary & Acute Care Systems (PACS), Social Enterprise and Foundation Trust. We will pursue the model that best fits local circumstances and which ultimately leads to an Integrated Care Organisation delivering integrated whole system care.

Figure 7: Phase 3 2019-21: Accountable Care Organisation



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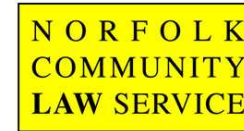
BCKLWN Environment & Community Panel

Presented by Jo Maule, Locality Manager (West)
17.01.2017





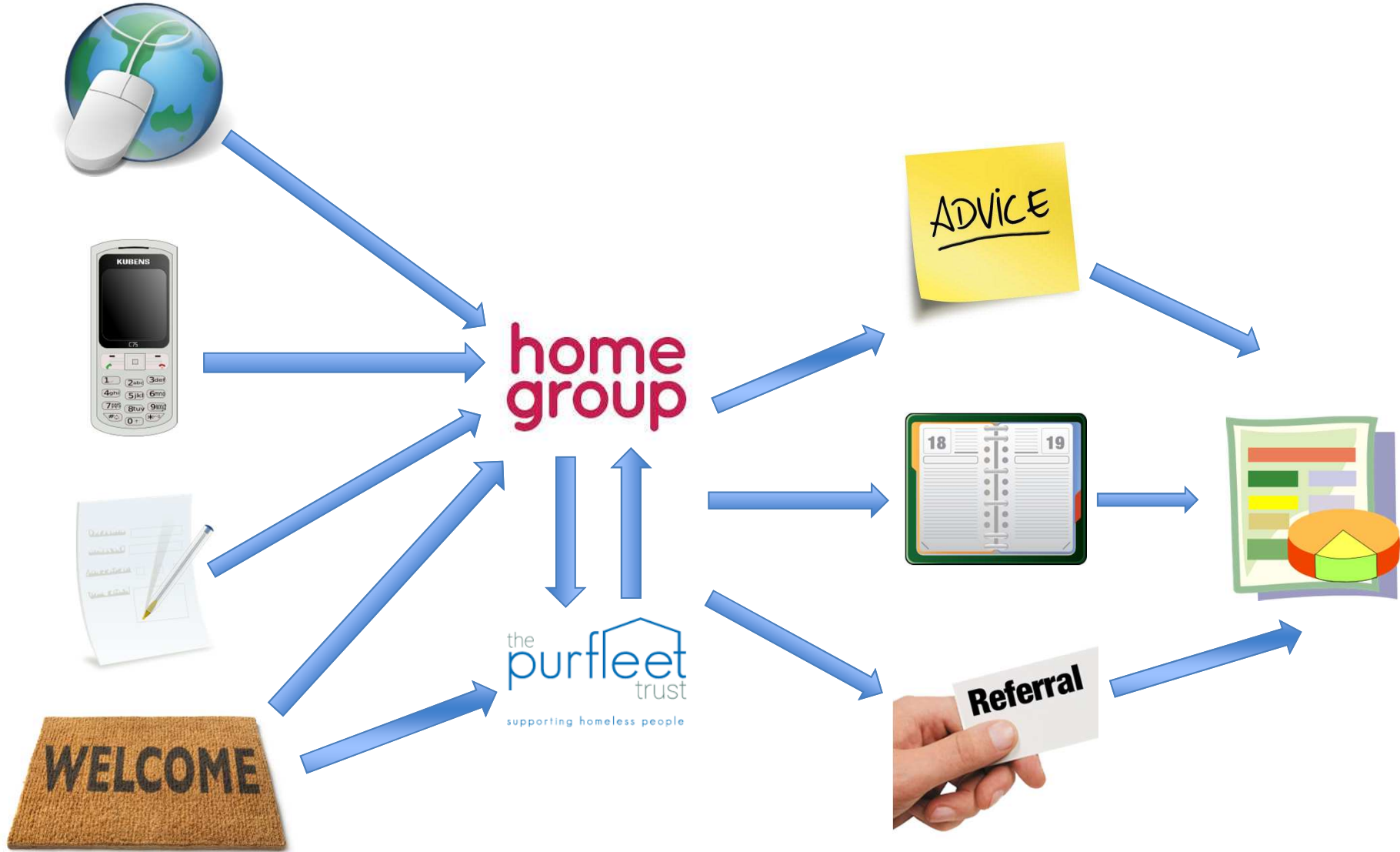
Housing Advice Service



How it works



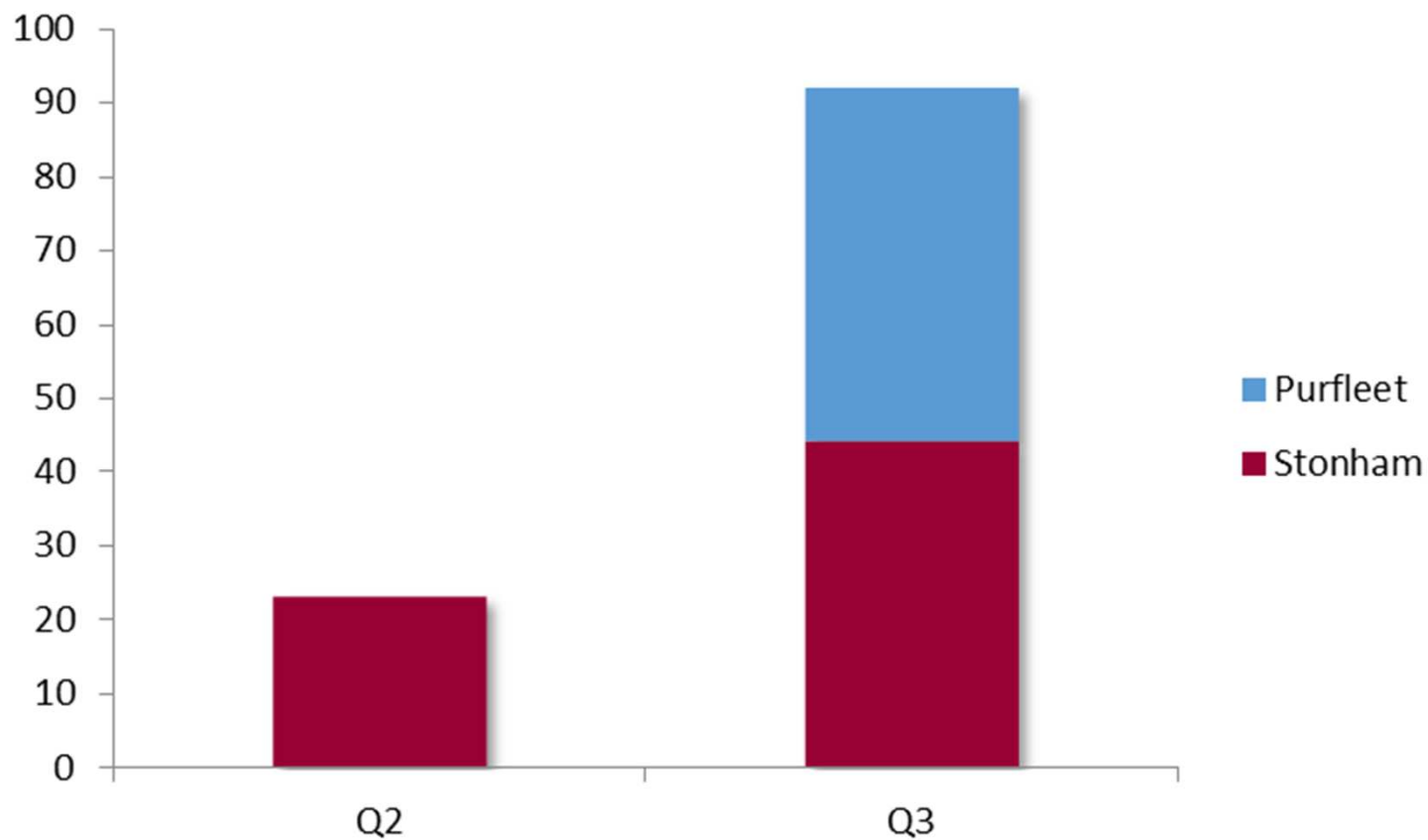
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Key numbers...



738



Clients accessing services in 2016/17 (referrals by quarter - provisional)

Some feedback from clients ...

I found Jodie very helpful and amazing advice and service.

I would recommend any friends to seek advice from Jodie. I am blessed that I have been given a chance to use the service. Thank

you.

I've found Jodie Stevens from Stonham very helpful, both with practical and emotional support - very effective

support... Thank I found that you!

the appointment went very well. Got information I needed to know. Thank you. Very friendly also.

Until there's a home for everyone

**Shelter's Debt and Welfare Benefits service
in King's Lynn and West Norfolk.**

Shelter

Wednesday, 18 January 2017

Introductions

- **Michael Deakin**

Advice, Support & Guidance Team Leader

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We offer residents of West Norfolk a locally tailored Welfare Benefits and Debt advice with nationally assured quality and expertise.

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Locally tailored advice

Direct Debt

- Financial Statements
- Negotiating payment plans, dealing with debt collectors or bailiffs
- 1 to 1 budgeting skills sessions
- Advice on Bankruptcy, Debt Relief Orders, voluntary arrangements and administration orders

Maximising Income

- Universal Credit
- Overpayment, underpayment & sanctions
- Work Programme Expectations
- Discretionary Housing Payments
- Income Maximisation
- Reviews, tribunals & appeals

National Debt Support

- **British Gas Energy Trust**
- **Mortgage Debt Casework Team (NHAS)**
- **Debt Specialist Operating Framework**

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How clients can access the service

Shelters **'no wrong door'** approach.

- **Face to Face**
- **Telephone**
- **Email**
- **Skype**
- **Online webchat**

Shelter King's Lynn
Debt and Welfare Benefits Advice Service

A free
advice
service

Struggling with debt? Need help getting benefits?

We're here for you.



We're here to help

Shelter
at 50
Until we all have a place to call home



At Shelter we understand how frightening money or debt problems can be. It's tempting to ignore them and hope they'll go away but it rarely works.

Don't worry though, our Debt and Benefits Advisers offer free advice to help you sort out whatever financial problems you're facing.

We can help you to:

- deal with creditors and set up repayment plans
- manage arrears and deal with Insolvency, Bankruptcy and Debt Relief Orders
- get the benefits you're entitled to
- learn to budget better (if you're on Universal Credit)
- and lots more.

How to get advice

Email norfolk@shelter.org.uk
Call 0344 515 1860

Or visit our office:
Shelter, Whitefriars House
50 Fishergate
Norwich NR3 1SE

We're open
Monday – Friday 9am to 5.30pm

Registered charity in England and Wales (203710) and in Scotland (SC002327). FIH8466

shelter.org.uk

Shelter
at 50
Until we all have a place to call home

Until there's a home for everyone

Thank you

Shelter Eastern Counties

e: Norfolk@shelter.org.uk

t: 0344 515 1860

Any questions?

Shelter

Wednesday, 18 January 2017