

Adult Social Care Committee

Date: **Monday 16th June 2014**

Time: **10am**

Venue: **Edwards Room, County Hall, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Membership

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek-Coulton

Mr M Chenery

Mr D Crawford

Mr T East

Ms D Gihawi

Mrs S Gurney

Mr C Jordan

Miss A Kemp

Ms E Morgan (Vice Chair)

Mr R Parkinson-Hare

Mr A Proctor

Mrs A Thomas

Mr N Shaw

Mrs M Somerville

Mr B Watkins

**For further details and general enquiries about this Agenda
please contact the Committee Officer:**

Catherine Wilkinson on 01603 223230

or email committees@norfolk.gov.uk

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of Members or any members of the public not to be recorded or filmed must be respected.

A g e n d a

- 1. To receive apologies and details of any substitute members attending**
- 2. Members to Declare any Interests**

If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter.

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an Other Interest in a matter to be discussed if it affects

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

If that is the case then you must declare an interest but can speak and vote on the matter.

- 3. To receive any items of business which the Chairman decides should be considered as a matter of urgency**
- 4. Local Member Issues**

Fifteen minutes for local members to raise issues of concern of which due notice has been given.

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223230) by **5pm on Wednesday 11th March 2014**.

- 5. Adult Social Care Committee Plan** (Page 5)
Report by the Director of Community Services
- 6. Internal and External Appointments** (Page 27)
Report by the Acting Managing Director
- 7. Adult Safeguarding Peer Review** (To Follow)
Report by the Director of Community Services

8. **Dementia Friends Awareness Session**
Presented by Nick Clarke
9. **Care Act – Adult Social Care** (Page 33)
Report by the Director of Community Services
10. **Winterbourne Investigation – Actions taken in Response** (Page 41)
Report by the Director of Community Services

Group Meetings

Conservative	9:00am	Colman Room
UK Independence Party	9:00am	Room 504
Labour	9:00am	Room 513
Liberal Democrats	9:00am	Room 530

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 6th June 2014



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Adult Social Care Committee

Item No...5...

Report title:	Adult Social Care Committee Plan
Date of meeting:	16 June 2014
Responsible Chief Officer:	Harold Bodmer, Director of Community Services
Strategic impact Committee plans bring together the core information Members require to inform decision-making in relation to adult social care. They enable Members to focus on priorities, without the need to constantly refer to many different background documents. Committee plans also support the Council's transparency agenda, because they provide service users and the public with clear information about key committee business.	

Executive summary

This report presents the Adult Social Care Committee Plan. The Plan draws together the core information that Members require to inform decision-making on adult social care in Norfolk, such as the Committee's focus, overview of services, current departmental priorities, details of key plans and strategies driving the Committee's work, risks, challenges, anticipated business and overview of performance. This information has been identified by Members as critical to the operation of the new committees.

Each of the Council's new committees has its own plan. Although they are a key tool for decision-makers, their clear and straightforward format also makes them easily accessible by members of the public who are interested in finding out more about the work of the committee.

The Plan is a working document for the Committee. This means it will be updated during the course of the year to reflect the Committee's work and progress. For example, this might include priorities the Committee wishes to progress, so that Members can maintain a clear overview of progress and communicate this to the public.

The Plan will also be used by the Policy and Resources Committee to monitor the Committee's overall progress against the Council's key priorities and targets for adult social care in Norfolk.

Members are asked to note that over the course of the year, the Plan will be e-enabled, to enable easier access Members.

The Plan is attached at annex 1.

Recommendations:

- 1. Identify any additional information the Committee would like to be included in the Plan at this stage**
- 2. Note that at the end of each financial year, the Chair, on behalf of the Committee, will provide an overview of the Committee's progress in achieving key priorities for adult social care in Norfolk. This information will assist the Policy and Resources Committee to monitor overall progress against the Council's key priorities and targets for adult social care in Norfolk.**

Proposal (or options)

1. This report presents the Adult Social Care Committee Plan. The Plan draws together the core information that Members need to inform decision-making on adult social care:
 - The Committee's focus
 - Overview of services
 - Current departmental priorities
 - Details of key plans and strategies driving the Committee's work
 - Comments from service users about adult social care
 - Risks, challenges
 - Anticipated business/forward plan
 - Overview of performance.
2. This information has been identified by Members as critical to the operation of the new Committees. Members have requested that this information be kept concise so that it can be quickly referred to at meetings and is easily accessible by members of the public who are interested in finding out more about the work of the committee.
3. Members will be particularly interested to note the section on 'challenges' which sets out the main challenges the Committee will need to address over the course of the first three years of the new Committee's operation.
4. Each of the Council's new committees has its own plan. The plans will be used by the Policy and Resources Committee to assist with monitoring overall progress against the Council's key priorities and targets for adult social care in Norfolk.
5. For the early rounds of committee meetings, plans will be made available to Members in hard copy. However, it is intended that plans will be e-enabled as soon as possible. This means they will become a live interface between Members and 'critical business' - through which key information can be easily accessed. For example, the 'performance' page would provide an immediate link to the latest performance dashboard.

Evidence

6. Members have requested concise information about each committee, to support their work on committees and maintain pace of decision-making at a particularly challenging time for the Council, with new and emerging challenges for adult social care.

Financial Implications

There are no significant financial implications arising from committee plans. The cost can be met within existing budgets and this is confirmed with the Chief Finance Officer.

Issues, risks and innovation

7. Committee plans are a new way of working and bringing together complex information. They are concise plain English documents which promote access for all.

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

If you have any questions about matters contained in this paper please get in touch with:

Officer Name: Jo Richardson Tel No: 01603 223816

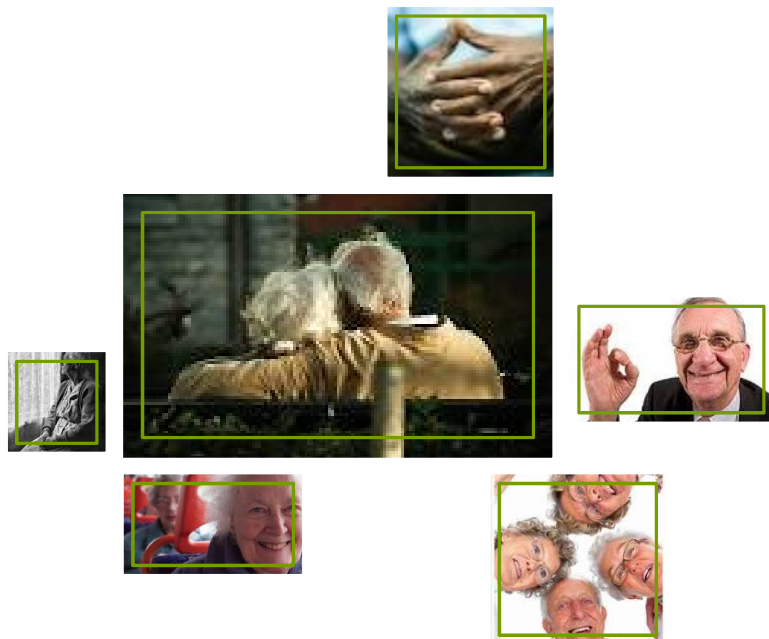
Email address: jo.richardson@norfolk.gov.uk



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Adult Social Care Committee

Committee Plan 2014/17



Welcome to the Committee's Plan. In this you will find...

About the Committee, what it wants to achieve and why

Committee Membership

The politicians who make the decisions
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Ambitions for Adult Social Care

What the Council wants for Norfolk
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County Council Plan

Overview of the strategic planning framework
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The Committee's Focus

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Page 6

Environment and operating context

The Voice of Adult Social Care Users

Overview of what customers are saying
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Context

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Challenges

The challenges we face in delivering our ambitions
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Resources & budget

Current resource allocation & savings to be achieved
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Risks and Innovation

A snapshot of risks and innovation related to services
Page 15

Performance and actions—what's happening to achieve our ambitions for people in Norfolk.

Performance

A snapshot of performance against current priorities
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Forward Plan

Anticipated business the Committee will need to consider
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Work to progress priorities

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Working with other Committees

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Committee membership

These are the elected Members responsible for decision-making on adult social care services in Norfolk

In alphabetical order:



Sue Whitaker
Chair



Elizabeth Morgan
Vice-Chair



Bill
Borrett



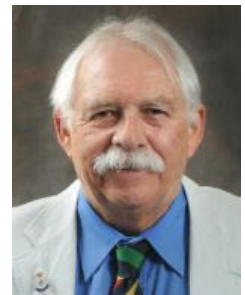
Julie Brociek-
Coulton



Michael
Chenery



Denis
Crawford



Tim
East



Deborah
Gihawi



Shelagh
Gurney



Cliff
Jordan



Alexandra
Kemp



Rex Parkinson-
Hare



Andrew
Proctor



Nigel
Shaw



Margaret
Somerville



Alison
Thomas



Brian
Watkins

Ambitions for Adult Social Care



The Adult Social Care Committee brings together the following services:

- Adult social care
- Supporting people
- Support for carers
- Drug and Alcohol Commissioning
- Protection for vulnerable adults

All of these services work with people during a particularly vulnerable time in their life. Traditional ways of looking after older, disabled and vulnerable people need to change and be flexible enough to meet individual needs, increasing demands and changing expectations.

As a Committee we recognise that we have a huge role to play in achieving our ambitions and that we cannot do this without help from others.

County Council Plan

Norfolk County Council is the democratically elected body representing everyone living in Norfolk.

Our ambition is for everyone in Norfolk to succeed and fulfil their potential. By putting people first we can achieve better, safer future, based on education, economic success and listening to local communities

Good infrastructure

We will make Norfolk a place where businesses can succeed and grow.

We will promote improvements to our transport and technology infrastructure to make Norfolk a great place to do business.

Excellence in education

We will champion our children and young people's right to an excellent education, training and preparation for employment because we believe they have the talents and ability to compete with the best.

We will fulfil our ambition through three priorities

Real jobs

We will promote employment that offers security, opportunities and a good level of pay. We want real sustainable jobs available throughout Norfolk.

We will fulfil these priorities by:

- Standing up for the interests of people in Norfolk
- Promoting prosperity by championing the best practices, ideas and innovation for local economic success
- Working to increase life opportunities so that everyone can fulfil their potential
- Listening to and learning from our communities so local solutions can improve the quality of life
- Ensuring people get high quality services and clear information about them
- Improving the effectiveness of the Council by being more open and getting bigger input from your local representatives

The Committee's focus

The Committee has responsibility for a range of service areas. There is no hierarchy as every area has a vital role to play in achieving ambitions for older, disabled and vulnerable people in Norfolk. Achievement of these ambitions requires sound, long term planning as well as working with others.



Adult social care – covers a number of different types and levels of care and we recognise that the people who need our services and the reasons why they need them are changing. We need to ensure that the services we provide meet the needs of Norfolk people .



Support for carers – we recognise the important role that carers play, not just in lives of the people they care for but also in society. Having time for yourself and feeling supported can be difficult, especially when you are caring for someone else's needs.



Protection for vulnerable adults – protecting vulnerable people is one of our most important roles as an organisation. Looking at how we deliver services can help us better understand and work with those that need our help and their families to find the best outcome.



Supporting people – by offering support to people we can enable them to live as independently as possible, with a support network.



Drug and Alcohol Commissioning – by offering support and information we can help people and their families cope with the issues surrounding drug and alcohol abuse.

Voice of adult social care service users

What Norfolk residents and service users in Norfolk have said they would like the Adult Social Care Committee to bear in mind when making decisions.

"Be more responsive to peoples needs so intervention can happen before crisis"
Respondent to budget consultation 2013

Important

"I think the priority should be supporting the vulnerable. Making sure that those who can't get help elsewhere have a decent quality of life."
Respondent to budget consultation 2013

"I need opportunities to train, study, work or engage in activities that match my interests, skill and abilities" Making it Real Reference Group

"I was dreading the transition from children's to adult services. We have been very impressed with the help, information and guidance that your team has given us. They have helped make the start of transition less stressful than we'd been led to believe it would be",
Compliment from a service user

"I want individual care and support to live my life as I wish"
Making it Real Reference Group

"I want easy to understand information and the support I need in order to remain an independent as possible"
Making it Real Reference Group

For more about views from service users:
[Findings from the Putting People First budget consultation 2013](#)

Who needs adult social care in Norfolk?

The Council is supporting a growing number of vulnerable adults. In 2012/13 we:

- Were contacted by 63,510 new clients - up from 53,185 in 2011/12 and more than double the average for councils similar to us (our 'family group').
- Assessed 15,751 people for the first time – an increase from 14,145 in 2011/12 and the highest total in our family group.
- Provided care services to 19,297 adults – up from 19,233 in 2011/12



Norfolk has the highest proportion of people aged 65-84 in the region, and the second highest proportion of people aged 85+. While Norfolk's overall population is predicted to increase by 25% between 2008 and 2033, the number of people aged 65-74 is likely to increase by 54%, and the number of people aged 75+ should go up by 97%. North Norfolk has one of the largest proportions of older people aged 65+ in the country, predicted to be 39.5% in 2033, compared to 15.8% in Norwich.

Older people in lower income areas (such as Norwich, Great Yarmouth, Kings Lynn and Thetford) are more likely to need social care, and to be eligible for Council funding. About 36,500 people aged 60+ in Norfolk are income deprived, the highest level of the East of England shire counties. The biggest cause of "complex" care in older people is dementia and Norfolk has the third highest proportion of the population with dementia regionally. The number of people with dementia in Norfolk is expected to increase by 71% in the next 20 years. Norfolk has the highest number of GP-registered adults age 18+ with learning disabilities in the Eastern region. Nationally, this group is expected to grow by 1% a year but demand in Norfolk is increasing at a higher rate of around 3.6%.

The number of people in Norfolk with a physical or sensory disability is above average. We have the second highest rate of disability living allowance take-up in the region and the second highest number of people with physical disabilities who are supported by social care services. Rates of people registered as deaf and hard of hearing, or blind or partially sighted, are in the upper 25% regionally. Norfolk has a relatively high number of people with mental health problems with the third highest level of mental health diagnoses in the Eastern region. Between 1998 and 2007, the number of hospital admissions for mental health and behavioural disorders doubled to an average of nearly 12,000 a year.

There are over 90,000 'informal' (or unpaid) carers in Norfolk, who provide the majority of care in Norfolk's communities. Their contribution is critical - each carer nationally is estimated to save £18,473 that would otherwise be spent on health and social care services. In 2012/13 the Council assessed and provided services or information to 7,050 informal carers.

Chief Officer explains the Committee's challenges



Harold Bodmer
Director of
Community Services

Adult Social Care will see very significant change in the next two years with the implementation of the new Care and Support Act. This represents the biggest change in social care since 1948. It brings together various strands of current legislation and also introduces a number of far reaching changes including new arrangements for funding care for older people. The Committee will want to monitor the implementation of this carefully.

Integration with the NHS is a key theme for our work in 2014/15. We have made very strong progress in ensuring that people have a joined up experience of health and social care but there are significant decisions to be made, not least because of the requirements of the new Better Care Fund for the pooling of health and social care resources. Finally, the biggest challenge of course is our constant need to provide effective social care services to increasing numbers of older people and people with complex needs in the context of very significant pressure on Local Authority funding.

Challenges

The Committee faces a range of challenges in achieving ambitions for older, disabled and vulnerable people in Norfolk. These must be taken into account during decision-making.

Continuing budget reductions

- Many services may be unsustainable after 2017/18 if funding continues to be reduced. We have limited ability to mitigate rising demand for services through trading and income generation so we must ensure that strict budget management continues

Better Care Fund

- This requires pooling of budgets with the NHS. there are risks associated with this which need to be fully understood.

Care and Support Act

- There is some uncertainty about the financial implications of new measures in the Care and Support Act, in particular new charging and assessment arrangements.

Increasing numbers / demand

- People are living longer and Norfolk remains a popular retirement destination. Therefore potential demand on services may continue to rise. Managing this demand remains important, alongside truly understanding what it means for our services.

Increasing complexity

- One consequence of people living longer is that the complexity of the care needed in the future may be far more than we have been used to. It is important that we continue to match our services with the needs of our customers.

Challenges

The Committee faces a range of challenges in achieving ambitions for older, disabled and vulnerable people in Norfolk. These must be taken into account during decision-making.

Dementia and Mental Health

- The number of people suffering from dementia is increasing. This means that the type of care we need to provide is also changing.

Behaviours harmful to health

- Alcohol, smoking and lack of exercise can cause a variety of health issues, some of which will not impact until later in life. Trying to get people to adopt a healthier lifestyle can have huge gains not only for individuals but also relieve pressure on our services

Improving the skills base

- Adult learning can help to boost an individual's job prospects and improve the local economy. People can learn for a variety of reasons but the benefits can be felt much wider.

Contract Management

- Moving forward there will continue to be demand for services which we need to meet through external companies. Where this is the case we need to ensure that we manage the contract effectively, ensuring we get the best for our customers and the most efficient option for us

Rural County

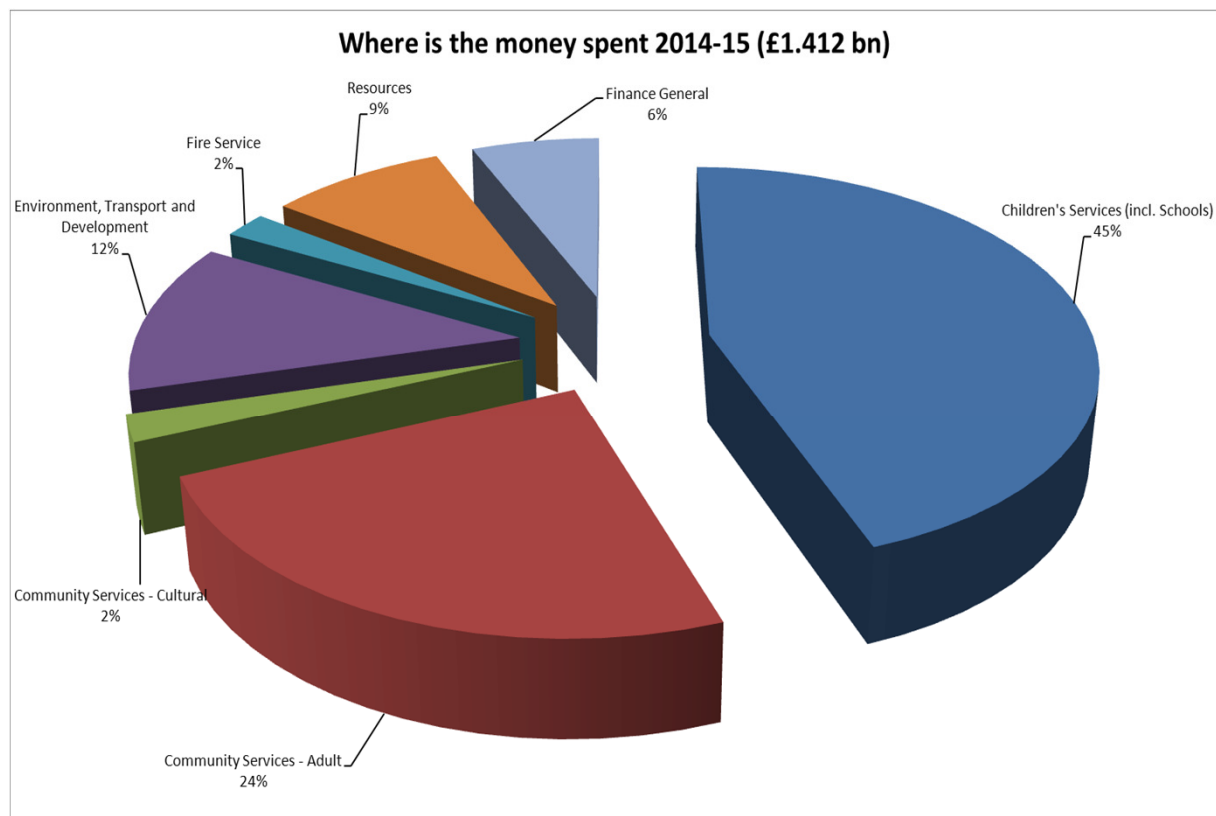
- Delivering care to people in a rural county like Norfolk presents its own challenges. This can include increased costs through travel, isolation and increased difficulty in accessing services. Many people retire to the county for the lifestyle and therefore we need to balance this with access.

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Resources and budget

Local Government will experience yearly reductions in funding up to 2020. The two financial tasks for all committees are to deliver their 2014-15 budget, and plan the next three years, 2015-18, to be agreed in February 2015. The scale of challenge requires a new approach, a wide range of options, and significant public consultation.

The graph below shows how money is being spent in 2014/15 across Norfolk County Council. 24% of the overall budget is spent on **adult social care**.

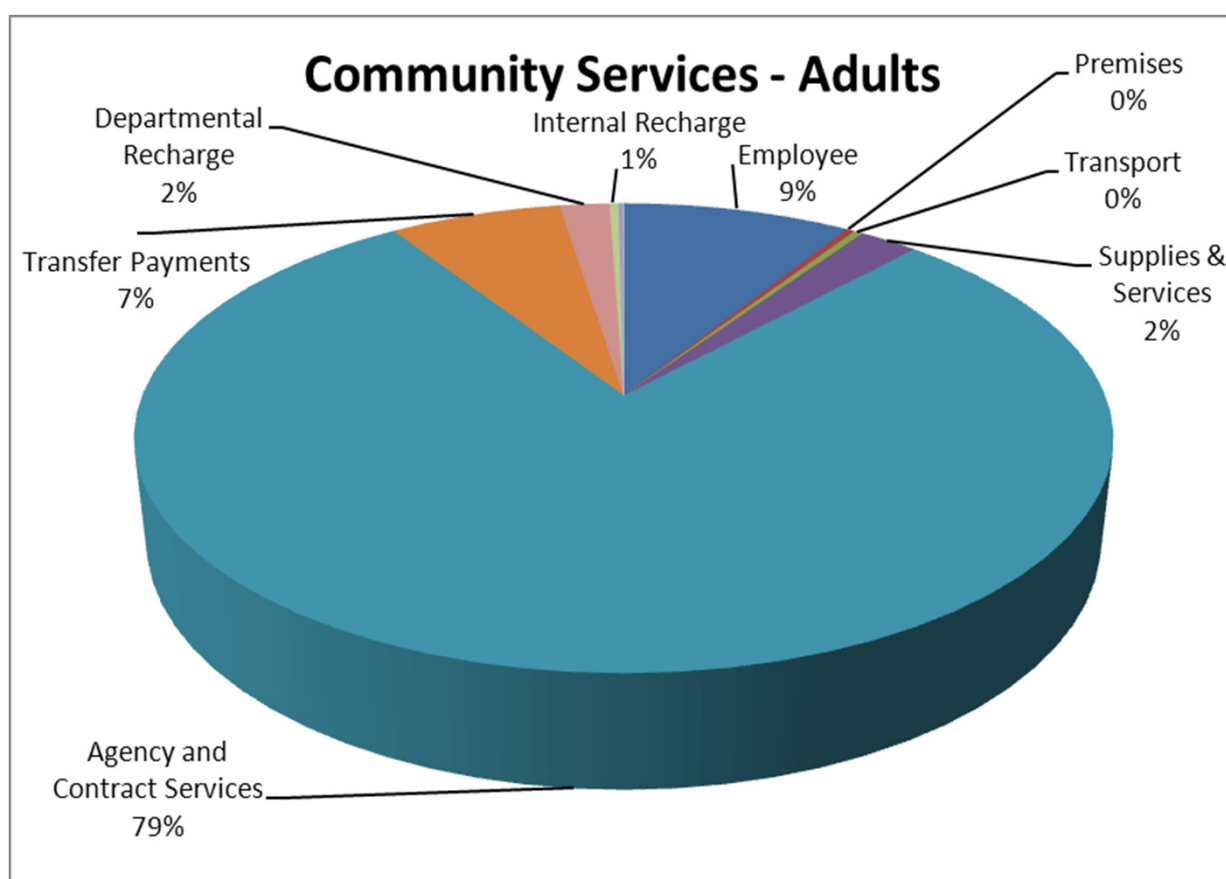


The Council's capital spend is **£391m** over the three years 2014-17. This includes:

- Environment Transport Development £203.8m
- Children's Services £113.4m
- All other departments - £73.9m

Resources and budget

This graph shows a break down of where money is spent in Adults. It shows that the largest area of spend is 'Agency and Contract services'. This reflects the move towards becoming a largely commissioning Service.



Savings to be achieved

Norfolk County Council needs to find savings of £189m between 2014 and 2017. Residents were consulted on ways in which money could be saved through adult social care services. These total around £27m and are shown below.

To read more about each proposal and the progress we are making against achieving it please **click here**.

	Saving 14/15	Saving 15/16	Saving 16/17
30. Change the type of social care support that people receive to help them live at home	0.200	0.200	-
31. Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget	6.000	3.000	3.000
32. Cut the costs of the contract we have with the provider delivering community health support to people with a learning disability	0.960	-	-
33. Reorganise how we provide care for people with learning disabilities or physical disabilities	1.000	2.000	3.000
34. Work better with the NHS to deliver the Reablement and Swifts Services and look to share costs equitably	-	3.000	-
35. Scale back housing – related services and focus on the most vulnerable people	1.200	1.200	-
36. Reduce the number of Adult Care service users we provide transport for	1.800	0.150	0.150
37. Stop ongoing (revenue) spend on the Strong & Well programme	0.500	-	-
Total	11.66	9.55	6.15

Risks and innovation

By identifying risks and opportunities we can make better decisions as to future activities and focus.

Risks

As an organisation we have a risk management process which cuts across all of the departments and committees. The information below shows a snapshot in time and will be updated as the plan develops.

For the Adult Social Care Committee there are two main areas of risk which could affect what we do in the future. If you want to know more about each risk, click on them.

Risk	How high is the risk?
Failure to meet the long term needs of older people	Amber
Failure to meet the needs of older people	Green

Innovation

As well as looking at future challenges we are also seeking new and exciting opportunities to help deliver our ambitions.

This includes things like new funding streams, different ways of working and even sometimes stopping delivering services where they are no longer needed or relevant. New opportunities and innovative ways of working will continue to be explored.



Performance

A key role of the Committee is to monitor progress against targets on a quarterly basis. To see one of these quarterly reports please [click here](#) (note this function will not be available immediately).

Commentary from the Chair on behalf of the Committee for 2014/15

At the end of each financial year, the Chair, on behalf of the Committee, will provide an overview of the Committee's progress in achieving key priorities for adult social care in Norfolk. This information will assist the Policy and Resources Committee to monitor overall progress against the Council's key priorities and targets for adult social care in Norfolk.



Performance at a glance

These will represent some of the important things that the Adult Social Care Committee along with Officers have achieved over the past year and some areas where we did not achieve as much as we had hoped. This will need to be developed over time and will link to performance reporting.

Over the last year we have:

- Achieved above average user satisfaction with services and high scores for people's perceived quality of life and control over daily life
- Significantly increased the amount of people using personal budgets and provided an above average number of direct payments
- Caused the lowest number of delayed discharges attributable to social care in our family group
- Helped more older people stay at home after being in hospital by providing reablement services compared to other areas

Benchmarking shows that we are **not performing as well in:**

- Waiting times for personal budgets,
- Permanent admissions of working age adults to residential care
- Carers' assessments
- Mental health social work

A new performance dashboard will be developed by this Committee as part of developing this plan. When available you will be able to [click here](#) to access it along with progress updates on performance.

The Committee's forward plan

This section links to a list of the reports planned over the coming year, some of which are a continuation of work started under the relevant Overview and Scrutiny Panels.

This list will be reviewed at each meeting in order to ensure it compliments the Committee's action plan.

To access this list please [click here](#).

Work to progress priorities

This part of the plan will be developed by the Committee at a later date.

Adult Social Care



Key action(s) to be achieved and a timeframe can just be a bullet list and no more than 4 or 5?
We could have an owner or a leader for this action which would be a member of the Committee.

Support for carers

Key action(s) to be achieved and a timeframe can just be a bullet list and no more than 4 or 5?
We could have an owner or a leader for this action which would be a member of the Committee.

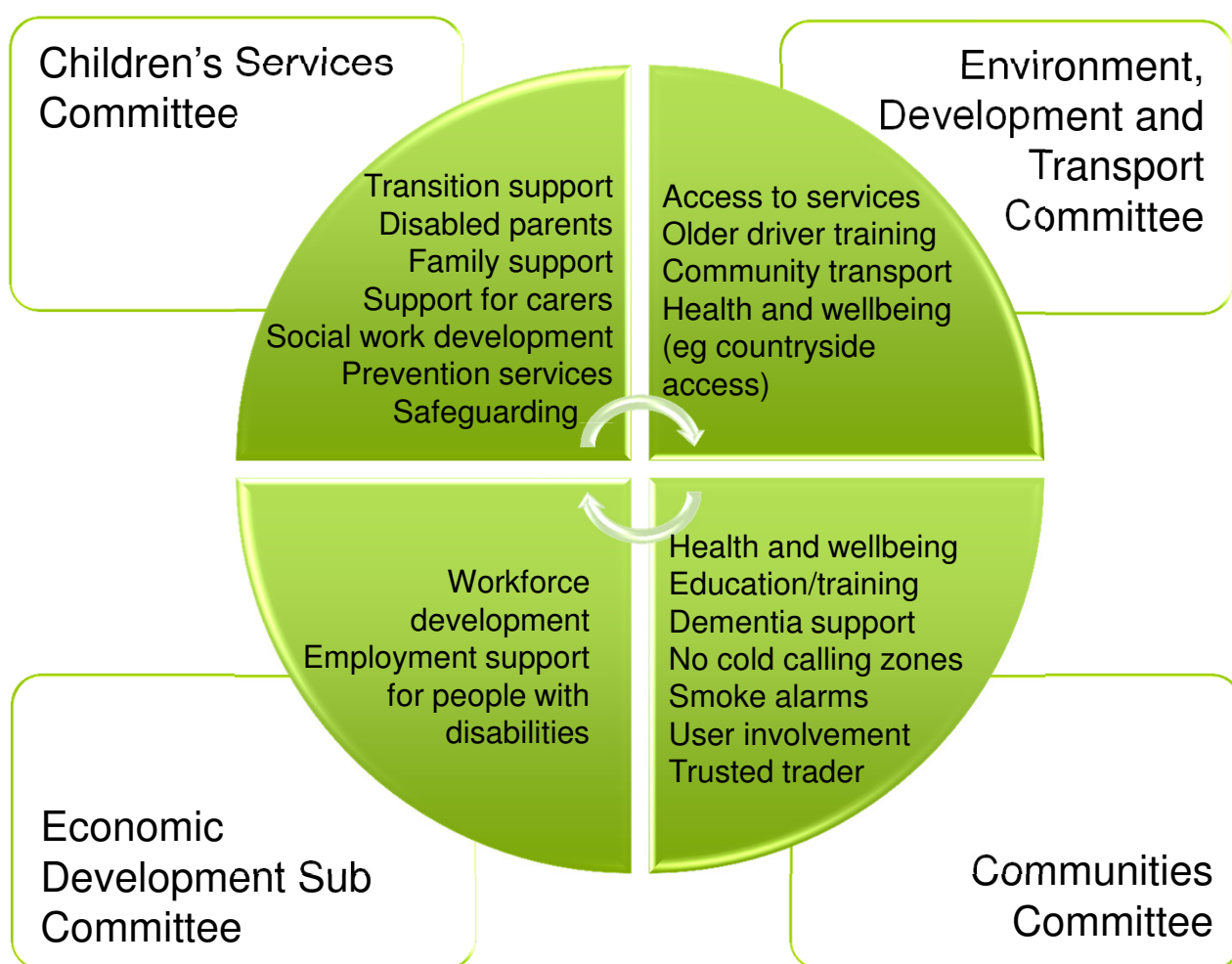


Protection for vulnerable adults



Key action(s) to be achieved and a timeframe can just be a bullet list and no more than 4 or 5?
We could have an owner or a leader for this action which would be a member of the Committee.

Working with other Committees



Every Committee has set responsibilities which they must work towards achieving. However they will all have some areas of service where they need to work with other Committees in order to achieve common goals. These are just some examples of areas where the Adult Social Care Committee is working with others. To read more about these other Committees please **click on the Committee** you are interested in below.

Adult Social Care Committee

Item No...6...

Report title:	Internal and External Appointments
Date of meeting:	16 June 2014
Responsible Chief Officer:	Acting Managing Director
Strategic impact	
<p>The Council makes appointments to a number of External (Outside) and Internal bodies and also appoints Member Champions. Appointments to Outside Bodies are made for a number of reasons – some because of a statutory requirement to appoint one or more Councillors to them, but most are discretionary, taking into consideration how representation on them adds value in terms of contributing towards the Council's priorities and strategic objectives.</p> <p>The Council also makes appointments to a number of member level internal bodies such as Boards, Working Groups, Panels, and Steering Groups. These were constituted under the previous Executive arrangements to enable a wider involvement of members in the work of the Council. This report proposes a methodology to ensure that these bodies remain appropriate and aligned to the Council's strategic priorities.</p> <p>Under the Committee system responsibility for appointing to internal and external bodies lies with the Service Committees. The same applies to Member Champions which will be part of the review of the structures in November 2014.</p>	

Executive summary

As the Council has a new system of governance and a new process for appointing members (i.e. Service Committees and Sub Committees) this is a timely opportunity for each of the new Committees to undertake a fundamental review of the Outside Bodies to which the Council appoints. This will also include how representatives are to feedback to the Council.

It is proposed that for the September 2014 cycle of Committees, there is a report reviewing the list of Outside Bodies within the remit of the Committee to ensure relevance and appropriateness of membership by applying basic criteria for continuing representation. The views of members who have served on these bodies together with those bodies themselves will be gathered and reported back to this Committee.

It is also proposed that as a general rule, current appointments are left in place pending review in the September cycle unless there are good reasons why membership needs to be reviewed before then (e.g. where an appointment was made on the basis of a position that a particular member held on the Council such as a Group Leader or a Cabinet Member). Where this applies, these are set out in Appendix A to this report.

Under the Committee system, responsibility for establishing and appointing to internal bodies lies with the Service Committees. The same applies to Member Champions which will be part of the review of the structures in November 2014. It is suggested that for these bodies/positions a similar approach to that outlined above for outside bodies be taken

Finally, a small number of Scrutiny Working Groups were unable to complete their tasks before the change of governance. It is suggested that a report be brought by the relevant

Chief Officer to the next meeting to allow members to consider how/if they wish to progress these pieces of work. Committees may decide they wish to reconstitute these Groups under the new system of governance or that they have other priorities for the resources available.

Recommendation

- **That the Committee notes that unless otherwise specified, existing appointments to external and internal bodies will continue pending a review to the September Committee cycle and that Member Champion appointments remain in force until the November review.**
- **That members review and make appointments to those particular external and internal bodies where there is a need to review appointments before the September meeting of the Committee, as set out (where appropriate) in Appendix A.**
- **To note that where there is a scrutiny working group whose work was not considered by members to be have been complete (Appendix A where appropriate), the Chief Officer will bring a report the next meeting to allow members to consider how/if they wish to progress these pieces of work.**
- **To delegate to the Acting Managing Director, following consultation with the Chairman or Vice Chairman (and Group Spokespersons where appropriate) authority to make appointments to internal and outside bodies where there is an urgent need.**

1. Proposal

Outside Bodies

1.1 Under the Committee system, it is for Service Committees and their Sub Committees to consider making appointments. The move to a committee system of Governance is a timely opportunity for each of the new Committees to undertake a fundamental review of the Outside Bodies on which the Council is represented. The bodies to which we make appointments change regularly as new organisations request membership and others withdraw. However, given that we now have a new system of governance and a new mechanism for appointing members, a review of appointments and also of how members undertake that representative role, including effective feedback to the Council, is important.

1.2 It is therefore suggested that there be a review of the list of Outside Bodies to ensure relevance and appropriateness of membership by applying basic criteria including the following:-

- The appointment furthers the Council's corporate priorities
- The appointment is necessary to fulfil one or more of the Council's statutory functions.
- The appointment is necessary to protect the Council's investment and assets
- There is not a significant cost and resource implication for the Council when measured against any accrued benefit.
- The balance or risk of any detrimental impact on the Council were it not represented.
- The appointment raises the profile of the Council at a national or regional level

1.3 The views of members who have served on these bodies together with those bodies themselves will also be gathered and reported back to this Committee at your September meeting. The general rule to support continuity will be that current appointments will continue pending that review. However, there are a small number of outside (and internal) bodies that have appointments made on the basis of the positions that a particular member held on the Council (e.g. a Group Leader or a Cabinet Member) where there will be a need for the Committee to consider whether it wishes to make an early change. In addition, there are a small number of outside bodies where there is currently a vacancy and it is important to make an appointment. Where identified, these are set out in Appendix A to this report.

Internal bodies

1.4 The current pattern of these groups was agreed by the Cabinet at its meeting in June 2013. Under the new system of governance, it is important to review these bodies as, for example, a number were established to advise Cabinet Members. It is suggested that this forms part of the review which will come to the Committee in September 2014. As these bodies were established under the Cabinet system, some had the portfolio holder as a member. Where there is a need for the Committee to consider whether it wishes to make an early change, these are set out in Appendix A to this report.

Scrutiny Working Groups

1.5 A number of Scrutiny Working Groups were established by the former Overview and Scrutiny Panels (OSPs). Whilst the Overview and Scrutiny Strategy Group encouraged OSPs to complete their work plans (including working groups) before the start of the new Committee system, in a number of cases that did not prove possible. As there are no longer any OSPs, those working groups they established are no longer formally constituted. However, members were clear that they did not wish any outstanding pieces of work to be “lost” in the transition, so any scrutiny working groups established by OSPs whose work was not considered by members to be have been complete are set out in Appendix A (where appropriate). It is suggested that a report be brought to the next meeting (July cycle) to allow members to consider how/if they wish to progress these pieces of work. Committees may decide they wish to reconstitute these Groups under the new system of governance or that they have other priorities for the resources available.

2. Evidence

2.1 The Committee could decide to extend the current arrangements and not review them. However, as there has been such a significant change in the Council’s governance, it is important to conduct a review. This will give the Committee the evidence to make sound decisions based on all the relevant factors (as described in 1.6 above).

3. Financial Implications

The proposed course of action does not involve any financial implications as the review will be undertaken by your officers within existing financial and staffing resources. Any changes to the level of representation that the Committee decides at its September meeting may have financial implications in terms of member travel costs.

4. Issues, risks and innovation

4.1 There are no other relevant implications to be considered by members.

5. Background

5.1 Appointment of Members to Outside Bodies provides support to the organisation concerned, enables Councillors to fulfil their community leadership roles and enables appropriate monitoring of performance / budgets in line with best practice.

5.2 Councillors appointed to Outside Bodies are able to work with and alongside local community groups, helping to empower them in terms of addressing local issues and delivering sustainable solutions.

5.3 Under the previous system of Governance, appointments to outside bodies were made under delegated powers by the Leader at the commencement of a new Council. The Leader reviewed the appropriateness of making an appointment to a body and, following consultation with Group Leaders, appointed members. Any new organisations that required representation during the period of the Council were also referred to the Leader for a decision.

5.4 The Council also makes appointments to a significant number of internal bodies. Under the Committee system, responsibility for these bodies lies with the Service Committees. The Cabinet system had a pattern of Boards, Working Groups, Panels, Steering Groups and other member bodies which do not have executive authority and therefore do not need to be politically balanced. The current political allocations were agreed by Cabinet in 2013; however the Committee may, if it so wishes, make changes.

5.5 There is no requirement for a member to be appointed from the “parent committee”. In certain categories of outside bodies it will be most appropriate for the local member to be appointed; in others, Committees will wish to have the flexibility to appoint the most appropriate member regardless of their division or committee membership. In this way a “whole Council” approach can be taken to appointments.

5.6 All Committees will be considering a similar report this cycle

Background Papers – There are no background papers relevant to the preparation of this report

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

If you have any questions about matters contained in this paper please get in touch with:

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Adult Social Care Committee

Outside Bodies

There is no requirement to specifically review any appointments to outside bodies before the report to September 2014

Adult Social Care Committee Boards/Working Groups/Panels

The following Boards/Working Group requires review before the report to September 2014 for the reasons shown:

This body was created to oversee the development of the Social Enterprise

1. Independence Matters Enterprise Development Board - 2

Cabinet Member with responsibility for Adult Social Care
1 other elected member

There is a requirement to review the membership given the reference to the role of the Cabinet Member.

Adult Social Care Committee Scrutiny Working Groups (To note)

Homecare

Adult Social Care Committee

Item No...9...

Report title:	Care Act – Adult Social Care
Date of meeting:	16 June 2014
Responsible Chief Officer:	Harold Bodmer, Director of Community Services
<p>Strategic impact</p> <p>The Care Act consolidates existing legislation for adult social care in England into a single framework and introduces reforms to the way care and support will be accessed and funded in future. It became law in May 2014, and there will be a period of consultation on the detail over the summer. Final regulations and guidance will be published in October 2014. Changes to the way Councils assess people, including new national eligibility criteria and a Universal Deferred Payment Scheme will commence in April 2015. Funding reforms including a Care Account increase to financial thresholds, and a cap on care costs will be brought in from April 2016.</p> <p>Implications for Norfolk County Council (NCC) include:</p> <ul style="list-style-type: none"> • Significantly more people being eligible for adult social care funding, especially given the number of older people in the County • Significant increase in number of people wanting social care assessments and financial assessments • More expenditure by NCC on packages of care • Potential impact on fees paid by NCC to providers, as less people will be funding their own care and more people will be funded by the Council • NCC will need to monitor the cost of peoples' eligible social care needs (including people who fund their own care), monitor when they are reaching their care cap and provide people with their annual account • Increase in request for deferred payments, which means NCC will have more debt • Potentially additional complaints • Additional resources required for implementation and in the future. • Huge potential cost impact to the local authority • Tight timeline 	

Executive summary
<p>The Care Act consolidates existing legislation for adult social care in England into a single framework and introduces reforms to the way care and support will be accessed and funded in future. It became law on 15 May 2014, and there will be a period of consultation on the detail over the summer. Final regulations and guidance will be published in October 2014. Changes to the way Councils assess people for care, including new national eligibility criteria and a Universal Deferred Payment Scheme will commence in April 2015. Funding reforms including a Care Account increase to financial thresholds, and a cap on care costs will be brought in from April 2016.</p> <p>Although the extent of the changes will not be known until the publication of the Regulations there will be a significant impact for Norfolk County Council of the Act, especially given the</p>

number of older people in the County.

Details of the risks associated with the implementation of the Act are set out in section 3 of this report. In summary the Act will increase demand on social care resources required to fund care and on social care staff time to undertake additional assessments. There will also be significant administrative changes necessary to implement the legislation. Funding will be available to meet anticipated increase in costs but there is a strong risk that this will be insufficient to meet the increase in costs.

The key changes in the Act are set out in paragraph 5.

The department has set up a project group to implement the Care Act, reporting to its transformation Programme Board.

Recommendations:

Members are asked to note what actions are being taken to prepare for the implementation of the Care Act.

1. Proposal

1.1 The next steps for the Care Act project are:

- a. Financial modeling using the scenarios, information about current service users and assumptions around people who fund their own care to estimate the cost/impact for NCC
- b. Modeling likely number of social care assessments and planning workforce development
- c. Review the regulations when they have been issued
- d. Review project work and plans in light of regulations
- e. Working with OLM (provider of CareFirst system) around amendments to CareFirst. CareFirst is the social care records system used by Adult Social Care and Children's, which also includes financial and contract information for Adults

2. Financial Implications

2.1 Please see 3. Issues, risks and innovation below

3. Issues, risks and innovation

3.1 Clearly there will be a significant impact for Norfolk County Council of the Act, especially given the number of older people in the County:

- a. Significantly more people will be eligible for adult social care funding
- b. There will be a significant increase in number of people wanting social care assessments and financial assessments
- c. More expenditure by NCC on packages of care
- d. Potential impact on fees paid by NCC to providers, as less people will be funding their own care and more people will be funded by the Council. People funding their own care usually pay more than local authorities
- e. More administration as NCC will need to: monitor the cost of peoples' eligible social care needs (including people who fund their own care), monitor when they are reaching their care cap and provide each person with an annual account
- f. If there is an increase in the number of people with deferred payments and

- NCC are funding more people, NCC will have more debt
 - g. Increase in the number of requests for deferred payments
 - h. Expectation of additional complaints
 - i. Huge potential cost impact to the local authority
 - j. Tight timeline to deliver implementation
 - k. ICT changes as a result of DNA (Digital Norfolk Ambition) will be happening at the same time as the implementation of the Care Act
 - l. The need for the authority to achieve budget savings whilst at the same time additional resources are required for implementation of the Care Act and to fund the increase in assessments and packages of care for people
- 3.2 Equality impact, the Environment/sustainability impact, S17 Crime and Disorder Act and Risk Management are being considered and will be assessed in light of the regulations when they are issued.
- 3.3 The impact of the Care Act is included in the Community Services Risk Register (RM14149).

4. Current Actions

- 4.1 A project has been in place since the summer 2013, involving people from across the Council. The project reports to the Adult Social Care Transformation Programme Board and through this to the Chief Officers Group (COG). There are currently six workstreams for the project:
- a. Finance
 - b. Assessments
 - c. Workforce Development (training and resourcing)
 - d. Communications
 - e. ICT and Information Systems
 - f. Legal
- 4.2 An exercise has been carried out to identify the potential number of people funding their own care (self funders) in Norfolk. This is difficult as the Council is only aware of self funders that have made contact with it and many people funding their own care will not contact their local authority. The project has used research by the Institute of Public Care at Oxford Brookes University in December 2010 which provides estimates of the percentage of people who fund their own care. By applying these proportions to the known number of people in Norfolk who have a residential or nursing placement or a home care service funded by Norfolk County Council, we have estimated the numbers of self funders in Norfolk.
- 4.3 Using this method of calculation it is estimated that there are 3,885 people in Norfolk aged over 65 who currently fund their own care in Residential Care and 2,299 people aged over 65 who are funding their Home Care. For comparison, in 2012-13 NCC funded 4,768 people aged over 65 in residential care and home care for 9,801 people older than 65.
- 4.4 The Council does not know the individual financial circumstances of the people funding their own care, e.g. how many of the people in residential care have assets of less than £118,000, and therefore it is not possible to do a straightforward estimation of the additional cost to the Council of funding packages of care. This more detailed financial modelling is currently being carried out, as well as the estimated cost of having the cap (£72,000 for people of state retirement age) and other financial impacts of the changes. As part of this financial modelling, scenarios have been worked up to identify the impact depending on peoples' financial circumstances. It is

anticipated that the Council's share of funding that Department of Health will make available for the Care Act will be £4.962m however this is one off funding for implementation. We believe however that the costs will exceed this.

- 4.5 The more detailed financial modelling will also help to inform the number of additional assessments that Adult Social Care staff will need to carry out, this will have an impact on Social Care input.
- 4.6 A Communications group has been set up to look at internal and external communications and has developed a Communications Plan which will be regularly reviewed and amended as the project progresses.
- 4.7 An initial email update bulletin has been sent out to all Adult Social Care staff, there was a presentation on the Care Act at the Community Services Quarterly Managers Forum in March and an internal webpage has been developed. The project will have a regular article in the adult social care E-zine magazine. The department will also be presenting an item on the Care Act at the Norfolk Older Peoples Strategic Partnership Board in June.
- 4.8 Council Members were initially updated in the autumn about the NCC response to the July 2013 consultation on funding. Members will be fully updated once the Department of Health have published the regulations and the project has further information.
- 4.9 Once the regulations have been published a core group of the project team will analyse the regulations and the project plan and implications will be revised in light of these.

5. Background

- 5.1 The Government first announced the Care and Support Bill in 2012. The statute is a mixture of up to 25 separate pieces of legislation going back to the NHS Act 1946. The Care Act codifies all of the different Acts into one Act, with the intention of being easy to understand.
- 5.2 Following the Dilnot Commission's report "Fairer Care Funding", the Government announced in February 2013 its intention to transform Adult Social Care funding via the Care Bill, i.e. peoples' contributions towards the cost of their social care.
- 5.3 The national timelines are:
 - May/June 2013 – Formal Bill
 - Summer 2013 – Consultation with Local Authorities
 - September 2013 – NCC sent response to consultation
 - 15 May 2014 – Care Bill became the Care Act
 - June 2014 - Launch consultation on draft regulations and guidance for April 2015, which will run for 10 weeks
 - October 2014 - Regulations introduced to Parliament and Guidance published
 - November/December 2014 - Launch consultation on draft regulations and guidance for the introduction of: the cap on care costs; extension to the means tests; and care accounts
 - April 2015 – Implementation of a number of requirements (see table below)
 - October 2015 - Regulations introduced to Parliament and Guidance published

- April 2016 – Implementation of the Dilnot requirements (see table below)

5.4 The timing of the key requirements are:

Key Requirement	Timing
<ul style="list-style-type: none"> • National minimum threshold for eligibility – Eligibility to be set nationally based on risk to the individual's wellbeing (as opposed to the risk to the individual's independence). Expect this to be critical and substantial, which is NCC's policy • Assessments, including carers' assessment - Anyone with a perceived social care need can request an assessment. Assessments are to focus on early intervention and prevention. Assessments are to take into account the person with needs, their family and carers • Early intervention and prevention - Supporting people as early as possible to help maintain their wellbeing and independence • Personal Budgets and care and support plans - Outcomes of support planning should be continuing independence and wellbeing. There will be new Independent Personal Budgets for anyone with eligible care needs • New Charging framework • Universal Deferred Payments Agreements - People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment, regardless of whether or not the local authority pays for their care • Information, Advice and Guidance and Complaints - New duty to provide advice and information to service users and carers who do not meet the eligibility threshold. Councils will be required to provide comprehensive information and advice about care and support services in their area and what process people need to use to get the care and support that is available. They will also need to tell people where they can get independent financial advice about how to fund their care and support. Councils will be required to provide independent advocates to support people to be involved in key processes such as assessment and care planning, where the person would be unable to be involved otherwise • Integration - Duty on councils to join up care and support with health and housing where this delivers better care and promotes wellbeing • Market Development and Commissioning - Duty on councils to ensure there is a wide range of care and support services available that enable local people to choose the care and support services they want (market shaping) • Safeguarding and Aftercare Mental Health - First ever statutory framework for adult safeguarding. Require local authorities to ensure enquiries are made into allegations of abuse or neglect, and to establish a safeguarding adults 	From April 2015.

<p>board (SAB) in their area</p> <ul style="list-style-type: none"> • Transition Child to Adult - Duty to assess young people, and carers of children, who are likely to have needs as an adult where it will be of significant benefit, to help them plan for the adult care and support they may need, before they (or the child they care for) reach 18 years. Legal responsibility for local authorities to cooperate to ensure a smooth transition for people with care needs to adulthood 	
<ul style="list-style-type: none"> • Extended means test - Increase in capital thresholds/extension to the means test providing more support to people with modest wealth • Capped charging system - Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000 for those of state pension age and above when it is introduced) including independent personal budgets and care accounts. No contribution expected for young people entering adulthood with an eligible care need. Lower cap for adults of working age (level to be determined). Everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support. People will be protected from having to sell their home in their lifetime to pay for any care home costs. People will be helped to take responsibility for planning and preparing for their care needs in later life • Care Accounts 	<p>From April 2016.</p>

- 5.5 Below is a table summarising the key differences in the funding of peoples' adult social care before and after the implementation of the Care Act:

Before	After 1 April 2016
There is no cap on a person's contributions towards the cost of their adult social care.	There will be a cap on a person's contributions towards the cost of their adult social care of £72,000 (if the person is above state pension age). This excludes 'daily living' costs for residential care. Those below the state pension age will have a lower cap.
If a person has capital of more than £23,250 , they have to fund their own care.	If a person's property is excluded from the financial assessment, e.g. the service user or their spouse is living in the property, but the person has assets of more than £27,000 they have to fund their own care. Where a person's property is included in the financial assessment, e.g. the person is in residential care, and their assets are more than £118,000 , they have to fund their own care. This will significantly increase the number of people who will come to NCC for financial assistance.
As there is currently no cap on a person's contributions, local authorities do not have to monitor this.	NCC will have to give everyone a care account, showing the total amount of expenditure on adult social care accrued and progress towards the cap, including an annual statement.
Currently it is up to local authorities as to whether they have a Deferred Payments scheme. Norfolk County Council does have one and charges interest from 56 days after date of death.	There will be a universal Deferred Payments Scheme. It is proposed that authorities could charge interest during life of deferred payment to cover costs.
Those in Residential Care do not have to pay daily living costs.	People in residential care will remain responsible for the daily living costs after they reach the cap. This is expected to be in the region of £230 per week.

Background papers

The Care Act 2014

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

Care Bill becomes Care Act 2014

<https://www.gov.uk/government/speeches/care-bill-becomes-care-act-2014>

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Adult Social Care Committee

Item No...10...

Report title:	Winterbourne Investigation – Actions taken in Response
Date of meeting:	16 June 2014
Responsible Chief Officer:	Harold Bodmer, Director of Community Services
Strategic impact <p>This report has been prepared to update members on the progress that has been made in responding to the recommendations of the National Winterbourne View Enquiry Report into abuse in a private sector assessment and treatment facility for adults with a learning disability.</p>	

Executive summary

Norfolk has met the national requirements of responding to actions required following the Winterbourne enquiry.

A summary of the key actions and progress against them is given below

1) Develop a local register of people with challenging behaviour in NHS funded care and communicate this to Clinical Commissioning Groups by 31 March 2013.

The register was completed by the required deadline and has been shared with Clinical Commissioning Groups.

2) By June 2013, all current NHS funded placements will be reviewed, everyone in hospital inappropriately will move to community-based support as quickly as possible, and by no later than June 2014.

All patients were reviewed by June 2013 and eight patients have moved into the community by 1 June 2014. A group of patients for whom their current treatment plans are not yet complete will be discharged into the community later in the year. A small number of patients will remain in hospital due to their current mental health status.

3) By April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice.

A Joint Strategic Plan was prepared by the deadline and will be tabled at the July meeting of the Health and Well Being Board for approval. A programme board chaired by the Director of Community Services will oversee the implementation of the actions in the strategy which are designed to

- 1) Help to prevent admissions to assessment and treatment hospitals
- 2) Ensure that when people do have to be admitted they receive good quality treatment and are in hospital no longer than necessary
- 3) Ensure that services commissioned are based upon best practice and up to date national guidance.

Recommendations:

Members are asked to note and comment on the contents of the report.

1 Progress update

- 1.1 A project steering group under the Chairmanship of the Director of Community Services has been meeting since September 2013 to ensure that Norfolk meets the national recommendations.
- 1.2 A small group of staff have been tasked by the steering group to ensure that the patients identified as eligible for stepping down into the community from private hospital provision are discharged into the community by 1 June 2014 and to continue to work on moving the remaining patients.
- 1.3 The outcome has been that eight patients who were commissioned by Norfolk Clinical Commissioning Groups have been discharged. Plans are in place for a further 14 to be discharged later this year when their current treatment programmes are complete (this includes new admissions since the Winterbourne work was begun). At this point six patients are considered to require longer term hospital admission.
- 1.4 The NHS England Local Area team also identified a group of Norfolk patients in low and medium secure services who they considered were eligible for discharge, all of these patients are now discharged except one person for whom a decision by the Ministry of Justice is awaited.
- 1.5 Members should note that the numbers of patients and their circumstances can change due to new admissions that may be necessary and the mental health of current patients which can rapidly change.
- 1.6 A Joint Strategic Plan which contains recommendations for further improvements has now been prepared which will be tabled at the July meeting of the Health and Well Being Board for approval.
- 1.7 The Steering Group will then become a Programme Board to oversee the implementation of the Joint Strategic Plan over the next two years.

2 Business intelligence

- 2.1 Public Health have been asked to undertake a study which will help further inform Norfolk's commissioning of future services for this group of people.

3 Issues, risks and innovation

- 3.1 The movement of patients into community settings from private hospitals is likely to place a significant financial burden on the local economy. Representation about the need for funding to follow the patient has already been made to the Department of Health by the Association of Directors of Social Services.
- 3.2 Norfolk also has higher than average number of private hospital beds and residential care establishments and is a net importer of people from outside the county. Many London boroughs and other counties place people in Norfolk and the effects on our local health and social care economy are well documented. The movement of these

patients into the community could also lead to cost pressures.

- 3.3 Work is in hand in response to the Better Care Fund to examine the possibility of establishing a pooled fund between Clinical Commissioning Groups and the County Council to manage these pressures.

4 Background

- 4.1 In May 2011 BBC Panorama screened an undercover investigation report into a private sector assessment and treatment hospital for adults with a learning disability at Winterbourne View in Gloucestershire. The programme showed shocking levels of abuse taking place which has resulted in the hospital closing and 10 members of staff being prosecuted with six given jail sentences by the courts on 26 October 2012.
- 4.2 A follow up Panorama programme was screened on 29 October which provided evidence that there has been further safeguarding concerns affecting some of the people with a learning disability after their move from Winterbourne View.
- 4.3 The Care Quality Commission undertook a programme of urgent unannounced inspections of these types of institutions across England and Wales and identified significant concerns in many of the units that they visited. The Department of Health and South Gloucester Council has also undertaken a Serious Case Review. A full report of the findings has now been published. The investigation report has over 60 recommendations.
- 4.4 A national programme of review has been initiated. Reports detailing Norfolk's response to the Winterbourne View Enquiry have been previously submitted to the Health and Well Being Board in January, April, July and October 2013. This report provides a further update on progress that is being made.

5 Background papers

The Department of Health review report 'Transforming Care: A national response to Winterbourne View Hospital' describes the failings around how people with learning disabilities and/or autism with complex needs were being cared for. The full report can be accessed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Officer Contact

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