

DRAFT

Independent Living Strategy



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Cllr Alev Cazimoglu
Cabinet Member for Health and
Social Care

Foreword

As part of the Council's ongoing commitment to supporting independence, choice and control for people with support and care needs, I am pleased to introduce this Independent Living Strategy, which sets out our priorities for supporting independent living over the next five years.

The last few years have been challenging for us all. Covid-19 has impacted the life of each and every resident – none more so than people with health and social care needs and their carers, who have been disproportionately impacted by the pandemic.

Moving forward, we shall build on good practice and lessons learned from this difficult time and further develop well-established partnerships to continue the delivery of high quality, integrated health and social care services that are shaped and driven by the needs of people who use them.

But supporting independence, choice and control goes beyond providing good care. In our push to improve the lives of people with support and care needs, we must embed the needs of people with disabilities and their carers across service provision – from information and advice to transport, housing and health. This means working together, across sectors and communities to share expertise, knowledge and understanding in our drive for continual improvement.

No-one is better placed to inform the ongoing development and improvement of services than those who use them. Co-production shall sit at the heart of our approach to delivering these priorities, and I look forward to ongoing joint work to maximise opportunities for independence, good health and wellbeing of residents.

1 Introduction

The importance of supporting independence among older people and adults with disabilities sits at the heart of recent local and national health and social care strategy. The Care Act (2014) places responsibility on local authorities to prevent or delay the escalation of support and care needs and sets out the requirement for local areas to work with their communities to provide or arrange services that help keep people **independent and well**. These themes are further embedded within the recent Adult Social Care Reform White Paper 'People At The Heart Of Care'¹ This paper sets out a 10 year vision for transforming support and care in England. It places choice, control and support to live independently and one of three core objectives.

The Covid-19 pandemic has placed an important spotlight on how areas support local people to live independently. Communities have come together to support those most in need and the importance of enabling people through technology has been brought to the fore. However, as evidence unfolds it has become clear that people with health and social care needs have been disproportionately impacted by the pandemic. In September 2020, an Opinions and Lifestyle Survey (OPN) by the Office for National Statistics revealed that disabled people reported more frequently than non-disabled people that:

- the coronavirus pandemic affected their well-being because it made their mental health worse (41% for disabled people and 20% for non-disabled people)
- they felt lonely (45% and 32%)
- they spent too much time alone (40% and 29%)
- they felt like a burden on others (24% and 8%) or had no-one to talk to about their worries (24% and 12%).²

Nationally and locally, we've work to do to address this disproportionate impact and support those most in need to keep independent, healthy and well. But what do we mean by 'independent living'? Independent living can mean different things to different people. It's not about expecting people with support and care needs to live on their own, or indeed, to manage their daily lives without support. According to a cross government strategy on independent living for disabled people³ 'independent living' means:

- having **choice and control** over the assistance and/or equipment needed to go about your daily life
- having **equal access** to housing, transport and mobility, health, employment and education and training opportunities.



1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061870/people-at-the-heart-of-care-asc-reform-accessible-with-correction-slip.pdf

2 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/september2020#main-points>

3 <https://webarchive.nationalarchives.gov.uk/20130703133720/http://odi.dwp.gov.uk/docs/wor/ind/ilr-executive-report.pdf>

We've spoken to local people with care and support needs and their carers about what Independent Living means to them.

“Helping people to ‘realise their choices and dreams with the help of others.’”

“Throw out the jargon – people with disabilities are living just like anybody else but sometimes need more help to do so.”

“Personalisation’ needs to sit within definition Independent Living beyond housing – need to care and support ‘reflects personal choices and how they are received.’”

Views from a Carers Focus Group, 2022

Maximising opportunities for independence **across living environments** was also considered important. Whether a person is living within their own home in the community, a specialist housing scheme or residential care environment, opportunities for increasing independence should be embraced.

For the purpose of this strategy, and in consultation with people with disabilities and their carers, we have defined living independently as: ‘living with **personalised choice and control** over how and where one is supported to live their lives, **equal access** to universal services including housing, transport, health, employment, and **equal opportunity** to participate in family and community life’.



2 About this Strategy

2.1 Purpose and Scope of Strategy

The purpose of this strategy is to set out headline priorities for supporting independent living for young people in transition to adulthood (16-17 years), adults (18-64 years) and older people (65+) with adult social care needs in Enfield over the next five years (2022-2027). It is intended to support our vision for Adult Social Care, as set out in Chapter 4 of this Strategy.

Recognising that barriers to living independently reach beyond adult social care, this strategy will first consider **universal themes** that can impact a person's opportunity to live independently, including information and advice, health and housing. These themes have been informed by early work on the pillars of independent living, and later themes identified by Think Local Act Personal, which aim to set out the most important elements of personalised care and support, to include Wellbeing & Independence, Information & Advice, Active and Supportive Communities, Flexible and Integrated Care & Support.⁴ It will also consider growing opportunities to enhance independent living through the use of digital technology – a landscape of opportunity that continues to evolve.

The latter section of this strategy will focus on specific priorities for supporting independent living, according to need. These **'In Focus'** areas include specific consideration of:

- people with learning disabilities
- autistic people
- people with mental health support needs
- older people with care and support needs
- people with physical and/or sensory impairment
- people with long term conditions
- unpaid carers

The intention of this second section is to provide headline priorities for each area, with an understanding that these may be developed further in future years in the form of service area specific strategies.

3 Our Vision for this Strategy

3.1 Co-Production, Listening and Working Together

This strategy has been developed with the support and involvement of many groups of people, including older people, people with disabilities and their carers.

Our engagement will not stop here. In delivering priorities of this strategy, we seek to continue this conversation, working in partnership to monitor progress and reflect ongoing work to improve opportunities for independence, choice and control. Given the five year timeframe for this strategy, we shall work with older people, people with disabilities and their carers to develop and deliver actions, review progress in delivering our priorities and capture evidence of change.

⁴ <https://www.thinklocalactpersonal.org.uk/makingitreal/about/six-themes-of-making-it-real/>

4 Strategic and Financial Context

4.1 National Strategic Context

The importance of supporting independent living was placed at the forefront of national strategy in 2008, with the publication of the government's Independent Living Strategy.⁵ An impact review of this strategy in 2014 ⁶ indicated that there is still much to improve, and the requirement of local authorities to support independent living has now been cemented within Care Act (2014) legislation.

More recently, the government published a National Disability Strategy, which sets out immediate and long term actions the government will take to improve the everyday lives of all disabled people⁷ This includes a commitment to enable independent living through the active encouragement of initiatives that support disabled people to have choice and control in their lives.

These themes are further supported within the recent Adult Social Care Reform White Paper ' People At The Heart Of Care' ⁸ This paper sets out a 10 year vision for transforming support and care in England, which revolves around three objectives:

1. People have **choice, control**, and **support to live independent lives**.
2. People can access outstanding **quality** and **tailored care and support**.
3. People find adult social care **fair and accessible**.

Improved integration continues to be held as fundamental to the delivery of these commitments. In early 2021 the Department of Health and Social Care published the White Paper: "Integration and Innovation; working together to improve Health and Social Care for all"⁹ which sets out duties for greater collaboration between NHS and local government bodies to deliver better outcomes for local people. It also introduces measures to improve accountability within social care and details plans for a new quality assurance framework to provide greater oversight of local care delivery.



5 <https://www.bl.uk/collection-items/independent-living-a-crossgovernment-strategy-about-independent-living-for-disabled-people>

6 <https://www.disabilityrightsuk.org/sites/default/files/pdf/IndependentLivingStrategy-A%20review%20of%20progress.pdf>

7 <https://www.gov.uk/government/publications/national-disability-strategy>

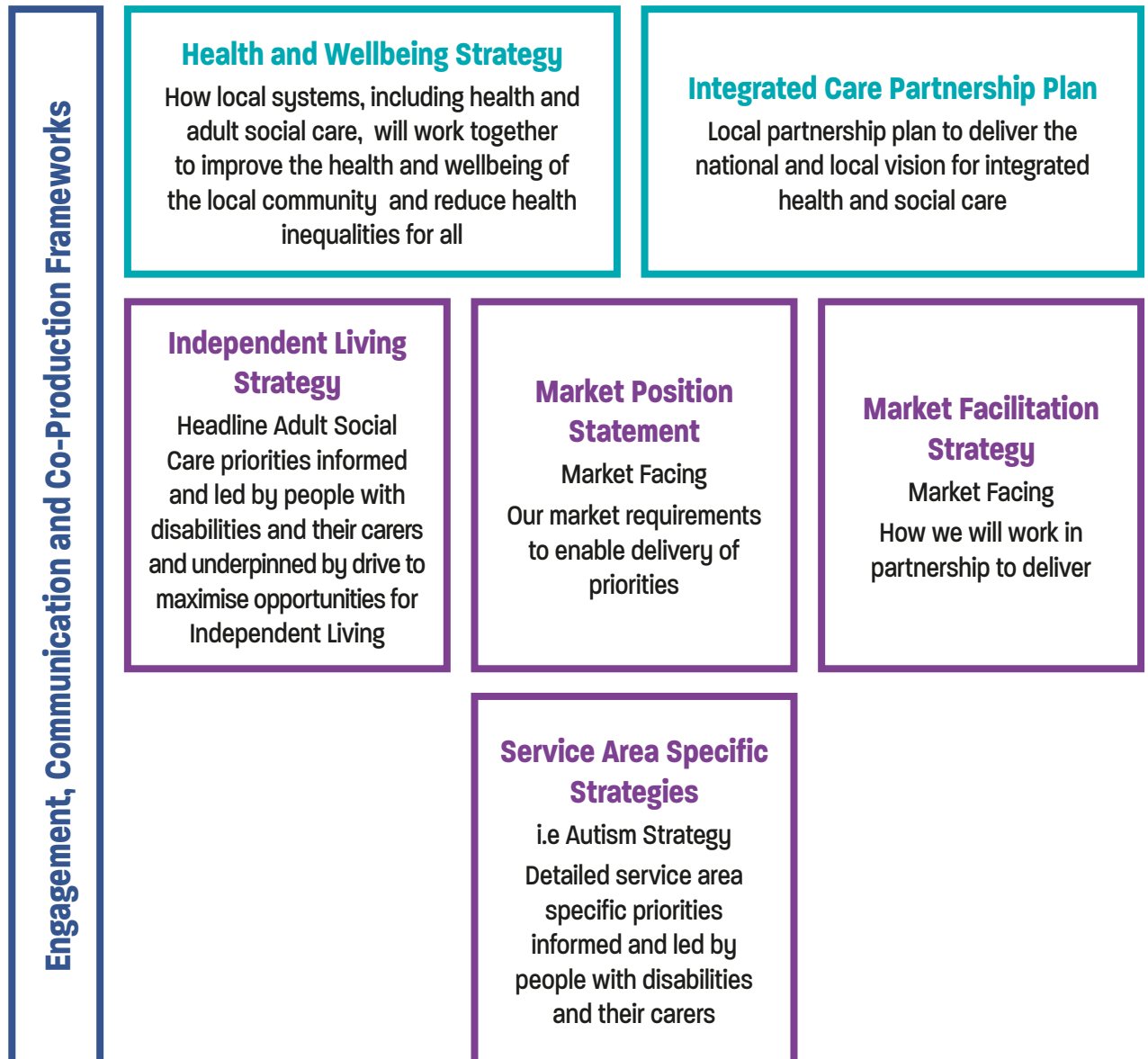
8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061870/people-at-the-heart-of-care-asc-reform-accessible-with-correction-slip.pdf

9 <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

4.2 Local Strategic Context

Locally, the importance of supporting people to achieve their full potential is headlined within Enfield's Council Plan¹⁰. The need to work together to support independence health and wellbeing is central to our joint strategic documents, including our Health & Wellbeing Strategy¹¹ and Integrated Care Partnership Plan¹².

This Independent Living Strategy is intended to complement existing strategies and contribute to a wholistic portfolio of Adult Social Care documents that set out, in partnership with people who need support and their carers, *what* we need locally to better support independent living, and *how* we will work with the market to deliver. This portfolio of documents is set out below.



¹⁰ <https://new.enfield.gov.uk/services/your-council/our-vision-aims-and-values/>

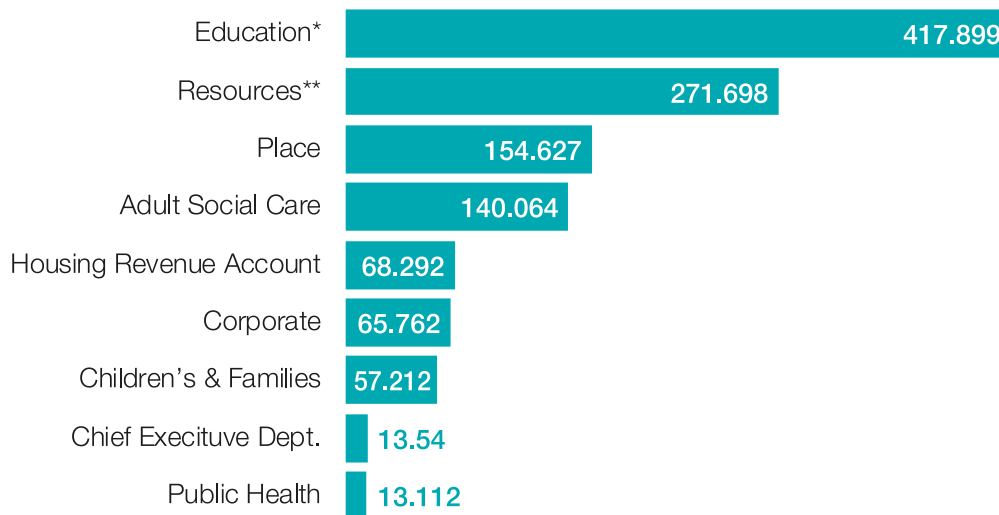
¹¹ <https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf>

¹² <https://governance.enfield.gov.uk/documents/s88161/Enfield%20ICP%20Progress%20Update%20to%20Enfield%20Health%20and%20Wellbeing%20Board%2024%2006%202021%20SW.pdf>

4.3 Financial Context

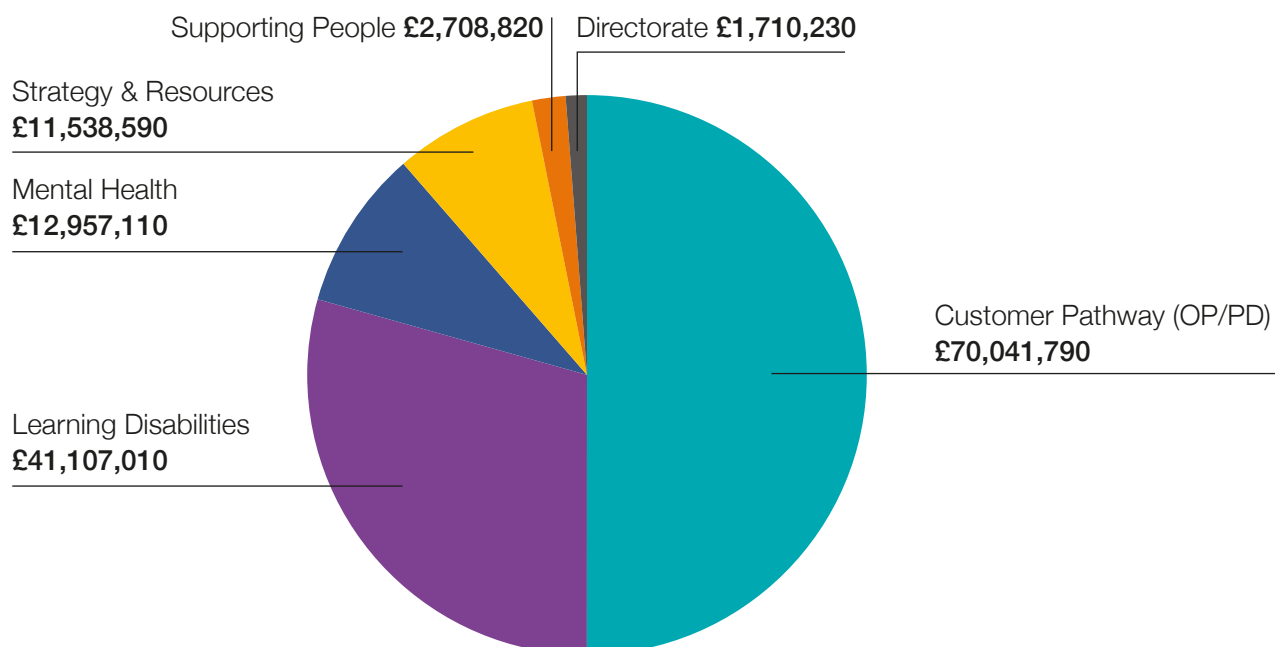
Understanding the financial context within which we strive for improvement is important. The demand for services from Health and Adult Social Care is rising. People are living longer, but not always in good health, and local authorities are increasingly supporting adults with multiple and complex needs. Over 2022/23 the Gross Expenditure budget for Adult Social Care was set at £140 million. This represents the fourth largest area of Council expenditure.

Gross Expenditure Budget 2022/23 (£m)



Within Adult Social Care the highest expenditure is within the Customer Pathway, which supports Older People and People with Physical Disabilities. This is followed by Learning Disabilities.

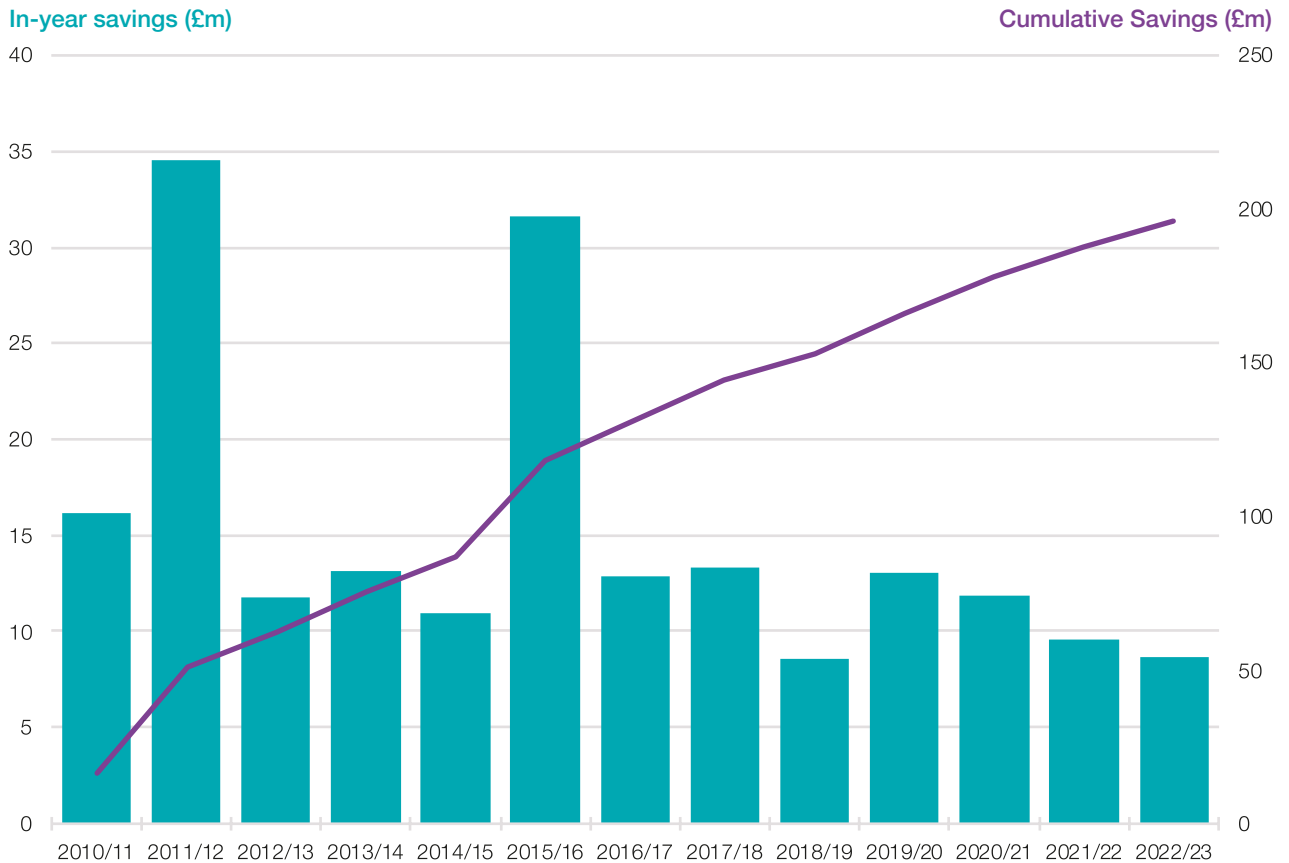
Gross Expenditure Budget 2022/23 (£m)



Rising demand, coupled with funding reductions from central government, workforce pressures and the escalating cost of care has resulted in a Health and Adult Social Care system under significant pressure. Local authority duties set out under the recent Social Care Reform are expected to increase these financial pressures.

Nationally, local authorities have responded to this challenge through innovation, efficiency and improved integration with health. Since 2010 the Enfield Council has been required to make savings of nearly £200m, with considerable further savings being required for 2023/24.

Delivering savings 2010 to 2023



But further transformation is required. To deliver a system equipped for the future, Councils must continue collaborative work with health partners, local organisations, people with disabilities and their carers to deliver joint, outcome-based solutions and whole system change.

5 Our Approach

The importance of supporting independence is embedded within our overarching vision for Adult Social Care:

We aim to delivery good quality, safe, joined up and personalised health and social care services, that support independence, choice and control, and meet the needs of individuals and their carers at the right time and in the best place. Our focus is on prevention, but when care and support is needed, we strive to provide this in a community setting wherever possible.

Our approach to supporting independent living among older adults and adults with disabilities will be driven by co-production, as we place the views of people with care and support needs at the heart of service development, delivery and review. Our approach is reflective of Enfield's Corporate Plan. As a modern Council we will:

- be bold
- make a difference
- show we care

To deliver on these values:

- we take responsibility
- we are open, honest and respectful
- we listen and learn
- we work together to find solutions

We will work within and across organisations to assure service quality and apply strength-based approaches that consider personal, social and community resources to maximise positive outcomes for those requiring support.¹³ A framework for strength-based practice has been developed by Enfield Council, led by Adult Social Care and Customer Services. Through this Framework, we will support individuals and their families to be independent, resilient and to find their own solutions. To achieve this, we will ensure that our staff are supported to develop the required knowledge and skills to implement a strength and outcome-based approach. Complementing this approach will be our Learning and Development programme and Strength-Based Practice Toolkit, combined with strong leadership and support from managers. This aims to help Enfield residents feel connected and to live the life they want to lead.

¹³ <https://www.scie.org.uk/strengths-based-approaches/guidance>

6 Our Market

Enfield has a rich and diverse provider market. Our Market Position Statement¹⁴, sets out in detail our local market picture, and we are committed to working with providers across the sector to facilitate a high quality, vibrant market equipped to support independent living for people with disabilities.

Our Voluntary and Community Sector plays a vital role in helping people to live independently and work together to support the Council's Prevention and Early intervention agenda. This includes targeted work, through a consortia approach to:

- help people continue caring
- support vulnerable adults to remain living healthily and independently in the community including avoiding crises
- support people to improve their health and well-being and improving self-management
- help vulnerable adults to have a voice
- help people recover from illness and support safe and appropriate discharge from hospital.
- increase and improve information provision

In addition to organisations that the Council directly commissions, Enfield is proud to accommodate over 650 Voluntary and Community Sector Organisations, that provide a wide array of services – from information advice and guidance, to sport and leisure opportunities.¹⁵



14 <https://mylife.enfield.gov.uk/media/24946/hhsc648-market-position-statement-2019-22.pdf#:~:text=MARKET%20POSITION%20STATEMENT%202019-22%20it%20is%20a,year%20on%20year%20and%20projected%20to%20reach%20376%2C800>

15 <https://www.enfield.gov.uk/services/your-council/community-development>

7 Our Population

7.1 Borough Demographics

As at mid 2020, Enfield's population was estimated to be 333,587, placing it as the 5th largest London borough by population, after Barnet (399,007), Croydon (388,563), Newham (355,266) and Ealing (340,341).

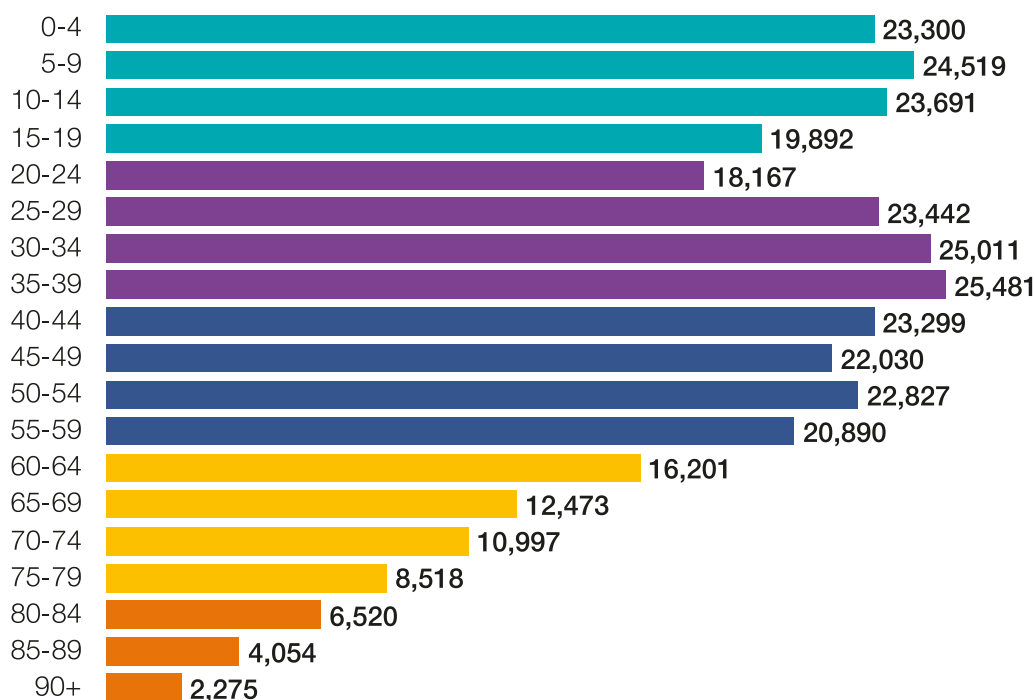
Although Enfield's population has increased since 2012, the rate has slowed down in recent years, culminating in two successive years of slight population decline, despite overall growth in the London region.

The future population trend is highly uncertain. The latest housing-led Greater London Authority projections suggest a possible fall in population – to 333,350 by 2040. On the other hand, trend-based projections point to an increase to around 380,000 by 2040. The ONS have indicated that they will produce another round of their own trend-based population projections in the near future, with the 2021 Census estimates as the base year.

Enfield has relatively high proportions of children and young people under the age of twenty – higher than both London and England averages.

The percentage of younger adults – aged 20 to 44 years – is also higher than in England in general, but below that of London as a whole. Both the London area and Enfield have proportionately fewer older residents than the England average.

Enfield population by age



The most populous wards are currently Haselbury, Enfield Lock and Edmonton Green. In terms of older people populations, wards with highest populations of older adults are thought to be Bush Hill Park, Ridgeway and Southgate.

In respect of Ethnic Diversity, Enfield Council estimates that 34.8% of the borough's population were of white British ethnicity in 2017 (down from 40.5% at the time of the 2011 census). Enfield is notable for a particularly large 'white other' population. In 2017, 23.1% of the population came under this category which included what are probably still the largest Turkish, Turkish Cypriot, Greek and Greek Cypriot communities in England, as well as sizeable communities from a number of countries in eastern Europe. 18.3% of the population were estimated to come from a black ethnic group.

Enfield is also one of the most deprived Outer London boroughs. It ranks as the 9th most deprived London Borough. Nationally, Enfield is ranked 74th most deprived out of the 317 local authority areas in England. Levels of deprivation vary considerably across the borough, and there is an east-west divide. Wards within the east of the borough, including Edmonton Green, Upper Edmonton, Ponders End and Carterhatch have been identified as ranking in the most deprived 10% of wards in England.

Over half of Enfield's wards fall within the most deprived 30% of wards in England. Conversely, areas in the west of the borough including Arnos Grove, Grange Park, Bush Hill Park and Winchmore Hill have been identified amongst the 30% least deprived areas of England.

7.2 Our Young Population, including People aged 16-18 in transition to adulthood

Borough Demographics

Enfield has relatively high proportions of children and young people under the age of twenty – higher than both London and England averages.

As at 2020, Enfield's population aged 16-17 was estimated to be 8,466, representing 2.5% of the total population (333,587).

In respect of young people with support and care needs transitioning to adulthood, as a snapshot view, in September 2019 115 people aged 16-18 with learning and/or physical disabilities were in transition from child services to adulthood. Approximately 38% of those in transition were eligible for Adult Social Care services.

Looking forward to the next five years, data indicates a year on year rise in the number of young people with learning disabilities who have Special Educational Needs moving to adulthood.

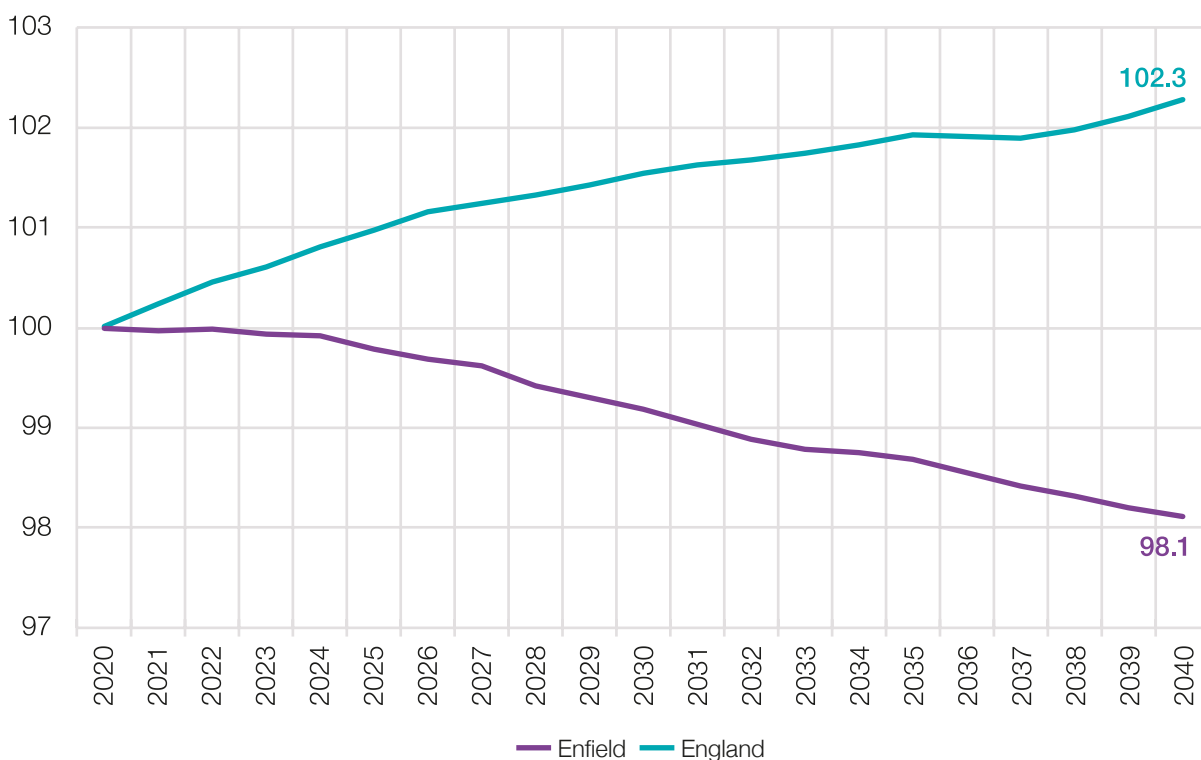


7.3 Our Adult Population (18-64 years)

Borough Demographics

As at 2020, Enfield's adult population aged 18-64 years was estimated to be 205,400, representing 61% of the total population (335,500). National population projection data¹⁶ indicates that Enfield's population of adults aged 18-64 is expected to decrease to 201,507 (or 1.9%) by 2040.¹⁷ In England in general, the number of 18-64 year-olds is expected to increase by 2.3% in the same period (according to ONS projections).

ONS 2018-based population projections: Number of 18-64 year-olds to 2040 expressed as an index (Base year = 100)



In contrast to this local decline, we expect to see the number of adults age 18-64 with some disabilities increase.

Whilst baseline estimates for people aged 18-64 with learning disabilities indicate a slight population decrease over the next 20 years, sub populations of people with learning disabilities aged between 45-64 are set to increase, as some people with learning disabilities are supported to live into older age.¹⁸

The total population aged 18-64 predicted to have autistic spectrum disorders is also set to increase between 2020 and 2040, as is the total population of adults 18-64 predicted to have impaired mobility, moderate/severe personal care disability, diabetes, or a longstanding health condition relating from a stroke.

Estimates from 2020 indicate that, among working-age people (aged 16-64 years), 53,000 had some level of disability – around 25% of the working-age population.

In 2020 it was predicted that 38,978 people aged 18-64 living in Enfield had a common mental health disorder, representing just over 18% of the 18-64 year population. Whilst population data indicates no significant population increases, it does point to an increase in those with early onset dementia.

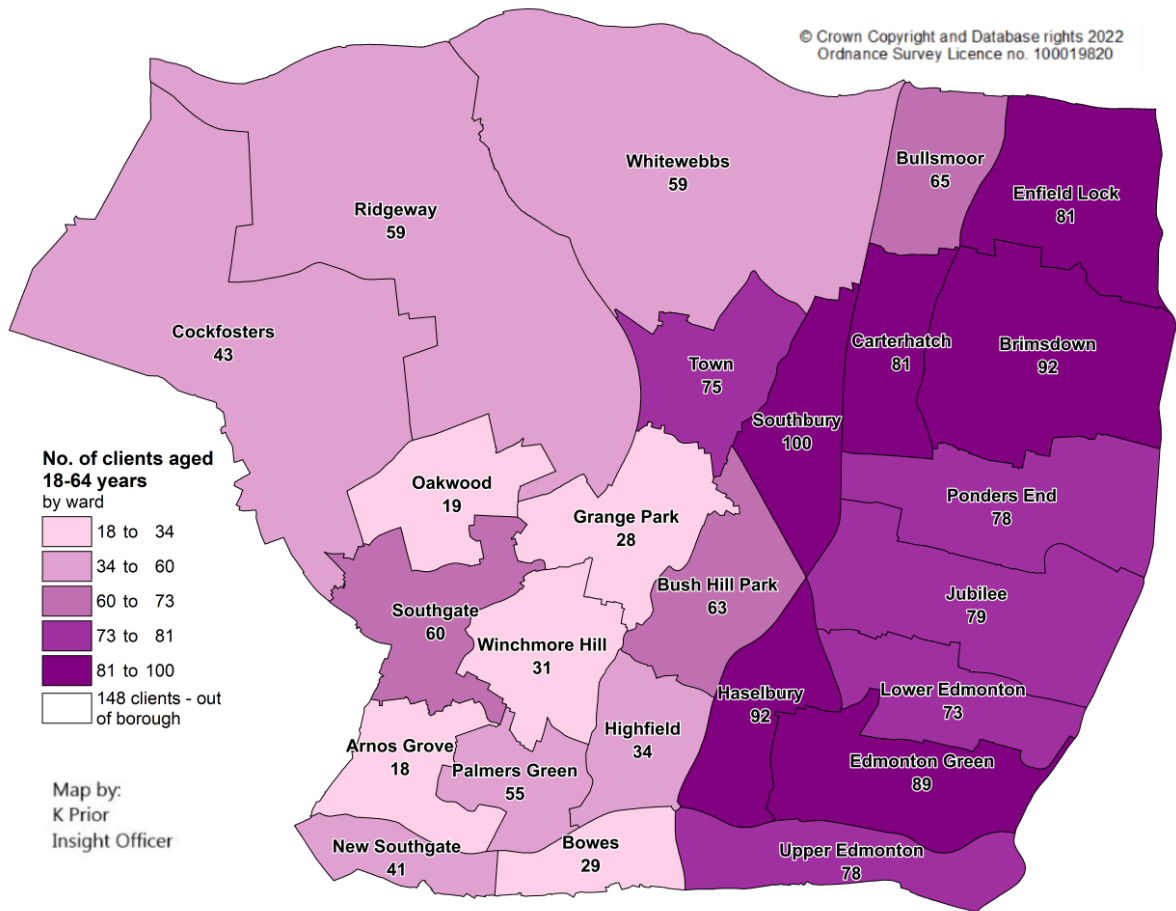
¹⁶ ONS 2018-based population projections.

¹⁷ ONS 2018-based population projections as above.

¹⁸ www.pansi.org.uk

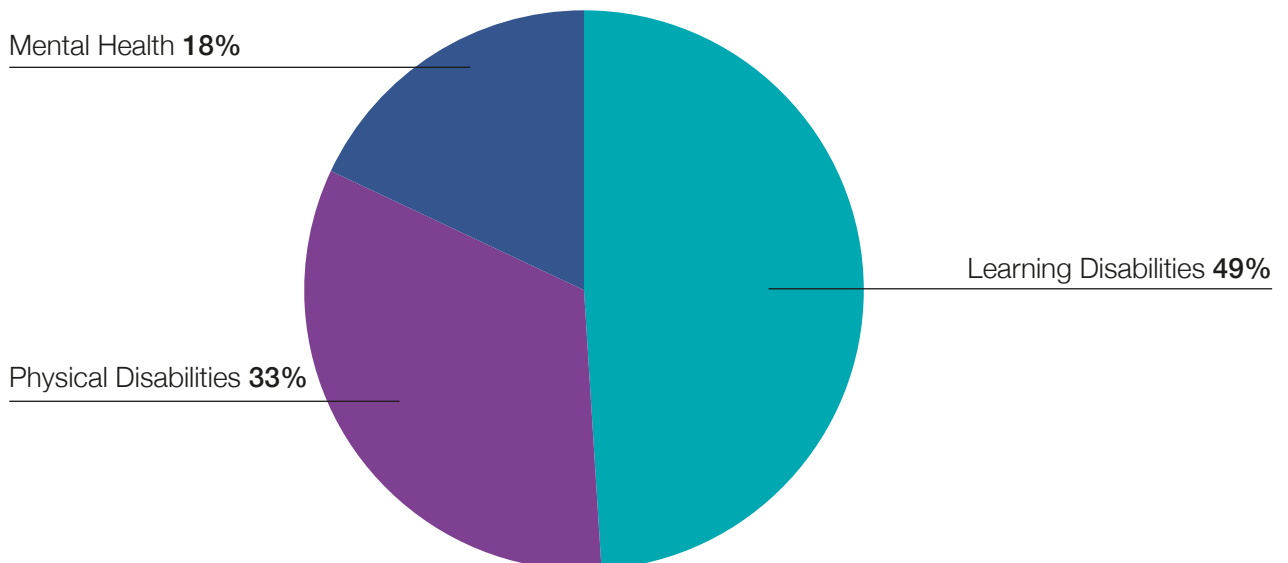
Understanding who we support

As at November 2021 2,820 people aged 18-64 were in receipt of long term adults social care services. Ward mapping indicates that wards with the highest number of adults 18-64 years in receipt of long term support include Southbury, Haselbury, Brimsdown and Edmonton Green.



Of the total number of adults aged 18-64 in receipt of long term support, nearly half are supported by learning disability services.

Number of service users receiving long term support



7.4 Our Older Adult Population (65 + years)

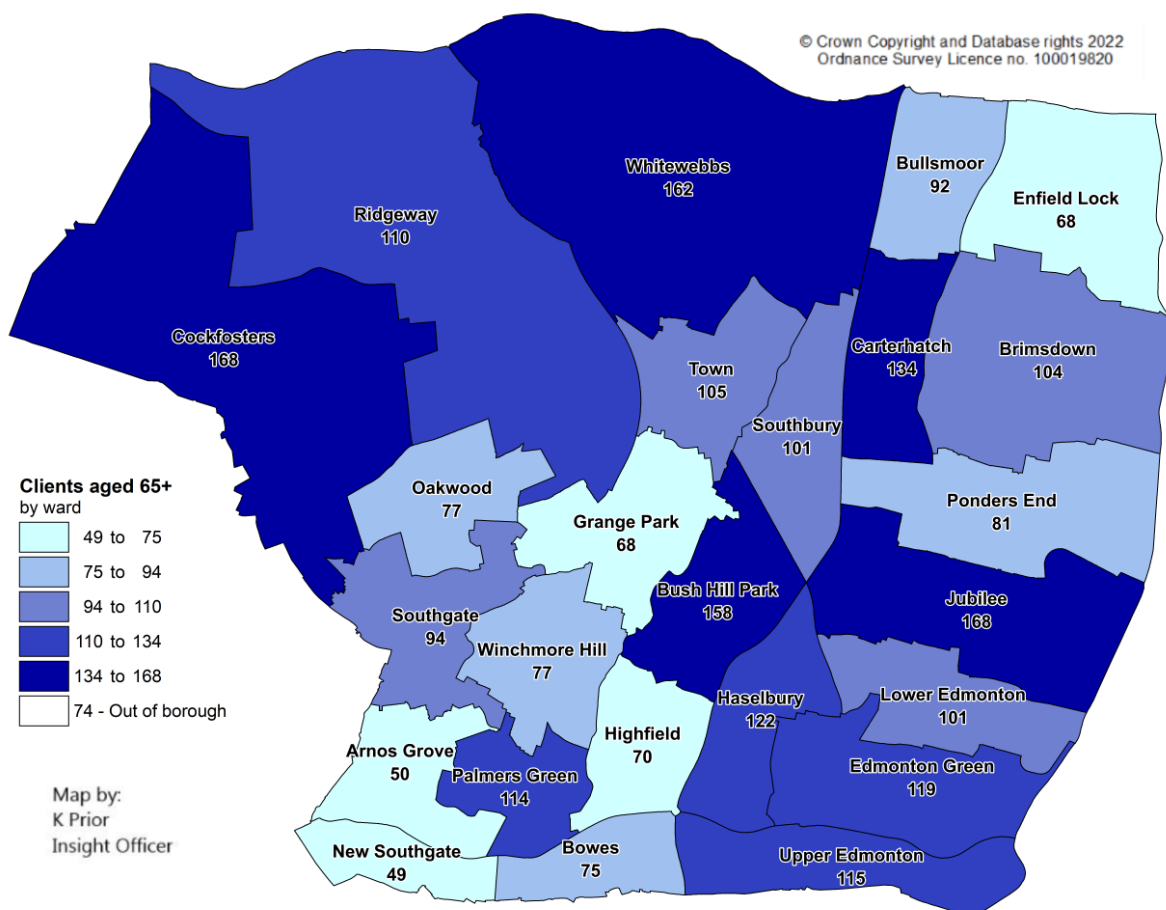
Borough Demographics

Enfield's older adult population represents 13.35% of the borough's overall population.¹⁹ Whilst this is lower than the population representation for England overall (18.39%) the number of people aged 65 years and over living in the borough is set to rise by 51% the next 20 years from 45,200 (2020) to 68,400 (2040)²⁰. The biggest percentage increase is predicted for people aged 90 years and over – a population which is set to increase by 83% between 2020 and 2040.²¹

Western wards including Bush Hill Park, Ridgeway and Southgate, accommodate the highest number of residents aged 65 years and over. Carterhatch, Ponders End and New Southgate wards accommodate the lowest number of residents aged 65 years and over.

Understanding who we support

The picture is broadly similar when we consider the number of people accessing of Long Term Adult Social Care Services by ward.



The majority of new requests for Adult Social Care support in Enfield come from people aged 65 years and over²². By way of a snapshot view, as at March 2020 there were 3,354 older people in receipt of a long term adult social care funded service, and this figure is set to rise.

¹⁹ <https://new.enfield.gov.uk/services/your-council/borough-and-wards-profiles/borough-profile-2020-your-council.pdf>

²⁰ [https://www.poppi.org.uk/index.php?pageNo=314&arealD=8342&loc=8342%](https://www.poppi.org.uk/index.php?pageNo=314&arealD=8342&loc=8342%20)

²¹ [https://www.poppi.org.uk/index.php?pageNo=314&arealD=8342&loc=8342%](https://www.poppi.org.uk/index.php?pageNo=314&arealD=8342&loc=8342%20)

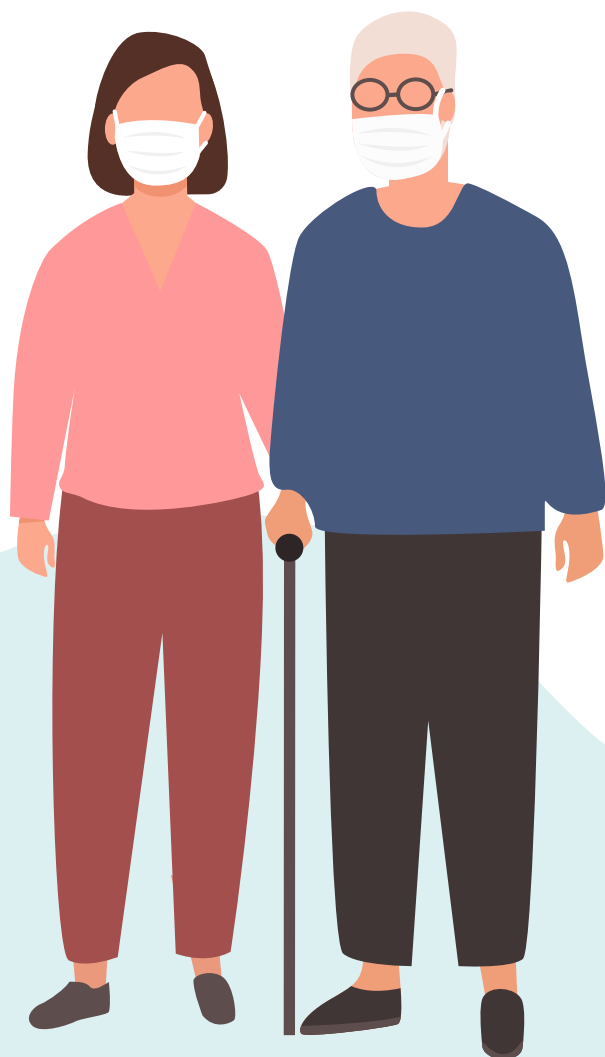
²² <https://new.enfield.gov.uk/services/your-council/borough-and-wards-profiles/borough-profile-2020-your-council.pdf>

8 Covid-19 Impact and Recovery

Covid-19 has affected the lives of Enfield residents far and wide. Adults with support and care needs and those who care for them have been particularly vulnerable to the negative impact of the pandemic. Indeed, national evidence indicates that many people with disabilities have experienced a 'double discrimination'. As part of our Covid recovery plans, we must work together and draw from experiences to better support independent living in the future.

The pandemic has accelerated the use of digital technology for many people including those with support and care needs. It's also highlighted, for some, the risk of digital exclusion. We must embrace technology and equip people with the means to maximise benefit from this, understanding that this might mean different technology solutions to meet different needs.

The pandemic has also encouraged us to broaden traditional consideration of who delivers social care (i.e. organisations not typically considered social care service have been instrumental in keeping people safe and well over the pandemic). A pressurised health and social care workforce has been put under increasing strain and the contributions of volunteers to support those in most need has soared.



9 Our Universal Priorities

9.1 Information, Advice and Advocacy

“I have the information I need, when I need it and I am able to make my voice heard”

Current Picture

The importance of receiving the right information, advice and advocacy at the right time, to enable individuals and their carers to make informed decisions about their care is embedded within Care Act legislation and this focus continues within People at the Heart of Care. The Making It Real Framework²³ includes information and advice as one of six important elements in the delivery of personalised care and support. It sets out that good information and advice is about ‘having the information I need when I need it’.

However, nationally, there can be confusion about health and social care systems and what they provide.²⁴ Awareness of what services available can also vary. By way of example, a recent survey undertaken by Social Care Institute for Excellence found that whilst 98% of older people over the age of 65 were aware of care homes, only 66% were aware of Extra Care Housing.

Locally we have improved our information, advice and advocacy offer. The launch of Enfield’s online ASC information platform (MyLife) has been successful in helping direct people with disabilities and their carers to the information and advice they need. This is complemented by a rich service information offer made available by our Voluntary & Community Sector providers.

Our advocacy services have supported people with disabilities and carers make their voice heard, empowering people with support and care needs to have greater influence over how they are supported to live their lives. Over 2020/21 our commissioned advocacy services assisted over 2,000 adults with support needs make their voice heard, whilst Healthwatch Enfield works to raise awareness of patient, service user and carer views and experiences.

What people with Care and Support Needs have told us?

Our Adult Social Care Survey indicates that 69.2% of respondents who use services, found it easy to find information about support, whilst 64.9% of carers who responded to the survey found it “very easy” or “fairly easy” to find information about services. But there is still more we can do to enhance this offer.

Discussions with people with disabilities and their carers have highlighted the importance of a single point of good quality information and advice, which can be tailored in its delivery to improve access and engagement to all.

It has also highlighted, that whilst digital information and communication is helpful for many, some people find the digital format a barrier to accessing timely information as they struggle to use digital systems. Others have expressed a preference for non digital information and communication, and highlighted the importance of continuing non digital means to enable access for all.

“Just because something is equally available to everyone, it doesn’t mean that everyone can equally engage with it.”

*Older Person Focus Group
February 2022*

²³ <https://www.thinklocalactpersonal.org.uk/makingitreal/>

²⁴ Ipsos MORI, [State of the State 2017-2018](#), published October 2017

Our Priorities for Future

- Improve the delivery of information and advice that facilitates efficient **self service, makes every contact count**, and reduces the need for multiple unnecessary contacts.
- Increase provision of and access to **basic information about the health and adult social care system** and services including upcoming reforms to the system.
- Improve the **personalisation of information, advice and advocacy** available to support personal choice in how information is received and improve inclusive access.

9.2 The Right Home

“Making every decision about care a decision about housing”²⁵

Current Picture

The role that good housing can play in supporting health and wellbeing and enabling people to live independently for longer cannot be underestimated. This is reflected in a recent paper by ADASS²⁶, which places housing as a ‘a key determinant for better care, and equality’, and further brought to the fore within People at the Heart of Care.

Enfield’s Market Position Statement and accompanying housing addendums provide a thorough overview of our current specialist housing supply for people with care and support needs in the borough and sets out key market development priorities for the future. This includes the need to significantly increase supply of good quality, accessible specialist housing options for older people with support and care needs.

But most adults with care and support needs will not require specialist housing provision to meet their needs, and indeed, the priority for many is to remain living at home for as long as possible, with wrap around care and support services should they require it. To this end, we must continue to support individual choice to remain living at home where possible through the provision of aids adaptations and equipment. Our Integrated Community Equipment Services offers access to equipment to support independence 7 days a week. Funded jointly with health, this integrated service provides equipment to people with disabilities, but there are opportunities for further improvement in joining up services to facilitate prompt and timely discharge.

We must also continue to drive housing development design standards, working with our housing market to support the delivery of homes for the future that maximise opportunities for independence and embed ‘care ready’ design, within accessible and inclusive communities.

What people with Care and Support Needs have told us – gaps in service, areas for improvement

We know that housing is considered of high importance when people need support and care to live independently. Indeed, a SCIE survey²⁷ recently asked people what areas were considered most important if care or support is required. Being able to remain living at home was high on the list of priorities. This sentiment has been echoed in our discussions with people with disabilities and their carers, as has the need for increased consideration of home ownership options for people with support and care needs.

Enfield’s Adult Social Care Survey (2020/21) 82.1% of those asked state that their home meets most or all their needs; this is an increase on 2019/20 (78.1%) and compares to an 85.1% CASSRs 2019/20 average – we’ve further work to do.

²⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061870/people-at-the-heart-of-care-asc-reform-accessible-with-correction-slip.pdf

²⁶ <https://www.adass.org.uk/media/8036/adult-social-care-shaping-a-better-future-nine-statements-220720.pdf>

²⁷ <https://www.scie.org.uk/housing/role-of-housing/place-we-can-call-home>

Our Priorities for Future

- **Improve standards** across specialist housing sector through the role out of local expectations in line with national statement of expectations for supported housing.
- Increase **accessible information** about specialist housing options to improve understanding of housing options among professionals, service users and their carers.
- Increase local provision of high quality, flexible and accessible **specialist housing with care options for older people** in the borough across tenure type, in line with borough need.
- Support **carers to continue caring** through appropriate housing options.
- Reflect the housing needs of adults who require support and care are in the development of **new communities**. Include home ownership options for older people and adults with disabilities.
- Support people to **remain living in their own homes** through the provision adaptations and equipment and expand Trusted Assessors to facilitate minor adaptations.

9.3 Training, Employment and Income

Current Picture

We know that access to meaningful training and employment opportunities can be instrumental in supporting an individual to live independently. However data indicates that people with disabilities are disproportionately impacted by unemployment. National research indicates that in 2021 a person with disabilities with a degree' is no more likely to have a job than a non-disabled person who left school at 16'.²⁸ ONS data ²⁹ shows that around half of disabled people aged 16-64 years (53.5%) in the UK were in employment compared with around 8 in 10 (81.6%) for non-disabled people (July to September 2021); disabled people with severe or specific learning difficulties, autism and mental illness had the lowest employment rates.

Enfield's Equals Employment Service plays an important role in redressing this balance, by supporting people with Learning Disabilities who live in Enfield and want to find work. In 2020/21 between 14-15% of people (18-64 years) with a Learning Disability and in receipt of a long term service were in paid employment. The percentage of adults receiving secondary mental health services in paid employment was between 5-6%.

Our commitment to supporting people with disabilities into meaningful employment is set out in our Equality, Diversity and Inclusion Policy (2020-2024)³⁰. This details a Council objective to increase the number of Enfield residents with special educational needs and disabilities gaining and sustaining paid employment.

We also seek to link people to volunteering opportunities – enabling adults and older people with care and support needs to share their expertise, knowledge and skills with their community.

Financial stability can also impact a person's ability to live independently. Our financial assessment teams signpost people with support and care needs to welfare, debt and advice services to help maximise their income. From September 2020 to August 2021 the Council's Welfare Advice and Debt Support team received over 2,200 referrals and of these over 900 identified themselves as having a mental health or physical health need.

²⁸ <https://www.gov.uk/government/publications/national-disability-strategy/forewords-about-this-strategy-action-across-the-uk-executive-summary-acknowledgements>

²⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021>

³⁰ <https://new.enfield.gov.uk/consultations/2020-10-12-fairer-enfield/draft-equality-diversity-and-inclusion-policy-fairer-enfield-iii.pdf>

What people with Care and Support Needs have told us

Nationally we know that close to half of all individuals in poverty live in a household where someone is disabled and a quarter of unpaid carers live in poverty. The impact of Covid-19 and the current cost of living crisis has, and continues to exacerbate these struggles.

Locally, data from our Adult Social Care Survey shows us that 83% of people questioned find it difficult or need help to deal with finances and paperwork.

Our Priorities for Future

- **Expand our employment support** offer for people with disabilities to increase the number of people with disabilities gaining and sustaining employment, apprenticeships and volunteer opportunities.
- **Reduce the impact of fuel poverty on adults with care and support needs and their carers.**
- Deliver a smooth transition to the introduction of **cap on care costs**.

9.4 The Power of Technology

The potential for assistive technology to support independent living is great. Assistive technologies available to support people with daily living are wide ranging and can include technology enabled memory aids, medication reminders, environmental controls and health monitoring. The Covid-19 pandemic has put a spotlight on the value of technology in connecting and caring for people remotely, and as we ease out of pandemic restrictions, we see many people, both personally and professionally adjust their habits to include an increased use of technology. Indeed, a recent skills review indicates that 90% of care providers said they will continue to use technology as they have during the pandemic.³¹

In line with People at the Heart of Care, we seek to use technologies within adult social care to:

- enhance the quality of care
- free up time for meaningful human interactions
- create stronger connections between people and their friends, family and care networks

We shall work together towards the vision set out in the government White Paper to help make sure that individuals, families and unpaid carers:

- have confidence in selecting and using the most appropriate digital tools to support their independence, safety, and wellbeing, knowing which technologies meet essential standards
- know their needs, goals and preferences are shaping the design and delivery of digital transformation in health and care
- have access to a comprehensive and up-to-date digital social care record, allowing vital information including end of life preferences to be shared securely, giving confidence that professionals have access to the right information and avoiding people having to repeat their history
- know that, when they are being discharged from hospital to a care setting, appropriate technology will be put in place and accurate information will be available to the team supporting their transition
- routinely use technology to enjoy greater reassurance about their loved one's safety, through access to real-time information.

³¹ Forthcoming Ipsos MORI, Institute of Public Care and Skills for Care, NHSX Adult Social Care Technology Innovation and Digital Skills Review

However, not everybody has access to, or indeed wishes to use technology in their daily lives. Research by Age UK indicates whilst 24% of older people (75 years and over) increased their internet use over the pandemic, this was largely an increase for existing users. We've work to do in terms of increasing connectivity and utilisation of technology for those who wish to use it. But we also need to strike a balance to ensure that the use of technology enhances rather than social connection.

Enfield's Safe and Connected Service currently provides services to over 2,200 people (September 2021) and offers a digital platform to enable the expansion of a local Assistive Technology offer that is accessible to all. We are working with professionals, people with disabilities and their carers across health and social care, to raise awareness of how technology can support independence and wellbeing and embed consideration of technology in early planning to help support independence, safety and inclusion and prevent the need for more intensive care.

Beyond individual support and care, we are using technology to improve the sharing of information and data between health and adult social care, as we strive towards the delivery of shared care records. We shall continue to harness the power of technology to continue this work and to improve efficient, joined up service delivery.

What people with Care and Support Needs have told us

Our Priorities for Future

- Increase use of Assistive Technology to support independent living through **expansion of the Council's Assistive Technology** offer. Include tele-healthcare solutions to better support people with health conditions, including long terms conditions.
- Increase use of assisted technology within **specialist and mainstream housing** in line with best practice. Explore use of DFGs beyond traditional adaptations, to include the use of digital technology to help support people remain living at home.
- Increase use of technology to **support social connection, reduce isolation** and help keep people independent including Smart Living Enfield initiatives.
- Deliver **shared care records** and use technology to **better share information and data** between health and adult social care to improve service delivery.
- Increase **awareness and understanding** of Assistive Technology across the workforce.
- Increase use of assistive technology among **young people in transition** to support independence when reaching adulthood.

9.5 Active, Connected, Supportive Communities

Keeping Family, Friends and Connections

The ability to travel with ease across the borough is one that many take for granted. However, for some, travel can present a significant daily challenge, and one which can impact independent living. Removing physical barriers to independent travel can help increase accessible transport options for those who need it and enable the use of universal transport services. But we must look further than physical barriers, to consider the affordability and safety of local transport options for people with support and care needs.

Enfield's Transport Strategy³² sets out objectives for improving local transport services and includes improving accessibility and encouraging physical activity through the development of Cycle Enfield.

In Adult Social Care we support the use of universal transport networks through travel buddies, independent travel training and personal travel budgets.

It's clear from talking with older people, people with disabilities and their carers that community connections go beyond transport. Social connection is also important in helping reduce loneliness and isolation. Research indicates that people with disabilities, people who are carers and people with poor physical and mental health can be at particular risk of social isolation and loneliness.³³ Data from the ONS indicates that the proportion of disabled people (15.1%) aged 16 years and over in England who reported feeling lonely "often or always" was over four times that of non-disabled people (3.6%) (year ending March 2021).

What people with Care and Support Needs have told us

Enfield's Adult Social Care Survey shows us that 47.4% of respondents state that they can get to all the places in the local area; this is a decrease on 2019-20 (56.1%) and below the CASSRs 2019/20 average of 53.1%.

Feedback from older people, adults with disabilities and their carers has reinforced the importance of supporting individuals with their travel through, for example, travel training. However, accessible, well maintained pavements and walking routes were expressed as equally important, to reduce falls and enable safe and independent travel.

"If you want people to be independent then you need to make it easy to be independent."

Age UK Tea and Chatter Focus Group

Community improvement and awareness was also raised as important, to ensure that transport organisations have improved awareness when it comes to the needs of people with disabilities and services can be adapted accordingly.

Feedback from Enfield's Adult Social Care Survey shows us that the pandemic has had a detrimental impact on feelings of social connection. There has been a decrease in the proportion of people who feel they have enough or adequate social contact (from 74.5% to 63.8%), so we've work to do in partnership with our Voluntary and Community Sector, to re-establish connection and social contact. Qualitative feedback from our focus groups has indicated that ease of access to community groups can sometimes be barrier for people with disabilities joining these groups.

Our Priorities for Future

- Support use of universal transport systems through **Independent Travel Training, Assistive Technology and use of Personal Travel Budgets.**
- Improve **accessibility of community groups** for people with care and support needs to better support social connection for people with disabilities.
- Improve **accessible travel infrastructure** including design and upkeep of walking routes to enable people with disabilities who wish to travel to do so safely and easily.

32 <https://new.enfield.gov.uk/services/roads-and-transport/enfield-transport-plan-2019-2041-roads.pdf#:~:text=The%20Enfield%20Transport%20Plan%20%28ETP%29%20sets%20out%20how.evidence%20and%20analysis%20of%20local%20challenges%20and%20issues>

33 https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2019/10/Fact-sheet_Loneliness_Based-on-Enfield-Update.pdf

9.6 Keeping Safe

Our vision is for a community where people can live a life free from harm; a place that will not tolerate adult abuse; where we all work together to stop abuse happening at all, and where we all know what to do if it does take place.

Our priorities for future have been informed by people who use services and their carers, and are set out in Enfield's Safeguarding Adult's Strategy 2018-23. Progress against these priorities is detailed in our Annual Safeguarding Reports.³⁴

Our Priorities for Future

- Prevent abuse
- Protect adults at risk
- Learn from experience
- Improve services

9.7 Keeping Healthy and Well

Current Picture

Data shows us that that the behaviours of physical inactivity, unhealthy eating, smoking and being socially isolated can lead to the increased risk of developing cancer, heart diseases and stroke, type 2 diabetes, lung disease and some common mental health conditions, and that these are responsible for more than 50 percent of early deaths in Enfield.

Our Health and Wellbeing Strategy (2020-2023)³⁵ sets out our long-term vision for reducing health inequalities in Enfield. It takes a system-wide, partnership approach to improve the wider determinants of health It sets out three priorities to facilitate healthy behaviour:

- Being physically active
- Eating well
- Being smoke free
- Being Socially Connected

These priorities have been developed with the view to:

- **reduce the likelihood of people developing non-communicable diseases** such as cancer, heart disease, Type 2 Diabetes or lung disease
- **improve emotional and mental health and wellbeing** and reduce the prevalence of some common mental health conditions
- **reduce inequality** in health outcomes.

We know that levels of physical activity have decreased for many over the pandemic, which can lead to deconditioning (the loss of physical, psychological, and functional capacity due to inactivity) and an increased risk of falls. Government modelling³⁶ predicts an additional 250,000 falls per annum. Moving forward we seek to focus attention on preventative action, to support strength and balance among those at particular risk and reduce falls.

³⁴ <https://new.enfield.gov.uk/safeguardingenfield/strategies-and-annual-reports/>

³⁵ <https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf>

³⁶ <https://www.gov.uk/government/publications/covid-19-wider-impacts-on-people-aged-65-and-over>

What people with Care and Support Needs have told us

In developing the Health and Wellbeing Strategy, local people told us of different ways that we could improve health and wellbeing. This included making food for affordable, developing social prescribing to support exercise and social connection and harnessing the value of intergenerational, befriending and volunteer opportunities.

Our Priorities for Future

- Improve access to local support services to keep people well in the community and avoid hospital admissions.
- Reduce Health Inequalities (through targeted action to increase take up of health check, improve access to Primary Care).
- Ensure high Covid-19 vaccination uptake including booster jab.
- Support people to make healthy lifestyle and behaviour choices.
- Adopt health in all policies approach (HiAP) across all areas, focussing on the three key behaviours that lead to poor health outcomes – smoking, poor diet and lack of physical activity.
- Reduce falls through increased strength and balance activity among those most at risk at falling.

9.8 Flexible Care

“My support, my own way”

Current Picture

For many, direct payments and personal budgets are an important way of increasing choice and control over their care and wellbeing. The Covid-19 pandemic led to an increased use of direct payments to enable families and friends to deliver flexible care during changing circumstances.

Enfield is one of the best achievers in terms of rolling out self directed care, placing older people, adults with disabilities and carers at the heart of driving and directing the services that they receive. From September 2020 to September 2021 100% of social care clients accessing long term support currently receive self directed care. Over 50% of social care clients accessing long term support received a Direct Payment.

In line with national intentions set out in People at the Heart of Care we will build on our local success in delivering self directed care, to explore how direct payments could be used following the introduction of care cost caps, as a mechanism for making payments once caps have been reached. We also seek to further integrate adult social care and health budgets to support seamless delivery of joined up care.

What people with Care and Support Needs have told us

People with care and support needs and their carers have told us that forward planning of care is of particular importance to enable the smooth transition of care when life circumstances change. Parent carers were particularly vocal on this point, highlighting the importance of information, advice, guidance and planning mechanisms to facilitate future care planning for those that they care for.

Our Priorities for Future

- Develop information, advice, guidance and services to support the **forward planning of care** and smooth transition of care arrangements when life circumstances change.
- Facilitate the market development of services to support individuals in the **management of their personalised budget**.
- **Integrate adult social care and health budgets**.
- Plan and **develop the role and use of direct payments** following the introduction of care cost caps to maximise choice and control when funding arrangements change.

9.9 Joined Up Care

The government's White Paper *People at the Heart of Care* places the integration of health and social care services at the heart of meaningful transformation. The subsequent Integration White Paper³⁷, sets out government plans to make integrated health and social care a reality for everyone across England and to level up access, experience and outcomes across the country.

Enfield has progressed well in its integration journey to date and Enfield Council continue a joint commitment with health to deliver integration at a local level. Working together, we have already delivered a range of integrated services funded through the Better Care Fund/Section 75 Agreements. This includes the roll out of an extensive Integrated Care Programme, a fully Integrated Learning Disability Service, and an Integrated Community Equipment Service (ICES).

Our Enfield Borough Partnership Plan cements our ongoing commitment to working in partnership with health to increase the pace and scale of integration and sets out future priorities for integrating services and delivering joined up care.

Our Priorities as part of the Enfield Borough Partnership:

- Identifying and addressing health and wellbeing inequalities in BAME communities
- Achieving uptake of screening and immunisations to keep residents healthy and catch physical and mental conditions earlier, including for cancer, giving people the best possible intervention/treatment
- Driving greater focus on improving mental health and wellbeing among residents
- NCL Integrated Care Board strategic aims:
 - Start Well
 - Live Well
 - Age Well
 - Workforce
 - Enablers – Digital Estate and Value for Money

³⁷ <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

10 Areas 'In Focus'

10.1 People with Learning Disabilities

Our Priorities for Future include:

- Develop a sustainable **and affordable local market for more complex or high risk groups such** as those with challenging behaviour, physical disability and complex health needs.
- Improve **choice of support and accommodation options** for young people in transition to adult services with complex needs.
- **Reduce health inequalities** for people with learning disabilities.
- Increase understanding of out of borough placements and **improve health handover** from placing authorities to ensure health needs met.
- Continue to support timely, planned and safe discharge back to the community from Assessment and Treatment Units through provision of good quality, experienced care and support/interventions in the community.

10.2 Autistic People

Our Priorities for Future (as set out in the Draft Autism Strategy) include:

- Celebrate and value neurodiversity
- Provide needs-based support
- Enable fairer access to education
- Support more autistic people into employment
- Recognise and combat isolation and loneliness
- Provide inclusive mental health and wellbeing support
- Improve support within the criminal and youth justice system

10.3 People with Mental Health Support Needs

Our Priorities for Future include:

- Improve opportunities for early intervention through the delivery of **Mental Health and Wellbeing Hub**.
- Improve access to **high quality counselling support** services including services for seldom heard populations living in Enfield.
- Increase **community rehabilitation** options for people with complex mental health needs.
- Support people with mental health support needs into **training, development and employment**.
- Work with service users and their families to identify the causes for higher levels of BAME community in MH and collaboratively identify solutions for **mental wellbeing and safety**.

10.4 Older People

Our Priorities for Future include:

- Increase opportunities for **active, inclusive ageing and community integration**, promoting older person contributions to society to heighten feelings of being valued and
- **Reduce social isolation and loneliness**.
- Increase opportunities for **intergenerational working** (including Homeshare and Shared Lives) whereby young and older people can work together to support wellbeing.
- Ensure older people **are not excluded in our increasingly digitalised society**.
- Review **day opportunities** for older people.

10.5 People with Physical and/or Sensory Impairment

Our Priorities for Future include:

- Reduce avoidable admissions of adults with physical disabilities into residential care by **increasing supported housing options for people with physical disabilities** and complex needs requiring 24-hour on site care.
- Expand service offer to better support people with **sensory impairment to live independently**.

10.6 Unpaid Carers

Our Priorities for Future include:

- Improve the **health and wellbeing** of Carers and reduce **health inequalities**.
- Increase **involvement of Carers** across health settings to improve outcomes for the carer and those being cared for.
- Increase opportunities for Carers to be included and ensure that their **voice is central** in designing, delivering and evaluating support services.
- Increase **early identification** of Carers, including identification through GP referrals. Support **carer re-engagement** of services following Covid pandemic.
- Identify and **reach more Carers of all ages and backgrounds**, including young carers, ensuring that services and access to services is representative of our communities and their needs.
- Support carers to **maximise benefits, manage finances and understand impact of social care reform** on people that they care for.
- Support Carers to have the **support they need, when they need it**, including breaks and respite.

10.7 People with Long Term Conditions

Our Priorities for Future include:

- Improve joint approaches to diagnosing and supporting people with Long Term Conditions in the community.
- Increase targeted interventions to prevent the development of Long Term Conditions amongst adult aged 50-64 at risk.
- Increase information, advice, knowledge and self-management for people with Long Term Conditions.
- Improve joint approaches to timely dementia diagnosis, post diagnosis support, annual reviews and dementia support in care homes.
- For a range of long terms conditions, improve the identification, assessment, treatment, recovery and prevention care for those with co-morbidities.

11 Working Together to Improve

We are committed to working in partnership with older people, adults with disabilities and their carers to progress priorities set out in this strategy, improve lives and increase opportunities for independence, choice and control. Constructive collaboration and co-production will be key to delivery success, and we shall continue our work to place the views of people who require support and care at the heart of positive change.

Acknowledging that this strategy presents a snapshot of a moving picture, we shall seek to work together with people who use services, health partners and stakeholders across the sector to identify and progress actions for delivery and review progress against priorities. annually.



