MARKET POSITION STATEMENT 2019-2022

WORKING WITH ENFIELD’S HEALTH AND ADULT SOCIAL CARE MARKET TO DELIVER CHANGE

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in partnership with

NHS Enfield Clinical Commissioning Group

ENFIELD Council
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EXECUTIVE SUMMARY
Enfield’s MPS has been developed as a market guidance tool, to facilitate the strategic development of a local market that is equipped to respond effectively to the health and social care needs of local people. It is intended to:

- set out the direction of travel of Enfield’s health and adult social care services
- provide information to the social care market to facilitate the strategic planning and development of services aligned to local need
- encourage understanding and provide a basis for constructive and creative dialogue with stakeholders and providers
- set out opportunities for market development including how providers can work in partnership with the Council to deliver change and what support is available to enable this.

The Council, working in partnership with Enfield CCG and other Councils across North Central London will focus over the next three years on:

### Accommodation/Capital Projects:

- The development of accessible accommodation for independent living including shared ownership schemes, for Enfield residents to include adults with physical disabilities, learning disabilities and mental ill health
- Development of at least 90 further units of extra care accommodation in the South West of the borough
- Development of a care village with at least 300 units of accommodation split across sheltered housing, extra care and nursing care provision
- Ensuring that the accommodation/landlord functions are provided separately to the care and support services
- Development of a Wellbeing Hub/s to support joined up health and wellbeing/early intervention support services

### Community Services:

- Promoting personalised approach to supporting people by ensuring every person who receives support, will have choice and control over the shape of that support in all care settings and will continue to promote a self-empowering environment where people have the freedom to use their personal budget in the form of direct payment, Independent Service Fund (ISF), a managed service or a Personal Health Budget
- Work to develop a vibrant and competitive Personal Assistant Market (across all service areas) with a particular focus on North, North West and North East of the borough
- Work with the domiciliary care market to deliver more support in the North, North West and North East of the borough
- Continue to increase the number of people taking up direct payments (already at 60%) and Individual Service Fund options to manage their support. ISF to be implemented in 2019
- Expand our MH community provider market with and without accommodation) through the introduction of an open Framework supported by a Dynamic Purchasing System (already in place for LD)
- Develop a hospital stepdown service in the community for people with complex mental health issues
- Develop more day opportunities in-borough for people with acquired brain injury and people with learning disabilities and challenging behaviour
- Work to deliver training with providers working with people who have challenging behaviour to reduce and improve quality of life
- Develop in-borough offer for diagnostic and post diagnostic support for people with high functioning autism

### Residential/Nursing Services:

- Increase the supply of nursing provision for older people in the borough, including for people with complex needs and dementia

### Voluntary and Community Service (VCS):

- Roll out an annual programme of small project grants with a focus on improving health and...
wellbeing through increased use of digital technology as part of a wider offer

- Award a contract for improved self-management of long-term conditions, including mental-ill health
- Increase the availability of IAPT accredited VCS support available in the borough

Service Quality & Standards

The Safeguarding protocol aims to ensure that care and support services used by adults in the London Borough of Enfield (LBE) provide good quality care and have dignity and respect at their core. When LBE arrange a provider to deliver care and support we have a responsibility to ensure that the provider can meet the person’s needs and can do so safely.

The protocol is informed by the CQC standards and the Care Act 2014.

When the LBE make placements, they will consider the following

1. CQC Enforcement actions in place
2. An overall rating for the service as ‘inadequate’
3. Placed in Special Measures
4. If the home has a rating of more than 3 areas that require improvement.
5. Information available via a range of professional’s intelligence which highlights inadequate or poor care
6. Information from service users, friends and family members
It is a time of significant challenge for Enfield’s health and adult social care market. Our population is increasing year on year and projected to reach 376,800 by 2025. People are also living longer. The number of people over 65 years of age living in the borough is set to increase 23% over the next ten years. As at 2017, the estimated population of 85+ year olds was 5,979. The ONS population projection of 85+ year olds for 2027 is 7,500 which would represent an increase of 25% in 10 years. This compares with a projected 9.4% increase in the overall population in the same period.

Meeting an escalating demand for services at a time of financial austerity heightens this challenge. the council has faced unprecedented budget cuts over the last parliamentary term. Nationally, it is predicted that there will be a £5.8 billion funding gap in adult social care by the end of the decade (adult social care funding: 2017 state of the nation report 2017). Locally, Enfield’s adult social care budget is set to reduce from nearly £82.8 million (net) in 2015/2016 to less that £65 million by 2018/2019.


The Care Act 2014 emphasis is on the promotion of well-being and prevention for adults who have care and support needs and their carers. Enfield’s MPS takes account of the Council’s responsibilities in relation to the Care Act 2014 and this MPS has been developed as a market guidance tool:

- to facilitate the strategic development of a local market that is equipped to respond effectively to the health and social care needs of local people. It is intended to:
  - set out the direction of travel of Enfield’s health and adult social care services
  - provide information to the social care market to facilitate the strategic planning and development of services aligned to local need
  - encourage understanding and provide a basis for constructive and creative dialogue with stakeholders and providers
  - set out opportunities for market development including how providers can work in partnership with the Council to deliver change and what support is available to enable this.

Detailed strategic commissioning priorities are identified for each key service area, and service providers are encouraged to explore into the detail of this – but we know there are some headline priorities that reach across service areas, including the need for:

- the need to reduce demand through improving lifestyles. This will need to come primarily from ensuring healthier lifestyle changes are built into everyday life
- strategically appropriate services, aligned with borough need, that prevent or delay the escalation of support and care needs.
- accessible information and advice services that enable people (including those who self-fund their care) to make informed decisions about how they are supported to live their lives.
- independent advocacy services, that empower people to drive and shape the services they receive and make their voice heard.
- a further developed Personal Assistant Market to unlock the benefits of a truly personalised workforce.
- services that offer innovative and flexible models of support and care that can be tailored to individual need, and enable a person to commission their support and care directly through direct payments or personal health budget.
- strategically appropriate services that provide an integrated approach (across health and social care services) to the planning and delivery of support and care and deliver joint outcomes.
- move on and independent living accommodation (including cluster models to facilitate peer support and the pooling of budgets) that enable people with support and care needs to live independently in the community.
- flexible day opportunities that increase choice and control and enable people with care and support needs to take part in activities on a sessional basis.
- flexible respite, crisis and replacement
care services, including accommodation based services, and short term 24-hour ‘live-in’ support services, that can be accessed in an emergency and can be purchased by a self funding individual or through a direct payment or personal health budgets.

- dementia specialist and dementia friendly services including specialist nursing care and respite options for older people with complex care and dementia needs.
- sheltered/retirement accommodation across tenure type.
- extra care sheltered accommodation across tenure type prioritising west and central borough areas for home ownership models.
- nursing care provision for older people in the borough.
- services that identify, engage, support and enable carers to maintain their health and wellbeing and continue caring, including specialist information, advice and advocacy at key transition points (e.g. hospital discharge).
- Assistive technology has the potential to make a huge difference to the way we deliver social care enabling new approaches which improve outcomes and deliver efficiencies.

To further build on our partnership arrangements Enfield Council will be holding a series of provider forums. The purpose of these meetings will be to inform providers about key issues which affects Adult Social Care providers in the borough of Enfield. They are forums for joint working and consultation and offer an opportunity for providers to ask questions to council officers.

Working in partnership we wish to realise a vision whereby:

- the emotional physical and mental wellbeing of people in need of care and support, and their carer is maximised;
- people are supported to maximise their independence and feel in control of the support and care that they receive;
- people experience an integrated approach to the planning and delivery of support and care;
- people have a choice of a range of providers offering high quality, safe and appropriate services from a vibrant and diverse marketplace;
- people feel empowered to drive and shape the services they receive and have the right support to make their voice heard;
- people feel able to maintain the social and support networks that are important to them and maximise opportunities for community involvement, including meaningful engagement through, for example, employment and education.
- we respect diversity and promote independence by providing care and interventions that not only make a positive difference but also do so in ways that respect and value the diversity of our local population.

This market position statement is a snapshot of a moving picture. The needs and aspirations of our local population are not static – neither is the legislation and guidance directing the improvement and delivery of services. There will be gaps in our knowledge of current supply, and strategic priorities will change as services develop and provision evolves. We therefore ask that service providers talk to us, and encourage provider dialogue to help shape future services in partnership.
INTRODUCTION
2.1 Purpose of Market Position Statement

This document has been developed as a market facilitation tool for existing and prospective service providers who may be looking to set up and/or develop adult social care services in Enfield. It has been developed by Enfield Council’s Health and Adult Social Care Strategic Commissioning and Service Development Team to:

- set out our direction of travel including strategic and legislative drivers that are influencing change;
- provide information to the social care market on population needs, service demands, commissioning priorities and resource availability, to facilitate the effective planning and development of services to meet the needs of our residents – both now and in the future;
- encourage understanding and provide a basis for constructive and creative dialogue with stakeholders and providers;
- set out opportunities for market development and encourage the development of a quality adult social care market that is innovative, flexible, affordable, sustainable and diverse – offering a true choice for local people;
- set out how providers can work in partnership with the Council to deliver change including what support is available for your business.


2.2 Scope and Use of MPS

Our shared vision across people and health services in Enfield

Enabling people to maximise their potential, delivering joined up, efficient and high quality services which focus on the whole person and family, treating every contact as an opportunity to empower people to make good choices, stay safe and bridging the gap between our vision and people’s own personal experience of working with us

This Market Position Statement has a wider scope that those previously produced. Its focus has been expanded to include key areas of service delivery across social care services for both children and adults. There is also a focus of working closely with CCG, Mental Health Trust, Public Health and our local acute hospitals. It is intended to add key information about some health service provision, underlining the importance of joint working and integrated service provision across health and people. This document will, therefore, include links to information across health and social care, including the Joint Strategic Needs Assessment and Health Needs Assessments as well as some additional separate sections on the landscapes in children’s social care and health services.

The updated document also recognises the need for the Council and its partners to work more closely with its provider markets to deliver services which are of high quality and which are sustainable. This will include Voluntary and Community Sector Provision. There will, therefore, be additional content on how we plan to engage with our providers to ensure we deliver services that are needed, of high quality and which bring an increased focus on new and innovative ways of responding to the health and social care challenges facing our community.

2.3 Time for Change

There has never been a more pressing need to work together to respond to the financial, demographic and lifestyle challenges ahead. We must work innovatively and in partnership with our provider markets and service users to achieve this, whilst driving up standards and keeping service users at the heart of what we do. Working with providers and neighbouring authorities to review and develop the efficiency of the services on offer will be part of this. However, efficiency alone cannot deliver the scale of savings required. We need to look at different ways of delivering services to meet shared objectives, to help manage demand whilst ensuring that working to keep people independent and safe remains a priority. We also need to promote lifestyle changes for the community as a whole.

3.1 Legislative Impact

The introduction of the Health and Social Care Act 2012, established clinically led commissioning to empower GPs to commission services on behalf of their patients. Local Healthwatch organisations were created to drive service user involvement across the NHS and Council services. Public Health responsibilities for health protection and improvement also transferred to Councils with a renewed focus on local priorities.

The Care Act (2014), the Children and Families Act (2014) and Mental Capacity Act 2005 (MCA) set out a further fundamental shift in our health and social care landscape for people, with increased responsibilities for local authorities in relation to prevention and wellbeing, information and advice, advocacy, assessment, safeguarding, market shaping, adoption, special educational needs, looked after children and more.

These fundamental changes are being implemented at a time of substantial cuts in government funding. The Local Government Association has estimated that councils face a funding gap of £7.8 billion by 2025 just to maintain current service levels. By 2020, the Government will have cut £16 billion from Councils’ core funding since 2010. In Enfield, the Government has cut £161 million from the Council’s funding since 2010. By 2020 the amount of money the Council receives from central government will have reduced by 60%. This poses significant challenges for the Council and difficult decisions will need to continue to be made in allocating resources to the services which the Council funds.

3.2 The Care Act 2014

The Care Act is built around people’s needs and
what they want to achieve in their lives. It seeks to rebalance the focus of care and support towards promoting wellbeing and preventing or delaying needs, putting people at the heart of the system.

The Act places a number of duties on the Local Authority including:

• Duties on prevention and wellbeing
• Duties on information and advice (including advice on paying for care
• Duties on market shaping
• National minimum threshold for eligibility
• Assessments (including carers assessments)
• Personal budgets and care and support plans
• New charging framework
• Safeguarding adults
• Universal deferred payment agreements

3.3 Care Act 2014 – Implications For Providers

Providers should be aware of the major changes and opportunities as set out in LGA, 2015, Guide to the Care Act 2014 and Implications for Providers, London. Available from:

www.local.gov.uk
Key Areas that Providers should be aware of

- **Principle of wellbeing** – understand the principle of wellbeing and consider if there are additional services providers might wish to supply.

- **Assessment, including carers** – understand how the process works, be able to explain it to people seeking care and support, and guide them to their local authority.

- **National Eligibility Criteria** – understand the criteria, be able to explain them to people seeking care and support, and guide them to their local authority.

- **Care planning and review** – be able to identify outcomes within the care and planning process that will establish the cornerstone of a subsequent care plan.

- **Deferred payments** – review commercial terms to be able to explain deferred payments in line with local authority policy.

- **Funding reforms** – including intermediate care charging.

New Areas for Partnership Working with Providers

- **Market shaping and commissioning** – consider involvement, and assess personal knowledge prior to engagement in the process.

- **Managing provider failure and service interruptions** – understand local authorities’ powers and duties when a care provider fails or the provision of a service is interrupted.

- **Market oversight** – note CQC’s new function to oversee the financial sustainability of providers that would be difficult to replace were they to fail.

- **Statutory safeguarding** – be aware of the need for adult safeguarding policies and procedures and the areas to cover; benchmark against existing policies and procedures and draw up new ones where required. Access Safeguarding Boards annual reports.

- **Information advice and guidance** – have in place information about services provided so that individuals can decide if those services are appropriate for them. Make this available to the local authority so it can be incorporated into its advice and guidance.

- **Duty of candour** – understand provider responsibility to be open when things go wrong and the action they are expected to take.

- **Ordinary residence** – understand which geographical local authority is responsible for each service user.

New Opportunities for Providers

- **Prevention, including intermediate care** – consider what preventative services are currently offered and what could be delivered in the future.

- **Independent advocacy** – consider offering this service to local authorities in future.

- **Personal budgets and direct payments** – providers should review their commercial terms to enable people using their services to use personal budgets and direct payments.

- **Individual Service Fund** – involves the delivery of a personalised and flexible service i.e. the service user and the provider will develop the detail of the care and support plan; and the service user drive who, what, how and when care and support is provided.

- **Integration, cooperation and partnership** – provider to consider what services it might offer now and in the future as a result of integration.

- **Smoothing transition to adult care and support** – understand local authorities’ duty to conduct a transition assessment.

- **Delegation of local authority functions** – providers should consider what existing services they might want to offer, and any new services they might wish to develop, that may fit with functions delegated by local authorities.

- **Improving access to psychological therapies (IAPT)**. Develop IAPT accredited VSC organisations with the appropriate infrastructure to enable them to contribute towards IAPT access to recovery targets.
OUR VISION, OUR VALUES
4.1 Enfield Council – Our Vision and Values

Our vision is to make Enfield a better place to live and work, delivering fairness for all, growth and sustainability and strong communities. Underpinning this commitment we have a number of priorities, the delivery of which will contribute to improving the quality of life for all residents in the borough.

Good homes in well-connected neighbourhoods

- Continue our pioneering approach to regeneration to create thriving, affordable neighbourhoods and places.
- Increase the supply of affordable housing including ownership, private rent, council housing and other social rent.
- Drive investment in rail, roads and cycling infrastructure to improve connectivity and support economic development.
- Create an enterprising environment for businesses to prosper with world-class digital infrastructure.

Sustain strong and health communities

- Protect those most in need by continuing to deliver the services and safeguarding measures they rely on.
- Work smartly with our partners and other service providers to enable people to live independent and full lives.
- Build measures into all our strategies and projects that will help improve people’s health.
- Work with partners to make Enfield a safer place by tackling all types of crime and anti-social behaviour, and protecting the local urban and green environment.

Build our local economy to create a thriving place

- Work with local businesses and partners to develop a strong and competitive local economy and vibrant town centres that benefit all residents.
- Support residents to take more responsibility and play a greater role in developing active communities.
- Enable people to reach their potential through access to high quality schools and learning; and create more opportunities for training and employment.
- Embrace our diversity, culture and heritage and work on reducing inequalities to make Enfield a place for people to enjoy from childhood to old age.

Enfield 2018

Despite substantial cuts in government grants, Enfield Council remains a successful, high performing Council, continuing to deliver high quality services across the borough. However, pressure to generate further savings through local government continues, and we need to think now about how we do this.

A number of operating principles have been identified that, together with our values, will deliver the efficiencies and changes we need to make. These principles will be applied across the Council to every activity we carry out. They are:

- Do it once – and in one place
- Only do the things that make sense for us to do so (e.g. we won’t take on things that we are not specialist in)
- Automate and self-serve nearly all transactional activity
- Consolidate teams and create smaller, more focused centres of excellence
- Enable work to be delivered with fewer resources
- Empower our customers to help them resolve their own requests and thus managing demand more effectively
- Continue to partner with other organisations and agencies to help deliver better services at a reduced cost
- Maximise income where it is cost effective to do so
- To make the ‘healthy choice the easy choice’
4.2 Equalities and Diversity
The Council works towards equality of opportunity for all and devotes its energies and resources to the achievement of this aim. Service providers play a central role in helping to deliver this vision. Service contractors and sub contractors are responsible for implementing The Council’s Valuing Diversity and Equal Opportunities Policy when providing services on the Council’s behalf. Further information on the Council’s Equality and Diversity policy and objectives can be located on Enfield Council’s website.


4.3 Adult Social Care & Health Joint Vision and Values
We aim to deliver good quality, safe, joined up health and social care services that meet the needs of individuals and their carers, with the right intervention at the right time and in the best place. Our focus is on prevention, but when care and support is needed, we will provide this at home and in the community, wherever possible using limiting contractual arrangements ensuring service users choice and control thorough their Direct Payments, Independent Service Fund (ISF) and Personal Health Budgets as way of delivering services.

These principles give us a clear direction to become even more efficient, focused on our customers and fit for an increasingly digital age.
SAFEGUARDING AND QUALITY
5.1 Safeguarding Adults

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It draws together both our response to stop the risk and experience of abuse and actions taken to prevent abuse in the first instance. All actions undertaken will be in the interest of promoting a person’s wellbeing and with regard to their views, wishes, and feelings in deciding next steps.

Safeguarding is not a substitute for provider’s responsibilities to provide safe and high quality care and support. They have a duty not only to the adults they deliver services to, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them.

Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.

Providers of health and adult social care need to be cognisant of the policy and procedures which will be initiated by the Local Authority with partners should there be significant safeguarding failings or concerns which impact on the service as a whole.

The Care Act 2014 and statutory guidance with respect to safeguarding adults, wellbeing requirements and working in partnership to protect adults are key for providers. Providers will need to work in partnership and co-operate with the local authorities and others in the interest of safeguarding adults.

Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA). People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

Providers of health and adult social care will need to ensure they:

- understand and can work in line with the MCA
- employers can support staff so that they can help adults manage risk in ways that put them in control of decision making if possible.
- regular face to face supervision to support staff to work in line with MCA

The Deprivation of Liberty Safeguards are for people who lack mental capacity and may require care or treatment in a hospital or care home where their freedom may need to be restricted to the point of depriving them of their liberty. This can only be done lawfully if appropriate authorisation for a Deprivation of Liberty Safeguard (DoLS) has been sought.

There is also a process for having such safeguards put in place for people in Supported Accommodation or other settings than a care home or hospital. These judicial DoL Safeguards have to be authorised by the Court of Protection who have now streamlined the application process for these cases.

Providers of health and adult social care must ensure they do not unlawfully deprive someone of their liberty, have the skills and knowledge to consider least restrictive options, and comply with the legislative.
Further information on the Mental Capacity Act and the Deprivation of Liberty Safeguards can be found online at:

www.scie.org.uk/mca-directory/

5.2 Modern Slavery
The Modern Slavery Act 2015 was introduced to combat modern slavery in the UK and sought to consolidate previous offences pertaining to trafficking and slavery. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Many active organised crime groups are involved in modern slavery, but it is also committed by individuals.

Contrary to a common misconception, people are not necessarily transported across borders for trafficking to take place, much of it is now home grown. There are several broad categories of exploitation linked to human trafficking, including:

- Sexual exploitation
- Criminal exploitation
- Forced labour
- Domestic servitude
- Organ harvesting
- Child related crimes such as child sexual exploitation, forced begging, illegal drug cultivation, organised theft, related benefit frauds etc.
- Forced marriage and illegal adoption

Enfield Council has updated its standard contract terms with providers of health and adult social care concerning modern slavery. Providers must ensure that their staff understand:

- Safeguarding
- Equality & Diversity Code of Conduct
- Whistleblowing

These policies are key to ensuring that providers of health and adult social care have appropriate channels to report any incidents of slavery and human trafficking.

Further information on modern slavery can be found online at:

https://mylife.enfield.gov.uk/enfield-home-page/content/safeguarding/modern-slavery/

5.3 The Safeguarding protocol
The Safeguarding protocol aims to ensure that care and support services used by adults in the London Borough of Enfield (LBE) provide good quality care and have dignity and respect at their core. When LBE arrange a provider to deliver care and support we have a responsibility to ensure that the provider can meet the persons needs and can do so safely.

The protocol is informed by the CQC standards and the Care Act 2014.

When the LBE make placements, they will consider the following:

1. CQC Enforcement actions in place
2. An overall rating for the service as ‘inadequate’
3. Placed in Special Measures
4. If the home has a rating of more than 3 areas that require improvement, contract monitoring visits will be made before using the home.
WORKING WITH HEALTH TO IMPROVE HEALTH AND WELLBEING
6.1 Health and Wellbeing Board (HWB)

The Enfield Health and Wellbeing Board is a forum where the key leaders from the health, care and other partners can work together to improve the health and wellbeing of the local population and reduce health inequalities.

It was set up under the Health and Social care Act 2012 and has 20 members including from across the Council, NHS and voluntary sector representatives.

Health and wellbeing boards are a key part of the Government’s broader plans to modernise the health and care system and to:

- Ensure stronger democratic legitimacy and involvement
- Strengthen working relationships between health and social care, and,
- Encourage the development of more integrated commissioning of services.
- To make the ‘healthy choice the easy choice’

The vision of the Enfield Health and Wellbeing Board is to give people in Enfield opportunities to live healthier, happier lives. We also want to narrow the gaps in healthy life expectancy between those living in our most deprived communities and those who are better off. Please see our Joint Health and Wellbeing Strategy here.

https://new.enfield.gov.uk/healthandwellbeing/jhws/

6.2 Enfield’s Joint Strategic Needs Assessment

The joint strategic needs assessment (JSNA) is a process by which local authorities and Clinical Commissioning Groups (CCG’s) assess the current and future health, care and wellbeing needs of the local community to inform local decision making.

The JSNA is concerned with the wider determinants of health such as housing, income and employment; as well as looking at the health of the population with a focus on behaviours that affect health, such as smoking, diet and physical activity; and identifying health inequalities and providing a common view of health and care needs of the local population.

The JSNA offers a helpful provider resource that can support the strategic development and delivery of services to meet the needs of Enfield’s residents. Further information on our Joint Strategic Needs Assessment can be found by following the link:

https://new.enfield.gov.uk/healthandwellbeing/jsna/

6.3 Enfield’s Joint Health and Wellbeing Strategy 2014-2019

- Developed using information from Enfield’s Joint Strategic Needs Assessment, our Health and Wellbeing Strategy sets out the following priorities:
  - ensuring the best start in life
  - creating stronger, healthier communities

6.4 Joint Commissioning Strategies

Enfield will be creating a set of Commissioning priorities for the next 3 years. The Council is currently working with health partners to develop a Health & People Priorities document. The document will detail headline priorities across Adult Social Care and Health, with a focus on joint work and the advancement of integration. It is the current intention that the document covers a 3 year period, to be reviewed annually.

https://mylife.enfield.gov.uk/enfield-home-page/content/policies/strategies-policies-and-reports/

- narrowing the gap in healthy life expectancy
- promoting healthy lifestyles and healthy communities
- enabling people to be safe, independent, and well, and delivering high-quality health and social care services
- The People directorate, in partnership with NHS Enfield CCG, is currently completing a refresh programme of its strategies, which are no longer current. This will take the form of a set of shared commissioning intentions. These will not replace any plans within strategies that are still current.
6.5 Integration and Better Care Fund

The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with the additional injection of social care money announced at Spring Budget 2017. Integration is important because people need health, social care, housing and other public services to work seamlessly together to deliver better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.

The Integration and Better Care Fund is a jointly owned plan between the Local Authority and Clinical Commissioning Group, working together with partners such as providers, acute trusts, and the community and voluntary sector. It is built upon feedback from those who use services and the clear understanding of local need. Importantly, it has the appropriate oversight and scrutiny from the Enfield Health and Wellbeing Board. Together, we have an aim to deliver joined up health and social care services that meet the needs of the individual and their carers, with the right intervention at the right time and in the best place. Our focus is on prevention, but when care and support is needed we will provide this at home and in the community, wherever possible. The principles underpinning our approach to integration echo the aims of the NHS Five Year Forward View, which are

- To put patient and carers at the heart of care planning and delivery with services integrated around them
- Ensure that the components of the model function as a single system, providing a network of care
- Provide joint assessment, care planning and interventions with patients and across the system
- Deliver high-quality care in the most appropriate settings including out-of-hospital settings

6.6 Impact of Integrated Care System

Health and social care commissioners in Enfield have been working with care providers to establish an integrated care approach for residents. Building on well-established developments for integrated learning disabilities and mental health, the focus is primarily on older people and adults with physical disabilities.

Enfield’s Integrated Care Programme (ICP) was established to put the person at the heart of their care; how it is planned, coordinated with an overall aim to improve the effectiveness of the health and social care system. The ICP has been superseded by the Care Closer to Home Integrated Network (CHIN) work. The main aims are still to ensure care is delivered in a seamless way across the system (including the public, private and voluntary-sectors); and that unnecessary admission to hospital is avoided.

The key ways in which this will influence the development, commissioning and delivery of care across the private and voluntary-sector in Enfield are outlined below. The recent re-commissioning of the voluntary sector highlighted the approach. Sectors will work in tandem with each other to deliver better coordinated high-quality person-centred care within the CHINs:

- The development of multi-partner voluntary sector arrangements are expected to work with care professionals, including GPs, in the CHIN to support people and carers, and help them navigate the system, including promoting healthier lifestyles and helping them after they’ve developed a long-term condition, such as dementia, or after a crisis, such as a fall or hospitalisation;
- A greater role for non-clinical staff, such as RSL staff or domiciliary health care assistants, in identifying and improving the health outcomes of individuals with whom they come into contact, not just through Enfield’s Every Contact Count campaign which focuses on promoting healthier lifestyles, but having greater awareness of signs of particular conditions, such as dementia, mental health or diabetes, their impact on an individual’s daily living and how their needs could be accommodated, and where to get help in the integrated care network;
- A greater emphasis in domiciliary care in promoting ongoing recovery from illness following on from an individual’s short period of publicly-funded rehabilitation – an emphasis on doing tasks with, rather than for, the patient;
- An expectation residential and nursing care home providers and staff will work with the CHINs in improving the management of their residents. Taking the excellent work of the NHS nurse-led Care Homes Assessment Team (CHAT) towards the Trusted Assessor model,
whereby homes accept patients following others assessing potential residents, is expected to emerge

• Provision of formal and “on-the-job” training to care staff, including nurses, to help staff improve their skills and knowledge for all residents’ care management.

• Opportunities for residential and nursing care home providers to develop specialist functions, such as short-stay rehabilitation units (either step-up to avoid hospital admission or stepdown to facilitate safe hospital discharge) or longer-term specialist support for people with more complex mental health and continuing healthcare needs, such as those with advanced dementia with potentially challenging behaviours.
7.1 A place to do business

Located 12 miles north of Central London, Enfield offers a very attractive residential environment with fine parks and open spaces, excellent schools, good public transport and a wide range of leisure facilities. Enfield is renowned as a business-friendly borough and the Council understands and promotes business success. It assists businesses in recruiting local staff via our Invest in Enfield campaign:


The Council also promotes inward investment activity. The Council aims to support businesses (anywhere) recruit local (Enfield and surrounding boroughs) residents through a partnership approach with our partners who have funding to do direct delivery of skills training, employment support and job brokerage.

The Enfield Business Centre is a one-stop shop providing a range of advice and guidance and a range of resources to support start-up and growing businesses. Enfield offers competitively priced business accommodation to meet all needs, from start-ups to state-of-the-art buildings, and there are excellent business support networks. Detail on Business Advice can be found:

https://www.enterpriseenfield.org/

7.2 An area of opportunity

As a business destination, Enfield offers low cost industrial space and excellent locational benefits with road links into the city, to the M25 and to the main northern trunk routes, the M1, A1(M) as well as the A11 to Cambridge and England’s ‘Silicon Valley’. There are four international airports and King’s Cross St Pancras all within one hour’s journey and new transport projects will make travel even more efficient.

The Upper Lee Valley is a designated Opportunity Area as identified in the London Plan. At 3,900 hectares it is the largest such area in London, and Enfield is a key link in the London-Stansted-Cambridge-Peterborough growth corridor. Central, local and regional government all support the vision for more housing and jobs in the area through targeted and sustainable expansion. Enfield’s 85-hectare Meridian Water development is a key part of this Opportunity Area, being a £6 billion investment, which will create over 10,000 new homes and thousands of new jobs by 2035, in addition to a new rail station with upgraded transport links. More information about Meridian Water is available on its dedicated website.

Enfield Council has made it a key priority to help businesses launch and thrive. The Enfield Business Centre is a one-stop shop for commercial enterprises, providing a range of advice, guidance and resources to support start-up and growing businesses. It has helped hundreds of business organisations to start up and grow in the
The centre, located in Hertford Road, accommodates several key organisations, including the Let’s Go Business Hub, Enfield Business and Retailers Association, Enterprise Enfield, and the North London Chamber of Commerce. For more information, see Support for Businesses in Enfield.

7.3 Overarching Demographics

The demographic of Enfield is changing. The population of the borough is increasing and people are living for longer. Enfield is the fourth largest borough in London. The total population is set to increase from 333,000 in 2017 to 376,800 in 2025. The number of people over 65 years of age is forecast to increase by 23% in the next 10 years – from 43,900 in 2017 to 52,600 in 2025. This increase is slightly above the overall percentage increase of England (21%) and poses a significant local challenge in terms of developing services to meet future demand.

The most populous wards are currently Edmonton Green, Upper Edmonton, Enfield Lock and Lower Edmonton. Over the next 5 years Southgate Green (up 12%), Ponders End (11%) and Bowes (8%) are set to be amongst the fastest growing wards in Enfield. In terms of older people populations, wards with highest populations of older people include Highlands, Grange, Cockfosters. Just over 19% of people living these wards are 65 years of age and above – compared to the borough average of 12%.

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 highly deprived Outer London boroughs. It ranks as the 14th most deprived London Borough. Nationally, Enfield is ranked 64th most deprived out of the 326 local authority areas in England. Levels of deprivation vary considerably across the borough, and there is a stark east-west divide. Wards within the east of the borough, including Edmonton Green, Upper Edmonton, Lower Edmonton 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 25% of wards in England. Conversely, areas in the west of the borough including Cockfoster, Grange Highlands and Winchmore Hill have been identified amongst the least deprived areas of England.

7.4 Public Health

7.4.1 Understanding our Population and Predicted Changes

- Enfield life expectancy at birth is 80.1 years for males and 84.2 years for females.
- Enfield women are expected to live 65.1 years in good health and Enfield men are expected to live 66.2 years in good health.

- There are marked differences in life expectancy in different parts of Enfield, with life expectancy significantly lower in areas of high deprivation within the eastern wards of Enfield.
- Over 70% of all deaths in Enfield are attributable to cancer, circulatory disease or respiratory disease.
- Smoking prevalence is similar to the London and national averages but smoking is still the
greatest cause of death, disability and disease in
the borough.

- Up to 28% of the population may not be
  sufficiently active to maximise their health.
- Around 46,000 adults (16 and over) in Enfield
  are estimated to drink at a level which may be
dangerous to health.
- There are over 60 health conditions strongly
  associated with alcohol misuse and alcohol
  consumption in Enfield is associated with
  approximately 1,600 (680 per 100,000
  population) hospital admissions per year.
- Around 1330 people (416 per 100,000
  population) are newly diagnosed with a type of
cancer in Enfield each year. 33% of cancers are
  linked to obesity.
- Cancer is the second biggest cause of mortality
  in people of all ages within Enfield. However,
more than two in five cancer cases could be
  prevented by lifestyle change, such as not
  smoking.
- There is a clear difference in the number of
deaths occurring from cancer in the most
derived areas of Enfield compared with the
least deprived areas.
- Roughly 19,680 of Enfield people aged 17
  and over (7.7% of registered population) are
diagnosed with diabetes.
- People living in the most deprived areas in the
  UK are 2.5 times more likely to have diabetes.
- There were 122 excess winter deaths in 2015/16.
- Enfield is in the ‘top five’ in London for both adult
  and childhood obesity and levels of physical
  activity are far below guidelines

The environmental, social, and economic
circumstances of people’s lives also have a huge
impact on health and ultimately life expectancy.
Issues such as income and poverty, employment,
housing, education, environment and crime are
referred to as the ‘wider determinants of health’.
Inequalities in these areas are almost always
reflected in inequalities in health and life expectancy
for different parts of society.

Providers of health and social care services play
a vital role in decreasing local health inequalities,
promoting the good health and preventing
avoidable ill health, through:
- Encouraging healthy lifestyles including not
  smoking, healthy eating, physical activity and
drinking alcohol responsibly (Moving, Eating,
Drinking, Smoking – MEDS).
- Encouraging self-management of health,
supported by healthcare professionals.
- Recognising and promoting smoking to be an
  abnormal thing to do so that young people do
  not start.
- Supporting people to stop smoking (particularly
  smoking prevention and cessation services
  targeted at Turkish and Greek Communities).
- Supporting people to reduce alcohol
  consumption (particularly amongst older people
  aged 45+).
- Promoting 5 pieces of fruit and vegetables a
day.
- Supporting people to reduce sugar
  consumption.
- Promoting and encouraging flu vaccinations.
- Promoting Cycle Enfield.

7.5 Sexual Health and HIV
7.5.1 Understanding our Population and
Predicted Changes
- Regular testing of HIV and Sexually Transmitted
Infections (STIs) is essential for good sexual
health.
- The burden of STIs continues to be the greatest
  in young people, men to who have sex with men
  (MSM) and black ethnic minorities.
- Late diagnosis results in increased onward
transmission and higher treatment costs overall.

- Overall, 2,551 new STIs were diagnosed in Enfield, a rate of 776.7 per 100,000 residents (compared to 750 per 100,000 in England).

- Out of 326 local authorities in England, Enfield has the 47th highest rate of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 876.5 per 100,000 residents (compared with 795 per 100,000 in England).

- Of the new STIs diagnoses in Enfield 45% were in young people aged between 15-24 years.

- Enfield has the 28th highest rate, out of 326 local authorities in England, for gonorrhoea, which is a marker of high levels of risky sexual activity.

- 837 Enfield residents diagnosed with HIV accessed services in 2016.

- There were 44 new HIV diagnoses in 2016 in individuals aged 15 years and above in Enfield (Public Health England Report 2017). The diagnosed HIV prevalence was 4.0 per 1,000 population aged 15-59 years (compared to 2.3 per 1,000 in England).

- 50.4% of people with HIV were diagnosed late in Enfield (2014-2016), compared to 40.1% in England. The largest group identified were heterosexuals followed by MSM.

- The eastern corridor of the borough N9, N18 and EN3 has a higher prevalence of families living with HIV.

- Within 2016/17, 1904 patients received consultations for Long Acting Reversible Contraception (LARC) within 23 GP practices in Enfield. In 2016/17, 2128 Emergency Hormonal Contraceptive (EHC) were given to patients across 24 Pharmacies within Enfield.

- Activity within Enfield Genitourinary Medicine (GUM) clinics has increased by 32% since April 2016 with 67% of Enfield patients being seen in Borough.

7.5.2 Commissioning Priorities

- Ensure the borough’s sexual health clinics are reconfigured to increase accessibility and improve access for Enfield patients.

- Promote the Sexual Health Clinic at Silverpoint through a dedicated communications and marketing plan as well as the delivery of specialist support within a primary care facility.

- Reconfigure sexual health service provision to improve engagement with hard to reach groups including men who have sex with men (MSM), Black & Minority Ethnic (BME) groups and older adults through specialist clinic sessions and targeted outreach within the community.

- Reduce Enfield out of borough presentation through increased access to sexual health provision in-borough.

- Ensure the E-Service, the online self-sampling service for asymptomatic patients, is promoted and is easily accessible across Sexual Health Services, satellite and primary care services in Enfield.

- Reduce the borough’s high prevalence for late detection of HIV through early testing and easier access to testing within specialist clinics, satellites and targeted outreach.

- Increase coverage of the Condom Distribution Scheme (C-Card) scheme through expansion of open access outlets including Pharmacies.

- Review Emergency Hormonal Medicine (EHC) and Long Acting Reversible Contraception (LARC) provision within primary care services with the aim of increasing service provision across Enfield.

- Work in partnership with Public Health Young People’s agenda and Children’s Services to support functions and outcomes of the statutory SRE education within secondary schools to equip young people with the information and skills to improve their sexual health.

7.5.3 Commissioning Priorities for Substance Misuse

- Review substance misuse service provision across Enfield to improve access and increase accessibility for Enfield patients at Claverings and Vincent House sites.

- Increase access to GP Shared Share for substance misusing patients through partnership working with primary care.

- Improve access to Blood Borne Virus (BBV) interventions through the development of an opt-out scheme.

- Expand Harm Reduction initiatives within substance misuse provision in Enfield through increased access of Needle & Syringe Programme (NSP) within Pharmacy outlets.
• Develop a satellite-based Hepatitis C treatment Clinic within substance misuse services in Enfield to screen, test and promote access to Hepatitis C interventions and treatment.

• Develop robust pathways with Enfield Improving Access to Psychological Therapies (IAPT) Services to ensure substance misusing patients with depression and anxiety have access to psychological therapies.

• Increase the uptake of Naloxone provision for Injecting Drug Users (IDUs) and offenders released from prison to reduce drug related deaths across the borough

• Develop specific groupwork programmes for women and women offenders at Vincent House

• Promote the ‘Don’t Bottle It’ Campaign at Vincent House ensuring online and one-to-one support is available for mild to moderate drinkers in the Borough

• Expand the Peer Mentoring Scheme and access Educating, Training & Employment (ETE) provision at Vincent House for patients who are in recovery.

7.5.4 Commissioning Priorities for Dual Diagnosis

• Reconfigure the Dual Diagnosis Service contract to ensure it is part of the wider Adult Substance Misuse Recovery Service contract to mainstream DD within substance misuse provision.

• Review the Dual Diagnosis Service to ensure that Dual Diagnosis patients are care managed for their mental health issues by Mental Health Services.

• Ensure Dual Diagnosis patients have access to harm reduction initiatives and groupwork programmes to address their substance misuse issues.

• Review effectiveness of current care pathway for those with dual diagnosis across the Dual Diagnosis Service, Mental Health and Substance Misuse Services.

• Promote relapse prevention initiatives for Dual Diagnosis patients to ensure compliance with their treatment and medication.

7.5.5 Commissioning Priorities for Domestic Violence

• Develop 21 units of temporary accommodation with support for survivors of domestic violence, to rebuild their lives, receive counselling and emotional support, gain greater independence, improve life skills and have opportunities for employment and skills training.

7.6 Understanding who we support

In 2017/18 a total of 7,483 people received a service funded by Adult Social Care.

The proportion of people using ASC services who receive self directed support is above average in Enfield in 2016/17 – 90.3% of people using ASC services received self directed support compared to 87.1% London average and 89.4% England average. 55.7% of people receiving ASC services were in receipt of a direct payment (Adult Social Care Outcomes Framework 2016/17). This was the second highest figure in England, and double the London (27.5%) and England (28.3%) averages.

The borough has worked hard to reduce inappropriate or avoidable residential care placements in recent years, and we’ve a relatively low placement rate when compared to the London average.

In 2017/18 there were a total of 226 new admissions for older people aged 65+ known to adult social care services who were placed in permanent residential or nursing care and 12 people aged 18-64.

Looking more widely to consider self funders, and people not known to adult social care services, the total population aged 65 years and over living in a care home with or without nursing is projected to be 1,374 in 2017, rising to 1,721 by 2025 (Projecting Older People Population Information, 2016).

7.7 Understanding our Self Funder Population

With an increasing duties on the Council to offer help and assistance to people who self fund their care, and the growing need to better manage service demand through prevention and early intervention, understanding more about our self funder population is essential. Over 2014/2015 599 people known to adult social care services were self funding their care. Wards with the most self funders known to ASC services include Bush Hill Park, Winchmore Hill and Jubilee wards. However,
not all people who self fund their care have contact with the Council’s adult social care services. We need to look more widely.

Research undertaken by the Council’s Corporate Policy and Research team based on an online survey of providers estimates that 24% of people place residential care in the borough self fund their services, and 26% of people self fund their domiciliary care services. This figure is much lower than previous national research would suggest. The Local Government Information Unit (LGiU) found 41% of people entering residential care each year self-funded services and the IPC estimated that in 2011, 44.9% of registered care home places in England were self-funded. It is possible that the 24% of beds in Enfield funded by other councils could account for some of the difference in the estimate of self-funders.

Drawing on information produced by MOSAIC (a socio-demographic segmentation tool based on lifestyle data that aims to segment the population into a number of distinct groups where the members share similar characteristics) we can begin to understand where our self funding older populations may reside to better target service delivery. The maps indicate where people who fall within the ‘older and very comfortable’ and ‘better off elders’ segments reside. Large ‘older and very comfortable’ populations reside almost entirely west of the A10, and providers are encouraged to consider this when developing services.

The Council is keen to work with Providers to support suitable, fit for purpose accommodation and services for Enfield’s self-funding community. Providers should also consider equity in fee arrangement when providing services.
UNDERSTANDING CURRENT MARKET SUPPLY
8.1 Residential and Nursing Home Services

Enfield has a high volume of residential care homes when compared with other London boroughs. The borough has the 3rd highest number residential care homes for predominantly older people across all London boroughs, and the second highest number of residential care homes for predominantly younger adults across London – second only to Croydon.

There are currently 85 residential and nursing care homes located in the borough that are registered with the Care Quality Commission, providing a total bed capacity of 2018.

In respect of service type, a total of 14 residential care homes, offering a total of 745 beds are registered as providing nursing care. A total of 86 residential care homes, providing 1,345 beds are registered as providing care home services without nursing care.

The borough is rich in terms of the number of residential care homes and working alongside our Planning and Property colleagues we will not be encouraging any further development. Conversely there is a need to expand the number of nursing and dementia care beds as demand exceed supply. We will support providers to consider adjusting their business models towards affordable complex nursing and dementia care. However, the overall aim is to continue to support people to remain in their own homes wherever possible, within the least restrictive setting. Long-term residential and nursing care are seen as a last resort as we focus on helping people to regain independence.
The graph below sets out the total number of residential and nursing care bed spaces registered to provide services to specific service user bands. It is important to note that some care homes are registered as providing services to multiple service user bands, and have been counted as such – this is intended to give an indication of maximum possible capacity for each service user area taken in isolation.

**Total number of residential and nursing care home beds registered to provide service user band specific services (CQC September 2018)**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People and Dementia only</td>
<td>668</td>
</tr>
<tr>
<td>Older People only</td>
<td>285</td>
</tr>
<tr>
<td>Learning Disabilities/ASD (Younger Adults)</td>
<td>157</td>
</tr>
<tr>
<td>Mental Health Support Needs (Younger Adults)</td>
<td>124</td>
</tr>
<tr>
<td>Mental Health and Substance Misuse (Younger Adults)</td>
<td>30</td>
</tr>
</tbody>
</table>

The remaining units (of which there are over 700) are registered as providing services to multiple service user groups.

Enfield Council is moving away from placing individuals in Residential Care Settings by exploring robust models of support that help people to live independently in a safe and familiar environment.

For mental health the emphasis will be for independent living by way of supported housing. For people with learning disabilities the Council intends to move away from an already saturated supported living market to work with providers to develop more bespoke accommodation for those who have complex needs and for older people the need to meet the growing demand for good quality nursing and dementia care facilities and accommodation.
Enfield Homes Sheltered Accommodation Services

Enfield Council’s Sheltered Accommodation stock constitutes a significant proportion of age exclusive accommodation for older people living in the borough.

The Council currently provides over 779 units of Sheltered Accommodation for social rent in Enfield, offering a mix of studio, 1-bedroom and 2-bedroom homes.

Projections indicate that to meet current demand we need to increase the volume of sheltered/retirement housing for social rent by 197 units, and by 2025 we will require a further 552 units to meet escalating demand.

Sheltered/retirement housing for lease also requires significant market development to meet local need. We need to increase volume by 157 units to meet current demand, and by 2025 we will require a further 260 units to meet the needs of our increasing population.
8.3 RSL and Private Provision of Sheltered and Extra Care Sheltered Accommodation

Over 1,474 units of specialist accommodation for older people are provided by registered social landlords and private sector providers in the borough (Source Elderly Accommodation Council October 2015). Tenure type varies – 631 of these homes are Leasehold properties available for purchase and 656 of these homes are for social rent. The remaining 187 homes provide ‘Extra Care’ accommodation for social rent and leasehold purchase.

Providers are asked to consider when planning for new services that the needs of individual and affordability are given priority. Enfield Council will continue to commission the care and the landlord responsibilities separately.

Regional and national tools are available to help predict future demand for older people accommodation. The Housing LIN Strategy Housing Older People Analysis Tool for predicting borough demand for older persons housing highlights a current under supply and projects a significant local demand increase across both extra care and retirement housing sector over the next 10 years.
Locally, we know that to maintain Enfield’s existing level of retirement housing supply (proportional to the population of older people), approximately 325 additional retirement homes will be required by 2025.

8.4 Domiciliary Care Services
CQC registration information as of August 2018:

- Of providers LBE place with, 74% have a CQC rating of “Good” or above
- 85% of commissioned providers in Enfield are rated as ‘good’. However, we do not place with all providers either due to high cost of provision, CQC rating or provider concerns.

We will continue to work with the domiciliary care market to deliver more support in the North, North West and North East of the borough.

Providers will need to demonstrate continue high quality, value for money flexible service tailored to service user’s personalised needs. An approach to supporting the personal assistant market will be encouraged.

Providers will need to have a skilled workforce with the ability to support Enfield’s diverse community taking into account cultural and religious needs.

Enfield Council has no formal contracts with domiciliary care providers. All existing service users use their personal budget by way of a direct payment to pay for their chosen provider. This will continue to be the case for all new service users for the foreseeable future.

8.5 Individual Service Fund (ISF)
Individual Service Fund (ISF) is being introduce for some community base support using service user’s personal budget. An important requirement of an ISF arrangement is that Providers will work with the Service User to develop a personalised and flexible service i.e. the Service User and the provider will develop the detail of the care and support plan; and the Service User’s choices drive who, what, how and when care and support is provided. The Provider is directly accountable to the Service User.

8.6 Voluntary and Community Sector
Enfield has a diverse and well established Voluntary and Community Sector, accommodating over 650 voluntary organisations, community groups, faith groups, sports clubs, and uniformed groups across the borough. The Council recognises the unique position of local voluntary and community groups in supporting residents, and the value of this sector in contributing to the capacity and cohesion of the community.

In 2017/18 Enfield Council reviewed and recommissioned the VCS support that it funds through Adult Social Care. Six new contracts were put out to tender based on the following outcomes:-

- Helping People Continue Caring – led by Enfield Carer Centre
- Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises – led by Age UK
- Supporting people to improve their health and
wellbeing/improving self-management – not yet awarded

• Helping Vulnerable Adults to have a voice – led by Enfield Disability Action
• People recover from illness, safe and appropriate discharge from hospital – led by Alpha Care
• Led by Enfield Connections - Increased and improved information provision

Five of the six contracts were awarded to a range of consortia groups, each with lead organisation. We are working currently to develop and deliver stronger links and pathways between our non-statutory organisations and other statutory partners including the Council and Health. The focus, through these new outcome based contracts, is to improve our early intervention and prevention offer, developing individual and community resilience which helps people to live more independent lives and to avoid or reduce the need for health and social care support, where appropriate.

8.7 Small Projects Fund

There is work underway currently to deliver two phases of time limited (12 months) funding totalling £100k per year with a focus on new, innovative offers which include a digital element as part of a wider offer focused on improving health and wellbeing. Grants of up to £5k per organisation are being offered. This funding will be available until 2020 and will then be subject to review.

For more information go to: https://mylife.enfield.gov.uk/homepage

The contract not yet awarded is linked to outcome 3, supporting people to improve their health and wellbeing/improving self-management.

The plan for this outcome is to include the development of a Crisis Café within a purpose-built Wellbeing hub in order that the VCS could provide crisis care support outside hospital settings.

8.8 Small Clubs Grants

This scheme makes available an amount of £10k per year and is aimed at small groups who do not otherwise receive grant funding from the Council. However, we will also consider those groups who have secured external funding but can demonstrate a need for assistance with running costs. Grants of up to £250 are awarded to clubs or groups working to improve the health and wellbeing of Enfield residents.

You do not need to be a registered charity but you do need to meet the following criteria:

• Your group must operate for the benefit of those living in the London Borough of Enfield.
• Your group must have a management committee and rules.
• Your group must hold a bank account in the club’s name.
• You must be able to submit a simple financial statement with your application.

Funding rounds take place twice a year and are advertised on the Council’s website.

completed by March 2019. Work to deliver the final contract for outcome 3 will begin in January 2019.

The Fund will invest in community projects that evidence the following:

• Development of sustainable solutions
• Evidence based approaches with focus on Prevention and Early Intervention, including self-management of long term conditions
• Development of volunteering opportunities
• Development of peer support networks
• Innovation, including digital technologies
• Outcomes-Focused
• Accessible

It is the Council’s intention to use any learning from these two phases of funding awards to prepare for the award of the final contract (see above). Phase 1 of the small grant projects has now been completed in December 2018 with Phase 2
UNDERSTANDING THE FINANCIAL CONTEXT
9.1 Current Adult Social Care Resources

Enfield Council’s Adult Social Care budget represents approximately 30.5% of the Council’s entire Net budget. Of the total £227.86 million Council’s Net budget in 2018/2019, Adult Social Care Services were allocated £69.6 million. Net Adult Social Care spend projections (2018/2019) are set out in the pie chart below, to illustrate how this funding is proportionally spent.

Net Adult Social Care spend projection, 2018/19

9.2 Future Resources

The Council has faced unprecedented budget cuts in recent years over the last parliamentary term, and as budget cuts continue the Council will be faced with difficult decisions about the services it can continue to fund. Nationally, it is estimated that there will be a £5.8 billion (29% of the budget) funding gap in adult social care by the end of the decade (Adult Social Care Funding: 2017 state of the nation report October 2017) Locally, Enfield’s adult social care budget will have reduced from nearly £82.8 million (net) in 2015/2016 to less than £70 million by 2022/23. This figure is before any further savings are found over the period, so in reality the Adult Social Care budget will be considerably less than £70m. £55 million by 2019/2020 – a reduction of over 30%.

9.3 Adult Social Care net budget

The Government’s recent Spending Review (November 2015) enables Council’s to generate additional income for social care services through the raising of local taxes. It also commits additional funding through the Better Care Fund in 2020. However, this goes only part of the way in addressing projected funding gaps.

Whilst the local authority continues to drive service efficiency and consider different and innovative ways of working to address joint objectives, the scale of funding cuts are such that service reductions will also need to be considered, to ensure resources are targeted to supporting those most in need.
10.1 Adults with Learning Disabilities

10.1.1 Understanding Our Population and Predicted Changes

In 2017/18, 905 people with a learning disability received a service funded by Enfield’s Adult Social Care services.

Our learning disabilities population is set to increase to more than 1,100 people with learning disabilities who will require health, care and support services by 2020. Within this population we know that there will be:

- more younger people with more complex needs who will require health, care and support services including access to adapted and specialised housing.
- more people with learning disabilities who will grow older and more frail and be at risk of developing age related conditions such as dementia (this is most prevalent in people with Downs Syndrome where there is an associated risk of early onset dementia from 30 years old).
- more people with mild and moderate learning disabilities with complex needs and dual diagnosis and behaviours associated to autism, mental ill health, substance misuse and risk of re/offending.
- more people with severe autism and learning disabilities with complex needs who may also have behaviour that proves challenging at times.
- More elderly and single parent carers who will need access to support to continue in their caring role and lead a life of their own with a focus on remaining healthy and well.

The largest learning disabilities populations, based on age and as a proportion of residents are; 20-24 years old (projected to be 2.71% in 2021), followed by 25-29 and 30-34 (both projected to be 2.49%). Numerically, the largest age groups are 25-34 (projected to be 1,335 in 2018) and 35-44 (projected to be 1,220 in 2018) – (Source: PANSI Data).

This means that the largest proportion of our services for people with learning disabilities will need to respond to the needs of young adults who want to lead active, engaging, meaningful and fulfilling lives. The uptake of Direct Payments is also proportionately larger amongst this age group with 69.9% of direct payments to adult learning disabilities clients being aged 18-39. This needs to be considered when planning services over the next 4-5 years.
37.8% of adult LD clients receiving long term support permanently live with a relative (Source: NI145). This is the population that we will support (through direct payments or directly commissioned services) to access respite and day opportunities, such as, employment, education, volunteering and leisure activities as well as short breaks.

Over the next 4 years it is expected that approximately 80 young people with learning disabilities per year will transition from child to adult services.

In 2017/2018, Enfield supported 290 individuals to access self-directed support options, with the majority of people with learning disabilities receiving payments below £500 and 57.6% of them receiving less than £250 each week. Only 47 people with learning disabilities received Direct Payments of more than £500 per week.

The prevalence of dementia is higher amongst older adults with learning disabilities compared to the general population (22% vs 6% aged 65+) and people with learning disabilities also tend to develop the condition at a much younger age and at a faster rate. There are 24 people with learning disabilities who are recorded as having dementia on our customer information systems. People with a learning disability living in Enfield aged 18-64 predicted to have early onset Dementia is projected to increase by 19% by 2020 and the number of people with early onset dementia is predicted to increase by 18% between 2017 and 2025.

In Enfield, our mortality median for people with learning disabilities is 53 years which is below the national average (of 56 years old).

Out of the 533 comprehensive assessments that were undertaken with people that we support with learning disabilities and their parent/carers 160 were identified as having challenging behaviour that required some form of intervention planning. Enfield's population in this area is greater than the national average. More information Enfield's population with learning disabilities and challenging behaviour can be found within our Joint Strategic Needs Assessment.

### 10.1.2 A Look at Our Current Market Accommodation Based Services

Enfield has a significant supported living supply for people with learning disabilities and has recently launched the Dynamic Purchasing System for Care and Support Services for people with Learning Disabilities. New providers, who would like to work in Enfield should consider applying for the DPS.

Enfield has a plentiful but locally underutilised residential and nursing care home market for adults with learning disabilities. The Council is not seeking to develop capacity in this area.

#### Community Based Services

We would like to develop and diversify our existing day opportunities offer, moving away from traditional and sometimes restrictive models of day care, towards increasingly flexible community-based options that increase choice and foster peer support and social networks.

### 10.1.3 High Functioning Autism Background

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. The severity and presentation of difficulties can vary significantly. Autism is believed to affect approximately 1% of the UK population. Although autism diagnosis is improving, the diagnosed prevalence of autism remains lower than the population level estimates, as only two thirds of children, and 1 in 10 adults with autism have a diagnosis.

It is estimated that there are currently 2,459 adults (aged 18+) with autism in Enfield. This includes all spectrum of Autism. With the increase in population, the number of people with Autism is predicted to gradually increase to 3,101 by 2035.
The estimates were derived based on the national population level prevalence (1%) and population projection.

Sources: Projecting Adult Need and Service Information (PANSI) and Projecting Older People Population Information (POPPI)

**Strategic Direction**

Enfield is keen to work with services that aim to tackle social exclusion among people living with high functioning autism. We believe, that for a minimal cost, it is possible to provide weekly social opportunities based around common interests, meaningful work activities, and social skills mentoring. Therefore, Enfield’s key strategic direction for people with HFA include -

**Employment**

Autistic people experience significant difficulties in seeking employment. Only 16% of autistic people are in full time employment (compared to 47% of disabled people and 80% of non-disabled people) and this has remained the same for the past 10 years. We would also welcome discussions around the development of social enterprises and firms, to provide constructive training and development, particularly around the development of self-employment, social / micro enterprises, cooperatives, and skills exchanges.

**Social Inclusion**

People with High Function Autism find it difficult to communicate in a way that others understand. This leaves them feeling isolated and alone. People with High Functioning Autism express a genuine desire to make friends with others who understand autism and/or are on the autism spectrum themselves. Enfield is keen to engage with our community and voluntary sector partners to establish social groups and networks which provide opportunities for people with High Functioning Autism to meet their peers, share experiences and support and reduce social isolation.

**10.1.4 Commissioning Priorities**

- Measured development and reconfiguration of existing services to improve the supply of good quality, safe, flexible and efficient services for people with learning disabilities, aligned with the needs of Enfield’s local population and the Transforming Care Programme:
  - supported living services for people with complex needs and behaviour that can prove challenging at times, especially for people with complex needs and severe autism that might be at risk of hospital admission
  - bespoke crashpad facility to prevent unnecessary hospital admission
  - Increase the number of providers that deliver services in line with the principles of Active Support and Positive Behaviour Support that seek to build resilience, de-escalate episodes of challenging behaviour, promote independence and reduce the need for care over time.
  - Development of day opportunities for people with autism and behaviour that challenges to increase choice and control and enable people with learning disabilities to take part in flexible activities on a sessional basis, that are less restrictive than traditional styles of day care.
  - Increase use of assistive technology across service provision to promote greater independence, choice, control, dignity and respect, including use of digital technologies to help manage behaviours.
  - Development of a volunteering, befriending, mentoring and role model network for people with learning disabilities.
  - Work with the providers to help ensure the availability of appropriate and affordable services for young people with a health and adult social care need in transition to adult services.
  - Develop local service for diagnostic and post diagnostic support for people with high functioning autism.
10.2 Adults with Mental Health Support Needs

10.2.1 Understanding Our Population and Predicted Changes

1 in 4 people will suffer from some form of mental health problem at some point in their life (National Centre for Social Research and the Department of Health Sciences, University of Leicester 2009)

- 20% of adolescents may experience a mental health problem in any given year.
- 50% of mental health problems are established by age 14 and 75% by age 24.
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem, yet 70% of children and adolescents who experience mental health problems may not have had appropriate interventions at a sufficiently early age.

Mental health can have a significant impact upon people's physical wellbeing. It accounts for 23% of all years of healthy life lost in high income families. The number of people experiencing mental health is increasing year on year. In Enfield in 2017 it was predicted that:

- 33,990 people aged 18-64 will have a common mental disorder in Enfield in 2017 just over 10% of the total population. This will increase to 36,522 in 2025.

- 15,135 people aged 18-64 will have two or more psychiatric disorders in Enfield. This will increase to 16,307 in 2025

The prevalence of adults with borderline personality disorders, anti-social personality disorders and psychotic disorders is also set to increase.

In 2017/2018, 314 people with mental health support needs received Adult Social Care funded services, 49 people were in receipt of a Direct Payment and 143 people were placed in residential care. Only 55% of people receiving adult social care funded services were supported to live in the community, and the aim is to increase this and provide a wider range of community based options.

Compared to other London boroughs, Enfield has a relatively low rate of people with mental health support needs living in settled accommodation within the borough – an area in which we need to work with the market to improve.

10.2.2 A Look at Our Current Market

Enfield has a sizable mental health market – but one that is not always developed to meet the specific needs of our Enfield population. The borough has a market supply of residential care accommodation for adults (18-65 years) with mental health support needs that far outweighs local demand. There is a need to develop community based early engagement and intervention service(s); that will, where possible prevent escalating need. Access to long term accommodation with and without support is also under represented in the borough.
10.2.3 Commissioning Priorities
Increase access to non-specialist accommodation within the private and social rent sector for people with mental health support needs, able to live independently in the community. Provision should include clusters of accommodation to facilitate peer support and the pooling of budgets to enable self-directed care; improve opportunities for people with mental health support needs to access home ownership and market rent opportunities and identify appropriate shared living opportunities.

Work with the market to:

- expand our Mental Health community provider market (with and without accommodation) through the introduction of an open Framework supported by a Dynamic Purchasing System
- develop a hospital stepdown service in the community for people with complex mental health issues
- reduce service user dependency, increase personalised support that delivers recovery and improvements in wellbeing
- increase individual choice and control and service flexibility through personal budgets and individual service funds.
- meet the needs of complex and lower support need clients
- further build on Parity of Esteem Agenda for our mental health services
- increase access to accommodation services for young adults with mental health support needs in transition.

Build upon work already undertaken to improve early engagement and our understanding of the various mental health needs in the community by:

- Commissioning a VCS consortium to assist the Council ‘support people to improve their health and wellbeing and improve their self-management’. Which will include support for Mental Health service users, linking into and working with the newly awarded VCS Outcome areas and the Engage Enfield floating support service.
- establishing a mental health and wellbeing centre for Enfield.
- Supporting appropriate and affordable services for young people with a health and adult social care need in transition to adult services.
- Improving access to services that also support physical health care needs of adults with mental ill health.
- Ensure that by 2019 all joint commissioned mental health counselling services meet national standards for counselling.
- Commission the Mental Health accommodation framework to deliver an improved range of services.
- Promoting Personal Health Care Budgets
- Employ Primary Care Linkworkers
- The development of a Crisis Café
- Developing a joint health and social care Community Rehabilitation model as an alternative / step down from complex care inpatient rehabilitation
- Diminish out of area placements as much as possible – looking to upskill the local market so that People with Mental Health remain in the borough
- Development of employment and day opportunities for people with mental health issues

10.3 Older People
10.3.1 Understanding Our Population and predicted changes
The number of people over 65 years of age is forecast to increase by 20% in the next 8 years – from 43,900 in 2017 to 52,600 in 2025. This increase is slightly above the overall percentage increase of England (17%). People are also living for longer – however this does not always come with good health, as we see the number of older people with complex needs increasing.

In Enfield in 2018 it is projected that:

- over 20,000 older people had a limiting long-term illness (rising to over 26,000 in 2025)
- over 3,000 older people had dementia (rising to 3,903 by 2025)
- over 2,000 older people had a long-standing health condition caused by heart attack (rising to 2,577 by 2025)
- over 1,000 older people had a long-standing health condition caused by a stroke (rising to 1,225 in 2025)
• 926 older people were admitted to hospital because of a fall (rising to 1,135 in 2025)
• over 3,700 older people had a moderate or severe visual impairment (rising to over 4,707 in 2025)
• over 26,500 older people had some hearing loss (rising to over 32,000 in 2025)

Support Arrangements
In terms of support arrangements, in 2017 it was projected that:

• Over 5,500 older people provided unpaid care (rising to nearly 7,000 by 2025)
• Nearly 18,020 older people unable to manage at least one domestic task (rising to over 21,000 in 2025)
• Over 14,500 older people unable to manage at least one self-care activity (rising to over 17,500 in 2025)
• In 2017/18 7,483 people received an Adult Social Care funded service. Of these, 1,903 people received a direct payment.
• In 2017/18 795 older people were placed in residential care, 228 of which were permanent admissions and 893 received a Homecare Service.

85+ Years old
• The population of people aged 85 and over is projected to rise from 6,200 to 8,100, an increase of 31%.
• Over 4,300 85+ year olds had a limiting long-term illness, projected to rise to more than 5,600 by 2025
• Just under 1,500 85+ year olds had dementia, projected to rise to around 1,900 by 2025
• More than 2,600 85+ year olds were predicted to have a fall in 2017, rising to over 3,400 in 2025
• 5,750 85+ year olds were predicted to have some level of hearing loss in 2017, of which almost 1,400 were predicted to have severe hearing loss. Respectively this represents 93% and 22% of that population group.

Support Arrangements
In terms of support arrangements, in 2018:

• Almost 600 85+ year olds were providing unpaid care in 2017, with this figure projected to rise to over 750 by 2025
• Just under 4,700 over 85s were unable to manage at least one domestic task in 2017, rising to 6,100 in 2025.
• Just over 4,000 over 85s were unable to manage at least one self-care activity on their own. This was projected to rise to 5,200 by 2025.

Living Status
Living status data indicates that there are increasing numbers of older people living alone. Results from the 2011 Census show that a total of 12,108 adults over the age of 65 reported themselves
as living alone – 31% of the total population of residents aged over 65 in Enfield. Areas with higher proportions of older people living alone are predominately in the North West of Enfield, specifically Cockfosters, Highlands and Grange.

In 2011 it was projected that 7,812 people over the age of 65 were mildly lonely, between 3,125 and 3,906 were intensely lonely, and 4,687 felt trapped in their homes.

In terms of tenure type, the majority (over 75%) of older people own their property.

Figures from POPPI (Projecting Older People Population Information System) predicted that the total population of people aged 65 living alone was 16,131 in 2017, rising to 19,457 in 2025.

In 2017 it was projected that over 1,300 older people living in a residential care home (with or without nursing care) and this number is projected to rise to 1,721 in 2025.

### 10.3.2 Commissioning Priorities

Commissioning priorities include:

- Increase high quality, flexible and accessible, sheltered/retirement accommodation across tenure type, including social rent, market rent, leasehold and shared ownership options.
- Increase high quality, flexible and accessible extra care sheltered accommodation across tenure type including home ownership options for people wishing to purchase quality, accessible extra care sheltered accommodation, prioritising west and central borough areas for home ownership models.

<table>
<thead>
<tr>
<th>Age at 31/03/18 - 18-65+ by wards</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowes</td>
<td>156</td>
</tr>
<tr>
<td>Bush Hill Park</td>
<td>181</td>
</tr>
<tr>
<td>Chase</td>
<td>165</td>
</tr>
<tr>
<td>Cockfosters</td>
<td>202</td>
</tr>
<tr>
<td>Edmonton Green</td>
<td>188</td>
</tr>
<tr>
<td>Enfield Highway</td>
<td>118</td>
</tr>
<tr>
<td>Enfield Lock</td>
<td>109</td>
</tr>
<tr>
<td>Grange</td>
<td>115</td>
</tr>
<tr>
<td>Haselbury</td>
<td>109</td>
</tr>
<tr>
<td>Highlands</td>
<td>139</td>
</tr>
<tr>
<td>Jubilee</td>
<td>209</td>
</tr>
<tr>
<td>Lower Edmonton</td>
<td>120</td>
</tr>
<tr>
<td>Palmers Green</td>
<td>141</td>
</tr>
<tr>
<td>Ponders End</td>
<td>104</td>
</tr>
<tr>
<td>Southbury</td>
<td>109</td>
</tr>
<tr>
<td>Southgate</td>
<td>155</td>
</tr>
<tr>
<td>Southgate Green</td>
<td>125</td>
</tr>
<tr>
<td>Town</td>
<td>144</td>
</tr>
<tr>
<td>Turkey Street</td>
<td>130</td>
</tr>
<tr>
<td>Upper Edmonton</td>
<td>186</td>
</tr>
<tr>
<td>Winchmore Hill</td>
<td>192</td>
</tr>
<tr>
<td>Other (e.g. Not in Enfield)</td>
<td>159</td>
</tr>
<tr>
<td>Grand Total</td>
<td>3,256</td>
</tr>
</tbody>
</table>

- Consider opportunities for the development of a 'care village'.
- Increase good quality nursing care provision for older people in the borough.
- Increase the number of existing residential care and nursing care homes that deliver specialist dementia care services.
- Increase accommodation based respite options for older people.
- Improve access to dementia specialist and dementia friendly services.
- Reduce social isolation and loneliness through increased access to social and peer support networks and befriending opportunities.
- Reduce inappropriate or avoidable admissions to residential care through, for example, improvement of information and advice on accommodation options and key transition points including hospital discharge.
- Build on the ‘The Discharge to Assess’ Project which ensure speedy discharge from hospital to home and to deliver assessment in their own home.
- Ensure sufficient homecare services and care home places are available to reduce Delay Transfer of Care (DToC).
- Work with the CCG and the acute hospitals to expand the Red Bag Scheme to all care homes in the borough.
10.4 Physical Disabilities and Sensory Impairment

10.4.1 Understanding Our Population and Predicted Changes
In Enfield in 2017 it was projected that:

- nearly 9,200 adults aged 18-64 had a moderate or serious personal care disability (rising to nearly 10,500 in 2025)
- over 580 adults aged 18-64 had a longstanding health condition caused by stroke (rising to 645 in 2025) and over 6,300 adults aged 18-64 had Type 1 or Type 2 diabetes (rising to over 7,000 in 2025)
- over 19,000 adults aged 18-64 had some hearing loss and 136 adults aged 18-64 had a serious visual impairment.

Commissioning Priorities

- To develop more day opportunities in borough for people with acquired brain injury
- To provide more specialist housing to meet need
- To ensure services are in place for those young disable people moving through into adult social care services

10.5 Carers

10.5.1 Understanding Our Population and Predicted Changes
The 2011 Census told us the following about carers in Enfield:

- 27,624 people identified themselves as carers. With lack of self-identification it is estimated by Carers UK that this figure totals 29,919 (Valuing Carers 2015).
- The number of carers has risen by 13% in Enfield since 2001.

- Research undertaken by Buckner and Yeandle suggests that the number of carers has increased by 23% between 2001 and 2015 and will continue to rise (Valuing Carers 2015, Carers UK).
- 6,194 carers provide more than 50 hours care a week, an increase of 1,235 since the 2001 Census.
- 4,131 carers provide care for 20-49 hours per week, an increase of 1,178 since 2001.
- The remaining 17,299 carers care for under 20 hours per week, an increase of 603 since 2001.
- There are just under 1,000 young carers in Enfield, although this is expected to be an underestimation.
- The Valuing Carers 2015 report put the value of carers and their unpaid provision at £568 million for Enfield.

Local data shows:

- 4,124 carers are on the Enfield Carers Register
- 924 carers hold a Carers Emergency Card
- In 2014/5 2,619 carers received an assessment, review and/or information and advice from Adult Social Care
- Of those, 360 carers had a standalone assessment
- Approximately 500 young carers are known to the contracted Young Carers Service.
10.5.2 A Look At Our Current Market
The local market accommodates a number of well established, high quality providers of carer specific services, and there are excellent working relationships between the local authority and these key providers. However, there is a need to recognise and embed the needs of carers across service provision more widely, to ensure the needs of carers are considered alongside the needs of a person being cared for.

10.5.3 Commissioning Priorities
- The development of additional high quality, flexible and appropriate respite care services to enable carers to take the break needed to maintain their caring role, including short term 24 hours ‘live in’ support and care that can be purchased through a direct payment.
- The development of services that support service users and their carers to understand and manage the use of direct payments and the employment of Personal Assistants.
- The development of a carers enablement programme, to help ensure carers are identified and supported at key transition points (including hospital discharge and debt management) and equipped with the information, skills and support to provide safe, high quality care.
- The development of a social care workforce that is trained and skilled to identify and work with carers.
- An increase in meaningful carer engagement and involvement across service development and delivery, including residential care and nursing care services, to improve standards of care.
- An increase in specialist information advice and advocacy services for carers.
- Increase sensitivity to the needs of working carers and provide flexible support and care services that enable carers maintain employment, undertake training or re-enter the job market.
- Services that support to maintain the health and wellbeing of carers, and help prevent carer breakdown and social isolation.
- Identification of carers through the development of appropriate processes and pathways to ensure carers are identified through universal services, primary care services, social care services and hospitals and their health and wellbeing is taken into account when planning for services.
- Improve links and pathways with Children Service to support Parents and Child carers.

10.6 Specialist Housing
With strategic drivers to support the delivery of care closer to home, and the growing emphasis on prevention and early intervention, the importance of good quality, accessible specialist housing that facilitates independence and enables people to take control of how and where they are supported to live their lives cannot be underestimated.

- Identification of carers through the development of appropriate processes and pathways to ensure carers are identified through universal services, primary care services, social care services and hospitals and their health and wellbeing is taken into account when planning for services.

10.6.1 Understanding Our Population and Predicted Changes
Consistent with our growing population of older people, the total number of older people aged 65-74 predicted to live alone is set to increase from 5,640 to 6,630 (nearly 15% increase) in 2025. A larger 22% increase is projected in the number of people over 75 living alone, from 9,986 in 2015 to 12,931 by 2025.

The majority of older people living in the Borough own their own home. In 2011 over 75% of people owned their own home, whilst approximately 15% rented accommodation from the Council or other social landlord.

In line with population increases, the number of older people living in a residential care home (with or without nursing) is set to increase, from 1,319 people in 2015 to 1,780 in 2025. The Council will be seeking more flexible alternatives, including extra care housing for meeting this escalating need, and will work with the market to achieve this.

10.6.2 A Look At Our Current Market
Sheltered Accommodation/Retirement Accommodation
Although Enfield hosts a relatively diverse provider market, the quality of existing supply would benefit from improvement in some areas to keep pace with the changing aspirations of our ageing population. Modernisation of accommodation to improve accessibility and environment in line with HAPPI design principles and ensure accommodation promotes social integration and has space, flexibility, adaptability and care ready design to facilitate the delivery of care at home is needed.
We also need to significantly increase capacity across the sheltered(retirement) sector. This includes the need to increase volume of sheltered(retirement) housing for social rent and lease. Developing accessible home ownership sheltered(retirement) opportunities (including shared ownership) for older people will be particularly important. We also need to look at extending accessible home ownership sheltered/retirement options (including shared ownership) and market rent options for people with higher levels of equity who may not able to access appropriate accommodation in the social rented sector. Local consideration of ‘Care Village’ opportunities will be part of this.

10.6.3 Extra Care Accommodation
Enfield has four extra care (or ‘enhanced sheltered’) accommodation services, that provide modern accessible self contained accommodation for older people who require the availability of 24 hour on site support. To meet future demand we need significant development in this area, across all tenure types, focusing home ownership options in central and central western wards initially.

Approval has been granted to provide a further 90 units of extra care accommodation through the Rearden Court Extra Care Project.

10.6.4 Supported Housing
Current capacity meets demand in most service areas. Areas requiring additional development are set out in the other service area sections above.

However, innovation is required in this sector to facilitate self-directed care and the use of Direct Payments and Individual Service Funds through flexible service models. Providers are also encouraged to consider how we can better support people to come together and commission their own supported services through the pooling of individual budgets.

We need to increase the volume of good quality move-on accommodation, to enable people who are able to move on from accommodation based supported housing to do so, and encourage market dialogue on opportunities to develop here.

10.6.5 Residential and Nursing Care Home Provision
Enfield has a substantial residential care home market and, from a volume perspective, we have capacity to meet current need. However, a sizable proportion is utilised other London boroughs – particularly inner North London boroughs. In addition, much of this capacity is focussed on younger adults (under 65 years), of which we have plentiful and unutilised supply. To meet future demand we need to work with the market to shift the focus of a proportion of current supply towards the delivery of services for older adults, and develop the specialisms required in the market to meet the needs of Enfield’s population.

We have an undersupply of nursing care beds in Enfield at present. Targeted development is required to meet the demands of our current and future population.

From a market quality perspective, the picture, based on recent CQC ratings is not outstanding. We need to drive standards within the sector to ensure the development of market excellence. We also need to develop dementia specialist services.

10.6.6 Commissioning Priorities Across Service Areas
• Information, advice and brokerage services to enable older people and people with disabilities to identify and access appropriate accommodation at key transition points, including private rent and shared accommodation.
• Improve pathway to home ownership and increase home ownership options, including accessible shared ownership opportunities for people with long term disabilities wishing to purchase a home of their own.
• Develop increasingly flexible supported accommodation models that enable people to use direct payments through, for example core and flexi models, and support people in coming together to commissioning their own services through the pooling of budgets (Individual Service Funds)
• Reduce avoidable or inappropriate admissions to residential and nursing care services.
• Work to ensure existing and newly developed accommodation services are ‘dementia friendly’ by design and delivery.

Specific Commissioning Priorities relating to accommodation services for older people, people with mental ill health, people with learning and physical disabilities are detailed within the specific service area sections.
PREVENTION, OUR UNIVERSAL OFFER AND ENABLING SELF DIRECTED CARE
11.1 The Role of Enfield Voluntary and Community Sector

Enfield Council seeks to work in partnership with voluntary and community sector organisations to support a vibrant voluntary and community sector that contributes to community cohesion, ensures the provision of generic advice and information to our residents and provides the specific work that can only be delivered effectively by our community organisations partners to support and address the various needs of our residents.

Going forward, the role of the voluntary and community sector in adult social care is to complement statutory provision and enhance the range of quality services and supports that is available to meet community care needs. The voluntary and community sector should support individuals to commission their own solutions to meet outcomes through personalisation, and play a role in the prevention agenda of keeping people well and independent in the community, reducing the need for statutory services.

Key priority areas for commissioning from the VCS include:
- Prevention and early intervention
- Support Planning and Brokerage
- Personal Assistants
- Information and Advice
- Advocacy
- Tackling Social Isolation
- Supporting and Promoting Well-being
- Delivering the Well-Being Hub to include a Crisis Cafe.

Support for the local voluntary and community sector can be found at:
https://new.enfield.gov.uk/services/your-council/volunteering/third-sector-development/#5

11.2 Volunteering

Across all care and support commissioned services there is an expectation that providers will be utilising volunteers and partnering with the Voluntary and Community Sector in order to enhance any offer submitted to the Council. Enfield Council through the ‘100 Hours Volunteering Scheme’ acknowledges the valuable contribution volunteers provide to a range of organisations and the great depth of experience and knowledge they can bring. A good example of the brilliant work undertaken is the Quality Checkers Scheme used in Adult Social Care, where users by experience have visited and made recommendations to Older People and Learning Disability Services in improving the care and support being delivered. In 2018 the Quality Checkers scheme will be increased to also cover Mental Health services’.

11.3 Technology and Prevention

The benefits of assistive technology in maintaining
independence and safety and improving outcomes for people with care and support needs are widely documented. The Council seeks to work with the social care and housing market to increase use of technology across the sectors. The use of innovative technology based solutions to prevent unavoidable declines in health and social wellbeing and improve opportunities for independence, choice and control is encouraged.

Prevention will be part of our universal offer enabling self-directed care supported by Direct Payment, Individual Service Funds, Personal Health Budgets and Assistive Technology.

Preventative services represent a continuum of support ranging from the most intensive such as intermediate care or reablement to early intervention and the promotion of well-being. Preventative services are generally designed for people with few social care needs or symptoms of illness.

Many of the Preventative services are provided by the Voluntary and Community Sector and services will be further expanded through the development of a Wellbeing Hub/s to support joined up health and wellbeing/early intervention support services.

11.4 Independent Advocacy
Under the Care Act 2014, local authorities have a duty to provide independent advocacy to those who need it. The Council recommissioned independent advocacy as a key Outcome in the Voluntary and Community Sector procurement. A consortium bid led by Enfield Disability Action won the initial three year contract delivering a range of services including individual advocacy support and self-advocacy groups.

11.5 Information and Advice
Under the Care Act 2014, local authorities have a duty to establish and maintain appropriate information and advice services in their area. This duty is universal, and apply to all people seeking information and advice about services – irrespective of how these services are funded.

As part of the Voluntary and Community Sector retender, Outcome 6 was focused on information and advice. A consortium led by Enfield Connections won the tender; providing telephone, face to face and drop in sessions for all members of the community from debt concerns to advice about living well and independently. The service also provides emotional well-being checks and with support from Age UK Enfield a later life planning service.

11.6 Personal Assistants
The delivery of personalised support and care sits at the heart of the Care Act 2014. To unlock the benefits of a truly personalised workforce, enabling people to make meaningful choices and take control of their support arrangements, we must work in partnership with the market to ensure that people have the right information and support mechanisms to recruit and employ Personal Assistants. We will continue to explore further development of the Enfield’s Personal Assistant market. In line with ADASS guidance and in partnership with service users, carers and the market, the local authority seeks to:

- Enable individual employers to understand and manage the practical process of employing personal assistants.
- Improve access to training activities for individual employers and personal assistants, including clear advice on safeguarding and risk issues
- Facilitate peer support networks for both individual employers and personal assistants;
- Raise awareness amongst self-funders, who may not be in contact with the Council, to help
- Ensure service users know what services and support around recruiting and employing personal assistants is available.
- Develop a PA market in Enfield
A MARKET FIT FOR PURPOSE
12.1 Market Shaping
In accordance with the Care Act the local authority has increased responsibility for achieving a provider market that:

- is flexible and responsive
- offers meaningful choice and diversity
- is sustainable
- is affordable to the Council, people with assessed needs and self-funders
- is of high quality
- is personalised
- is able to meet the diverse and changing needs of the local population, irrespective of how their care is funded
- encourages innovation – e.g. the development of Improving Access to Psychological Therapies (IAPT) Accreditation

This Market Position Statement forms only part of our approach to achieving this. To deliver a care market that is fit for purpose, we must work to encourage and incentivise innovation across the market, commissioning person-centred, outcome based services that focus on wellbeing, prevention, enablement, supporting independence and social integration.

We appreciate that there are often various customers for the kind of services that the market delivers, including the Council and the CCG. It is our aim to join up our approach to delivering messages to the market and to engaging with it in order that providers can both be informed and inform the ongoing development of support options for our population. Before it is finalised, therefore, we will conduct sector engagement sessions with the market in order to get views on priorities and how they should be reflected within this document.

12.2 Managing Provider Failure
The Council’s duties in relation managing provider failure and service interruptions has increased. Continuity is fundamental to quality care. Service interruptions can impact on service users’ wellbeing and recovery journeys as well as carers, families, staff and other services. The Care Act (2014) places duties on Local Authorities to effectively manage and respond to ‘Provider Failure’ and ensure service users’ and carers’ needs remain appropriately met. The Act also introduces a market oversight regime, overseen by the Care Quality Commission (CQC) which focusses on large corporate providers. There are many, smaller
providers in Enfield across private and voluntary sectors. A local approach to market oversight is consistent with commissioners’ market facilitation duties to ensure Enfield’s communities continue to benefit from a vibrant and sustainable care market. We invite providers to work in partnership with us to uphold these duties, sharing innovation, maintaining flexible service models, and communicating with us to manage business failure responsibly in a way that minimises the impact on individual service users.

12.3 Our Strategic Commissioning, Procurement and Contract Management Approach

The Council’s Strategic Commissioning, Procurement, Contract Management and Brokerage functions work together with CCG partners and with other statutory organisations across North Central London as well as service users, carers, and the wider social care market to plan, develop, and quality monitor the delivery of services that best meet the changing needs of our local population. We believe that individual choice, control and flexibility should be the drivers that shape our market. At the time of writing, 60% of our community service users receive a direct payment to purchase the care and support they need. We want to develop new and innovative Individual Service Funds to support the delivery of more flexible and efficient services and we will not enter into block contracting arrangements unless there is an imperative need to do so.

12.3.1 Strategic Commissioning and Service Development

Our Strategic Commissioning and Service Development Team works to:

- analyse and understand the changing needs of our population and how this may impact the local demand for services;
- analyse and understand whole market supply, including gaps in provision and opportunities for development and improvement;
- identify and action commissioning priorities for meeting changing needs, driven by the views of service users and their carers, and take into account resource availability, legislation, national policy and good practice guidance;
- foster continuous market engagement to build market quality and capacity, widen market relationships and steer service development, in line with local commissioning priorities;
- review indicators of market quality and performance to inform strategic commissioning plans for future market development.

Our key commissioning priorities are set out throughout this document, and further detailed in our Joint Commissioning Strategies. However, this Market Position Statement provides a snapshot of a moving picture – an ongoing market dialogue is encouraged. For Service providers looking to expand or change service direction, or businesses seeking to set up services in the borough, we would welcome a conversation, to discuss how businesses can best be directed to supporting local need. We may also be able to offer some support for your service development/service change (See Support for your Business).

You can contact the People Strategic Commissioning and Service Development Team by emailing us at: jamie.ford@enfield.gov.uk and asking to speak with one of our People Services Service Development Managers, with specialisms relating to Learning Disabilities, Mental Health, Older People & Physical Disabilities, Public Health, Drug & Alcohol, Carers, Accommodation, Early Years & Education, SEND and Family Partnerships.

12.3.2 Procurement

The Health and Adult Social Care Procurement Team will:

- promote procurement best practice and enable the Council to purchase social care services that offer best value (overall value, including economic, environmental and social value) and adhere to the principles of M.E.A.T (Most Economically Advantageous Tender);
- procure high quality, person centred, outcome focussed services aligned with strategic commissioning priorities, that offer good value for money and maximise the use of public resources to deliver the best outcomes for service users;
- ensure that specifications, agreements and contracts are fit for purpose and monitored for quality;
- create opportunities for those who use services and their carers, as experts by experience, to shape service design, inform quality and input into supplier selection;
- ensure that contracts are awarded in accordance with the Council’s procurement rules.
and relevant legislation: maximising the potential for competition to support a vibrant, diverse provider base.

To help deliver these aims and achieve best value whilst sustaining quality we shall:

- develop and implement e-procurement initiatives and increase the use of technology in procurement including the use of Dynamic Purchasing Systems (electronic-based purchasing systems that would offer providers with opportunities to compete for certain business from time to time);
- foster a category management approach to procurement utilising tools and techniques to ensure that value for money is maximised e.g. Supplier Relationship Management, supply/value chain analyses, etc.;
- work collaboratively with other local authorities and health partners to increase buying power, share the costs of procurement and better integrate services to deliver shared outcomes and to maximise economies of scale (the benefit of reduced overhead cost etc.);
- address the spot purchase/block purchase ratio to ensure value for money;

12.3.3 Service Development

Service Development will:

- personalise services where possible and facilitate a shift in purchasing power from the local authority to the service user through the increased use of direct payments;
- ensure the principle of wellbeing sits at the heart of procurement activity;
- focus on service outcomes for end users;
- seek to create strategic partnerships with key areas of the market;
- work to ensure that opportunities for business reach as many potential suppliers as possible, including Voluntary & Community Sector (VCS) and small and medium enterprises (SMEs), and to make it easy for them to engage with the Council;
- encourage innovative market approaches that maximise use to resources to deliver best outcomes, including market consortia and flexible models of care;
- encourage an early provider involvement (EPI) as much as reasonably possible.

More information on the Council’s Procurement and Contract procedures, including a link to the London Tenders Portal, where the Council publishes all Procurements over £1,000 can be accessed through the following link:


12.3.4 Brokerage Services

Our in-house Brokerage Team works with service users and their carers to maximise the use of personal budgets, by working out what services are needed, in identifying the right service providers and helping people put services in place.

What do brokers do?

- Find service providers who can meet the service users needs and choices.
- Give information about service providers. For example, costs of the service, registration details, star ratings and whether the provider can meet your specific preferences.
- Arrange service use who have a personal budget and have had their support plan agreed by your social worker.
- Give information about different types of support available from the statutory, independent and voluntary sector.
- Give information about a range of different services - day services, homecare, residential and nursing care homes, social activities, luncheon clubs and more

To contact the Council’s Health and Adult Social Care Brokerage Team, you can call the Access service on 020 8379 1000, who will ask a member of the Brokerage service to contact you.

To help improve information for service users and their carers when considering their support and care options, service providers are also encouraged to advertise their service, for free on the Council’s Adult Social Care Market Place.
WORKING WITH US TO DELIVER CHANGE
13.1 How the market might deliver change

“We all strive for a happy and fulfilling life. We should all have the support we need to live one. Many of us can live the life we want without much, if any, help. Others may need a great deal, receiving it from a range of sources including family, friends, neighbours, community and voluntary groups, and statutory services. What matters most is that everyone can exercise their right to opportunity, independence, choice and control.”

Our wider care and health system can be better geared towards supporting and improving people’s wellbeing. Our starting point is the individual person and what is important to them. One service alone can never support them to live the life they want to lead, no matter how good it is. Creating support networks and joined-up services which connect or reconnect people to things that matter to them is important. We want services with a philosophy that encourages people to stay well, be independent, contribute to family and community life and to remain in their home for as long as possible.

To deliver good quality outcomes for our residents whilst demand for service increases and funding is being significantly cut poses an enormous challenge. We need to work with the market to innovate – delivering models of support and care that are preventative, integrated, flexible and efficient, whilst empowering people who need support to shape and control how and where they are supported to live their lives.

Below are some examples of how Enfield is seeking to develop and deliver new opportunities to achieve this:

- **Positive Behaviour Support programme** working with children and adults with learning disabilities as well as families and providers to better manage behaviour that can prove challenging;
- **A newly remodelled floating support service** providing flexible and responsive support for people who need support with independent living skills rather than time/location based time and task services
- **New outcome based contracts for the Voluntary Sector developed in partnership with Enfield CCG** promoting access to early intervention support
- **Individual Service Funds** which place more control and flexibility around how people with direct payments can receive the support they need in ways that make sense to them
- **Increasing options for people to access and use direct payments** – 60% of people receiving community services use a direct payment but we will develop a Personal Assistant market which responds flexibly to the needs people have
- **An ambitious capital programme to meet nursing care and supported living needs** with a new extra care scheme in planning (90 units) and planning underway for a new Care Village over the next three to four years
- **Developing new models of using assistive technology** as part of a wider wellbeing approach to enable people to live more independent lives
- **Developing a new VCS offer with Enfield CCG** which focuses on supporting people with long term conditions to better self-manage those conditions, avoiding crisis and preventing the need for healthcare and social care services
- **Developing a new market engagement and wider health and social care workforce development offer** to ensure we listen to the voices of our providers and support them to continue to develop an appropriately trained, supported and respected workforce
- **Developing an accommodation offer for people with illness or disability** separate from any care and support needs they have to improve flexibility and ensure people have homes that are accessible and appropriate for them
- **An integrated and strength based approach to working with people** which promotes the development of personal resilience and independence through a new Access service and Integrated Locality Teams across the Borough

The following links provide a useful start point to explore good practice examples in social care and inspire innovation and development in your business area:

- Social Care Institute for Excellence [www.scie.org.uk](http://www.scie.org.uk)
- Ofsted [www.gov.uk](http://www.gov.uk)
- Housing Learning Improvement Network [www.housinglin.org.uk](http://www.housinglin.org.uk)
13.2 Developing our Social Care Workforce

To meet the growing demographic challenges facing our health and adult social care system, we need a skilled, diverse, sustainable and valued workforce.

We know the majority of people employed in Enfield’s social care sector are aged 45 or over, and, reflecting national trends, we have a workforce that is predominantly female (81.6%). In term of Enfield’s social care workforce ethnicity profile, over 34.3% of our social care workforce is White and 32.9% is Black/African/Caribbean/Black British (the two majority workforce groups) Less than 1% of Enfield’s social care sector workforce are classified as having a disability. (Analysis of the National Minimum Data Set for Social Care 2015)

The Council seeks to work in partnership with providers of health and adult social care to help increase diversity within our local workforce and support a positive change in perceptions of adult social care employment and the career opportunities it can offer.

Useful market information and guidance on attracting, recruiting and retaining a diverse social care workforce can be found at:

www.cqc.org.uk/content/publications
www.thinklocalactpersonal.org.uk/Latest/

www.skillsforcare.org.uk

This resource identifies key issues facing employers within the social care sector and offers possible solutions and where to find more information.

The ADASS Pan London Workforce Plan sets our key workforce messages to help embed the Care Act across the London workforce and begin to address recruitment and retention issues across social work and occupational therapy. We ask that service providers consider these messages to drive workforce development and improvement, particularly:

• The increasing need for integration across professions, organisations and sectors and the need for the workforce to have an understanding of both the health and social care sectors.
• The emphasis on dementia and end of life care education and training.

• The emphasis on prevention and recognition of the need for the whole workforce to have the ability to have an effective therapeutic conversation with patients and clients.

• The impact of a growing population and significant increase in the frail elderly population and the need for the workforce to have skills in managing complex co-morbidities.

• The need for flexibility within the workforce to adapt to a changing landscape of service provision.

• The emphasis on safety and quality and the importance of recruiting and retaining a workforce with the right values and behaviours.

• The focus on education quality and the need for dual qualification across mental health and learning disability.

• The need for skills in supporting an increasingly elderly population with learning disabilities.

• Education and development of the health and social care support workforce using apprenticeships and a career framework.

• The need to continue a focus on widening participation to employment and raising the profile of health and social care as attractive career options.

• The need to grow our own workforce wherever possible and offer exceptional experiences and attractive job opportunities to students and trainees.

• The need to provide practice learning opportunities in non-traditional settings including primary care, social care and the third sector.

Enfield Council has developed a programme of learning and development opportunities to drive professional competence and improvement. This includes training and development that can be accessed by external providers on:

- Dementia and End of Life Care
- Health and Social QCF qualifications level 2-4
- End of Life Care level 2-3 QCF qualifications.
- Care Act awareness briefings
- Care Act e-learning
- Wellbeing Principles
- Information and Advice briefings
- All of our Safeguarding programmes have been mapped against the new pan London policies and procedures. All Safeguarding training is free and offered to all partners and social care providers in Enfield.
- Care Certificate training courses – one course for senior staff assessing the certificate and a course for staff who need to complete the certificate.

All providers can access training and free eLearning via our online learning management system:

[http://enfield.learningpool.com](http://enfield.learningpool.com)

To find out more about H&S qualifications and Care Certificate training, please contact Helen Ugwu – helen.ugwu@enfield.gov.uk

13.3 Support for your business

We are committed to working in partnership with service providers, service users and their carers to facilitate the development of a local, sustainable social care market that offers meaningful choice for people requiring care and responds to the demographic challenges ahead. An ongoing, open and constructive market dialogue is central to achieving this aim. We encourage providers to talk with us to see how the local authority can support the development and delivery of strategically appropriate services. This could include:

• discussion about our commissioning priorities and strategic plans delivery including how your business may best meet emerging needs;

• planning application support for service developments consistent with our local strategic objectives for the improvement of services for adults with support and care needs;

• support to consider best practice in the design of services for people with care and support needs, including links to local design guidance for improving accessibility;
• support for funding bid applications and funding opportunities as they emerge;

• opportunities to work in partnership with the local authority to trial innovative pilot schemes and consider new ways of working;

• support relating to the potential acquisition of sites and properties, and conversely, support sell your property if you are drawing business to a close – purchase opportunities are welcomed;

• support to build partnerships across housing, development and social care sectors to enable the delivery of projects and facilitate collaborative working;

• training resources and courses to support workforce development, including free eLearning and safeguarding adult training.

13.4 Reviewing the Market Position Statement – A Partnership Approach

The needs and aspirations of our local population will never remain static – neither will the legislation and guidance directing the improvement and delivery of effective services for vulnerable adults.

There will be gaps in our knowledge of current supply, as services change and provision evolves, and we can only provide estimates in relation to population change.

For this reason we ask for constructive contributions from the market to inform the revision and renewal of this document, and keep this document ‘live’. If you have suggestions on how this document can be improved, please let us know, so we can learn and get better. You can email nanie.alleyne@enfield.gov.uk or jamie.ford@enfield.gov.uk in our Service Development Team. Sharing knowledge on the changing needs of people with support needs has never been more important, and provider dialogue is welcomed to help shape future services in partnership.
APPENDIX A: DEVELOPING A MARKET EQUIPPED TO DELIVER: AN OVERVIEW OF KEY AREAS FOR MARKET DEVELOPMENT
Areas for measured market development in consultation with the local authorities Strategic Development and Commissioning Teams:

- Strategically appropriate services, aligned with borough need, that **prevent or delay the escalation of support and care needs**.

- Strategically appropriate services, aligned with borough need that deliver **person centred, outcome based models of support and care**.

- Strategically appropriate services, aligned with borough need that maximise levels of **independence and control** over how and where people are supported to live their lives.

- Accessible **information and advice services** that enable people (including those who self-fund their care) to make informed decisions about how they are supported to live their lives.

- Independent **advocacy services**, that empower people to drive and shape the services they receive and make their voice heard.

- Services that offer **external support planning and brokerage** functions.

- Services that promote and facilitate the effective use of **innovative technology based solutions** to prevent avoidable declines in health and social wellbeing and improve opportunities for **independence, choice, control**, including use of digital technologies to manage behaviours.

- Services that reduce **social isolation** and loneliness through increased access to social and peer support networks and befriending opportunities.

- Enfield’s **Personal Assistant market**, including services that:
  - enable individual employers to understand and manage the practical process of employing Personal Assistants;
  - improve access to training activities for individual employers and personal assistants, including clear advice on safeguarding and risk issues;
  - facilitate peer support networks for both individual employers and personal assistants;
  - raise awareness amongst self funders to help ensure they know what services and support around recruiting and employing personal assistants is available;

- **A diverse local workforce**, with ability to facilitate a positive change in the perception of adult social care employment, and an increase in **recruitment and retention** across social work, occupational therapy and nursing specialisms.

- Services that offer **innovative and flexible models of support and care** that can be tailored to individual need and enable a person to commission their support and care directly through **direct payments**.

- Strategically appropriate services that provide an integrated approach (across health and social care services) to the planning and delivery of support and care and deliver both health and social care outcomes, including, for example:
  - multi-partner approaches to help individuals navigate the health and social care system;
  - services that enable non clinical staff (including for example Registered Social Landlords) to identify and improve health and social care outcomes;
  - domiciliary care services that promote the ongoing recovery of illness following publically funded rehabilitation services.

- **Non specialist move on and independent living accommodation** (including cluster models to facilitate peer support and the pooling of budgets).

- Accessible (by way of affordability and design) **home ownership opportunities** for adults and older people with care and support needs.
• Housing information, advice and brokerage services to enable people with care and support needs (particularly at times of crisis or transition) to:
  - better understand specialist and non-specialist housing options access affordable home ownership and market rent options;
  - identify appropriate shared living opportunities via ‘matching’ services.
• ‘Homeshare’ and ‘Shared Lives’ opportunities.
• Services that support adults with care and support needs to secure or retain employment.
• Services offering effective community based interventions that reduce the escalation of need and requirement for health and adult care services.
• Flexible day opportunities (less restrictive than some traditional styles of day care) that increase choice and control and enable people with care and support needs to take part in activities on a sessional basis.
• Flexible respite, crisis and replacement care services, including accommodation based services, and short term 24 hour ‘live-in’ support services, that can be accessed in an emergency and can be purchased by a self-funding individual or through a direct payment. Provision to include specialist dementia care services.
• Dementia specialist and dementia friendly services including specialist nursing care for older people.

• Sheltered/retirement accommodation across tenure type.
• Extra care sheltered accommodation across tenure type prioritising west and central borough areas for home ownership models.
• Opportunities for the development of a ‘care village’.
• Nursing care provision for older people in the borough.
  - Accommodation based respite options for older people with specialist dementia care needs.
  - Services that identify, engage, support and enable carers to maintain their health and wellbeing and continue caring, including specialist information, advice and advocacy at key transition points (e.g. hospital discharge).
  - Services that encouraging healthy lifestyles including not smoking, healthy eating, physical activity and drinking alcohol responsibly (Moving, Eating, Drinking, Smoking (MEDS)).
  - Services that encourage the self-management of health, supported by healthcare professionals.

• Services that facilitate innovative use of individual budgets/direct payments and personal health budgets to maximise outcomes for service users, including the pooling of budgets to purchase services.
• Supported living models that disaggregates landlord and support functions, to enable security of accommodation that is not necessarily linked with the provision of support/car.

Areas for stabilisation (including areas where supply currently exceeds local demand):
• Services models that deter or disable use of direct payments/personal health payments
• Traditional models of residential care for younger adults with disabilities
• Traditional and sometimes restrictive day care services that may limit flexible use of direct payments and opportunities for individually tailored care.
• Inflexible supported housing models with high core packages/costs and fixed support/care provider attached, that limit opportunities for use of direct payments to tailor and potentially reduce care and support purchased in line with need.