

Market Statement

Working with Enfield's Health and Adult Social Care Market to deliver change

August 2011



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1. EXECUTIVE SUMMARY

It is a time of significant change for the social care market. A fundamental shift in the way that social care services are purchased and delivered to adults with support and care needs is underway. In line with the personalisation agenda, people are being put in control of the support and care they receive, and purchasing power is shifting from the local authority to the individual. Service demand is expected to change. The market will be required to respond effectively to this changing demand, by providing flexible models of support and care tailored to the needs of the individual in line with service user choice. Service providers will require flexible administrative structures and purchasing systems to support the implementation of individual purchasing power. The demand for advocacy, brokerage, preventative and re-ablement services is expected to increase, as is the demand for universal services that are not traditionally perceived as providing 'social care'. There will be increased emphasis on the community's role in supporting vulnerable adults and delivering change through the devolution of power, in line with the government's 'Big Society' vision.

The planning and purchasing of health services is also changing. In January 2011 the government published The Health and Social Care Bill 2011 which set out plans to modernise the National Health Service and put patients at the heart of everything it does. The evolving Bill proposes a major restructuring – not just of health services but also of Councils' responsibilities in relation to health improvement and coordination of health and social care. The role of the local authority will expand with regards to the strategic planning and commissioning of public health services. Existing partnerships between Enfield Council and NHS Enfield will be strengthened and joint commissioning functions shall extend. With the abolition of PCTs and the development of Clinical Commissioning Groups there shall be a requirement for increased and effective dialogue between the local authority, the local market and clinicians – who will be taking on health commissioning responsibilities.

Resources available to deliver service change are set to decrease. The Spending Review settlement for local government set out 7.1% annual cuts in funding from central government – a reduction to local authority budgets of between 26%-28% over the next four years. There are challenging years ahead.

However, Enfield Council is committed to working in partnership with the health and social care market to support the improvement and delivery of quality services over this time of change. It is hoped that this market statement will provide a valuable information source to facilitate the planning and development of quality, user focused services in line with local need.

2. INTRODUCTION

Enfield Council is committed to making Enfield a better place to live and work.

Our aims are to achieve:

1. Fairness for all

The Council's aims are to achieve:

- Serve the whole borough fairly and tackle inequality
- Provide high quality, accessible and affordable services for all
- Enable young people to achieve their potential.

2. Growth and sustainability

Our priorities are:

- A clean, green and sustainable environment
- Bring growth, jobs and opportunities to the borough.

3. Strong communities

Our priorities are to:

- Encourage active citizenship
- Listen to the needs of local people and be open and accountable

- Provide strong leadership to champion the needs of Enfield
- Work in partnership with others to ensure Enfield is a safe and healthy place to live.

Our priorities for Health, Housing and Adult Social Care (H,HASC) are:

- Helping People to Help Themselves
- Balancing the Books now and in the Future
- Promoting Equality and Diversity
- Managing Risk and Assuring Quality
- Skilled and Professional Workforce
- Effective Partnerships
- Keeping People Safe
- Improved Health and Wellbeing
- Improving the customer experience.

These are the key drivers in developing our Market Statement. This Market Statement has been developed by Enfield Council's H,HASC Commissioning team as a tool for engaging and supporting Enfield's health and adult social care market over a time of significant change. The document is intended to provide a broad overview of Enfield's direction of travel in relation to the strategic planning and purchasing of health and

social care services. It is an invitation for providers to work in partnership with the local authority to support the development of flexible, innovative and user focused services to meet the changing needs and aspirations of adults and older people with support and care needs.

The statement is not intended to provide an extensive and exhaustive list of all priority areas for development, but rather a high level strategic overview, with links to key documents and strategies that will help inform market development decisions. The statement represents a snapshot of a moving picture and will require regular update. An open and ongoing dialogue between service commissioners, service providers and service users is encouraged and required to effectively shape services for the future, and deliver the best outcomes for adults and older people who require support to live independent lives.

3. THE PURPOSE OF ENFIELD'S MARKET STATEMENT

This document has been developed by Enfield Council's H,HASC Commissioning service. It has been developed with the intention of:

- providing information to the social care market (including guidance on legislation impacting service development, information on local service demand and key commissioning priorities) to support the effective planning and development of future services
- providing information on resources available to deliver change, including how the Council intends to increase efficiency by maximising the use of limited resources to deliver the best outcomes for service users
- providing a basis for constructive, creative and ongoing dialogue between Enfield Council's H,HASC services and it's public, private, voluntary/third sector provider providers
- providing a clear statement on how the Council wishes to engage with the social care market to support the delivery of services in the future, including how the Council will support change and innovation
- providing a strategic overview with links to key documents that play a role in shaping and informing the development of health and adult social care services in Enfield.

4. LEGISLATIVE CONTEXT

4.1 The personalisation agenda

In 2006, the government published the White Paper 'Our health, our care, our say: a new direction for community services'. The publication of this document signalled a shift in the way that health and adult social care services were perceived and delivered. It set out a new vision for the future of health and social care services – a vision underpinned by three core principles: independence, choice and control. The paper made clear the importance of increasing service user and patient voice. It placed individuals as active participants, in control of the support and care they receive – not passive recipients of pre-determined provision. Our Health, Our Care, Our Say (2006) paved the way for Putting People First: a shared vision and commitment to the transformation of social care (2007). This document extends upon the White Paper and sets out shared values for transforming public services to ensure that people are empowered to choose how their health and social care needs are met.

The values embedded in 'Our health, our care, our say' and 'Putting People First' now sit at the heart of most national health and social care strategies. However, the 'personalisation' of social care extends beyond offering choice and control in the health and social care realm. To truly deliver personalised services for all, the local authority must work closely with service users, voluntary, private and third sector organisations to develop flexible, accessible, responsive services across sectors including transport, leisure and accommodation services.

4.2 What are the implications of this guidance for our local market?

The guidance signals a fundamental shift in the way that services are purchased and delivered and the impact on the social care market of delivering personalised services for should not be underestimated.

4.2.1 Implications for providers of home care

Personalisation for home care providers means:

- recognising that the types of support that people who use services say they need may not be confined to personal care – they can include a much wider range of tasks
- developing systems and training to enable staff to expand their skills and to work in creative, person-centred ways
- thinking about how to contribute to the expansion of the personal assistant (PA) workforce and to the increasing need for specialist services by diversifying into these markets
- recognising that home care services, whether provided directly by the council, paid for privately or by personal budget holders, must be focused on identifying and achieving outcomes
- local authorities and providers working together so that home care providers have the freedom to innovate and use budgets flexibly as agreed with the person using services.

In addition:

- capacity, recruitment and retention are increasingly important issues
- personalisation has the potential to give home care providers a good opportunity to make work more interesting and rewarding.

(www.scie.org.uk)

4.2.2 Implications for housing providers

Personalisation for housing providers means:

- tailoring support to people's individual needs to enable them to live full, independent lives
- housing and the local environment can make a critical difference to someone's ability to live independently
- housing providers need to be able to offer people a choice in how and where they could live and to ensure that homes are well designed, flexible and accessible – the Lifetime Homes design standards can help with this
- developing ways to respond to personalisation through specialist housing – it is possible to develop a core service offer and a menu of options available for purchase either as individuals or jointly
- ensuring that people have access to information and advice to make good decisions about their care and support
- finding new collaborative ways of working that support people to actively engage in the design, delivery and evaluation of services
- developing systems and processes to enable staff to work in creative, person-centred ways.

(www.scie.org.uk)

4.2.3 Implications for voluntary/third sector service providers

Personalisation for voluntary/third sector service providers means:

- thinking radically about what service provision and support is locally available, how it is delivered, what difference it makes to people's lives and how innovation and continuous improvement can be achieved in partnership with people using the service and their carers
- building open, co-productive relationships with the people using the service, commissioners, local authority care managers and the wider community
- being clear about what personalisation means for the particular service so that everyone involved has a shared understanding of principles, practice and outcomes
- agreeing a 'personalisation statement' for the service with everyone involved, including frontline staff, people who use services and carers, and using this to evaluate current delivery and identify areas for improvement
- ensuring that all staff training and development is informed by the principles of personalisation and promotes person-centred and relationship-based working.

(www.scie.org.uk)

4.2.4 Implications for user-led organisations

Personalisation for user-led organisations means:

- people who use services determining their own needs and planning their own support
- recognising that people who use services have skills and expertise as well as support needs
- the opportunity for user-led organisations to take their rightful place in the social care community and marketplace
- the government has published advice (written with people who use services) outlining the benefits that local authorities can enjoy when they work with user-led organisations
- recognising that user-led organisations need to reach out to all people who may need social care support – including older people and people with mental health problems
- the chance to engage with and support more marginalised people and to promote equality and diversity issues within the local authority.

(www.scie.org.uk)

4.2.5 Implications for providers of residential care homes

Personalisation for residential care homes means:

- person-centred and relationship centred care and support should be at the heart of the service offered by residential care homes
- the care home setting is a community, both of itself and within the community in which it is located – residents and staff can actively seek out opportunities for engagement with the wider community to personalise the services offered
- care home managers need to ensure that existing services respond to identified local needs and look at opportunities to diversify in terms of the services offered
- ensure that staff ‘live and breathe’ a culture that actively promotes personalised services with maximum choice and control for people living in the care home
- residents should have access to all the information and advice they need to make informed decisions, including advocacy services
- teamwork and effective communication, staff development programmes and robust systems of quality assurance will be important in contributing to positive outcome
- care home managers are well placed to understand the needs of local communities, provide leadership, and work collaboratively with people using services, their families and carers in the design and delivery of services.

(www.scie.org.uk)

4.2.6 Implications for providers of nursing care

Personalisation for nursing homes means:

- nursing home managers taking holistic care approaches by focusing on the person’s needs and preferences through individual care planning and person-centred care provision
- nursing home managers and staff members need to develop knowledge of the individual, their life history, occupation, culture, interests and preferred activities – this involves getting to know their family, friends and social circle
- building on relationship-based working in the nursing home, where staff recognise the people living in the nursing home as individuals, and moving away from the model of care being task-driven
- access to good information about the nursing home, including a full list of services and costs along with pointers to other sources of legal and financial information and advice – this is crucial for people to exercise informed choice
- people living in the nursing home can still be supported to exercise self-determination and to live as independently as possible
- nursing homes can have an active role to play in local communities and external links can be forged and maintained with clubs, societies and organisations.

(www.scie.org.uk)

4.3 The transformation of health services

The Health and Social Care Bill 2011 set out plans to modernise the National Health Service and put patients at the heart of everything it does.

The proposed changes are intended to lead to better quality care, more choice and improved outcomes for patients, as well as long-term financial savings for the NHS, which will be available for reinvestment to improve care. Under the new measures there will, for the first time, be a defined legal duty for the NHS and the whole care system to improve continuously the quality of patient care in the areas of effectiveness, safety, and – most importantly – patient experience.

The Health and Social Care Bill 2011 included proposals to:

- bring commissioning closer to patients by giving responsibility to GP-led groups;
- increase accountability for patients and the public by establishing HealthWatch and local health and wellbeing boards within local councils;

- liberate the NHS from political micro-management by supporting all trusts to become foundation trusts and establishing independent regulation;
- improve public health by creating Public Health England; and
- reduce bureaucracy by streamlining arm's-length bodies.

The plans are intended to improve the NHS in five key ways:

- patients would be more involved in decisions about their treatment and care so that it is right for them – there will be ‘no decision about me without me’;
- the NHS would be more focussed on results that are meaningful to patients by measuring outcomes such as how successful their treatment was and their quality of life, not just processes like waiting list targets;
- clinicians would lead the way – GP-led groups will commission services based on what they consider their local patients need, not on what managers feel the NHS can provide;

- there will be real democratic legitimacy, with local councils and clinicians coming together to shape local services; and
- they will allow the best people to deliver the best care for patients – with those on the front-line in control.

As a consequence of the evolving Health and Social Care Bill 2011, a number of new roles have been set out for local authorities as follows:

- PCT public health improvement functions will be transferred to local authorities
- Local directors of public health will be jointly appointed by local authorities and the national public health service
- A ring-fenced public health budget will be allocated to local authorities to support their public health and health improvement functions

- Councils will be required to establish ‘health and wellbeing boards’ to join up the commissioning of local NHS services, social care and health improvement. This will allow local authorities to take a strategic approach to promoting integration across health and adult social care, children’s service, and the wider local authority agenda
- An extension and simplification of powers to enable joint working between the NHS and local authorities
- Health Overview and Scrutiny Committees (HOSCs) will be replaced by the above functions
- Local authorities will now be the lead for the Joint Strategic Needs Assessment (JSNA).

There will also be a larger remit for the Care Quality Commission across both health and social care with additions of Health Watch England taking on the role of LINks and Monitor being the economic regulator for providers.

Following the Government's recent listening exercise on the Health and Social Care Bill, the NHS Future Forum published their recommendations on the future for NHS modernisation. The Government published its response on 20 June 2011, setting out the changes it intends to make in response to the recommendations. This document is available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_127868 and provides briefing notes on the amendments. The notes describe the purpose and effect of the amendments, following the structure of the Government response.

4.4 What are the implications of health service transformation for our local market?

In Enfield, we are already working in line with a number of these statutory requirements. Enfield has an established Joint Health and Wellbeing Board that functions jointly within the partnership boards of the Enfield Strategic Partnership, and the Director of Public Health now accountable to Enfield Council through the Director of Health,

Housing and Adult Social Care. The Council employs jointly appointed commissioners, and our strategic development work is undertaken in close partnership with local health services, including Enfield’s Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

Changes in legislative direction will mean that the role of the local authority will expand with regards to the strategic planning and commissioning of public health services. Existing partnerships between Enfield Council and NHS Enfield will be strengthened and joint commissioning functions shall extend.

With the abolition of PCTs and the development of Clinical Commissioning Groups, there shall also be a requirement for increased and effective dialogue between the local authority, the local market and clinicians – who will be taking on health commissioning responsibilities.

4.5 'A vision for Adult Social Care': Capable communities and active citizens

In November 2010 the care services minister launched "A vision of adult social care: Capable communities and active citizens". This vision sets out a different path for adult social care. It restates a commitment to the personalisation agenda, but places an increased emphasis on the community's role in supporting vulnerable adults and delivering change through the devolution of power.

This vision for a modern system of social care is built on seven principles:

Prevention: empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.

Personalisation: individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

Partnership: care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils – including wider support services, such as housing.

Plurality: the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.

Protection: there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

Productivity: greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.

People: we can draw on a workforce who:

- Deliver on outcomes rather than time and task based services
- Can be shaped by the service users self directed support plans through a Personal Budget or Individual Service Fund

- Deliver high quality services to people who directly commission and purchase service under self directed care arrangements
- Support people to get better, including reablement
- Exercise initiative and a creative and flexible response to service users expressed needs on a day to day basis
- Provide as good and as affordable services to all, including self funders, hard to reach groups and meeting the needs of a diverse population
- Has an active role in shaping their own and the organisations learning and development and sharing that across the market
- Can provide care and support with skill, compassion and imagination and are given the freedom and support to do so.

We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

The vision supports:

- the extension and rollout of personal budgets
- an increase in the preventative action of local communities
- keeping people independent for as long as possible
- the break down of barriers between health and social care funding
- the partnership delivery of support and care by individuals, communities, the voluntary sector, the NHS and local authorities.

- delivering a universal offer – quality social services for all regardless of funding status
- effective relationships between service commissioners and service providers
- market innovation and diversification
- increased role and responsibility of the voluntary and community sectors in delivering change for adults with social care needs.

Further direction on the changes to the health and social care system shall be detailed in the forthcoming Care and Support White Paper (anticipated at the end of 2011) and Social Care Reform Bill (anticipated Spring 2012).

4.6 What are the implications of this guidance for our local market?

This paper places increased emphasis on the importance of:

- developing effective preventative services
- market preparedness for personalisation including structures, options and practical mechanisms for supporting the delivery of individual budgets

5. OUR LOCAL STRATEGIC AND POLICY CONTEXT

5.1 Joint Strategic Needs Assessment (JSNA) 2010-2012

Enfield's Joint Strategic Needs Assessment brings together what we know about the health and well being of the people living in Enfield and their experiences and opinions about health and wellbeing. The information has been used to identify the priority health and wellbeing needs for the borough – priority needs that will guide and inform decisions about how health and care services are provided and arranged in Enfield. These have been identified as:

- Poverty
- Health inequalities
- Obesity
- Infant mortality
- Long-term conditions
- Mental health
- Healthy lifestyles
- Feeling safe
- Access to health and wellbeing information.

There will be a three year programme for reviewing and revising the JSNA as follows:

Annually

- address gaps (in selected priority areas)
- consider emerging issues (add new priority needs where relevant)
- review basic data
- map, shape and take note of consultation with residents that are initiated by the Council and NHS Enfield

Every other year

- engage with vulnerable groups about priorities
- evaluate impact on commissioning

Every three years

- review the JSNA priority needs

The first review of the JSNA is expected to be available in Spring 2011.

Enfield's Joint Strategic Needs Assessment (2010-2012) can be accessed at the following website address: <http://bit.ly/g7N9On>

5.2 Health and Adult Social Care commissioning strategies

This overarching JSNA document is complimented by a portfolio of health and adult social care service area commissioning strategies. These strategies set out in more detail local commissioning priorities for meeting future need, and should be used as a tool for informing market development. Links to existing strategies can be located in Appendix 1.

Strategies under review, development or consultation at the time of writing include:

- Carers Strategy
- Dementia Strategy now approved and in implementation
- Dignity Strategy
- End of Life Care Strategy currently in consultation
- Health and Adult Social Care Accommodation Strategy
- Intermediate Care and Re-ablement Strategy now approved and in implementation
- Learning Disability Strategy

- Older People Healthy Ageing Strategy
- Prevention and Early Intervention Strategy
- Stroke Strategy awaiting approval post consultation
- Voluntary and Community Sector Strategic Commissioning Framework.

5.3 Equalities and diversity

To help ensure that the health and social care needs of all ethnic groups are effectively met in the borough, the Council's Health and Adult Social Care service will work in partnership with the market to understand local need and encourage the development of flexible and accessible services that promote social inclusion and community cohesion whilst meeting the cultural needs of Enfield's diverse population.

The Council will work towards equality of opportunity for all and will devote its energies and resources to the achievement of this aim.

The Council will not discriminate on grounds of age, colour, disability, ethnic origin, gender, HIV status, immigration status, marital status, social or economic status, nationality or national origins, race, faith, religious beliefs,

responsibility for dependants, sexual orientation, gender identity, pregnancy and maternity, trade union membership or unrelated criminal conviction. The Council will promote equality of access and opportunity for those within our community who suffer from unfair treatment on any of these grounds including those disadvantaged through multiple forms of discrimination.

The Council will strive to eliminate all forms of discrimination. We recognise that this requires not only a commitment to remove discrimination but also action through positive policies to redress the inequalities produced by past discrimination.

The Council's services should be equally accessible to all who live, work, study in or visit the Borough, and we are committed to ensuring this. Services (and information about services) should be designed to be appropriate to the needs of all our service users.

Enfield Council's equality and diversity policy can be accessed on the Council's website www.enfield.gov.uk

5.4 Safeguarding adults

Our aims in Enfield are to work with local people and our partners so that adults at risk are safe and able to protect themselves from abuse and neglect; treated fairly and with dignity and respect; protected when they need to be; and able to easily get the support, protection and service that they need.

We want to make protecting adults at risk the business of everybody in Enfield. This includes all organisations that adults at risk may access and work with.

Providers of health and adult social care services should strive to ensure:

- the evaluation of policies and processes to ensure that they promote the prevention of abuse and equality of access
- no employment without safer recruitment practice and principles being followed
- that the feedback from local people, service users and their carers contribute towards the development of safeguarding adults activity and planning

- that information on abuse and how to report it is clearly displayed in the organisation
- the eradication of abuse – organisations should have a clear, well-publicised policy of zero tolerance of abuse within the organisation
- learning for all staff, so that they can identify potential abuse, know how to report concerns, and how they can contribute to preventing abuse
- the direction of local residents, service users and carer to services they can access to prevent and respond to abuse.

The Enfield Safeguarding Strategy, plus information and guidance on the local protection of vulnerable adults (now called adults at risk) can be located on the Council's website www.enfield.gov.uk

5.5 Dignity and respect

The Council is launching the Dignity Strategy. The strategy's aim is that all residents no matter where they live are safe from abuse. Adults who are most at risk are those in receipt of social care services and in

particular people who reside in shared living arrangements. The Dignity strategy focuses on how we will ensure that people will be respected and safe by ensuring that Providers both in house and external meet our Dignity Standards. These are adopted from the National Dignity Campaign and are a straightforward description of what dignity is:

- Have zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's rights to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners

- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation.

We will seek evidence from providers to demonstrate their commitment to delivering services that meet these standards. In summary our commissioning, procurement and contracting will clearly state what is required; set standards and expectations and monitor the quality of the service.

6. STRATEGIC PARTNERSHIPS FOR DELIVERING CHANGE

6.1 Enfield Strategic Partnerships (ESP)

Enfield is a partnership borough and the ESP works across all the key private, public and voluntary organisations to improve the quality of life for local people. Our partners include:

- Voluntary and Community Organisations
- Enfield Homes
- Enfield Racial Equality Council
- Housing Associations
- Jobcentre Plus North and North East London Local Business Organisations
- Local colleges
- Metropolitan Police Service
- Middlesex University
- North Central London NHS.

The purpose of the ESP is to improve the quality of life for everyone living, visiting, working, studying and doing business in Enfield. The ESP have developed a Sustainable Community Strategy for Enfield 2009-2019 called 'Enfield's Future', a document which sets out how the ESP will work in partnership to realise our vision and priorities for the future based on the views of

local residents.

'Enfield Together' sets out five key aims, to support a borough where:

- Local people play an active part in civic and community life, and contribute to local decision-making
- Local people of all ages and backgrounds have opportunities to mix together
- Local people have learning and employment opportunities and feel there are good prospects
- Local people feel safe and are safe
- The Enfield Strategic Partnership provides community leadership, celebrates diversity and promotes quality to enhance community cohesion.

'Enfield's Future' can be accessed on the Council's website www.enfield.gov.uk

The ESP Board is supported by eight themed groups called Thematic Action Groups as set out below:

- Children's Trust Board
- Safer and Stronger Communities Board
- Health and Wellbeing Board
- Older People Board
- Employment and Enterprise Board
- Environment Board
- Leisure and Cultural Board
- Housing Strategic Partnership Board.

7. UNDERSTANDING THE NEEDS OF ENFIELD'S POPULATION

7.1 Borough demographics

The demographic of Enfield is changing. The population of the borough is increasing and people are living for longer. The total population is set to increase from 293,000 in 2010 to 333,800 in 2030. The number of people over 65 years of age is forecast to increase by 40% in the next 20 years – from 38,500 in 2010 to 53,800 in 2030. This increase is below the overall percentage increase of England (51%) – but still poses a significant local challenge in terms of developing services to meet future demand.

Enfield is an ethnically diverse borough. For the purposes of the Council's service equalities monitoring, estimates of ethnic group populations have been made. This is so that Council services can assess whether there may be differential use of services by a range of ethnic groups present in Enfield. The estimates have been made not only to provide a more up-to-date benchmark than the 2001 Census but also to include some groups not included on the Census form – however, the next Census, set for completion in March 2011, shall provide the most definitive statistics on Enfield's ethnic make up.

Estimates indicate that 54.9% of Enfield's population is classified as non White British. The most populous non White British ethnic groups include Turkish, Greek Cypriot, Black Caribbean. Ethnic group estimates for Enfield (2010) are set out in the table opposite.

Ethnic group	Number	%
White British	132,128	45.1%
White Other	20,317	6.9%
Other Black African	16,516	5.6%
Greek Cypriot	16,264	5.5%
Black Caribbean	15,932	5.4%
Turkish	15,642	5.3%
Indian	11,549	3.9%
Turkish Cypriot	9,468	3.2%
White Irish	8,538	2.9%
Other Asian	7,427	2.5%
Other	5,635	1.9%
Bangladeshi	5,212	1.8%
Somali	5,177	1.8%
White and Black Caribbean	3,884	1.3%
White and Asian	3,396	1.2%
Other Mixed	3,219	1.1%
Kurdish	3,047	1.0%
Greek	2,731	0.9%
Pakistani	2,073	0.7%
Chinese	1,908	0.7%
Black Other	1,603	0.5%
White and Black African	1,573	0.5%
Total	293,239	100.0%

7.2 Ward demographics

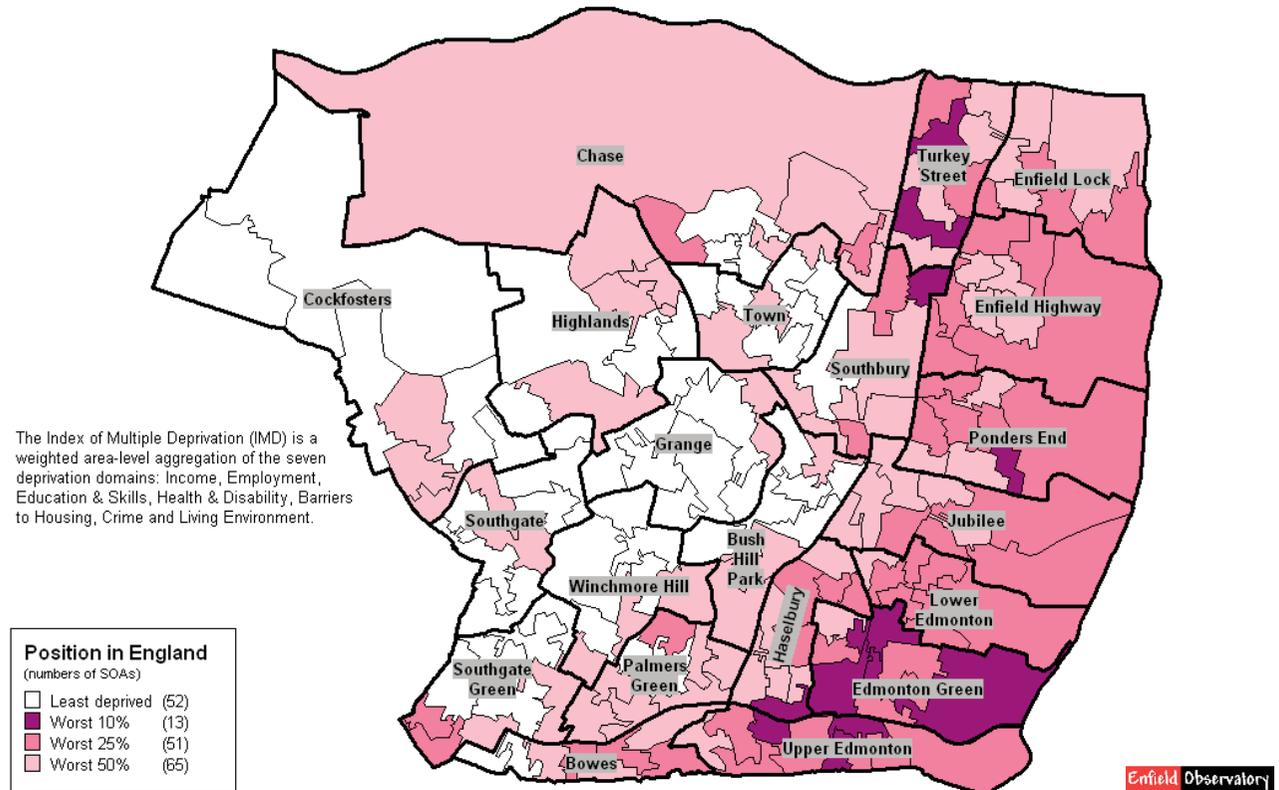
Enfield has a large population of older people when compared to other London boroughs. Cockfosters, Highlands and Southgate are predicted to have the highest number of residents aged 65 and over and Lower Edmonton, Enfield Lock, Ponders End and Southbury have the lowest number of older residents.

Levels of deprivation vary considerably across the borough. Wards in the east of the borough including areas of Edmonton Green, Ponders End and Turkey Street have been identified as ranking in the worst 10% of England. Conversely, areas in the west of the borough, including Cockfosters, Grange, Highlands, and Winchmore Hill have been identified amongst the least deprived areas of England.

The number of people in receipt of social care services varies across wards. Cockfosters, Highlands, Winchmore Hill and Edmonton Green have the highest number of people in receipt of social care services. Enfield Lock, Haselbury, Southgate Green and Upper Edmonton have the lowest.

Further information, data and statistics about the London Borough of Enfield can be accessed on the Enfield Observatory website www.enfield-observatory.org.uk

Index of Multiple Deprivation (IMD), Position in England, by SOA, 2005



7.3 Service user group demographics

7.3.1 People with Physical Disabilities, Sensory Impairment and HIV/AIDS (aged 18-64)

- The total population of Enfield aged 18-64 predicted to have a moderate physical disability is predicted to increase from 13,597 in 2010 to 15,220 in 2030.
- The total population of Enfield aged 18-64 predicted to have a serious physical disability is predicted to rise from 3,893 in 2010 to 4,056 in 2015 and 4,492 in 2030.
- The number of people with serious visual impairment is predicted to remain fairly stable, with a small increase in numbers predicted from 119 in 2010 to 128 in 2030.
- The number of people 18-64 predicted to have a moderate or severe hearing impairment is set to increase from 6,401 in 2010 to 6,844 in 2015 and 7,656.
- The number of people aged 18-64 predicted to have a profound hearing impairment is predicted to remain relatively low – increasing marginally from 54 people in 2010 to 65 people in 2030.

- In 2010, it is predicted that 4,383 men and 2,904 women aged 18-64 will have a physical disability and be permanently unable to work. This is set to increase to 5,226 and 3,138 in 2030 respectively.
- In 2010, 1,043 people aged 18-64 with a physical or sensory disability were supported to live at home by social care services. This is predicted to increase to 1,120 by 2030.
- In 2010, 45 people aged 18-64 with a physical disability were supported in residential/nursing care in the borough, purchased or provided by social care services and this is predicted to remain relatively stable.
- The most common medical conditions of people with physical disabilities who presented to Enfield's care management team in 2009 were stroke, multiple sclerosis and arthritis.
- A Public Health study commissioned by Enfield in 2007/08 predicted that between 1,100 and 3,400 people of working age have trouble living independently because of an acquired brain injury in each of

Enfield and Haringey – of whom probably under 200 have ongoing contact with services.

- In 2009/10, 25 service users with acquired brain injury were recorded as in receipt of health and adult social care services.
- It is estimated that in 2010, over 900 people with an HIV/AIDS diagnosis were living in Enfield.

7.3.2 People with Learning Disabilities (aged 18-64)

- Baseline estimates indicate that in 2010 4,478 people aged 18-64 will have a learning disability in Enfield and this will rise to 4,832 by 2030.
- In 2009, 98 people known to Enfield's Learning Disability service had autism 1 HASC Performance team and the LD network 2009.
- The number of people aged 18-64 predicted to have a moderate or severe learning disability (and therefore likely to receive social care services) is predicted to increase from 1,003 in 2010 and 1,129 in 2030.

- The number of people aged 18-64 predicted to have autistic spectrum disorders is also set to increase from 1,823 in 2010 to 1,956 in 2030. There is a marked increase in the number of older adults aged between 55-64 predicted to have autistic spectrum disorders (from 272 in 2009 to 388 in 2030).
- The total number of people aged 18-64 with a moderate or severe learning disability who live with their parents is set to increase from 385 in 2010 to 428 in 2030.
- The number of people aged 18-64 with a learning disability supported to live independently is set to increase from 787 in 2010 to 846 in 2030.
- The number of people aged 18-64 with a learning disability in residential and nursing care during the year, purchased or provided by Enfield social care services is set to increase slightly from 186 in 2010 to 200 in 2030.

7.3.3 People with Mental Health Issues (aged 18-64)

- In 2010, it is predicted that:
 - 29,617 people aged 18-64 will have a common mental disorder
 - 829 people aged 18-64 will have a borderline personality disorder
 - 639 people aged 18-64 will have an antisocial personality disorder
 - 736 people aged 18-64 will have a psychotic disorder.
- In 2010, 1,886 people aged 18-64 with mental health problems will be helped to live independently, and this is predicted to increase to 2,026 by 2030.
- In 2010, it is predicted that 65 people aged 18-64 will be supported to live in residential care or nursing care purchased or provided by the borough.

- A review of mental health needs in Enfield conducted in 2006 found that Edmonton had the highest levels of mental health hospital admissions in Enfield between 2003 and 2005. A mental health needs index showed that residents living in Edmonton had the highest estimated levels of psychiatric illness and schizophrenia in the borough.

7.3.4 People with Substance Misuse Issues (aged 18-64)

- Enfield had the third highest increase of alcohol-related hospital admissions in England between 2002/03 and 2005/06. The local rate tripled between 2002/03 and 2006/07.
- The number of people aged 18-64 predicted to have alcohol dependence is predicted to increase from 10,973 in 2010 to 11,785 in 2030.
- The number of people aged 18-64 predicted to be dependent on drugs is predicted to increase from 6,225 in 2010 to 6,687 in 2030.
- In 2010, it is predicted that 740 people aged 18 and over with a drug problem will be supported into effective treatment in Enfield.

7.3.5 Older People

- The number of older people aged over 75 years living alone is set to increase – from 9,416 in 2010 to 12,972 in 2030.
- The majority of older people will own their own home or rent privately – a smaller percentage shall live in social rent housing.
- It is projected that 1,067 people aged 65 and over will be living in a care home in Enfield in 2010. This equates to just under 2.8 % of the older population.
- The number of people living in a care home is predicted to rise in line with population growth, to 1,657 in 2030.
- In 2001, 11% of people aged 65 years and over were living without central heating and 10,550 pensioner households were living alone without transport.
- The number of older people providing unpaid care is predicted to increase from 4,362 in 2010 to 5,995 in 2030.
- In 2010 it is predicted that 16,136 (42 %) of people aged 65 and over will not be able to carry out at least one domestic task by themselves.

- 34% (13, 214) of people aged 65 and over living in Enfield will be unable to manage at least one self care task, for example, wash, dress, cut toenails, take medicines.
- In 2010, it is predicted that 17,865 people aged 65 and over will have a limiting long-term illness, which equates to 46% of the population. This is set to increase to 25,109 people in 2030.
- 7.2 % of the Enfield population who are aged 65 and over are predicted to have dementia in 2010, and this is set to rise to 7.7 % of the population by 2030.
- National research indicates that one third of people with dementia live in care homes and at least two thirds of all people living in care homes have a form of dementia (National Dementia strategy).
- In 2010, 835 people aged 65 and over are predicted to have a fall that will result in hospital admission.
- In 2010, 4,652 people aged 65 and over are predicted to have a moderate or severe visual impairment and 16,710 people are predicted to have a moderate or severe hearing impairment.

- In 2010, it is predicted that 19% of the population aged 65 and over will have difficulties with at least one mobility activity, for example, travelling up stairs, getting to the bathroom.
- It is predicted that in 2010, 796 people aged 65 and over will have a learning disability – and of these 107 people will have a moderate or severe learning disability and therefore likely to be in receipt of social care services. This figure is forecast to rise to 148 in 2030.
- The majority of older people with a long-term illness own their property. In 2010, it is predicted that 5,394 people with a long-term illness will own their property compared to 1,640 people with a long-term illness who rent social housing.
- The number of older people that are supported to live independently is increasing and this rise is set to continue from 3,946 in 2010 to 5,515 in 2030.
- Local admissions of people aged 65 and over to permanent residential care and nursing care is set to rise from 243 people in 2010 to 339 in 2030.

7.3.6 Carers

The 2001 Census showed that:

- 24,313 people identified themselves as carers. However with the lack of self identification it is estimated this figure is closer to 29,000 carers
- Based on the calculation that carers save their local authority the equivalent of £15,260 in care costs (Buckner and Yeandle (2007), Valuing Carers – Calculating the Value of Unpaid Care, University of Leeds and Carers UK), this means that carers in Enfield save the local economy approximately £442,540,000
- 822 carers provide more than 50 hours care a week
- 2,850 carers provide care for 20-49 hours per week
- The remaining 16,641 carers care for under 20 hours per week
- 11% of carers said they suffered from poor health because of their caring role
- There are an estimated 1,000 young carers, aged under 18, providing care in Enfield.

In 2009/10:

- 2,101 Enfield carers had an assessment in their own right
- 523 carers refused an assessment in their own right
- 1,690 carers received a service as an outcome of their Carers Assessment
- A further 411 carers received information and advice only
- 975 carers are on Enfield's Carers Register
- 2,310 carers receive Carers Allowance.

8. PREDICTING CHANGES IN SERVICE DEMAND

8.1 Key changes in service demand

In line with population growth, the demand for health and adult social care services is likely to increase in most client group areas. This increase is most noticeable when considering services for older people – an area where service demand is predicted to rise dramatically. However, the nature of service provision is expected to change significantly for all service user groups – in line with the personalisation of health and adult social care services. The health and social care market in Enfield will be required to respond to this changing demand. It is predicted that there will be an increase in demand for:

- flexible models of support and care, tailored to the support and care needs of the individual, in line with service user choice
- support and care services closer to home, as the number of people supported to live independent lives in the community increases

- advocacy, brokerage, and services offering comprehensive information, advice and guidance, as the number of people requiring support to make decisions about how and where to purchase the support and care they need increases
- services that are not traditionally perceived as ‘social care’ services, but effectively meet the needs of individual service users, for example, gym membership, music lessons
- prevention and early intervention services
- services that support the enablement and re-ablement of service users
- services with flexible administrative structures and purchasing systems, including mechanisms for accepting:
 - e-card
 - direct payment via bank account
 - payment from local authority
 - individual service funds
 - trusts.

8.2 The Universal Offer

The service demands of adults who self-fund the support and care they receive should not be underestimated when planning the development of future services to meet local need. Of 10,348 service users known to health and adult social care services in 2009/10, nearly 5,000 funded/part funded services. We must work in partnership with providers to ensure equality of opportunity for all. This means developing quality services for people who receive services funded by the local authority – but equally ensuring that those who self-fund their own support and care have equivalent access to quality provision and quality information about services available in Enfield.

8.3 Universal services

As opportunities for people to direct and purchase services increase under the personalisation agenda, we are likely to witness a change in the nature of services purchased, as service users look beyond services traditionally perceived as social care to meet their needs. There will be increased emphasis on the importance of accessible 'universal services' such as leisure, culture and transport, as people make choices about how to direct their personal budget.

The true impact of individual commissioning power on demand for universal services cannot be predicted with certainty at this point – however information will be captured by health and adult social care services as choice trends unfold. This information will be shared with the market as part of our ongoing commissioning dialogue, to help shape the development of future services in line with local need.

9. UNDERSTANDING CURRENT MARKET SUPPLY

9.1 Supported accommodation services

Enfield Health, Housing and Adult Social Care services currently commission over 550 units of supported accommodation for vulnerable adults aged 18-65 years, including accommodation based supported housing services for people with:

- mental health support needs
- learning disabilities
- physical disabilities and sensory impairment
- substance misuse support needs.

A link to a map of supported accommodation services (3 units and above) directly commissioned by health and adult social care services in the borough can be found in Appendix 1.

In addition to directly commissioned services, Enfield has a significant number of private sector providers of supported housing provision. The exact volume is difficult to quantify as not all these services are accredited or utilised locally.

9.2 Sheltered accommodation services

Enfield currently has over 2,130 units of sheltered accommodation including 842 Enfield Homes units and 1,288 units provided by RSLs and private providers. This excludes extra care sheltered provision. The majority of sheltered accommodation is for social rent. Enfield has a total of 1,499 units of sheltered accommodation in the borough available for social rent. 842 units are managed by Enfield Homes and 657 units are managed by RSLs or private providers. Enfield has 631 units of leasehold sheltered accommodation, all provided by RSLs and private sector providers.

A link to a map of in-house sheltered accommodation services in the borough can be found in Appendix 1.

A link to a map of sheltered accommodation services in the borough that are provided by RSLs or by private providers can also be found in Appendix 1.

9.3 Extra care sheltered accommodation services

Enfield currently has a total of 217 units of specialist accommodation defined as providing 'extra care' services for older people. This includes 123 units for social rent (Alcazar Court, Skinners Court, Len Warren House, Dean House) and 94 units for market rent, ownership and leasehold (Blake Court and Southgate Beaumont).

9.4 Quality of supported accommodation services including sheltered and extra care sheltered accommodation

The quality of current accommodation based support provision (including sheltered and extra care sheltered accommodation) that is directly commissioned by health and adult social care services is high. Self-assessment scores against the Supporting People Quality Assessment Framework in April 2010 indicate that 26 services scored 'A', 38 services scored 'B', and 4 services scored 'C'. However, a significant amount of current provision requires structural improvement to increase environmental quality, accessibility and opportunities for independence, choice and control.

9.5 Residential and nursing care home Services

The table below sets out the available registered care home provision in Enfield and the CQC quality star rating attached to each at the last inspection.

CQC Registration Category	Number of Homes
Old Age	37
Dementia	34
Physical Disability	11
Learning Disability	38
Nursing	11
Mental Health	26
Alcohol Dependency	1

A link to a map illustrating residential and nursing care provision in the borough can be located in Appendix 1.

9.6 Home based support and care services

The domiciliary care market within Enfield is comprised of some 37 Care Quality Commission (CQC) registered organisations from the private and third sectors and include Council in-house services. Under the previous CQC quality star rating system, 13 of these organisations were rated as 3-star (excellent) and the remainder as 2-star (good). The local market is able to respond to all customers' needs and respond to the diverse cultural demographic within the borough.

The Council has recently re-tendered it's externally contracted provision, jointly with NHS Enfield. Affordable rates have been secured and the contractual framework is accessible by individuals self-directing their own care and support. The new service allows for:

- flexible outcome focused delivery of care
- service delivered to a detailed and quality monitored specification
- the capability to address dementia, stroke and end of life care needs and promotes re-ablement as a key feature of the service.

The new contracts were awarded in April 2010 and the term is for three years with an option to extend by and additional two years.

9.7 Floating support services

Supporting People currently fund a number of floating housing related support services in the borough, to help people live independent lives in the community. Services currently funded include floating support for:

- people with visual impairment
- people with substance misuse support needs
- people with mental health support needs
- people with learning disabilities
- teenage parents and young people (16-17 year olds) with support needs
- older people (by way of a handyperson service).

Of the 14 floating support services funded, 4 services have self-assessed as scoring an 'A' against the Supporting People Quality Assessment Framework (QAF) in April 2010, 8 services scored themselves as achieving a 'B' and 2 services scored themselves as achieving a 'C'.

9.8 Voluntary and community sector services

Enfield's voluntary and community sector play a valuable role in supporting local residents to lead full and active lives. The Council is proud to have a vibrant voluntary and community sector that plays a vital role in delivering good quality services. The sector is well placed to understand the needs of Enfield's diverse community and to reach out to those most in need.

Health and Adult Social Care services and NHS Enfield grant fund voluntary/third sector projects including 16 information and advice projects, 6 advocacy projects, 42 prevention/early intervention projects.

There are currently over 595 businesses registered as providing health/social care services in Enfield.

A link to a map of voluntary and community sector organisation grant funded by health and adult social care in borough the can be located in Appendix 1.

10. MARKET GAP ANALYSIS

10.1 Areas for market development

10.1.1 Accommodation based support and care services

Areas for potential market development include (but are not restricted to):

- Wheelchair accessible sheltered accommodation (mixed tenure) that delivers in terms of high quality design and has good links to transport and social amenities will be essential
- Accommodation services that effectively meet the specialist support and care needs of older people with dementia. To meet this rising demand, an increase in the number of quality residential and nursing care home units that specialise in dementia care may be required. It is expected that provision of this nature could be developed within existing capacity
- Supported accommodation options for people with physical disabilities who require support to live independently within a community setting

- Wheelchair accessible general needs accommodation – particularly for families requiring suitably adapted properties
- Wheelchair accessible accommodation across tenure – Lifetime Homes standards within social housing development and private sector development
- Specialist supported accommodation services for older people with learning disabilities and dementia care needs
- Supported housing to meet the needs of older people with specialist needs including substance misuse support needs and mental health support needs
- Wheelchair accessible respite accommodation for people with learning disabilities
- Short-stay crisis accommodation for people with mental health support needs and good quality specialist supported housing for adults with dual diagnosis
- Move-on accommodation
- Flexible and innovative new models of supported housing that facilitate use of Personal Budgets.

10.1.2 Services for people with Physical Disabilities, Sensory Impairment, HIV/AIDS

Areas for potential market development include (but are not restricted to):

- Services that support people into employment
- Access to universal services including the provision of modern, flexible day opportunities
- Services that support disabled parents.

10.1.3 Services for people with Learning Disabilities

Areas for potential market development include (but are not restricted to):

- Advocacy services for people with learning disabilities
- Respite services for people with complex/challenging behaviours
- Services for people with ASDs and work opportunities for people with autism.

10.1.4 Services for people with Mental Health support needs

Areas for potential market development include (but are not restricted to):

- Primary care and community based prevention, early intervention and support
- Services and supports for people with multiple needs, including mental health, substance misuse, learning disabilities, autism, long-term physical health conditions
- Joint initiatives relating to issues such as community safety, suicide prevention, domestic violence.

10.1.5 Services for people with Substance Misuse support needs

Areas for potential market development include (but are not restricted to):

- The improvement care pathways between the acute health sector and specialist community substance misuse services to provide seamless integrated care pathways that maximise treatment outcomes

- Targeted prevention through the development of wider family services to support children affected by parental substance misuse
- Review tier 4 treatment provision and establish the viability of facilitating the market to embed provision at a locality level
- Increased access to dual diagnosis support systems by mental health services
- The development of a holistic treatment system to support choice, payment by results and outcome based commissioning.

10.1.6 Services for Older People

Areas for potential market development include (but are not restricted to):

- Services for people with dementia and their carers
- Intermediate care provision
- Low level re-ablement services
- Rehabilitation services
- Preventative services
- End of life care.

10.1.7 Services to support Carers

Areas for potential market development include (but are not restricted to):

- Advocacy for carers
- Counseling services
- Services that offer support to carers around employment and training
- Preventative services e.g. befriending/peer support projects
- Training and support for professionals (including GPs) about the needs of carers
- Independent benefit advice services for carers
- Holistic approaches to home care that support carers
- Carer awareness – acknowledging carer expertise in care planning
- Culturally specific services e.g. respite services for carers.

10.1.8 Other services

In addition to the development of services to meet demand changes set out in 8.1, areas for development across service user groups include (but are not restricted to):

- Stroke care services
- End of life care services
- Dementia care services
- Assistive technology.

10.2 Areas for potential reduction or stabilisation

- The demand for traditional residential care services for adults with physical disabilities, mental health support needs and learning disabilities is set to remain relatively stable or decrease in future years as the number of people supported to live at home, or in supported housing services increases. The supply of residential and nursing care home provision for these client groups meets and exceeds current demand in Enfield. Providers should work in partnership with Health and Adult Social Care services to consider and plan any extension or development of new services

of this nature, as significant capacity increases are not likely to be supported or utilised locally.

- The demand for traditional residential and nursing care services for older people is set to increase locally. However, as current supply of non-specialist residential care provision exceeds demand, providers should work in partnership with Health and Adult Social Care services to consider and plan any extension or development of new services of this nature, as significant capacity increases are not likely to be supported or utilised locally. Enfield will increasingly look to residential care alternatives (including extra care accommodation) to support older people within housing options that increase opportunities for privacy, dignity, independence, choice and control.
- Stabilisation of low level supported accommodation options for adults with learning disabilities.
- Reduction in provision of mental health services based on hospital sites, particularly bed-based service.

- Stabilisation and likely reduction of traditional day services for older people and adults with support needs.

10.3 Locating services

When planning the future development of services to meet the changing needs of adults with support and care needs, consideration must be given to Enfield's local development. Enfield Council's Local Development Framework (LDF) sets out the borough's development priorities for the next 20 years. The portfolio of documents that make up the LDF set out the Council's intention to work in partnership with residents and stakeholders to plan and implement the development four key strategic growth areas in the borough as follows:

- Central Leaside and Meridian Water
- North East Enfield and Ponders End
- The area around North Circular Road and New Southgate
- Enfield Town and the area around Enfield Town Station.

Health and Adult Social Care services will work in partnership with planning partners and service providers to ensure that development in these emerging communities considers and appropriately reflects the needs of adults and older people with support and care needs.

The portfolio of Local Development Framework documents can be accessed on the Council's website www.enfield.gov.uk

11. DELIVERING SERVICES IN THE FUTURE

11.1 How might the market deliver change?

- Provider collaboration.
- Increased service user and carer involvement in service development.
- Open dialogue with H,HASC commissioning services to facilitate change.
- Increased market responsibility for quality and monitoring.
- Increased self-awareness and openness to change.
- Increased attention to facilitating service user choice through the personalisation of services as people with support and care needs assume commissioning power.

11.2 The future of our in-house provision

As every social care service, in-house support and care services for older people and adults with support and care needs must develop and evolve to meet the changing needs and aspirations of service users under the personalisation agenda. We will work to ensure a level playing field. Service users shall decide the future of in house service provision, when choosing how and where to spend their personal budgets.

The Council shall undertake a process of ongoing review in relation to the future of in-house services. This commitment is demonstrated by the scheduled externalisation and improvement of the Council's residential care home provision and ongoing assessment of demand for reserved in house service capacity, to assist in emergency situations.

11.3 Systems to support Personalisation

In Enfield the systems, at various stages of development, are being produced through a partnership between the council, stakeholders and Quickheart who are supplying the IT solution to support personalisation.

The Quickheart system is made up of four components

1. Information advice and guidance
2. RAS (Resource Allocation system)
3. Planning Tool
4. E-Marketplace.

The information advice and guidance component is already live on the council website in its first iteration. It is an intuitive system containing comprehensive information and details of support services for residents of Enfield. The system will be monitored and reviewed frequently.

The resource allocation system (RAS) is simply the mechanism for creating a personal budget for a service user. Local authorities have approached the development of their RAS in a variety of ways.

The planning tool is a system which will assist users and staff to translate assessment and support planning information into practical plans for purchasing care.

The e-market place is an online tool both to assist service users and brokers to purchase care and to afford an opportunity for providers to market themselves. Providers access to the market place will be through an accreditation framework (see following).

Each of the Quickheart components is at various stages of development but all will be live by summer 2011. We have already presented some of the system to service users and the market place and will continue to consult during the development.

11.4 Brokerage

A key part of the process for exercising choice and control over care arrangements is access to Brokerage. We have included in the restructured department an in-house brokerage service as part of the customer pathway. However we are committed to offering users choice in brokerage. We are therefore developing options for external brokerage and in April we will publish our vision for brokerage and meet with the market to map current provision. Following this we will develop an accreditation process for external brokerage as well as a pricing structure.

11.5 Accreditation

Whilst we are moving away from traditional models of council contracting with service providers it is still important to assure high quality and safe services. Therefore we are developing an accreditation framework for all services which will be available in late spring. It is linked with access to the E-marketplace discussed above. It will be designed to give maximum assurance but we will endeavour to make the requirements for providers as simple as possible by looking at existing regulatory information. More details will follow.

11.6 Personal assistants

Enfield is committed to developing the personal assistant market as a viable option for people to purchase care. We will utilise the register within the E-marketplace but we are considering options for management, training and development of the PA market.

12. RESOURCING SERVICES IN THE FUTURE

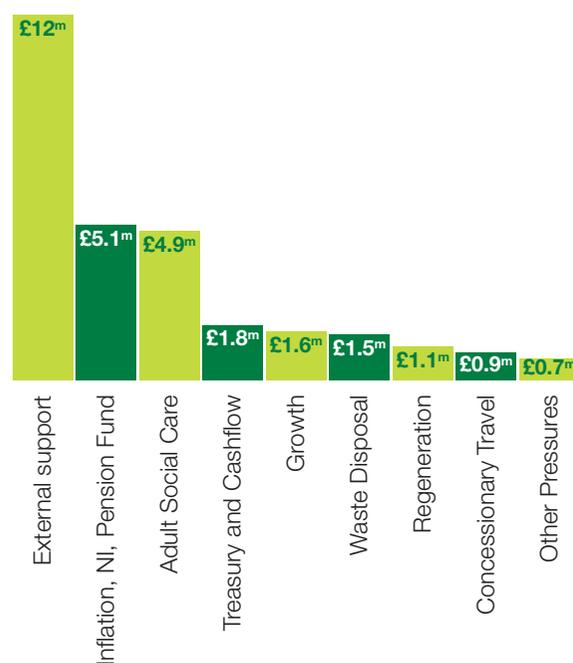
12.1 The realities: increasing expectations and decreasing budgets

The Spending Review settlement for local government set out cuts in funding from central government – a reduction to local authority budgets of between 26%-28% over the next four years.

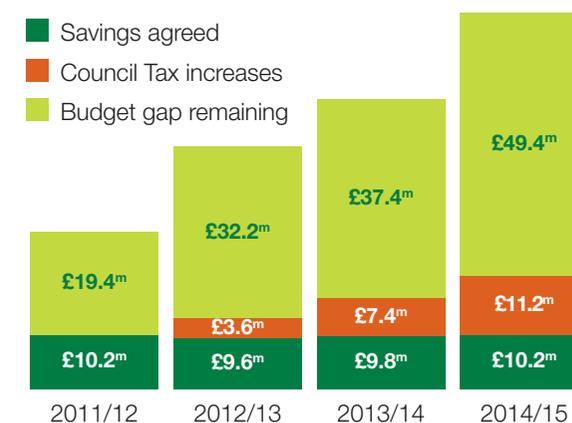
There will be cuts in Communities and Local Government core funding of 7.25% on average a year (in real terms) but the reductions are significantly front loaded as shown in the table below.

Communities and Local Government Resources Departmental Expenditure Limit	£ Billion	Annual Change
2010/11 Baseline	28.5	
2011/12	26.1	-8.4
2012/13	24.4	-6.5
2013/14	24.2	-0.8
2014/15	22.9	-5.4
Four Year Cash Change (Real Change)	-19.6%	(-27.0%)

The graph below sets out Enfield's expected financial position locally and a pressure in 2011/12 of £29.6m.



The graph below sets out Enfield's expected financial position locally in relation to budget gap remaining:



'Local authorities will have to make significant savings over the Spending Review period, in line with other parts of the public sector. Many councils are already fundamentally reviewing their roles and services, including using greater personalisation and increasing delivery through the voluntary and community sector.'

'To support these reforms, the Government will devolve significant financial control to councils. Ring fencing of all revenue grants will end from 2011/12, except simplified school grants and a new public health grant; the number of separate core grants will be radically reduced from over 90 to less than 10, including a single non ring-fenced Early Intervention Grant worth around £2 billion by 2014/15; and more than £4 billion of revenue grants will be rolled into formula grant.'

13. PRICING AND AFFORDABILITY

13.1 Quality and efficiencies through procurement

The Health, Housing and Adult Social Care (H,HASC) procurement function's purpose is to arrange for the delivery of value for money care services within the available financial resources to customers at the right time, right price, right quality and right place and to ensure that contracts are fit for purpose and monitored for quality.

The H,HASC procurement function's aim is to develop procurement practices which value transparency, efficiency and quality, which ensure the best use of public money, support the local economy, and meet the needs of the local population through the provision of high quality and appropriate services.

A Procurement Framework has been developed, in partnership with local service providers that sets out the approach to the process of our procurement and contract management, key strategic objectives and the areas of activity to be planned and carried out in medium term. It is intended to reflect the department's commitment to:

- a transparent approach to purchasing services
- user and stakeholder involvement
- the support and development of a mixed economy of providers.

Key strategic objectives include:

- To develop a medium term Procurement Programme that ensures transparency, proportionality and addresses the Personalisation Agenda
- To purchase and monitor of a range of good quality, cost effective services whose outcomes meet the needs of the individuals within Enfield's diverse population
- To enable the involvement of service users and other stakeholders at all stages of the procurement process, and develop the use of direct payments and individualised budgets to encourage self-directed support

- To ensure efficient, competitive and transparent procurement processes that are proportionate to the size, value, risk and complexity of the project, achieving a balance between assuring good governance whilst avoiding onerous requirements for smaller organisations
- To develop a mixed market of service providers, supporting the local economy of services and innovative approaches to procurement, including collaborative work within the Council
- To enable the Third Sector to compete on a level playing field with statutory and private sector organisations.

13.2 Collaborative procurement

Enfield will seek to work with the North London Strategic Alliance to increase purchasing quality and efficiency, working together at a strategic and operational level to:

- collaborate on a strategic level
- not compete with each other for services
- pool demand for adult social care where possible and appropriate

- make the most of opportunities for savings and efficiencies where there are shared suppliers
- communicate demand and direction to the market for high quality innovative services and options for individuals
- capacity build user-led orgs
- harmonise policy and practice e.g. procurement frameworks/contract procedure rules = simplified tenders, reduced inconsistencies and duplication to deliver time and money savings
- provider development e.g. how to work with SDS process, meeting budget management
- consortia, subcontracting and business development – draw on one another’s strengths and diversify
- increase trust in other NLSA boroughs.

13.3 The Resource Allocation System (RAS)

The Resource Allocation System (RAS) is simply the mechanism for creating a personal budget for a service user. Local authorities have approached the development of their RAS in a variety of ways. In Enfield are RAS is being developed and produced through a partnership between the Council, stakeholders and Quickheart who are supplying the IT solution to support personalisation.

The Quickheart system is made up of four components:

- Information advice and guidance
- RAS (Resource Allocation system)
- Support Planning
- E-marketplace.

Each of these components is at various stages of development but all will go live by April 2011. Each component will be shared with the market and other stakeholders at various events before going live and there will be opportunity for input into the final system.

13.4 The e-marketplace

It will of course be advantageous for providers to be able to work with this system and in some cases it will be a requirement. A good example of this is the e-marketplace; any agency expecting to provide independent brokerage services for users with personal budgets, funded by the council, will need to use the e-marketplace. This also applies to our in-house brokerage service. The accreditation process for all providers will be governed through the e-marketplace.

14. SUPPORTING MARKET CHANGE, INNOVATION AND DEVELOPMENT

14.1 Our offer to support market development

Enfield Council H,HASC services are committed to working in partnership with providers to raise standards and support market development and innovation. As part of our pledge to support market development over this time of significant change in the social care market we have:

- held provider forums open to private, voluntary and third sector organisations to share information and best practice with regards to personalisation and how Enfield are implementing the personalisation agenda at a local level
- offered one to one arms length business management support provided by the Institute of Public Care

- supported organisational self-assessment, to assist providers in gauging their preparedness for personalisation
- offered financial incentives for the delivery of quality services via our quality payment system
- offered support in planning the development of services to meet local need, including support with the identification of property and site acquisition opportunities to enable development
- offered planning application support for service developments consistent with meeting local strategic objectives for the improvement of services for adults with support and care needs.

We will continue to work closely with the market to:

- support the raising of standards in residential care homes via the My Home Life programme
- work with Enterprise Enfield to support the delivery of business support to local H,HASC providers
- offer training programmes to support business development within the social care market, including training regarding consortiums and collaborative working
- update the market on strategic plans for the commissioning of services in future, to support and guide local development.

15. REVIEWING OUR MARKET 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'. Sharing knowledge on the changing needs of older people and adults with support needs has never been more important, and provider dialogue is welcomed to help shape future services in partnership.

The document shall be refreshed and shared with the market on an annual basis as an ongoing mechanism for engagement and market development.

APPENDIX 1: LINKS TO KEY LOCAL STRATEGIES AND GUIDANCE

Key local strategies and policies that may be of interest include:

- Enfield's Health and Wellbeing Strategy (2010)
www.enfield.nhs.uk/healthy_enfield/publications/docs/improving_health_and_wellbeing_strategy.pdf
- Enfield's Joint Strategic Needs Assessment (2010-2012)
<http://80.169.147.100/ESP/downloads/Enclosure%2010%20-%20JSNA%20-%20Executive%20Summary%20Final%20291209.pdf>
- Enfield Together: Enfield Strategic Partnerships Community Cohesion Strategy (2010)
www.enfield.gov.uk/info/867/council-consultation_service_delivery/704/enfield_community_cohesion_strategy-consultation/1
- Local Development Framework: Core Strategy
www.enfield.gov.uk/info/856/planning-local_development_framework/375/local_development_framework
- Joint Commissioning Strategies for Dementia and Intermediate Care
www.enfield.gov.uk/info/1000000017/our_policies_and_strategies/1653/our_policies_and_strategies%0A
- Joint Commissioning Strategy for Stroke
www.enfield.gov.uk/info/867/council-consultation-service_delivery/233/archived_consultations
- Joint Commissioning Strategy for End of Life Care
www.enfield.gov.uk/info/867/council-consultation-service_delivery
- Service Maps
www.enfield.gov.uk/info/1000000059/factsheets_and_leaflets/1388/factsheets_and_leaflets

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