

Supporting Independence: A Local Prevention Strategy 2023-2027



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Foreword

As part of the Council's ongoing commitment to supporting independence, choice and control for people with support and care needs, I am pleased to introduce Supporting Independence: A Local Prevention Strategy 2023-2027, which sets out our priorities for supporting independent living over the next five years.

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

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

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

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



Cllr Alev Cazimoglu
Cabinet Member for Health and
Social Care

1 Introduction

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

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

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

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

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



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

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

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

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



Views from a Carers Focus Group, 2022

Consultation feedback has also highlighted the importance of considering the impact that supporting independence can have on family and unpaid carers.

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

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



2 About this Strategy

2.1 Purpose and Scope of Strategy

The purpose of this strategy is to set out headline priorities for supporting independent living for young people in transition to adulthood (16-17 years), adults (18-64 years) and older people (65 years and over) with adult social care needs in Enfield over the next five years (2023-2027). It is intended to support our vision for Adult Social Care, as set out in Chapter 3 of this Strategy and facilitate prevention.⁴

Recognising that barriers to living independently reach beyond adult social care, this strategy will first consider universal themes that can impact a person's opportunity to live independently, including information and advice, health and housing. These themes have been informed by early work on the pillars of independent living, and later themes identified by Think Local Act Personal, which aim to set out the most important elements of personalised care and support, to include Wellbeing & Independence, Information & Advice, Active and Supportive Communities, Flexible and Integrated Care & Support.⁵ It will also consider growing opportunities to enhance independent living through the use of digital technology – a landscape of opportunity that continues to evolve.

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

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

The intention of this second section is to provide headline priorities for each area, with an understanding that these may be developed further in future years in the form of service area specific strategies. It is also important to highlight, in line with consultation feedback, that the needs of individuals considered under each of these areas are not homogeneous.



⁴ Prevention in social care – SCIE

⁵ <https://www.thinklocalactpersonal.org.uk/makingitreal/about/six-themes-of-making-it-real/>

3 Our Vision, Our Approach

3.1 Our Vision

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

Working in partnership to develop safer, stronger, healthier communities in which people with illness and disability and their carers are connected to their communities, actively participate in community life and are helped to stay safe from abuse. We will do this by:

- Enabling people to maximise their potential and independence
- Supporting people to make informed choices
- Exploring new ways of working with people in a strength-based way
- Continuing to deliver joined up services which focus on the whole person and family/social networks
- Working with vulnerable people to help them get to where they want to be
- Working with people to develop and deliver the right services in the right place at the right time, when people do need them
- Working with people to help them stay healthier for longer
- Delivering value for money
- Acting on feedback we receive to develop and improve the services available

3.2 Our Approach

This vision will drive our approach to supporting independent living among older adults and adults with disabilities, which will hold **Prevention, Co-production** and **Strength Based** perspectives at its core.

Prevention

'Prevention, as defined in the Care Act Statutory Guidance (2016), is about the care and support system actively promoting independence and wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.'⁶

Co-Production

Co-production is a commonly used term in public services, notably within health, education, and social care. National definitions of co-production vary and include:

The New Economics Foundation:

*"The relationship where professionals and citizens share power to design, plan, assess and deliver support together. It recognises that everyone has a vital contribution to make to improve quality of life for people and communities."*⁷

The Care Act 2014:

*"Co-production is when you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered."*⁸

Locally, we are working towards the delivery of a 'Working Together' Framework, co-produced with our Voluntary and Community Sector, those who use services and their carers to set out our local commitment to co-production.

6 Prevention in social care – SCIE

7 <https://neweconomics.org/>

8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

Strength-Based

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

3.3 Our Council Behaviours and Values

The right values and behaviours are key to the delivery of our vision. We expect everyone, regardless of who they are and what they do for the Council, to demonstrate our values and behaviours.

Our values are to be bold; make a difference; and show we care.

Our behaviours are to take responsibility; be open, honest and respectful; listen and learn; and work together to find solutions.



4 Strategic and Financial Context

4.1 National Strategic Context

The importance of supporting independent living was placed at the forefront of national strategy in 2008, with the publication of the government's Independent Living Strategy.⁹ An impact review of this strategy in 2014¹⁰ indicated that there is still much to improve, and the requirement of local authorities to support independent living has now been cemented within Care Act (2014) legislation.

More recently, the government published a National Disability Strategy, which sets out immediate and long term actions the government will take to improve the everyday lives of all disabled people¹¹ This includes a commitment to enable independent living through the active encouragement of initiatives that support disabled people to have choice and control in their lives.

These themes are further supported within the recent Adult Social Care Reform White Paper ' People At The Heart Of Care' ¹² This paper sets out a 10 year vision for transforming support and care in England, which revolves around three objectives:

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

Improved integration continues to be held as fundamental to the delivery of these commitments. In early 2021 the Department of Health and Social Care published the White Paper: "Integration and Innovation; working together to improve Health and Social Care for all"¹³ which sets out duties for greater collaboration between NHS and local government bodies to deliver better outcomes for local people. It also introduces measures to improve accountability within social care and details plans for a new quality assurance framework to provide greater oversight of local care delivery.

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

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

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

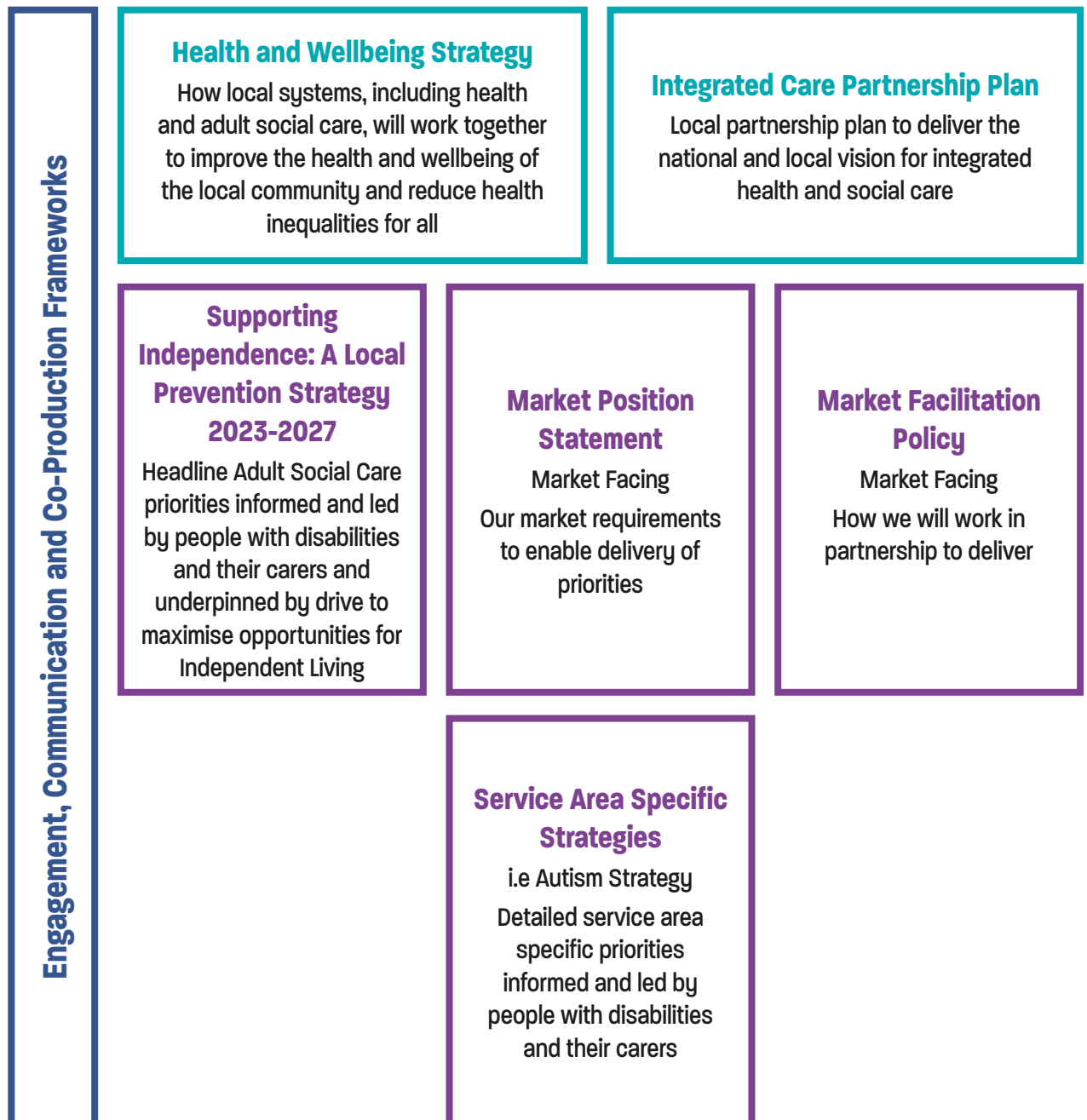
12 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061870/people-at-the-heart-of-care-asc-reform-accessible-with-correction-slip.pdf

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

4.2 Local Strategic Context

Locally, the Enfield Council Plan¹⁴ sets out our commitment to create strong, safe and healthy communities. The need to work together to support independence health and wellbeing is central to our joint strategic documents, including our Health & Wellbeing Strategy¹⁵ and Integrated Care Partnership Plan¹⁶.

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



¹⁴ https://www.enfield.gov.uk/_data/assets/pdf_file/0022/34087/Enfield-Council-Plan-2023-2026-Your-Council.pdf

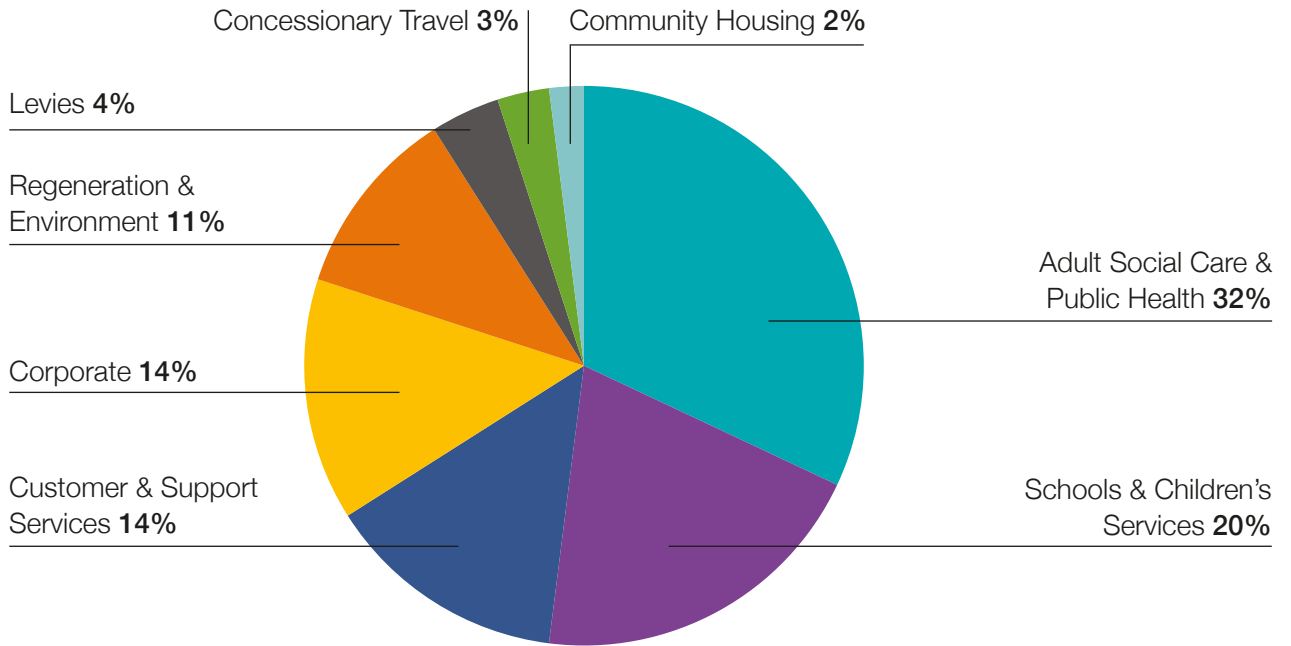
¹⁵ <https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf>

¹⁶ <https://governance.enfield.gov.uk/documents/s88161/Enfield%20ICP%20Progress%20Update%20to%20Enfield%20Health%20and%20Wellbeing%20Board%2024%2006%202021%20SW.pdf>

4.3 Financial Context

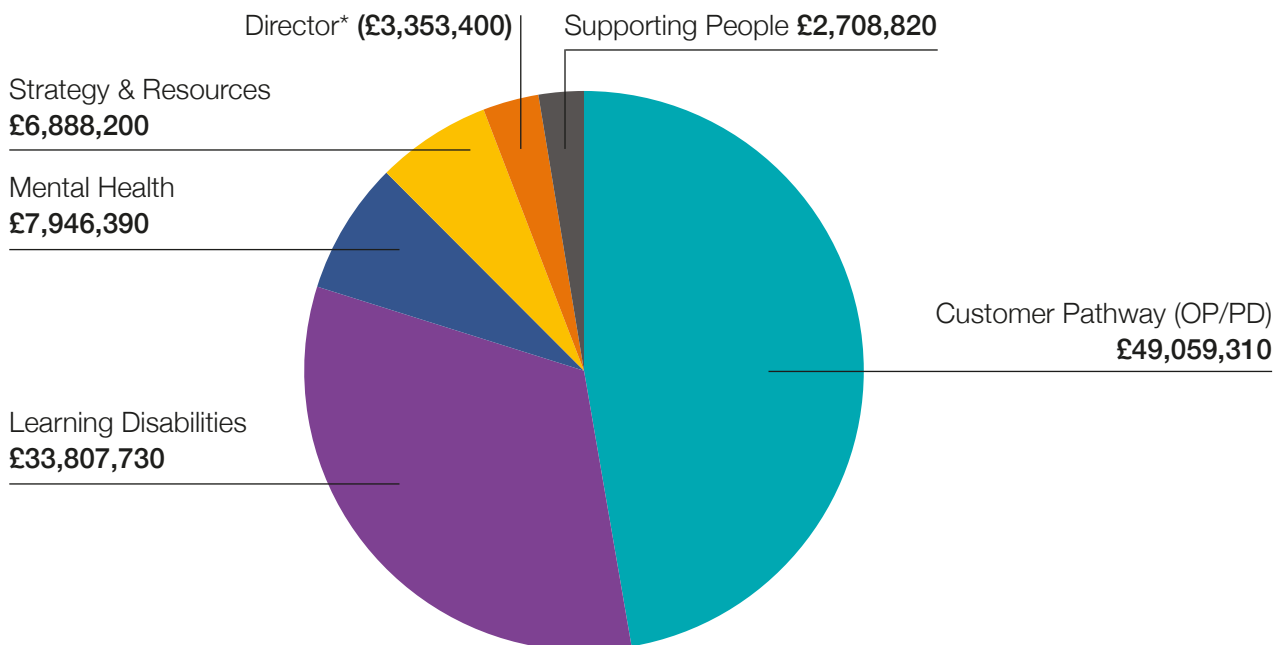
Understanding the financial context within which we strive for improvement is important. The demand for services from Health and Adult Social Care is rising. People are living longer, but not always in good health, and local authorities are increasingly supporting adults with multiple and complex needs. The number of people receiving an ongoing package of care (long term support) increased by 10.4% between March 2020 and March 2023. In 2023/2024 the net expenditure budget for Adult Social Care & Public Health represents the largest area of Council net expenditure.

Net Council Expenditure Budget 2023/2024



Net Adult Social Care Expenditure Budget 2023/24

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



*Includes partnership and grants pending agreements and specific allocations to areas.

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

Adult Social Care Net Expenditure Change from 2019/20 to 2023/24



Nationally, local authorities are responding to this challenge through innovation, efficiency and improved integration with health. But further transformation is required. To deliver a system equipped for the future, councils must continue collaborative work with health partners, local organisations, people with disabilities and their carers to deliver joint, outcome-based solutions and whole system change.

5 Our Market

Enfield has a rich and diverse provider market. Our Market Position Statement¹⁷, sets out in detail our local market picture, and we are committed to working with providers across Private, Voluntary and Community sector to facilitate a high quality, vibrant market equipped to support independent living for people with disabilities.

Our Voluntary and Community Sector plays a vital role in helping people to live independently and work together to support the Council's **Prevention and Early Intervention Agenda**. This includes targeted prevention work to:

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

In addition to organisations that the Council directly commissions, Enfield is proud to accommodate over 650 Voluntary and Community Sector Organisations, that provide a wide array of services – from information advice and guidance, to sport and leisure opportunities.¹⁸



17 <https://mylife.enfield.gov.uk/media/24946/hhsc648-market-position-statement-2019-22.pdf#:~:text=MARKET%20POSITION%20STATEMENT%202019-22%207%20it%20is%20a%20year%20on%20year%20and%20projected%20to%20reach%20376%20C800>

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

6 Our Population

6.1 Borough Demographics

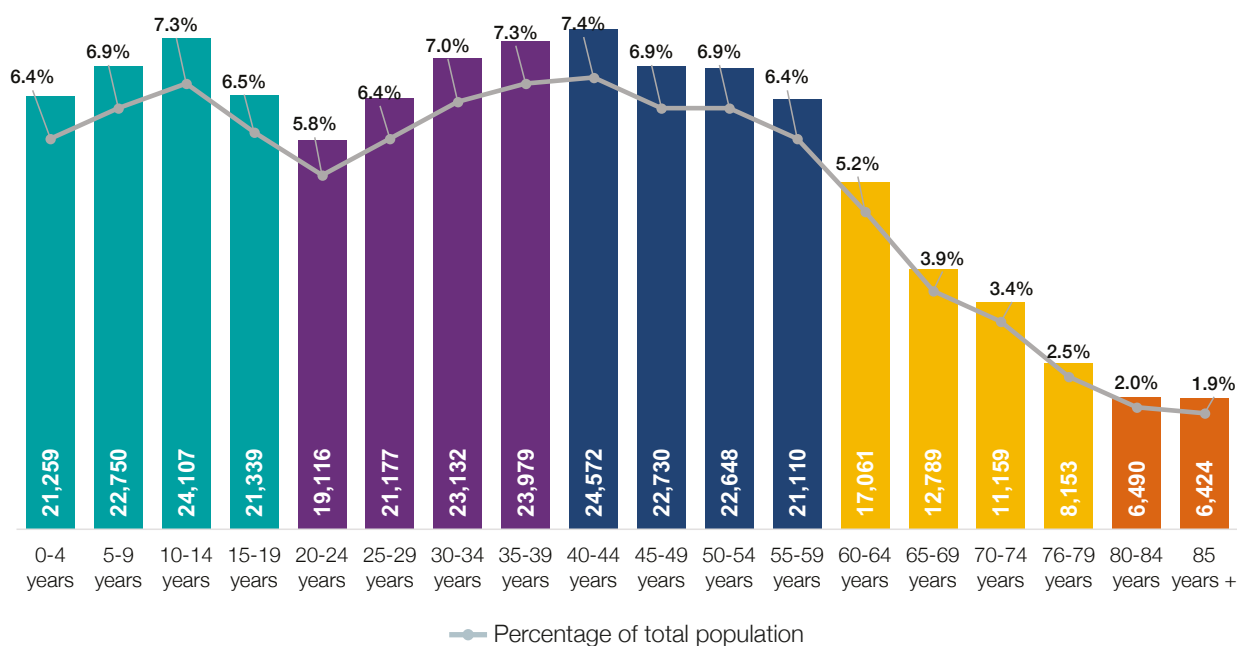
According to the 2021 Census, Enfield's population is estimated to be 330,000 (rounded to the nearest hundred).

Enfield's population is estimated to have increased by around 17,500 (or 5.6%) between 2011 and 2021, while the population in London and England increased by 7.7% and 6.6%. Based on population, Enfield is the 7th largest London borough.¹⁹

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

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

Enfield population age breakdown (2021 census)



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

Enfield has a highly diverse population, and this brings huge benefits to our communities, culture, heritage and local economy.

According to the 2021 Census, 52% of the borough's population belong to White ethnic groups. 18% are Black, Black British, Caribbean or African. 12% are Asian or Asian British. 6% are of mixed or multiple ethnic groups and 12% of people belong to other ethnic groups.²⁰

Enfield is home to the largest numbers nationally of people who are Greek and Greek Cypriot, Turkish and Turkish Cypriot, Kurdish, Albanian and Bulgarian. Enfield also has the 5th highest Somali population.

¹⁹ https://www.enfield.gov.uk/_data/assets/pdf_file/0028/28945/Borough-profile-2022-Your-council.pdf.pdf

²⁰ www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021

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

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

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

Borough Demographics

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

According to the 2021 Census, there are 9,400 young people aged 16-17 in Enfield, representing around 3% of the total population (rounded to the nearest hundred).²¹

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

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

6.3 Our Adult Population (18-64 years)

Borough Demographics

According to the 2021 Census, there are 202,600 adults aged 18-64 living in Enfield, representing around 61% of the borough's overall population (rounded to the nearest hundred).²²

We expect to see the number of adults aged 18-64 years with some disabilities increase.

Whilst baseline estimates for people aged 18-64 with learning disabilities indicate a slight population decrease over the next 20 years, sub populations of people with learning disabilities aged between 45-64 years are set to increase, as some people with learning disabilities are supported to live into older age.²³

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

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

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

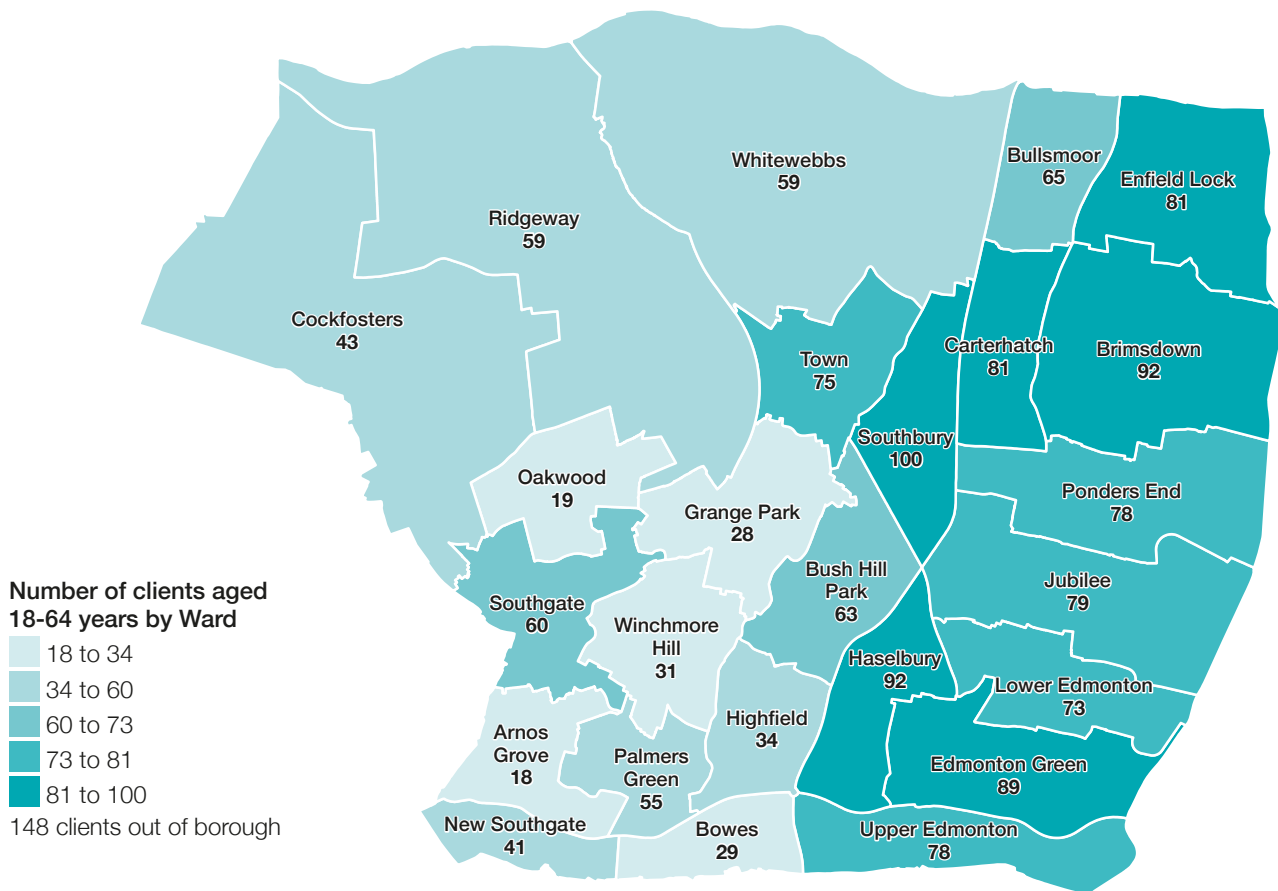
²¹ ONS (Nomis), Population Estimates – local authority based by single year of age (2021)

²² ONS (Nomis), Population Estimates – local authority based by single year of age (2021)

²³ www.pansi.org.uk

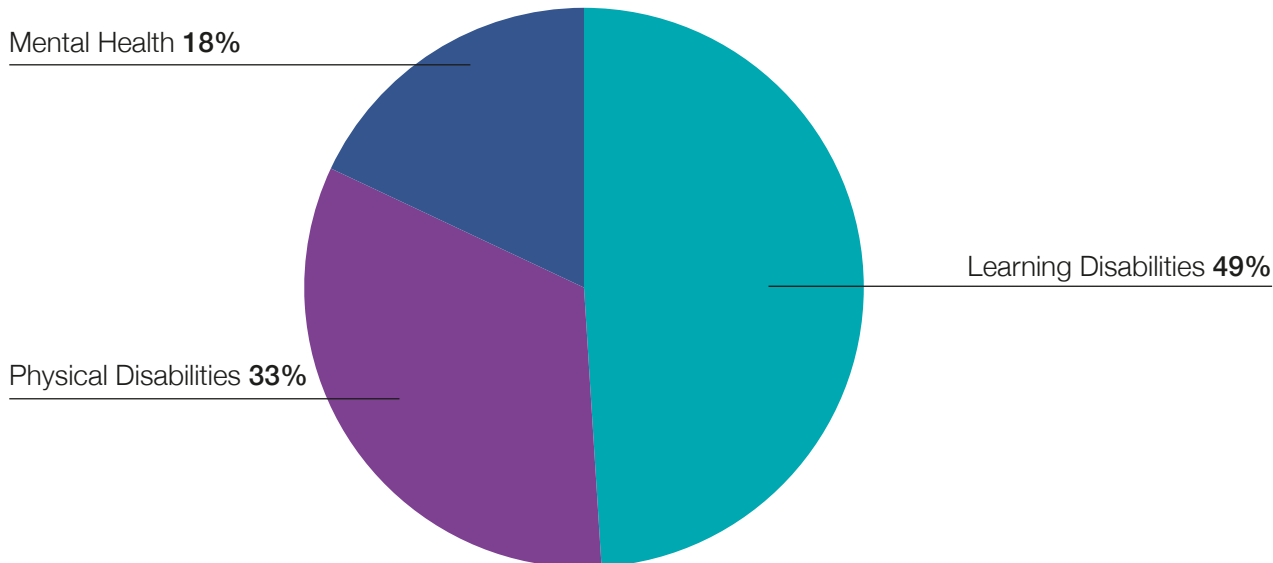
Understanding who we support

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



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

Number of service users receiving long term support



6.4 Our Older Adult Population (Aged 65 years and over)

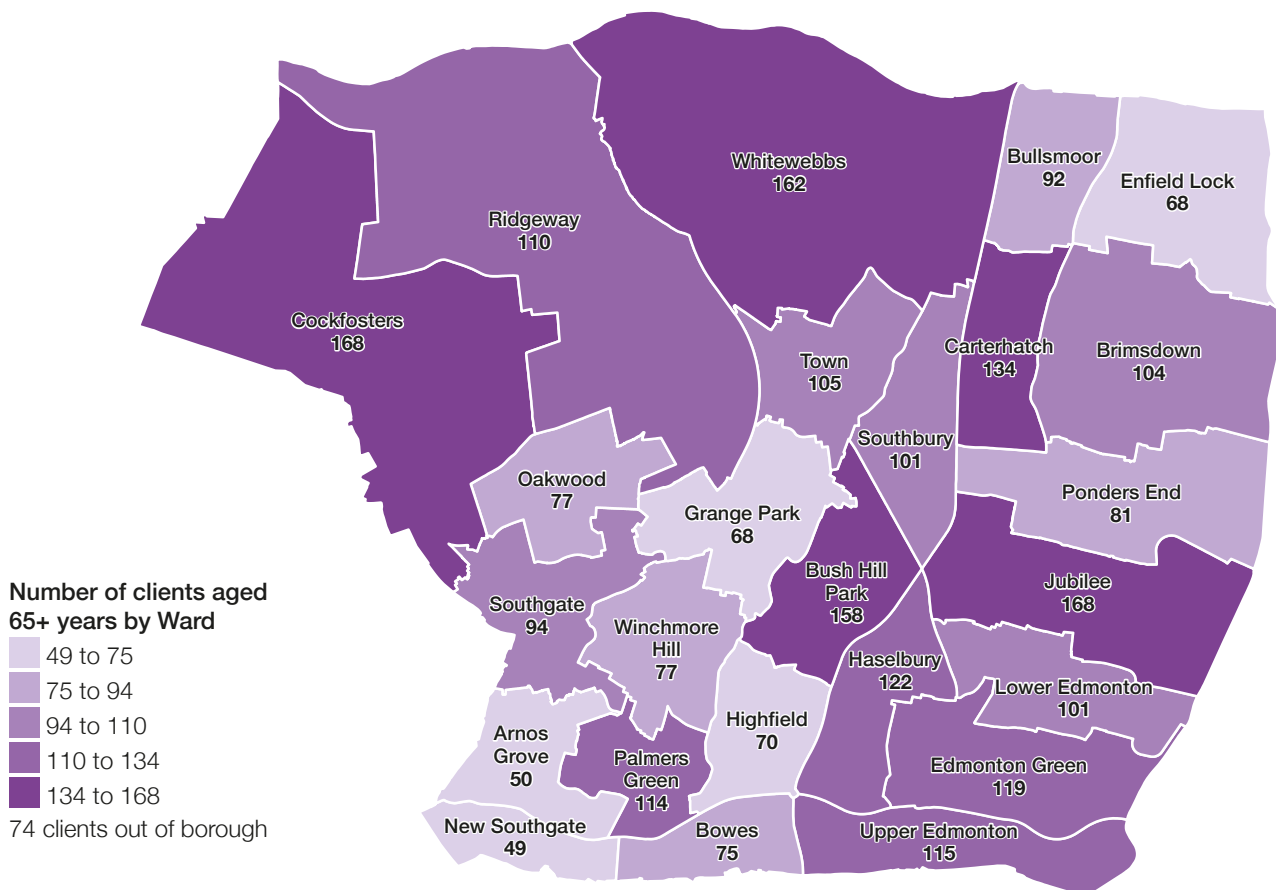
Borough Demographics

According to the 2021 Census, there are 45,300 older people aged 65 and over living in Enfield, representing around 14% of the borough's overall population (rounded to the nearest hundred).²⁴ Whilst this is lower than the population representation for England overall (18.39%) the number of people aged 65 years and over living in the borough is set to rise by 51% the next 20 years from 45,200 (2020) to 68,400 (2040)²⁵. The biggest percentage increase is predicted for people aged 90 years and over – a population which is set to increase by 83% between 2020 and 2040.²⁶

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

Understanding who we support

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



The majority of new requests for Adult Social Care support in Enfield come from people aged 65 years and over²⁷. By way of a snapshot view, as at March 2020 there were 3,354 older people in receipt of a long term adult social care funded service, and this figure is set to rise.

24 ONS (Nomis), Population Estimates – local authority based by single year of age (2021)

25 <https://www.poppi.org.uk/index.php?pageNo=314&arealD=8342&loc=8342%>

26 <https://www.poppi.org.uk/index.php?pageNo=314&arealD=8342&loc=8342%>

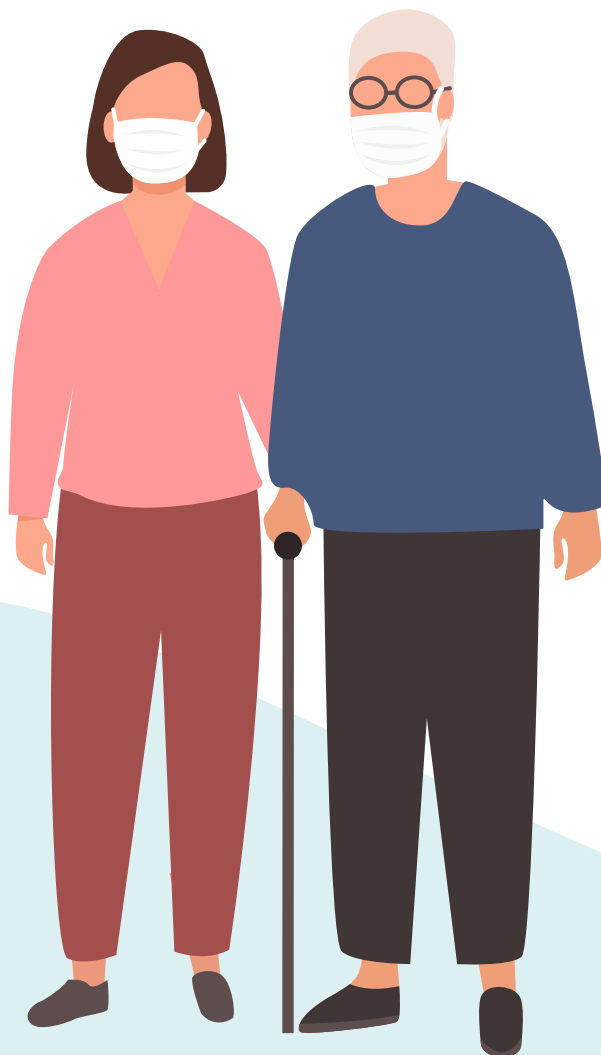
27 <https://new.enfield.gov.uk/services/your-council/borough-and-wards-profiles/borough-profile-2020-your-council.pdf>

7 Covid-19 Impact and Recovery

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

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

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



8 Our Universal Priorities

8.1 Information, Advice and Advocacy

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

Current Picture

The importance of receiving the right information, advice and advocacy at the right time, to enable individuals and their carers to make informed decisions about their care is embedded within Care Act legislation and this focus continues within People at the Heart of Care. The Making It Real Framework²⁸ includes information and advice as one of six important elements in the delivery of personalised care and support. It sets out that good information and advice is about ‘having the information I need when I need it’.

However, nationally, there can be confusion about health and social care systems and what they provide.²⁹ Awareness of what services available can also vary. By way of example, a recent survey undertaken by Social Care Institute for Excellence found that whilst 98% of older people over the age of 65 were aware of care homes, only 66% were aware of Extra Care Housing.

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

Working together, we’ve also established Enfield’s **Community Hubs**. These are the Council’s face to face services re-imagined. They offer various strands of support to residents under one roof. This includes advice on money and debt; jobs and skills; housing stability; and health and wellbeing. The Community Hubs are helping to transform relationships with residents through an asset-based approach which sees every person who walks through our door as a unique and incredible person with much to offer our community. They also offer opportunities to bring people together across cultural and community groups. [Click here](#) to find out more about our Community hubs and food pantry.

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

What people with care and support needs have told us?

Our Adult Social Care Survey (2020-2021) indicates that 69.2% of respondents who use services, found it easy to find information about support, whilst 64.9% of carers who responded to the survey found it “very easy” or “fairly easy” to find information about services. But there is still more we can do to enhance this offer.

Discussions with people with disabilities and their carers have highlighted the importance of a single point of good quality information and advice, which can be tailored in its delivery and actively promoted to improve access and engagement to all. Feedback from AgeUK Tea & Chatter Group welcomed an information and advice offer that was more visible, with location based information ‘surgeries’ so people know where to go if unable to resolve enquiries over the internet or telephone.

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

*Older Person Focus Group
February 2022*

²⁸ <https://www.thinklocalactpersonal.org.uk/makingitreal/>

²⁹ Ipsos MORI, [State of the State 2017-2018](#), published October 2017

It has also highlighted, that whilst digital information and communication is helpful for many, some people find the digital format a barrier to accessing timely information as they struggle to navigate or use digital systems. Complicated website design and automated telephone systems were cited as exacerbating these challenges. Others have expressed a preference for non digital information and communication including face to face human interaction, and highlighted the importance of continuing non digital means to enable access for all. Thinking beyond 'Easy Read' formats to how we embed 'Easy Speech' in communication was also raised as important in our consideration of information and advice.

Knowing what information advice and communications to trust was a recurrent theme highlighted, particularly in respect of electronic communications. The 'fear of being scammed' was raised as an increasingly common concern – particularly by older people and those with learning disabilities.

Feedback from a Mental Health Focus Group raised that linking in with services can be limited by people either not knowing about or having the confidence to access services, and pointed to the value of 'Hyper Local' approaches (putting services directly into the heart of communities) in addressing this.

Our Priorities

- Provide (and increase awareness of) connected information and advice services that facilitate efficient self-service, make every contact count, and reduces the need for multiple unnecessary contacts.
- Increase provision of and access to basic information about the health and adult social care system and services including upcoming reforms to the system.
- Increase opportunities for the personalisation of information, advice and advocacy, including non-digital, face to face and multi-media options, to support choice in how information is received and improve equality of access.
- Provide clear information and advice on what the options are for people seeking to maintain independence.
- Build confidence awareness around information security.

8.2 The Right Home

“Making every decision about care a decision about housing”³⁰

Current Picture

The role that good housing can play in supporting health and wellbeing and enabling people to live independently for longer cannot be underestimated. This is reflected in a recent paper by ADASS³¹, which places housing as 'a key determinant for better care, and equality', and further brought to the fore within People at the Heart of Care.

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

But most adults with care and support needs will not require specialist housing provision to meet their needs, and indeed, the priority for many is to remain living at home for as long as possible, with wrap around care and support services should they require it. To this end, we must continue to support individual choice to remain living at home where possible through the provision of aids, adaptations and equipment. Our Integrated Community Equipment Services offers access to equipment to support

³⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061870/people-at-the-heart-of-care-asc-reform-accessible-with-correction-slip.pdf

³¹ <https://www.adass.org.uk/media/8036/adult-social-care-shaping-a-better-future-nine-statements-220720.pdf>

independence 7 days a week. Funded jointly with health, this integrated service provides equipment to people with disabilities, but there are opportunities for further improvement in joining up services to facilitate prompt and timely hospital discharge.

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

What people with care and support needs have told us

We know that housing is considered of high importance when people need support and care to live independently. Indeed, a SCIE survey³² recently asked people what areas were considered most important if care or support is required. Being able to remain living at home was high on the list of priorities. This sentiment has been echoed in our discussions with people with disabilities and their carers, as has the need for increased consideration of home ownership options for people with support and care needs.

For those seeking specialist accommodation, consultation feedback has highlighted the importance of supporting 'the journey' to finding the right home in later life, and the need to showcase positive examples. It also highlighted the importance of ensuring information on housing options is available at an early stage, and that community organisations have this information to reach people and support informed decisions before crisis point. The drive to keep specialist housing non institutional in feel was also highlighted. Maintaining a separation between support/care and housing was considered an important aspect of this, as was keeping clusters of accommodation small.

In respect of housing choice, consultation feedback highlighted the importance of cross tenure specialist housing options for people with disabilities, including social housing. A better understanding of exactly what housing options are available locally was welcomed, as were opportunities to improve the matching of people to properties and opportunities for groups of friends to live together as they choose.

Tenancy advice and support for older people and people with disabilities to manage and maintain their home was also identified as important. Included in this was the need for trustworthy 'handypersons', to support home maintenance for older people and people disabilities.

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

Our Priorities

- Improve standards across specialist housing sector through the role out of local expectations in line with national guidance.
- Increase accessible information about specialist housing options, including case studies, to improve understanding of housing options among professionals, service users and their carers.
- Increase local provision of high quality, flexible and accessible specialist housing with care options for older people in the borough across tenure type, in line with borough need.
- Support carers to continue caring through appropriate housing options.
- Reflect the housing needs of adults who require support and care in the development of new communities. Include homeownership/mixed tenure options for older people and adults with disabilities.
- Support people to remain living in their own homes through adaptations and equipment and expand Trusted Assessors to facilitate minor adaptations.
- Support older people and people with disabilities to understand tenancy rights, maintain and manage their tenancies.

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

8.3 Training, Employment and Income

Current Picture

We know that access to meaningful training and employment opportunities can be instrumental in supporting an individual to live independently. However data indicates that people with disabilities are disproportionately impacted by unemployment. National research indicates that in 2021 a person with disabilities with a degree³³ is no more likely to have a job than a non-disabled person who left school at 16'.³³ ONS data³⁴ shows that around half of disabled people aged 16-64 years (53.5%) in the UK were in employment compared with around 8 in 10 (81.6%) for non-disabled people (July to September 2021); disabled people with severe or specific learning difficulties, autism and mental illness had the lowest employment rates.

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

Our commitment to supporting people with disabilities into meaningful employment is set out in our Equality, Diversity and Inclusion Policy (2020-2024)³⁵. This details a Council objective to increase the number of Enfield residents with special educational needs and disabilities gaining and sustaining paid employment.

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

Financial stability can also impact a person's ability to live independently. Our financial assessment teams signpost people with support and care needs to welfare, debt and advice services to help maximise their income. From April 2022 to March 2023, the Council's Welfare Advice and Debt Support team received 2,693 referrals and of these 38% identified themselves as having mental health and/or physical health needs.

What people with care and support needs have told us

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

Locally, data from our Adult Social Care Survey (2020-2021) shows us that 83% of respondents find it difficult or need help to deal with their finances and paperwork.

Consultation feedback has highlighted the importance of lifelong learning and income opportunities as important contributors to supporting meaningful activity and financial independence later in life. It also put a spotlight on the importance of skill sharing later in life, highlighting the wealth of knowledge among the borough's older generation for those wishing to share.

Our Priorities

- Expand our employment support offer for people with disabilities to increase the number of people with disabilities gaining and sustaining employment, apprenticeships and volunteer opportunities.
- Increase Information, advice and guidance to support older people, people with disabilities and carers through the Cost of Living crisis.
- Deliver a smooth transition to the introduction of cap on care costs.

³³ <https://www.gov.uk/government/publications/national-disability-strategy/forewords-about-this-strategy-action-across-the-uk-executive-summary-acknowledgements>

³⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021>

³⁵ <https://new.enfield.gov.uk/consultations/2020-10-12-fairer-enfield/draft-equality-diversity-and-inclusion-policy-fairer-enfield-iii.pdf>

8.4 The Power of Technology

The potential for assistive technology to support independent living is great. Assistive technologies available to support people with daily living are wide ranging and can include technology enabled memory aids, medication reminders, environmental controls and health monitoring. The Covid-19 pandemic has put a spotlight on the value of technology in connecting and caring for people remotely, and as we ease out of pandemic restrictions, we see many people, both personally and professionally adjust their habits to include an increased use of technology. Indeed, a recent skills review indicates that 90% of care providers said they will continue to use technology as they have during the pandemic.³⁶

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

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

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

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

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

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

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

³⁶ Forthcoming Ipsos MORI, Institute of Public Care and Skills for Care, NHSX Adult Social Care Technology Innovation and Digital Skills Review

What people with care and support needs have told us

Carer feedback has highlighted the importance of older people, people with disabilities and unpaid carers having access to the right technical support to manage the use of different technologies. This includes the set up and connection of computer systems.

Consultation feedback highlights opportunity to promote and expand use of Apps for supporting independence, health and fitness, and benefit of training the workforce to understand these options.

Our Priorities

- Increase use of Assistive Technology to support independent living through expansion of the Council's Assistive Technology offer. Include tele-healthcare solutions to better support people with health conditions, including long terms conditions.
- Increase the availability and awareness of technical support to set up and manage everyday technology.
- Increase use of technology to support social connection, reduce isolation and help keep people independent including Smart Living Enfield initiatives.
- Deliver shared care records and use technology to better share information and data between health and adult social care to improve service delivery.
- Increase awareness and understanding of Assistive Technology across the workforce.
- Increase use of assistive technology among young people in transition to support independence when reaching adulthood.

8.5 Active, Connected and Engaged Communities

Keeping Family, Friends and Connections

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

Enfield's Transport Strategy³⁷ sets out objectives for improving local transport services and includes improving accessibility and encouraging physical activity through the development of Cycle Enfield.

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

It's clear from talking with older people, people with disabilities and their carers that community connections go beyond transport. Social connection is also important in helping reduce loneliness and isolation. Research indicates that people with disabilities, people who are carers and people with poor physical and mental health can be at particular risk of social isolation and loneliness.³⁸

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

Age UK Tea and Chatter Focus Group

³⁷ <https://new.enfield.gov.uk/services/roads-and-transport/enfield-transport-plan-2019-2041-roads.pdf#:~:text=The%20Enfield%20Transport%20Plan%20%28ETP%29%20sets%20out%20how.evidence%20and%20analysis%20of%20local%20challenges%20and%20issues>

³⁸ https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2019/10/Fact-sheet_Loneliness_Based-on-Enfield-Update.pdf

Data from the ONS indicates that the proportion of disabled people (15.1%) aged 16 years and over in England who reported feeling lonely “often or always” was over four times that of non-disabled people (3.6%) (year ending March 2021).

What people with care and support needs have told us

Enfield's Adult Social Care Survey (2020-2021) shows us that 47.4% of respondents state that they can get to all the places in the local area; this is a decrease on 2019-20 (56.1%) and below the CASSRs 2019/20 average of 53.1%.

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

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

Feedback from Enfield's Adult Social Care Survey (2020-2021) shows us that the pandemic has had a detrimental impact on feelings of social connection. There has been a decrease in the proportion of people who feel they have enough or adequate social contact (from 74.5% to 63.8%), so we've work to do in partnership with our Voluntary and Community Sector, to re-establish connection and social contact. Qualitative feedback from our focus groups has indicated that ease of access to community groups can sometimes be a barrier for people with disabilities joining these groups. It has further highlighted the importance of bringing people together for joy, fun and connection – having things to look forward to that can increase feelings of happiness and being valued and reduce social isolation.

Our Priorities

- Support use of universal transport systems through Independent Travel Training, Assistive Technology and Travel Assistance Payments.
- Improve accessibility of community groups for people with care and support needs to better support social connection for people with disabilities.
- Improve accessible travel aids and infrastructure including design and upkeep of walking routes to enable people with disabilities who wish to travel to do so safely and easily.
- Develop and embed a local approach to co-production within Adult Social Care.

8.6 Keeping Safe

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

Our priorities for future have been informed by people who use services and their carers, and are set out in Enfield's Safeguarding Adult's Strategy 2018-23. Progress against these priorities is detailed in our Annual Safeguarding Reports.³⁹

Our Priorities

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

8.7 Keeping Healthy and Well

Current Picture

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

Our Health and Wellbeing Strategy (2020-2023)⁴⁰ sets out our long-term vision for reducing health inequalities in Enfield. It takes a system-wide, partnership approach to improve the wider determinants of health. It sets out four priorities to promote healthy behaviours:

- Being physically active
- Eating well
- Being smoke free
- Being socially connected

These priorities have been developed with the view to:

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

Enfield's new Joint Health and Wellbeing Strategy is currently being developed and will be launched in 2024.

We know that levels of physical activity have decreased for many as a result of the Covid-19 pandemic, which can lead to deconditioning (the loss of physical, psychological, and functional capacity due to inactivity) and an increased risk of falls. Government modelling⁴¹ predicts an additional 250,000 falls per annum. Moving forward we seek to focus attention on preventative action, to support strength and balance among those at particular risk and reduce falls.

³⁹ <https://new.enfield.gov.uk/safeguardingenfield/strategies-and-annual-reports/>

⁴⁰ <https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf>

⁴¹ <https://www.gov.uk/government/publications/covid-19-wider-impacts-on-people-aged-65-and-over>

What people with care and support needs have told us

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

Our Priorities

- Improve access to local support services to keep people well in the community and avoid hospital admissions.
- Reduce Health Inequalities (through targeted action to increase take up of health checks and improve access to Primary Care).
- Support high vaccination uptake including seasonal booster jabs.
- Support people to make informed, healthy lifestyle and behaviour choices.
- Reduce falls through increased strength and balance activity among those most at risk at falling.

8.8 Person Centred Care

"My support, my own way"

Current Picture

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

Enfield is one of the best achievers in terms of rolling out self-directed care, placing older people, adults with disabilities and carers at the heart of driving and directing the services that they receive. As at March 2023, 100% of social care clients accessing long term support currently receive self-directed care. Over 56% of social care clients accessing long term support received a Direct Payment.

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

What people with care and support needs have told us

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

Workforce training on delivering flexible care was also considered important particularly training to front line workers.

Our Priorities

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

8.9 Joined Up Care

The government's White Paper *People at the Heart of Care* places the integration of health and social care services at the heart of meaningful transformation. The subsequent Integration White Paper⁴², sets out government plans to make integrated health and social care a reality for everyone across England and to level up access, experience and outcomes across the country.

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

Our Enfield Borough Partnership Plan cements our ongoing commitment to working in partnership with health to increase the pace and scale of integration and sets out future opportunities to integrate services and to deliver personalised, proactive care in response to an individual's need.

Our Priorities as part of the Enfield Borough Partnership

- Identify and address health and wellbeing inequalities in our most deprived communities.
- Increase uptake of health screening and immunisations to keep people healthy and to identify physical and mental conditions earlier, including cancer, in order to give people the best possible intervention/treatment.
- Drive greater focus on improving mental health and wellbeing.
- NCL Integrated Care Board strategic aims:
 - Start Well
 - Live Well
 - Age Well
 - Workforce
 - Enablers – Digital Estate and Value for Money

⁴² <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

9 Areas 'In Focus'

9.1 People with Learning Disabilities

Our Priorities

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

9.2 Autistic People

Our Priorities (as set out in the Draft Autism Strategy)

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

9.3 People with Mental Health Support Needs

Our Priorities

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

9.4 Older People

Our Priorities

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

9.5 People with Physical and/or Sensory Impairment

Our Priorities

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

9.6 Unpaid Carers

Our Priorities

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

9.7 People with Long Term Conditions

Our Priorities

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

9.8 People in Transition to Adulthood

Our Priorities

- Review and improve the transition pathway (16 to 18 years old) to better support young people with disabilities transitioning to adulthood.

10 Working Together to Improve

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

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

