1 Introduction

Enfield has a proud history of working with a strong, vibrant and innovative voluntary sector. As part of our work to recommission early intervention and preventative services to support the people of Enfield, we are keen to work with local organisations to deliver the kind of joined up services which the people of Enfield expect and need.

We strongly welcome collaborations across VCS organisations that broaden the offer and strengthen the resilience of the services available to support the principles of truly independent living, recognising people’s strengths and aspirations and personal resilience where people are enabled to work in a variety of ways to do more for themselves and live healthier lives with access to the information, advice and support they need to make informed decisions about the things that matter to them most.

Enfield has a growing and aging population and the number of people who need care and support from Health and Social Care continues to increase. Early intervention and prevention support are critical in enabling more people to avoid crisis and to continue to live independently within their own homes. National legislation is clear about this:

“The Care Act will help to improve people’s independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.”

(Care Act Factsheet No. 1 General responsibilities Department of Health, 2014)

Social care has evolved nationally, and the Personalisation Agenda is key to this. The focus of service now relates more to the person as an individual, enabling them to make their own informed choices and live as independently as they are able. This specification has taken into account national guidelines, reports and legislation. Also, taken into consideration were the views of Service Users and Providers.

This Specification reflects the Council’s values of:

*Good Homes in well-connected neighbourhoods*

- Increase the supply of affordable housing including ownership, private rent, council housing and other social rent.
- Drive investment in rail, roads and cycling infrastructure to improve connectivity and
- support economic development

*Sustains strong healthy communities*

- Protect those most in need by continuing to deliver the services and safeguarding measures they rely on.
- Work smartly with our partners and other service providers to enable people to live independent and full lives.
Build measures into all our strategies and projects that will help improve people’s health.

**Build our local economy to create a thriving place**

- Support residents to take more responsibility and play a greater role in developing active Communities
- Embrace our diversity, culture and heritage and work on reducing inequalities to make Enfield a place for people to enjoy from childhood to old age.

All projects will be expected to deliver sustainable outcomes which is further explained below.

2 **Understanding Enfield’s Community**

2.1 **Older People Local Context**

Results from the 2011 Census show that there were 38,880 Enfield residents over the age of 65 with 12,108 reporting themselves as living alone and 7,200 having two or more problems in daily living due to underlying health conditions. More and more Older People (65+) in Enfield report long-term health needs and face admission to residential care following discharge related to a fall as they present to services with advanced complex needs that require ongoing professional care within a residential care setting. Public Health Enfield have produced the following recent statistics

- At the latest census (2011) 3.9% of Enfield households were made of persons aged 65 years and older living alone (12,108 households)
- In 2011 it was projected that 7,812 people over the age of 65 were mildly lonely, between 3,125 and 3,906 were intensely lonely, and 4,687 felt trapped in their homes.
- About 48,000 people (15.7% of total population) reported that they have a long-term health problem or disability that limits their day-to-day activities.
- More than 2,600 people aged 85+ were predicted to have a fall in 2017, rising to over 3,400 in 2025
- In 2017/18 there were 805 emergency hospital admissions due to falls in people aged 65 and over (a rate of 1,790 per 100,000 admissions), the majority (547) of these admissions were in people aged over 80 years old.
- In 2017/18 there were 69 Emergency Hospital Admissions for fractured-neck-of-femur (hip fracture) in persons aged 65 and over (which is a directly age standardised rate of 531 per 100,000).
- In 2014/15, 846 injuries were attributed to falls in the population aged 65+ in Enfield (this is a rate of 2039 per 100,000 population) and the cost of hospital admissions in 2014/15 for fractures where a fall occurred was £2, 947 (NHS right care, 2016) this is a rate of £10,868 per 1000 population per admission for fractures where a fall occurred.
- A pilot project “Identifying and engaging lonely and isolated older people living in Enfield” focused on Chase, Enfield Lock and Turkey Street wards. The conclusions from the pilot project was the identification of a high concentration of older people age 65 and over living alone; at risk of social isolation and falls. The wards of Edmonton Green, Upper Edmonton and Lower Edmonton were also identified as having a high concentration of older people living alone and who could be at risk. The Age UK Enfield heat map for Enfield borough endorsed this.

- The number of falls in older people is likely to increase due Enfield’s growing ageing population and will have a major impact on health and social care resources. A substantial proportion of people who fall will be unable to return to independent living, being discharged into a residential care or nursing home, with implications on adult social care.

- Fall prevention interventions targeting social isolation and loneliness could have an important impact on physical performance, mobility and management of future falls. Considering the growing ageing population, it is important to identify actions that can reduce falls and, therefore, reduce the burden of falls for individuals, their families.

- The borough JSNA provides further detail in terms the issues relating to social isolation and loneliness, deprivation and fall incidences in older people in Enfield and gaps in service provision. See link below
  
  - [https://new.enfield.gov.uk/healthandwellbeing/topics/jsna/](https://new.enfield.gov.uk/healthandwellbeing/topics/jsna/)

### 2.2 Deprivation

Enfield is also one of the most highly deprived Outer London boroughs. Within the borough of Enfield itself, the most deprived wards are Edmonton Green, Upper Edmonton, Lower Edmonton, Edmonton, Ponders End and Turkey street. Enfield ranks as the 14th most deprived London Borough. Nationally, Enfield is ranked 64th most deprived out of the 326 local authority areas in England. Levels of deprivation vary considerably across the borough, and there is a stark east-west divide.

Economic deprivation has been associated with an increased risk of a number of health conditions and lower life expectancies. Public health evidence shows that the prevalence of disease is higher in more deprived areas in the borough. People in the least affluent socio-economic areas have a 60% higher prevalence of chronic diseases than those in the highest socio-economic areas. The isolation of people with long-term health conditions can have further detrimental health effects because of its physical and psychological effects; it can limit mobility, increase falls, increase loneliness and decrease social support networks.

### 2.3 Long Term Conditions

The number of people with these conditions is rising – but we also know that 3 common behaviours contribute significantly to developing four of the most common diseases, diabetes, stroke, heart disease and cancer, so action to impact these behaviours holds value. Around 70% of the NHS
budget is spent on meeting the burden of long-term conditions. Current projections demonstrate that:

- around 20,000 (42%) people aged 65 and over report having a health condition that limits their day to day activity.
- over 7,200 residents aged 65 and older live with two or more conditions, and over 4,500 live with three or more conditions.
- 42.5% of the 65+ population in Enfield is affected by hearing impairments (around 18,500 individuals), and more than 70 people are estimated to be profoundly deaf.
- around 5000 (12.3%) people over 65 years of age have diabetes. 69.7% of older people in Enfield are estimated to be living with hypertension.
- over 2,000 older people had a long-standing health condition caused by heart attack
- over 1,000 older people had a long-standing health condition caused by a stroke
- 926 older people were admitted to hospital because of a fall

2.4 Deaths

The most common cause of death among adults aged 65 and over in Enfield between 2012-2016 were cardiovascular diseases (21%) followed by lung cancer (14%). Deaths among adults aged 65 and over accounted for 41% of all deaths in Enfield.

3 Health, Housing and Community Care Luncheon Club Project Fund 2019/2020

- The Department is allocating up to £50,000 of funding to support activities from January to 2020 – December 2021. The maximum fund available to any one organisation will be a maximum of £5,000. The funding will sponsor luncheon club project developed by the VCS to support vulnerable older residents age 60+. The target group will be residents based in the target wards of Chase, Turkey Street Upper Edmonton, Lower Edmonton, and Edmonton Green as identified as at high risk of social isolation and those who have a history of falls.
- The Council is looking for applications where organisations can demonstrate that they can mobilise their Luncheon Club Service by 3rd February 2020
- The luncheon clubs project is based on organisations reaching out to residents and supporting them to attend their luncheon club. Structured programme of activities should include exercise, social events, enabling older people to make friends, the provision of a hot meal and information and advice to the participants on keeping healthy based on nutrition and exercise. Befriending, navigation and promoting self-help will also form part of this work expected by organisations. A financial contribution from Service users participation in the Luncheon Club Service should be applied.
• Outcomes associated will be to support older people to live safely and healthy and to ensure their social needs are being met. Organisations awarded the fund will be based in the borough of Enfield

Project proposal must be for no more than 24 months in duration and we will only consider one bid per organisation. Multiple bids will not be accepted

An application will form part of this process. Organisations who have demonstrated their ability to deliver against the Outcomes within the specification will be evaluated against their application

The objective is to improve quality of life, promote social inclusion, diet exercise and overall wellbeing on the target group

1. **Prevention and Early Intervention:** The support provided should help build community and individual resilience by intervening at the earliest opportunity with an aim of at least one of the following:
   - Prevent a need from occurring.
   - Minimise the effect of a need.
   - Help slow down any further deterioration for people with established health conditions, complex care and support needs, or caring responsibilities.

2. **Innovation:** It is important to note that we are looking for new, creative and innovative approaches to early intervention that can enhance the offer for adults in Enfield.

3. **Outcomes-Focused:** The support should focus on improved outcomes for older adults. “Change” outcomes include improvements in symptoms, physical functioning and morale. “Maintenance” outcomes are closely linked to people’s views on the factors that contribute to their quality of life and maintaining independence. These include meeting physical needs, personal safety, keeping alert and active, having social contacts, having control over daily routines. “Process” outcomes refer to people’s experiences of the ways they receive services and include feeling respected, being treated as an individual, having a say, value for money, compatibility with other sources of help and respect for religious/cultural preferences.

4. **Accessible for all:** The support should have integration and social inclusion at the heart of its ethos. It should be accessible to all without prejudice e.g. ethnicity/ disability. Applications will be expected to provide a service to all residents of Enfield, prioritising focus on the following key risk groups:
   - Older People
   - Older Carers
   - End of Life
   - Older People who are socially isolated
   - Older People with a Learning Disability
   - Older People on the Autistic Spectrum Disorder
   - Older People with a Mental Health condition
   - Older People with Dementia
   - Older People Physical Disability; and or a sensory impairment
- Older People with a long-term condition
- Older People with Challenging behaviour
- Older People living with Muscular Dystrophy/Multiple Sclerosis
- Older People living within target wards and deprived wards in Enfield
- Older People who do not meet eligibility criteria for statutory services
- Sustainability: This is a one-off fund. We are looking projects that will move towards self-sustainability within 1 to 2 years.

The fund is intended to build the resilience of our local communities delivering support in an inclusive and equal way. It aims to empower residents and the community organisation to make life choices that will help them and will promote or improve their well-being and address any inequalities. The fund seeks to support the Council’s strategic aims for residents

4 Core Service Principles

The Service embraces the following key principles, all of which should seek to promote the maximum possible independence for Service Users and to assist them to lead fulfilled lives:

- **Working in Partnership** – organisations will bring their own specialist skills and knowledge of the community to a consortium creating links to the community and with statutory health and social care services.
- **Respecting Diversity and Promoting Independence**: Working in partnership with Service Users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity. People are supported to learn or relearn skills which promote independence and to make informed choices.
- **Focussing on inclusive community participation**: Where appropriate, people are supported to access existing opportunities and universal services in their local community rather than creating or attending segregated activities and increase the capacity of communities to accommodate those at risk of developing health and social care needs.
- **Delivering sustainable local services** – organisations must demonstrate their ability and plans to access other non-council funding sources and promote local volunteering opportunities which reflect our diverse community.
- **Demonstrating a strong evidence base** – each partnership will demonstrate how it will focus on:
  - demand management (reducing the number of people accessing statutory health and social care services)
  - reducing levels of dependency and need and promote self-management
  - reducing costs of statutory service provision
- **Working with Health and Social Care services** – to develop pathways into early intervention services and working towards recording data on the Council’s client information system (Care First) to demonstrate activity and outcomes
Commissioning & Contracting for Outcomes

Outcome Based services promotes prevention and early intervention at the heart of health and social care services. The overall objective is to improve health and wellbeing of the Enfield population therefore reducing the demand for statutory services. It rewards both value for money and delivery of better outcomes that are important to people.

Outcomes’ refer to the impacts or end results of services on a person’s life. As such, outcome-focused services aim to achieve the aspirations, goals and priorities as defined by service users. It enables provider organisations to find innovative solutions to deliver improved outcomes for services users at a lower cost. This will enable the delivery of new models of support.

This approach also gives clear responsibility and increased flexibility to providers in terms of service delivery. It is recognised that providers will know the needs of their client population best and can often come up with more creative solutions, at a lower cost, to meet needs and improve service user and carer’s outcomes.

Our aim is to transform the way services are provided by putting what matters most to the service users, carers and their families at the heart of everything we do. We want to deliver services that meet the peoples' needs with greater emphasis on prevention and by working together improving the quality of care provided to Enfield residents.

5.1 The Strategic Outcomes in which the Fund is looking to achieves are as follows:

*Promote positive health choices and encourage those in our most vulnerable communities to access services that can support them into healthy lifestyles*

Projects should consider how the proposal will help deal with some of the underlying health issues that affect our vulnerable communities including supporting people into healthy lifestyle choices, ensuring people are accessing the services available to them to meet their needs and helping to develop a whole community approach.

*Creative and innovative approaches to early intervention that can enhance the offer for adults in Enfield*

Building upon the basic specification providing, for example creativity and innovative ways to support the key vulnerable group, demonstration of flexibility and continuous improvement.

*Build sustainability and resilience in the vulnerable key groups*

Creation of locally focused opportunities to build capacity for local people to participate more actively in their neighbourhoods and in civic life, stimulating community action and active citizenship at a local level.
To address social isolation and foster greater community cohesion

Social isolation has a huge negative impact on individual and communities. We welcome projects that would help reduce social isolation and exclusion with a focus connection to the key target groups to opportunities to connect activities in Enfield, build resilience and allows the target group to live independently

Addressing deprivation and inequalities

All applications will need to demonstrate how and what support is being provided, give clear evidence of need for the project including impact on deprivation and inequality and demonstrate the improvement to social and/or economic wellbeing.

6 Project Cost

Funding should be based upon the service being provided and a proportional management and administration cost be allocated towards the running of the service for the lifetime of the project (including rent where applicable). The Fund is not designed to underwrite the overall running cost of organisation

Where proposal contain the creation of specified posts as part of the project deliverables the proposing organisation must acknowledge that they are being employed by that organisation and necessary arrangement be made with any employees recruited to ensure that there is no obligation beyond the life time of the project. Enfield Council will not be able to respond to employee issues facing organisation upon completion of project

A financial contribution from Service user’s participation in the Luncheon Club Service should be reflected in the project cost and income structure

7 Performance Management and Monitoring

Project monitoring will be expected every quarter. Monitoring visits may take place at least once every six months, with service report and review visit at the end of each financial year. Demographic and equalities monitoring will be required every quarter.

The successful organisations will be required to attend regular meetings for all other Luncheon Clubs Services funded under this funding stream to feedback on their services, share good practice and develop formal working relationships and pathways. attendance is mandatory.

Any difficulty in providing said information or attendance at meetings must be discussed with the named Council Officer at the earliest opportunity.
8 Exit Strategy

All projects will need to demonstrate how sustainability will be addressed in a robust exit strategy. It is expected that the capacity built during the time of the project will be able to continue beyond the funding period.

9 Probity and Standards

There should be no conflict of interest arising from making an application to the Luncheon Club Project Fund. We require total transparency and any potential pecuniary or other interests that could arise from the submission of a project need to be clearly highlighted on the Application form.

The Council will not fund any organisation or individual who owe money to the Council or if there are serious doubts about the financial stability of the organisation. Furthermore, the Council will not fund projects Legal and Governance Services has advised are unlawful or improper.

We expect all bidding organisations to be mindful of the expectations of those engaged in public life as expressed in the Seven Principles for Standards in Public Life set out by the Nolan Committee that promotes high standards of behaviour in the public sphere. These are Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.

10 Supporting Documentation & Declarations

Voluntary organisations applying for funding through the Luncheon Club Project Fund will need to provide the following evidence relating. The organisation must:

(a) (i) be able to show that it is able or has the potential to operate on a financially viable basis
    (ii) have or develop adequate expertise to carry out and manage the proposed services/activities

(b) have a management committee or steering group that has local representation, and which reflects or is striving to reflect the local community

(c) show that it does not seek to promote or oppose any political party or cause or otherwise engage in party political activity.

(d) demonstrates a commitment to operating equal opportunities practices in both its recruitment of staff and volunteers and its service delivery.
(e) The management committee of the organisation should reflect the interests of the users or potential users of the service to be provided. Wherever possible, user representatives should be members of the management committee.

(f) The Council will not fund activities that are purely religious in nature.

(g) providers need to demonstrate that the project will benefit the local community in Enfield

(h) Organisations will need to declare in full any other sources of funding currently being received from either Enfield Council or other funding sources related to the project applied for to help ensure non-duplication of assistance

(i) demonstrate how projects to be delivered are likely to improve the social and/or economic wellbeing of the borough.

11 Governance

The procurement of the Luncheon Club Fund will commence with an Application form placed on the Council Website with supporting guidance for completing

The application process will be 24 days and all applications should be posted within that period of time. An evaluation panel consisting of Council Officers and an independent Quality Checker will assess providers applications to the Luncheon Club Project Fund. The funding resources available are limited and only a small number of projects will be able to be supported.

The normal decision-making processes including publication and call in may apply.

There will be no appeals against the decisions made on awards made.

The Application process is scheduled to commence on 13th December 2019 for a period of 24 days

The Council will issue agreements up to a maximum of 24 months in duration to successful providers

Only one project fund agreement will be awarded per provider and only one application will be accepted.

12 Finance Arrangements

Whilst it is standard practice to fund projects in arrears, we recognise that some organisations will require a forward funding facility to be made available. Where a project has clearly indicated the need to be forward funded a decision will be made by the evaluation panel as part of the overall process. Once funding has been agreed, all
evidence of funded activity must be supplied to the Council by the project delivery agent(s) as part of their quarterly monitoring return.

The budget for the fund will be managed and administered by the People Department-
Adult Social Care

Funds will only be paid where an appropriate governance arrangement with successful providers has been reached.

It will be the responsibility of the provider to properly account for or declare any income received by the Council to HMRC, the Charities Commission or other organisations as required legally or by their terms of operation.

Providers will need to be able to demonstrate auditable evidence of what has been delivered, and sample variation checks will be carried out to ensure probity by the Council. In the event of those in receipt of funding being unable to demonstrate such evidence, the Council reserves the right to suspend funding and to recover up to 100% of the total sum allocated. The Council reserves the right to ask for an update at any time.

13  Use of the Enfield Council Logo

Any literature produced in the course of delivering projects agreed through the fund must carry appropriate Enfield Council branding logos. These will need to have been cleared by our Communications Team before usage.

14  Our commitment to Equalities

All projects coming forward will need to have stated how they have considered the equalities agenda when setting out their proposals and will be subject to an equality impact assessment (EIA). This will form part of the quality assurance and application evaluation process.

15  Timetable & Toolkit

All project proposal received after the expiration of the deadline will be rejected

An application form for the Luncheon Club Project Fund and notes for applicants will be made available to providers

Further information can be obtained from the Adult Social Care Team, Strategy and Resource Team at Enfield Council. Enquiries should be addressed via email to the following address: nancie.alleyne@enfield.gov.uk