City of
Stoke-on-Trent

Independent Living Strategy

2025-2033

Contents

Foreword

In today's rapidly evolving society, the concept of independent living has never been more relevant or essential. This strategy is a testament to our commitment to empowering individuals to live fulfilling, autonomous lives, regardless of their age, ability, or circumstances.

Independent living is about more than just having a place to call home. It encompasses the freedom to make choices, the ability to participate fully in community life, and the opportunity to achieve personal goals. This strategy outlines our vision for creating an inclusive environment where everyone has the support they need to thrive.

Our approach is rooted in the principles of dignity, respect, and equality. We recognise that each person's journey is unique, and our goal is to provide tailored support that meets individual needs. By fostering collaboration between local authorities, healthcare providers, community organisations, and individuals, we aim to build a robust network of resources and services.

This strategy is not just a plan; it is a call to action. It challenges us to think creatively, act compassionately, and work tirelessly to remove barriers to independence. Together, we can create a society where everyone has the opportunity to live independently and with dignity.

We are grateful to all the stakeholders who have contributed their insights and expertise to this strategy. Your dedication and passion are the driving forces behind our collective vision. As we move forward, let us remain committed to making independent living a reality for all.

Councillor Duncan Walker
Cabinet Member for Adult Social Care and All Age Commissioning

Strategy on a Page

Our Vision

We want our City to be a place where adults can continue living within their community, equipped with the resources to maintain their independence for as long as possible and are supported to make informed decisions about where they live and the care and support they receive.

This strategy is for the workforce, partnerships, and organisations that support and work with people who live in Stoke-on-Trent and to give individuals and families information about what we want to achieve in the City.

The priorities have been developed with the support and involvement of various groups across Stoke-on-Trent to capture the views of the diverse communities across the city. The main focus is 'working with you to live a life that matters to you'.

Our Priorities

Priorities	Outcomes
Supporting People to live independently for longer Maximise Independence when people come into services, providing choice and control The right home with the right support	Provide information and advice at the earliest opportunity to reduce, prevent, and delay the need for formal care services. Provide reablement/enablement at the earliest opportunity, expanding the current offer to include different groups of people. Increased use of new and developing technology, aids and adaptations promoting least restrictive interventions. Develop further training, employment and volunteering opportunities. Support our carers to prevent carer breakdown. Listen to those with real life lived experience to make positive changes. Create stronger communities working together with the private, voluntary and health sectors sharing knowledge and strengths to provide better outcomes for individuals through locality working. Provide more flexibility, choice and control through new person-centred outcome frameworks and increased uptake of direct payments. Increase in the supply of the right type of affordable accommodation.

Our vision is of a city where adults can continue living within the community, equipped with the resources to maintain their independence for as long as possible. They receive the right level of support at the right time, while having the freedom to make their own choices.

Introduction

Our Corporate Strategy and Priorities 2024 - 2028
www.stoke.gov.uk/ourcityourwellbeing

Our Corporate strategy 'Our City, 'Our Wellbeing' organises our plans and visions against seven key themes below, each of which will contribute to improve community wellbeing.

The plan outlines our vision and key priorities to create a thriving city for everyone. We have identified these priorities based on the challenges and opportunities facing our community.

This strategy is a collaborative effort. Throughout the four years, we'll work closely with residents, businesses, and organisations to refine and implement these plans. By actively listening to people's needs, we'll ensure our resources are aligned with the priorities that matter most to you.

1. Healthier
Creating a healthier standard of living for all our citizens

2. Wealthier
Reducing hardship and enabling greater shared prosperity

3. Safer
Building empowered communities, safe from the threat of harm

4. Greener
Conserving our environment and living more sustainably

5. Cleaner
Working together to clean up our city and our communities

6. Fairer
Tackling inequality and improving life chances for everyone

7. Skilled
Transforming our city's education and skills provision

Our visions and priorities are to improve the wellbeing of our residents by making our city healthier, greener, safer, wealthier, cleaner, fairer and skilled. We are immensely proud of our city and its people. Stoke-on-Trent is a fantastic place to live, work and visit. But as a city, we also face many disadvantages and barriers.

You can view our Corporate Strategy here: Our City, Our Wellbeing | Corporate Strategy 2024-2028 - Our City, Our Wellbeing | Stoke-on-Trent

The Independent Living Strategy 2025 – 2033 builds on both our Corporate Strategy and our Adult Social Care Strategy, Place to Be - ASC Strategy 2023 - 2026. The Independent Living Strategy sets out our vision, priorities and outcomes for adults over the age of 18 including young adults who are transitioning into adulthood living in Stoke-on-Trent. We will have a co-produced implementation plan that runs alongside the strategy where we will continue conversations and work in partnership to monitor our progress, prioritising actions, measuring the outcomes and impact throughout the period.

The Care Act 2014 is a key piece of legislation in Adult Social Care that outlines the duty placed on the local authority. this includes:

- Promoting individual wellbeing
- Preventing needs for care and support
- Providing information and advice
- Promoting integration of care and support with health services
- Promoting diversity and equality in provision of services
- Co-operation

Statutory guidance issued under the Care Act states that "the concept of independent living' is a core part of the wellbeing principle" and includes individual's control of their day-to-day life, suitability of living accommodation and contribution to society.

It also highlights the importance of local authorities' considering each person's views, wishes, feelings, and beliefs.

These duties and guidance feed into the identified priorities with an emphasis on Prevent, Reduce, Delay, and a focus on maximising strengths and promoting independence as opposed to creating a dependence on services. Equipping people with the tools, information, and advice when needed to delay their reliance on others.

This allows individuals to live their lives fully with only the appropriate level of support or intervention. We want people to be in control of choices around their care, how and when it's delivered, and be in a position to openly give feedback.

The priorities have been developed with the support and involvement of various groups across Stoke-on-Trent to capture the views of the diverse communities across the city. This involved numerous engagement events in a wide range of settings as well as surveys shared on a wider scale to understand what is important to the residents of Stoke-on-Trent in relation to independence and how this can be achieved. The main focus is 'working with you to live a life that matters to you'.

The Independent Living Strategy is for the workforce, partnerships, and organisations that support and work with people who live in Stoke-on-Trent and to give individuals and families information about what we are trying to achieve in the city, and a basis for holding us to account on delivery on our priorities.

Background and key factors

The Local Picture – Our City Demographics

Stoke-on-Trent's Population

- There are a total of 258,400 people living in Stoke-on-Trent
- 2021 Census - The population of Stoke-on-Trent is the highest recorded level since before the 1991 Census.
- This figure is 3.8% higher than the 2011 Census figure of 249,000.

In terms of age groups, our city is made up of the following:

Age range	Number of people	% of total population
Under 18's	58,305	22.7%
18-64	153,903	60.0%
65-84	39,445	15.4%
85+	4,969	1.9%

* the sum of the specific age groups doesn't match the total population exactly. This discrepancy can occur due to several reasons:

1. Rounding: The percentages and population figures are often rounded to the nearest whole number, which can introduce slight inaccuracies when summing the parts.
2. Data Adjustments: Census data might undergo adjustments for factors like estimation errors, undercounts, or overcounts to ensure accurate representation of the entire population. These adjustments can cause small differences.
3. Age Group Overlaps: Sometimes, there might be overlaps or exclusions in age groups based on specific criteria, which might not be immediately obvious.

Stoke-on-Trent Deprivation Levels

Our city is amongst the most deprived Local Authorities in England, ranked 14th most deprived out of 317 Local Authorities for the overall Index of Multiple Deprivation (IMD). IMD - Rank of average score'

According to the most recent figures, 53% of people in the city live in areas which are classified as being in the top 20% most deprived in England. Source: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

51 of the city's 163 Lower Super Output Areas are among the top 10% most deprived across England. The city has a rate of 24.7% of households in fuel poverty (based on 2022 data) – compared with 13.1% across England and 19.6% across the West Midlands – this is the highest rate of all 296 English districts. Source: Sub-regional fuel poverty data 2022 - GOV.UK

People with a learning disability, current and projected position

By 2035 the estimated number of people aged **18-64 predicted to have a learning disability** within the city is **projected to increase by 2%** to 3,886 (3,806 in 2023). Of this estimate, over one fifth (894 – 23%) will have a moderate or severe learning disability. https://www.pansi.org.uk/

Autistic people, current and projected position

Within the city, latest estimates (2023) suggest there are 1,592 people aged 18-64 predicted to have autistic spectrum disorders. By 2035 this is projected to increase by 2.7% to 1,635. https://www.pansi.org.uk/

What we are seeking to address for these two groups of people:

- Accessible and appropriate information and services.
- Improved opportunities to access training, employment, and volunteering.
- Improved levels of life skills, such as budgeting, cooking, getting out in the community, and the use of public transport and general enablement.
- A lack of appropriate and affordable accommodation in the city.
- Gaps in specialist care provision in the city.
- More joined up working with Children's Social Care to ensure people have access to appropriate support and accommodation by the time they turn 18.
- Recognising and combating isolation and loneliness.
- Inclusive mental health and wellbeing support.

People experiencing mental health, current and predicted position

Within the city, the latest estimates (2023) suggest there are **29,123 people aged 18-64 predicted to have a common mental disorder**. By 2035 this is projected to increase by 1.3% to 29,499.

With an estimated 11,159 people aged 18-64 in 2023 predicted to have two or more psychiatric disorders which is projected to rise to 11,333 by 2035. Source: https://www.pansi.org.uk/

People living with addiction

- 42.8% of alcohol users successfully completed treatment locally in 2023 compared with 34.2% in England.
- 78 deaths (all ages) from drug misuse in the city in 2020-22: a local annual rate of 10.8 per 100,000 compared with 5.2 in England.
- On average just under 5 people die in the city every 2 weeks from an alcohol related problem (129 per year).

Source: Office for Health Improvement and Disparities. Public health profiles.2025 https://fingertips.phe.org.uk/

What we are seeking to address for these groups of people

- Availability of stable and affordable housing in the city. This provides a foundation for recovery and helps prevent cycles of homelessness, hospitalisation, and involvement with the criminal justice system.
- Improve opportunities for early intervention.
- Lack of step down and step up provision to avoid unnecessary hospital admissions.
- Gaps in specialist care provision in the city.
- Providing access to job training and employment opportunities to enhance self-sufficiency and improve mental health outcomes.
- Increase community rehabilitation options for people with complex mental health needs.
- Skills development focusing on essential life skills such as budgeting, time management, self-care and cooking to help people gain confidence and control over their lives.
- Encouraging participation in community activities to build social networks and reduce isolation.

People living with long term conditions

Long term conditions are defined as physical health conditions of which there is currently no cure that require ongoing management over a period of years. Often in addition to physical issues, long term conditions can have a serious effect on mental health and tend to be more common in people from lower socioeconomic groups.

Chronic Kidney disease
Within the city, latest Quality Outcomes Frameworks (QOF) estimates from 2023/24 suggest 4.6% of people aged 18 years and older have Chronic Kidney disease; statistically similar to England.

Diabetes
Within the city, latest QOF estimates from 2023/24 suggest 9.3% of people aged 17 years and older have Diabetes; statistically higher than England.

Hypertension
Within the city, latest QOF estimates from 2023/24 suggest 16.7% of people have Hypertension; statistically similar to England.

Stroke including transient ischaemic attack (mini stroke)
Within the city, latest QOF estimates from 2023/24 suggest 2.1% of people have had a Stroke; statistically similar to England.

Chronic Obstructive Pulmonary Disorder
Within the city, latest QOF estimates from 2023/24 suggest 2.6% of people have Chronic Obstructive Pulmonary Disorder; statistically similar to England.

Asthma
Within the city, latest QOF estimates from 2023/24 suggest 6.8% of people aged 6 years and older have Asthma; statistically similar to England.

Heart failure
Within the city, latest QOF estimates from 2023/24 suggest 1.3% of people (all ages) are experiencing heart failure, higher than the England rate.

Source: Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025

Adults living with excess weight/obesity
Living with obesity can seriously increase a person's risk of developing many potentially serious health conditions including: type 2 diabetes, high blood pressure, high cholesterol, coronary heart disease and stroke, liver disease, and kidney disease along with several types of cancer.

Obesity can reduce life expectancy by an average of 3 to 10 years depending on severity and impacts on independent living.

The estimated number of people aged 65 and over in the city who are classed as obese (with a BMI of 30 or more) is predicted to rise by 18.13% from 13,999 in 2023 to 16,537 in 2035. Source: Projecting Older People Population Information System.

What we are seeking to address for these groups of people

- Physical and social barriers that can lead to significant social isolation, impacting mental and emotional well-being.
- Increasing the use of assistive technologies, aids, and adaptations as well as reablement that can help individuals with disabilities live more independently.
- Training, education, access to training, volunteering and employment.

People aged 65 and over, current and projected position

- By 2035 the numbers of people aged 65 and over in Stoke-on-Trent are projected to increase by around 8,500 to 54,600. This means that 1 in 5 (20.4%) local people will be aged 65 and over by 2035 (compared with 17.7% in 2023).
- Those will long term illness (whose day to day activities are limited a lot) are predicted to increase from 15,525 to 18,570 between 2023 and 2035, a rise of 20%
- The proportion of people with dementia is predicted to rise by just under one quarter by 2035 (with the number increasing from 3,034 in 2023 to 3,756).
- The number of falls amongst people aged 65 and over is predicted to increase from 12,041 in 2023 to 14,524 in 2035, a rise of 21%. This could see a further rise of just under 24% in admissions to hospital due to falls (an increase from 1,407 admissions to 1,741 by 2035).

Source: Projecting Older People Population Information System (poppi.org.uk)

What we are seeking to address

- Access to appropriate information, advice, and preventative services to delay the need for formal care services.
- Ensure older people are not excluded in our increasingly digitalised society.
- Tackling loneliness and isolation.
- Prevent unnecessary admissions to hospital.
- Improved access to activities in their local community.
- Increase the number of people over 65, with care needs living in extra care housing schemes.
- Increase the number of enhanced nursing beds in the city.
- Improve our end of life offer, in partnership with Integrated Care Board (ICB) colleagues.

However, this strategy extends beyond these specific groups to encompass all adults in the city, aiming to support everyone in achieving more independent lives.

Given the projected increases, it is vital we work with our partners and stakeholders to promote and increase independence for our residents to reduce the reliance on services until absolutely necessary with an emphasis on information and advice, and prevention and early intervention.

This Independent Living Strategy is intended to work alongside existing strategies within both Adult Social Care and the wider council.

Rooted at the centre of many of our strategies within the Adult Social Care portfolio, are the objectives laid out within 'People at the Heart of Care', the white paper published by the government in December 2021, which sets out the 10-year vision for Adult Social Care reform. Ensuring we offer choice, control, and support for people to live independent lives, with the right services being accessible at the right time, providing quality person-centred care.

Links to relevant strategies are shown below on the reference page.

Joined up care

The importance of working with the Voluntary, Community, and Social Enterprise (VCSE) sector is something we are passionate about. The VCSE City Alliance is a set of principles to define ways of working between the city council and the VCSE sector. It sets out how the sector and city council will co-operate and collaborate to create, support, and empower resilient, thriving communities across Stoke-on-Trent.

We believe that it's the communities themselves that can increase their resilience; finding and using the resources, support, and services that are already within them. By working together, communities can collectively overcome the challenges they face, break down barriers, and ultimately, create an environment where they can thrive.

More details can be found here Stoke-on-Trent VCSE City Alliance - VAST | Providing professional services for voluntary and community groups | Staffordshire

We are also committed to working in partnership with local health, care, and community organisations to meet the needs of our residents.

The Health and Wellbeing Board (HWB) is a statutory partnership which brings together senior leaders from Stoke-on-Trent City Council, the NHS, care providers, voluntary, community, and social enterprise sector organisations, education providers, and emergency services.

Local priorities are identified within the Health and Wellbeing strategy 2025-28.

In addition, the City Council are part of the Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP). The ICP have collaborated to form one strategy for both places, which broadly outlines the health and social care needs of the local population and identifies the long-term ways to improve the overall health of the area. ICP Strategy

Both the ICP Strategy and the SOT HWB Strategy act as guides for when making decisions, commissioning, and delivering services.

To support the delivery of aims within these strategies, the council and the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) have developed the Joint Commissioning Board (JCB). This is responsible for providing strategic planning and direction of jointly commissioned plans and the development of future joint commissioning intentions. The board meets bimonthly and discusses three key areas of joint commissioning: Public Health, Children and Families, and Adults.

Engagement and co-production

In developing the Independent Living Strategy face to face engagement was completed in a number of settings with a range of people to gain their views. This included capturing the views of people who attended a range of community lounges, social groups, and carers groups.

Surveys were shared with the wider community through Stoke-on-Trent City Council media campaign 'Live Life to the Max'. In addition, targeted engagement was completed with people who already receive home care, people who live in supported living accommodation, people who live in extra care housing and receive care, people who attend social groups, the voluntary sector, and carers.

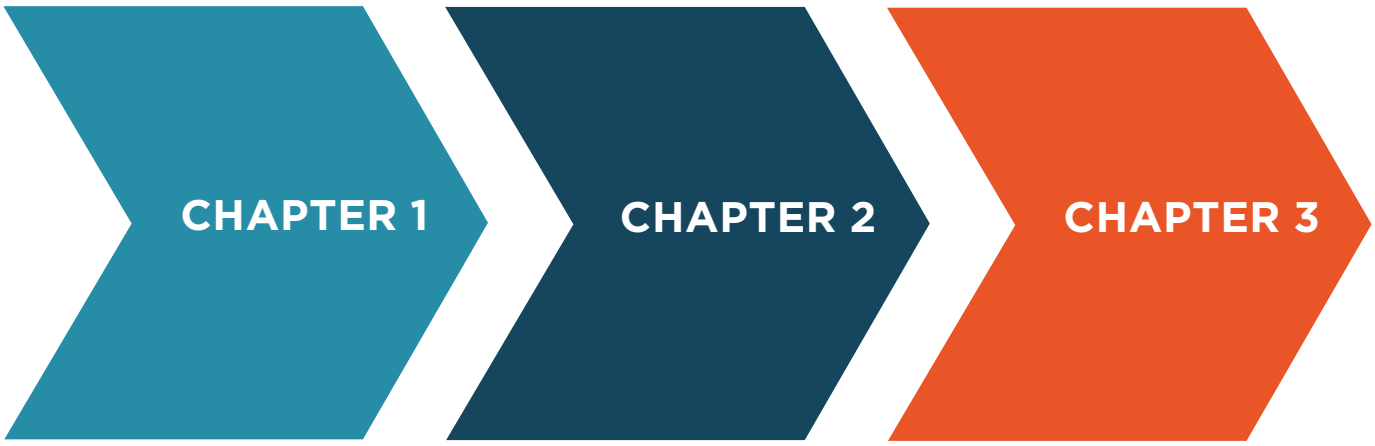
We have also held task and finish groups with internal colleagues across various teams as well as a wide range of external partners.

The voice of Stoke-on-Trent residents is paramount to this strategy, what is important to them in retaining or regaining independence, and then how we can achieve this.

The implementation plan will be developed and co-produced with residents, health partners, and stakeholders. This will be used to help us advance actions, ensure positive change, improve residents' lives, and increase independence, choice, and control.

Our Priorities

Our Independent Living Strategy is broken down into the following three separate chapters:



CHAPTER 1 Supporting people to live independently for longer

CHAPTER 2 Maximise independence when people come in to services, providing choice and control

CHAPTER 3 The right home with the right support

CHAPTER 1: SUPPORTING PEOPLE TO LIVE INDEPENDENTLY FOR LONGER

PRIORITY 1 – Enhancing the local community

What you said was important to you in relation to independence that links to this priority

The importance of community spirit and supporting each other is something people from Stoke are well known for. We want to promote strong, supportive communities, somewhere people are proud to live.

Stoke-on-Trent is made up of six towns, all having their own unique strengths and challenges. We understand the importance of supporting each locality based on the needs of the residents who live there and not as a general offer. We have locality-based community social work teams, locality-based community lounges (informed by the Community Led Support principles Community Led Support - NDTi) and will in the near future be bringing in a new locality-based community care framework with commissioned providers to strengthen knowledge of local communities and enhance partnership working.

Information and advice – Communities Together

Communities Together has a vision for Stoke-on-Trent that all communities are vibrant and inclusive – where people are aspirational and feel a sense of belonging and pride in their places.

The Communities Together approach is underpinned by the national Community Led Support programme which brings innovation to how we support people, designed and driven by practitioners along with local partners and members of the community they are serving. It aims to build on existing change programmes and local initiatives, consolidating what is already working, making connections within and across the health, community, and social care system, joining up good practice, and strengthening common sense, empowerment, and trust.

The national community led support network has contributions from over 35 areas across the UK involving organisations from the public, private, and voluntary sector working in partnership with their communities to design and deliver different ways of working which maximise the strengths and community connections of people locally.

A key element of the local approach is the 18 community lounges currently running each week across the city. Each lounge is tailored to the needs of the local area and provides advice, guidance, and support.

The lounges are open to everyone, young and old and provide a safe non-judgemental environment providing face to face advice and support on a large range of subjects, such as housing, benefits, health and care to prevent concerns escalating and people ending up in crisis.

The lounges are popular spaces where people come together to socialise, often forming new friendships and strengthening community connections.

The community lounges are serviced by 'Locality Connectors' who play a bridging role between partners to support timely access to a variety of community support and statutory services.

The community lounges are supported by a series of virtual locality focussed innovation teams. They are solution focussed, wide networks of system partners coming together to learn with each other, What is it that individual communities are thriving with? What do communities require help with? and What do communities need outside agencies to do for them?

Further details about the community lounges can be found here Home page - Communities Together

Income and advice support including benefits

Stoke-on-Trent is amongst the most deprived cities with 53% of people in the city living in areas which are classified as being in the top 20% of most deprived areas in England. Source: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

The cost of living crisis, fuelled by rising inflation and increasing energy bills, is impacting Stoke-on-Trent residents, businesses, and communities.

There are a high number of tenants in the city affected by Welfare Reform measures (such as Bedroom Tax, Benefit Cap, Universal Credit, Disability Living Allowance (DLA) to Personal Independence Payment (PIP), fuel poverty, furniture poverty, in debt, or in need of emergency foodbank referrals.

It is estimated for the financial period from April 2023 to March 2024 almost £80 million of benefits were unclaimed in Stoke-on-Trent with the largest figures relating to Pension Credit (£10.3m), Universal Credit (£10m), Attendance Allowance (£5m) and Carers Allowance (£3m). Estimates calculated by Stoke-on-Trent City Council based on UK claimed benefit figures produced by Policy in Practice.

We are passionate about supporting our residents to claim the benefits they are entitled to. More information regarding access to cost of living support can be found here. Access cost of living support you're entitled to | Supporting our city | Stoke-on-Trent
In addition, more specific support in relation to welfare benefits and income

maximisation for people with disabilities, of all ages, and their family and carers is available. This includes eligibility checks, completion of applications and support with appeals if required. More information can be provided through our community lounges.

The community led support programme is also working closely with food insecurity organisations across the city.

The City Councils Income and Advice Team can support tenants who live in council properties with budgeting and claiming appropriate benefits to maximise their income.

Housing Benefit

Housing Benefit is a means-tested benefit which can help with all or part of rental payments. This is determined and paid by the local authority.

Adults who live in supported living with a package of care, determined by a Care Act assessment, may be entitled to Housing Benefit to cover rental costs*. This only applies where the landlord is either a non-metropolitan county council in England; a Housing Association; a registered charity or a voluntary/non-profit organisation. Those who live in housing provided by any other organisation or a private individual would need to claim their housing costs via Universal Credit.

There is also supported housing available across the city, where the individual has not had a Care Act assessment and does not need a care package. The individual may fall into one of the following categories:

- Learning Disability
- Autism
- Mental Health
- Homelessness
- Addiction
- Young People (under 25)
- Care Leavers
- Ex-offenders

These individuals (or families) will have been referred to a supported housing provider as they require accommodation together with care, support, or supervision. This can be either on a short-term or long-term basis to help them maintain a tenancy and deal with the practicalities of everyday life, with the potential of gaining independence in the community at a later date, where this is possible.

These groups can also claim Housing Benefit, providing that the landlord falls into one of the categories stated earlier.

* It should be noted that the amount of Housing Benefit that a person is entitled to is dependent on their own personal circumstances and income.

Training and Employment

The number of unemployed people (all ages) claiming benefits in the city between January 2024 and January 2025 increased from 8,800 to9,935. We also saw an increase in young people aged 18-24 unemployed and claiming benefits from 1,725 to 1,845.
Claimant count all ages ONS Via Nomis - Official Census and Labour Market Statistics

We have employability representatives available to assist individuals in returning to work and overcoming barriers in community lounges that have been identified as needing this support.

We have a Workforce Development Team based within Adult Social Care which supports adults who wish to upskill or retrain to then gain employment within the Adult Social Care sector. It establishes and promotes pathways from Adult Learning Programmes to employment opportunities, with a particular emphasis on targeting employment hotspots.

Voluntary, Community, and Social Enterprise (VCSE)

In order to support people to remain well for longer, it is essential that residents of the city can access information and advice when they need it. We are fortunate to have a wide and varied Voluntary, Community and Social Enterprise sector (VCSE) across the City, which is key to delaying the need for formal care services, supporting carers, and signposting people to other services.

More information about the work with the voluntary, community and social enterprise sector can be found here - Voluntary Action Stoke-on-Trent - VAST

Voluntary Action Stoke-on-Trent (VAST) also have a volunteering programme. They also support voluntary sector organisations to deliver services in the best possible way and ensure vital services are there for the communities that need them.

Our community directory is an online tool to help you find out about activities, clubs, support, health services, and information about what's on in your local area.

This searchable online directory contains details of a wide range of care providers, services, self-help groups, community and voluntary organisations and much more.

Link to the community directory - Stoke Community Directory

Unpaid Carers

In Stoke-on-Trent there are currently just under 1800 registered unpaid carers. However, we acknowledge that many 'hidden' unpaid carers also provide invaluable support to family members, neighbours, or friends. We recognise the need to enhance our efforts in identifying and supporting these unpaid carers. We must offer more options and flexibility to enable their loved ones to remain at home, while also providing the unpaid carers with necessary breaks. This will help them sustain their caregiving roles and prevent carer burnout.

Our Carers Portal provides lots of support and information for carers www.stoke.gov.uk/helpforcarers

We also commission organisations to deliver care and support to unpaid carers living in the city. This integrated all age support service coordinates and improves access to a wide range of local support for adult and young carers from the age of 5 years across Stoke-on-Trent. The service is designed with a 'whole family approach', to be flexible, responsive and tailored to meet the assessed needs, outcomes and wishes of the carer through a variety of support interventions. The service also includes the undertaking of adult universal carer assessments and care and support planning in line with statutory guidance.

The overarching aims of the service are to:

- Increase the identification of carers
- Improve carers' quality of life
- Improve carers' physical and emotional wellbeing
- Increase carers' choice, control and independence
- Build on carers' assets at an individual and community level
- Provide an early intervention service which will prevent, reduce and delay the need for more long term, intensive support, including health and social care intervention

Transport

The availability of robust transport links throughout the city is crucial for enabling individuals to socialise with friends and family, attend work or volunteer activities, and maintain their wellbeing and independence.

As part of the City Councils' ambition to improve transport links and make it easier for residents to get around, we have introduced new bus routes. Our multi-operator low cost ticket also supports residents to get where they need to go on a First, D&G, Stanton of Stoke, Scraggs, and Arriva Midlands bus service. More details in relation to travel across the city can be found at Travel | Stoke-on-Trent.

Some of the main objectives outlined in our transport strategy and delivery plan 2022 – 2031 which align with supporting independence are;

- Support residents to access vital services including jobs and education.
- Support residents' physical health and wellbeing

Link the strategy and delivery plan; Transport strategy and delivery plan

Some adults require assistance to safely access the community. Our new frameworks have an emphasis on outreach support and cater to adults with identified eligible care and support needs under The Care Act 2014. These frameworks will enable our commissioned providers to support adults, incorporating a reablement focus and working towards person-centred goals when appropriate.

Safer communities

In supporting adults to remain living within their local community, it is essential to ensure that our neighbourhoods are safe places to live. We are committed to enhancing community safety by working with stakeholders and organisations including:

- Probation Service
- Staffordshire and Stoke-on-Trent Integrated Care Board
- Staffordshire Commissioner's Office (Police, Fire and Crime Commissioner)
- Staffordshire Fire and Rescue Service
- Staffordshire Police
- Youth Offending Service
- Voluntary Sector

Our vision is to "create a safer, stronger city" by reducing crime, disorder, anti-social behaviour, and substance misuse by working with key partners.

Some strategic objectives include;

- Strengthening the partnership approach to early intervention in the most vulnerable neighbourhoods.
- Utilising community assets to improve health and wellbeing.
- Effective use and development of the Voluntary and Community Sector (VCS) and other partners to join up interventions.
- Ensuring complex/high needs individuals are referred to appropriate partnership forums to access specialist support – including referrals to the Multi-Agency Child Exploitation Group and Multi-Agency Resolution Group.
- Building on community engagement to address the key issues in communities.

Changing Futures

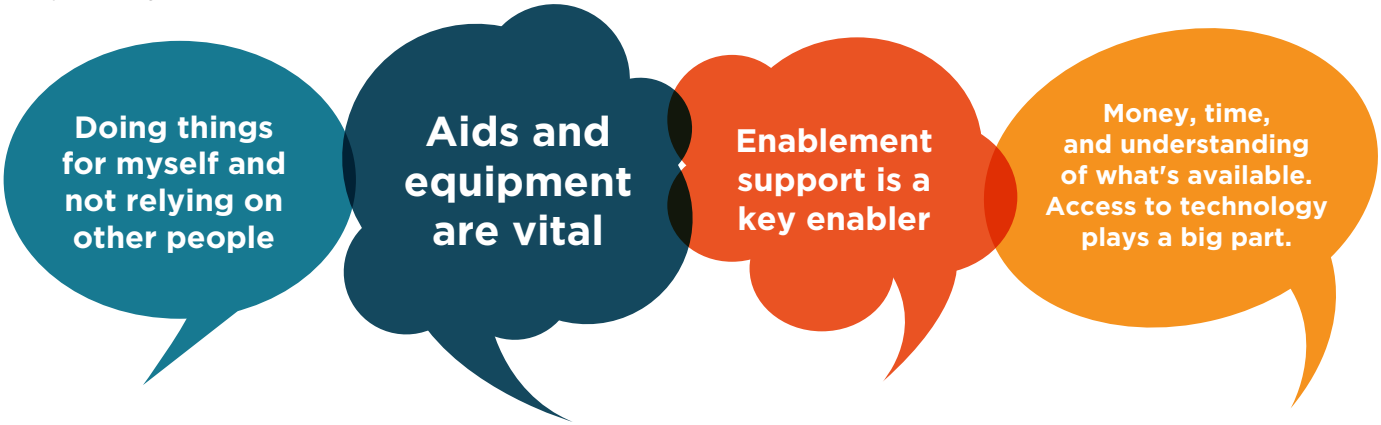
A jointly funded initiative from the National Lottery Community Fund, and Ministry of Housing, Communities and Local Government (MHCLG), the Changing Futures Programme works with individuals and services to initiate system change for those experiencing multiple disadvantage i.e. homelessness, substance use, poor mental health, offending and victims of domestic abuse. The model comprises of Case Co-Ordination, to bring together all services required to enable effective support, Lived Experience involvement via peer mentor recovery co-ordinators hosted by Expert Citizens CIC, Welfare Benefits support from Citizens Advice Bureau to ensure all individuals are in receipt of their entitled benefits. The Insight Academy, via Expert Citizens CIC ensures that training is available to all agencies free of charge, on a multitude of topics including trauma informed care, motivational interviewing, and drugs awareness. More recently, additional funding has enabled a Social Work Team, to work with individuals to ensure timely access to Care Act Assessments and bespoke care packages to be sought and appropriate accommodation to meet need.

Multi-Agency Resolution Group (MaRG)

The Multi-Agency Resolution Group (MaRG) is a forum that takes place on a monthly basis, chaired by a lived experience lead. Senior staff members from statutory and non-statutory services hear referred cases, that have system or service barriers requiring flexible and innovative solutions, relating to risk, accommodation, mental health for example. The MaRG meeting adopts the premise of a shared risk approach amongst agencies for the greater good of the individual, to enable a safe, balanced outcome.

PRIORITY 2 – Proactive and early opportunities

What you said was important to you in relation to independence that links to this priority



Front Door and Website

We now have a centralised front door team for new contact enquiries into Adult Social Care. This provides a clear consistent approach to strength-based conversations, information, advice and signposting to other professionals or agencies when appropriate.

The Front Door Team identifies if our in-house enablement is appropriate for consideration with the support of an Occupational Therapist who is based within the team. The Occupational Therapist sets goals with adults where the service is appropriate and can also complete interventions if short term goals are identified without the need for longer term assessment via enablement.

Adults that require a full Care Act assessment or review are transferred to the locality or specialist team when appropriate.

Our website is now more comprehensive and user-friendly and includes self-assessment tools for equipment and adaptations. The website also includes an app library to allow people to find trusted apps to meet their health and social care needs. The link to our website is Adult care and wellbeing | Stoke-on-Trent

Most importantly the website includes portals for:

- Residents to help applying for and paying for Adult Social Care support.
- Support for carers.
- Professionals wanting to make direct referrals for Adult Social Care.

User-friendly online services have been launched to give residents, their families and carers 24/7 access to the care services they need in Stoke-on-Trent and immediate opportunities to help themselves.

Bettercare Support is an easy-to-use online questionnaire which identifies a range of day-to-day support needs. That information can be used to direct to specific community services to help maintain independence and improve quality of life, or through to Adult Social Care as a direct referral.

Another questionnaire, the Finance Self-assessment Portal, will give service users an indication of whether they need to contribute towards their care based on their financial circumstances and indicate how much that is likely to be. Both portals are available at: www.stoke.gov.uk/supportforadults.

If a resident doesn't qualify for financial support or Adult Social Care services, Bettercare Support will signpost them to help and support that they can access or buy for themselves.

For professionals wanting to make direct referrals to Adult Social Care, we have an online portal at: www.stoke.gov.uk/professionals. We also have a portal in relation to support for carers at www.stoke.gov.uk/helpforcarers

Technology, digital support, Occupational Therapy, equipment and adaptations

Traditional telecare services allow people to stay safe and independent at home. We have approximately 4,000 adults supported in the community. Our falls response service responds to 100-130 fallers in the community per month (crucial in supporting hospital admission avoidance as less than 10% go on to be escalated to ambulance services for further intervention).

The telecare service also offers additional equipment for adults who have been assessed as needing them. These include door sensors, activity monitors, epilepsy sensors, bed sensors, falls pendants and linked smoke alarms. These devices support individuals in maintaining independence living within the community while also enhancing safety.

Stoke-on-Trent Social Care and Occupation Therapy Service (SCOTS) provide assessments for individuals with long term conditions and disabilities, impacting on their ability to carry out their personal routines within the home.

The Sensory Service offers a range of sensory loss support to Stoke-on-Trent residents and their carers which is person centred to increase independence.

Disabled Facilities Grants (DFG) are mandatory grants that support people to remain in their home for longer and to return following hospital discharge, promoting integration across Health, Social Care and Housing. Disabled Facilities Grants are capital grants available to people of all ages and in all housing tenures which contribute towards the cost of adaptations in the home. They can cover some or all, of the appropriate costs. Their purpose is to enable eligible disabled people to continue living safely and independently at home. Examples of adaptations include level access showers, stairlifts and other major equipment, ramping and extensions.

More modern technologies can improve independence and promote wellbeing and overall outcomes. We already have some non-traditional assistive technology solutions that promote people being able to live the lives they want. These include:

- YOURMeds portable medication dispenser/reminder to allow people the freedom to be out and about whilst still taking needed medication.
- Guardian GPS alarm watch so that people can live their normal lives, knowing that they can summon help in an emergency and that caregivers can find their location.
- Alexa-type devices so people can access the internet and take advantage of things like virtual chat/virtual consultation with simple-to-use technology.

Community Lounges work with a wide range of digital support services such as Wavemaker, Digital Angels, Integrated Care Board, Libraries & VAST with a vision to improve access to and upskill the community in the use of digital technology.

AskSARA is an online self-help guide providing expert advice and information on products and equipment for older and disabled people. AskSARA is easy to use. Simply:

- Choose which subject you would like help and support with
- Answer some questions about yourself and your environment

AskSARA will produce a free personalised report providing:

- Clear, tailored advice written by experts on ways to help with daily activities and staying independent in your home.
- An impartial list of products and equipment, specific to your needs, with in formation on where to get them.
- Further help and contacts for more information.
- An option to save your report and share it with family, friends and care workers.

We also have an integrated community equipment service where equipment is provided to eligible adults following assessment. This supports people to remain as independent as possible whilst also increasing their safety.

Hospital Admission Prevention and Discharge

We are committed to working with the wider health and social care sector to ensure the residents of Stoke on Trent are able to remain in their own homes and maintain their independence for as long as possible. A key factor in maintaining independence is preventing people from being admitted in to hospital unless absolutely necessary and supporting people with eligible needs to return home in a safe and timely manner.

The Better Care Fund acts as a key mechanism to support the integration of health and care services, and has two central objectives:

1) to support the shift from sickness to prevention

2) to support people living independently and the shift from hospital to home

In order to meet these objectives, the Better Care Fund plan within Stoke is themed into four key areas of work: proactive care and early opportunities; maintaining independence at home; hospital discharge support and infrastructure; social care and community health providers.

The Better Care Fund is refreshed annually, and schemes are reviewed frequently to monitor progress against agreed outcomes, and to inform future year plans. The current plan is for 2025-2026.

When a hospital admission is required, efforts are made to ensure patients can be discharged promptly once they have recovered and whenever possible this is back to their own home. This is facilitated by the Integrated Discharge Hub (IDH) based on the Royal Stoke University Hospital site and includes staffing from Midland Partnership Foundation Trust (MPFT), Staffordshire County Council and Stoke-on-Trent City Council, North Staffordshire Combined Healthcare Trust, University Hospital of North Midlands and the voluntary sector. There is an extension of the IDH based at County Hospital Stafford which also follows an integrated model.

The multidisciplinary team (MDT) within the discharge hubs triage and agree or prescribe the appropriate pathway for patients/people based on the description of their needs, also taking into consideration any relevant further information, the wishes of the person and thorough discussions with family and carers for those people who lack capacity.

Over the last full financial year (2024-2025), Royal Stoke Hospital, Integrated Discharge Hub completed 11, 263 complex discharges.

Reablement/Enablement

The Home First service provides Recovery, Rehabilitation and Reablement (RRR) to support people to go home from hospital or to step up people in the community to help prevent a hospital admission. The aim is that Home First RRR is the default and everyone that can be supported to go home from hospital should go home.

Over the last full financial year (2024-2025) the Home First team provided 107,225 hours of RRR support for 3,665 people who live in Stoke on Trent. 38% of whom left with no on-going care services required, 43% left with a lower level of care, 2% left with the same level of care and 17% left requiring a higher level of ongoing care compared to prior to their admission/time with Home First. The average length of stay on the Discharge 2 Access (D2A) pathway (not just RRR phase) was 25 days.

The service is needs-led and ensures that the right support in the right place at the right time is provided. Since 2023, a single team was mobilised to support Home First RRR provision which included therapy and social care resource. From June 2025, nursing resource will also be embedded into the Home First teams to improve the Multidisciplinary Team approach. People and their families are central to decisions about their care. Home First and D2A supports people to leave hospital, when safe and appropriate to do so, and to continue their recovery, rehabilitation and reablement and assessment out of hospital.

We also have an internal enablement service available to adults within the community, regardless of hospital admission status. This provides Care Quality Commission (CQC) regulated support for an intensive short-term assessment period for adults with a wide range of needs seeking to maximise their full potential. Over the last full financial year (2024-2025) almost 265 people started and 223 completed a period of enablement, 31% of whom left with no on-going care services and less than 1.8% requiring 24-hour Adult Social Care services. This supported an average of 39 service users each week, for an average time period of 82 days.

The service aims to adopt a person-centred approach, setting individual goals for each person. The therapy and enablement staff then work collaboratively with the adult to achieve these goals. This ranges from helping people to regain confidence to learning daily living skills, enabling people to live well in their own homes and communities as independently as possible. Reablement services improve overall outcomes for people through the provision of signposting, targeted interventions, techniques and practising of daily living skills, graduated exercise programmes, and basic equipment.

We have a reablement Occupational Therapist within the front door team to help address reablement needs early, hopefully avoiding the need for longer-term social care involvement.

PRIORITY 3 – Keeping healthy and well

What you said was important to you in relation to independence that links to this priority.

Live Life to the Max Campaign

The Live Life to the Max campaign is a partnership between the City Council, health and social care providers, the private and third sectors.

The mission is to help Stoke-on-Trent residents live healthier, more independent lives. This citywide campaign highlights resources and support available to everyone which includes:

- Digital technology.
- Telecare facilities.
- Direct payments.
- Community lounges.
- Opportunities for people to become a volunteer .
- Access to aids and adaptations in the home.
- A team of health care professionals based in the city who live in the same area, or who have certain specialisms to provide the services residents need at the right time.
- A new app library specially built for Stoke-on-Trent which brings together apps which support fitness, mental health and general wellbeing. Stoke

Social Prescribers

Social Prescribers work within Primary Care Networks with people over the age of 18 who want to improve their mental or physical health and change their lifestyle by linking them in to community support and resources (including online) by signposting or referring. This can include:

- Lifestyle support to help improve health. i.e. weight loss/stop smoking/exercise.
- Services and agencies to help stay as independent as possible.

- Support groups to help better manage a physical or mental health condition.
- Support to volunteer or find work.
- Support to services to help claim benefits, budget, or deal with debts.
- Support with housing issues.
- Support for persons experiencing loneliness/loss.
- Community groups to gain new networks and develop friendships.

Your GP can provide more information in relation to Social Prescribing.

North Stoke Locality Moderate Frailty Pilot

A working group has been established to pilot an approach to supporting people with moderate frailty through a multi-disciplinary approach collaboratively led by colleagues from across community and neighbourhood health and care in the North Stoke locality. The principle behind this work is by taking a more proactive approach to people with moderate frailty who are not yet drawing on care and support will enhance the person's confidence and ability to remain independent for longer and delay, reduce or even remove the need for them to draw on health and care services. This will be delivered in partnership between Stoke-on-Trent City Council, Primary Care, Midlands Partnership Foundation Trust and the Voluntary Community Social Enterprise sector.

North Staffordshire Combined Healthcare NHS Trust

The NHS England Inpatient Quality Transformation Programme is a 3-year nationally mandated programme incorporating 5 key programmes of work:

- Localising and realigning inpatient services, harnessing the potential of people and communities.
- Improving culture and supporting staff.
- Supporting systems and providers facing immediate challenges.
- Oversight and support arrangements (early warning signs).
- Reducing restrictive practice through least coercive care.

As part of localising and realigning inpatient care, a 3-year strategy (2024-2027) for Staffordshire and Stoke-on-Trent (SSOT) was developed and approved by the SSOT Integrated Care Board in July 2024. Key areas of focus include: preventing admissions through community alternatives; ensuring that where inpatient admissions are required these are purposeful and as short in duration as possible; that care provided is therapeutic and trauma informed; and that effective and pro-active discharge planning and post-discharge support is in place. The programme also encourages Integrated Care Systems to develop a system-wide Accommodation Strategy to support the objectives of the programme, recognising the role that appropriate and stable accommodation plays in positive mental health and wellbeing.

Link to view this strategy; Transforming adult mental health inpatient services - Staffordshire and Stoke-on-Trent, Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) Learning Disabilities, Autism, and Down's syndrome portfolio.

There are six workstreams that cover primary care, community care, inpatient settings and the broader society which are currently in re-development but ultimately focus on making life more accessible and inclusive.

A communications campaign 'Small Changes' has made a big difference influencing the reasonable adjustments individuals and organisations can make to facilitate a more accessible health, social care, VCSE, and wider society. https://staffssto-keics.org.uk/your-health-and-care/learning-disability/learning-disability-and-aut-ism-small-changes/

A key focus is receiving regular input from Experts by Experience with Lived Experience Groups in place.

The Staffordshire and Stoke-on-Trent all age Joint Strategic Needs Assessment (JSNA) for Learning Disabilities and Autism was a result of system wide collaboration and has provided a rich assessment of the key needs. In turn, this has helped inform related strategies across the Integrated Care System.

Link to the JSNA and other helpful resources for Learning Disabilities and Autism Our publications and policies - Staffordshire and Stoke-on-Trent

Public Health

Male Life Expectancy/Healthy Life Expectancy

For men in the city (in 2018-20), life expectancy (at birth) is **75.8 years compared with 79.4 years** in England. Healthy life expectancy in 2018-20 was **55.9 years compared with 63.1 years** in England.

This means that **71.8% of a man's life** in Stoke-on-Trent is likely to be **spent in good health** compared with 79.5% nationally.

Female Life Expectancy/Healthy Life Expectancy

For women in the city (2018-20), life expectancy (at birth) is **79.7 years compared with 83.1 years** in England. Healthy life expectancy in 2018-20 was **55.1 years compared with 63.9 years** in England.

This means that **69.1% of a woman's life** in Stoke-on-Trent is likely to be **spent in good health** compared with 76.9% in England.

The City Council is a signatory to the Mental Health Prevention Concordat. This signifies its commitment to work in partnership with stakeholders across health and care and Voluntary Community Social Enterprise (VCSE) sectors to support mental health promotion amongst residents.
Through the Mental Health Concordat independent living is promoted working with the community lounges to establish community-based services. Each Lounge is unique and works with the community to ascertain which services they require. This aids personalised services and informs social prescribing.

There are various groups across this city to combat isolation and loneliness and promote good mental health, including specialist groups that focus on tackling obstacles faced by vulnerable adults. Support, social opportunities and friendship is provided through a wide range of activities. The groups also have speakers who provide information on wide-ranging topics such as healthy living, benefits, and staying safe.

Additional drug/substance misuse funding has been provided to expand the Community Drug and Alcohol Service (CDAS) provision. This provides professional support to those who struggle with addiction, many of whom have other needs.

We deliver commissioned preventative services that support the people of Stoke-on-Trent to stay healthy and well which include-

- NHS Health Checks which detect individuals at risk of cardiovascular disease, diabetes, stroke and chronic kidney disease and support onward management and behaviour change.
- Smoking cessation and tobacco control services.

We also have a mental health/wellbeing campaign that raises awareness of self-help strategies to improve mental wellbeing and a campaign to promote social inclusion.

Leisure & Wellbeing

We are actively supporting healthy ageing through various initiatives within our "Active You" programme, which focuses on improving physical health and overall wellbeing, particularly for older adults.

Specialist Level 4 Postural Stability Instructors, deliver evidence-based Falls Management Exercise Programme (FaME). This is a 26-week, group-based exercise programme shown to improve strength, stability and confidence in older people at risk of falls, helping to maintain independence and connectivity.

The programme offers tailored physical activities that promote mobility and strength, helping reduce the risk of falls.

The targeted priority group is those aged over 55 and/or individuals living with long-term health conditions.

The service also delivers low-impact, group-based exercise classes including chair-based sessions, walking sports, low level dance classes, pilates/yoga, easy wheelers, gym and swim sessions. These sessions encourage social interaction and physical activity.

The team also delivers Community Strength and Balance awareness sessions including the distribution of falls prevention information and Super Six Strength and Balance Exercise demonstrations.

In addition to the Falls Prevention programme, the service offers a range of tailored programmes, including Tier 2 Weight & Wellbeing Programme, Exercise with Parkinson's (physical activity and social engagement sessions for those living with Parkinson's and their carer's), Navigate Menopause with confidence, Active Recovery (supporting residents on their substance misuse recovery journey). Our team also deliver the Phase 4 Cardiac Rehabilitation Programme, working collaboratively with the University Hospital North Midlands (UHNM) Cardiac Rehabilitation Team.

The programme offer within Leisure & Wellbeing Services can be found here: https://activestoke.co.uk/active

CHAPTER 2 - Maximise independence when people come in to services, providing choice and control

PRIORITY 4 – Choice and control

What you said was important to you in relation to independence that links to this priority.

Personalisation – Direct Payments, Micro providers

Direct payments provide people with greater choice and control over their care and support provision.

We are looking at ways to increase the number of people who arrange their own care through a direct payment. This includes raising awareness through the 'Live Life to the Max' marketing campaign, working with social care staff to increase the uptake as well as exploring options to make direct payments easier for adults to manage.

Micro providers are essential in offering choice and control, and they can be engaged privately or through a direct payment for adults with eligible care and support needs under the Care Act 2014. After collaborating with Community Catalyst for two years, we integrated this project into the council in the summer of 2024. This initiative supports people and communities in starting and running small enterprises, known as micro providers, which offer care and support to local residents.

We aim to expand the network to provide more options in the self-employed market and recruit new micro providers to address service gaps. Bringing the service in-house also allows for greater collaboration with staff to design bespoke care solutions, moving beyond traditional care models. As of April 2025, we have over 50 Micro providers in place. Trusted Micro Providers search Stoke-on-Trent

Advocacy

The Care Act 2014 places a legal duty on the local authority to involve people in all decisions about their care and support. This includes the assessment, care support planning and review processes. The importance of having your voice heard and being involved in making your own decisions is vital. If a person is unable to do this without support and does not have anyone appropriate to provide this support then a referral can be made for an independent advocate. During the financial year from April 2024 to March 2025, we referred just under 1,200 adults to our commissioned provider for advocacy support.

Flexible care – The Community Offer and Supported living framework

Traditionally home care has been highly prescriptive, with specific call times, durations, and tasks. Providers often lack awareness of additional support services available to service users beyond their own offerings and do not have the capacity to provide further assistance or guidance.

We are developing new commissioning agreements for care and support in the community that includes home care, extra care, support for carers and social opportunities. As part of the co-production development of the new services, letters were sent to all adults who received home care with the option for all residents within extra care to speak to us to share their views on what is important to them to shape future provision. We spoke to unpaid carers and completed a lot of engagement with providers and other professionals to understand the current need and how the model can be more effective for the future.

The new framework will be in place for up to 8 years and during that time we will be working with providers to increase their focus on enablement, maximising every individual's potential with person centred goals, as well as providing flexible support to prevent hospital admissions unless absolutely necessary.

In addition to enabling people to be more independent and receiving person centred services, we also plan to embed an 'outcomes' approach within our services during the duration of the framework. As opposed to care 'tasks' being rigidly set within a care plan, we are actively working towards outcomes-based models. This approach allows care and services to work with individuals to discuss, identify, support, monitor and achieve their personal outcomes whilst also using a strength based approach.

We envisage holistic and flexible services being provided to local people whereby outcomes are the starting conversation. People identify what outcomes matter to them in order to live a full life, being as independent as possible; and the service provider uses innovative approaches to meet the outcomes with the individual.

The supported living framework is the care element for people who live within supported living accommodation. This is available for adults with

- An enduring or severe mental illness.
- A learning disability.
- On the autistic spectrum.
- Have a physical disability, including sensory loss.
- Any combination of the above.

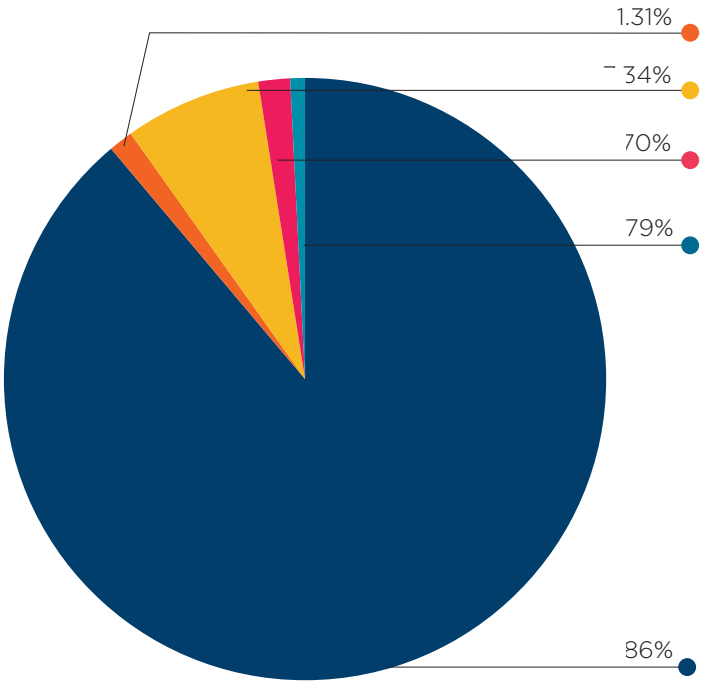
This new framework has increased the number of care providers, which in turn provides more choice. The supported living framework also includes a focus on enablement, maximising every individual's potential with person centred goals and outcomes as well as flexible support to prevent hospital admission's unless absolutely necessary.

Having a separate agreement and their own tenancy directly with the housing provider allows the adult the choice and flexibility of a care provider whilst remaining living in their home.

Translation & Interpretation Service

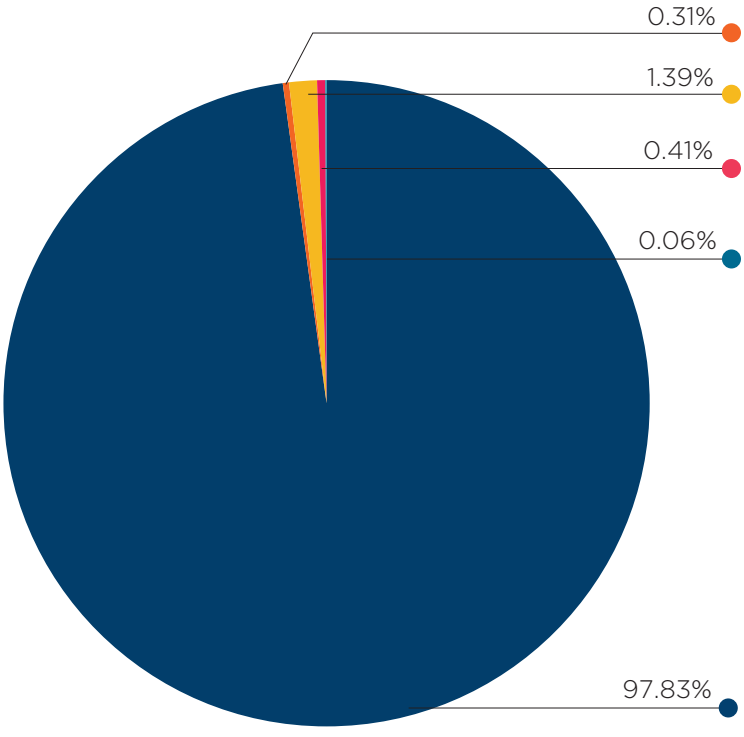
Our city is home to a wide range of people. Based on the Census in 2011 Stoke-on-Trent total population aged 18-64 was made up of

- 138,261 White people
- 2,035 from a Mixed/multiple ethnic group,
- 11,426 Asian/Asian British,
- 2,647 Black/African/Caribbean/ Black British
- 1,222 Other Ethnic Group



Within the over 65 age group

- 37,979 were White
- 119 Mixed/multiple ethnic group,
- 540 Asian/Asian British,
- 158 Black/African/Caribbean/ Black British,
- 22 Other Ethnic Group



We have an internal translation and interpretation service which aims to provide our clients with a highly accurate, professional, and impartial interpretation service. This ensures that communication across language and culture is carried out effectively and competently.

The service is available to residents, not only when engaging with City Council services but also to external clients as a chargeable service.

From 1st April 2024 to 31st October 2024 the team received a total of 2,608 bookings for interpreters of diverse languages. We currently provide the service in approximately 35 languages with the following 10 languages in the highest demand.

1. Urdu
2. Punjabi
3. Arabic
4. Kurdish Sorani
5. Slovak
6. Czech
7. Polish
8. Romanian
9. Russian
10. Tigrinya

From 1st April 2024 to 31st October 2024, the team received 164 documents to be translated from and into various languages.

CHAPTER 3 - The right home with the right support

PRIORITY 5 – The right home

What you said was important to you in relation to independence that links to this priority.

The vision for people to live in their own home within the community is something echoed across many of our strategies within the City Council. The importance of choice and availability to make this a reality is something we are passionate about.

We want people to be able to continue living in their own homes for as long as possible with the use of technology, equipment, adaptations, supportive communities and flexible care and support, providing holistic strength based, person centred, outcome focused care for those adults that need it. We currently (as at April 2025) support approximately 1,300 individuals in their own homes with a package of home care.

General Housing

Housing is absolutely fundamental to the wellbeing and health of all our city's communities and people. The latest Housing Strategy 2022-27 outlines our plans to meet the changing needs of our residents over the five years. It provides a framework to improve our housing offer, expedite the delivery of high-quality places to live, and to attract further investment into the city.

The housing strategy focuses on three main themes:

- Driving economic success and widening housing choice.
- Increasing owner occupation.
- Enabling independence.

Stoke-on-Trent is recognised as an affordable place to live, with relatively low house prices, and is therefore an excellent choice for those relocating who want to maximise their disposable income or get more property for their money. The rate of home ownership in the city has been rising steadily, however, it is still currently below the national average. The council will ensure that there are stepping stones to home ownership accessible for existing and new residents of the city.

Whilst the city on the face of it may be one of the most affordable places in the country to live, the high levels of deprivation mean that even the lowest cost housing is inaccessible to many. The number of social homes in the city has fallen over the last 10 years as a result of Right to Buy and has not been matched by new build either by the Council or Housing Association partners. Whilst the size of the private rental sector has grown over this period, rents have risen at a rate significantly in excess of inflation at a time when Housing Benefit rates have been frozen, excluding many low-income households from this option.

Unsurprisingly, this has led to a significant increase in the waiting list for social housing in the city.

Projections suggest that the city's population is set to continue to age. The council's aim is for its residents to be as independent as possible for as long as possible, with an appropriate number and type of housing being made available in the city and specifically targeted towards this goal. Progress towards this ambition has already started, through the replacement of some obsolete housing designated for older people with excellent new accommodation in a community orientated environment, that fully meets the changing needs of our older residents. Supporting long term independence is an underlying philosophy for all of the priority areas of intervention set out in the Independent Living Strategy, applicable to not only our older population but also our more vulnerable households, including those living with long-term disabilities.

Future details can be found in our Housing Strategy. Policies, procedures and strategies directory - Housing Strategy 2022-2027 | Stoke-on-Trent

Homelessness

Homelessness enquiries, the number of people placed in temporary accommodation or rough sleeping, and applications for social housing have all risen significantly since the pandemic. This is putting immense pressure on services at a time when the supply of affordable housing is unable to meet demand.

Multiple Exclusion and Hospital Discharge

Many adults who have slept rough or are at risk of doing so have multiple, complex needs including learning difficulties, poor mental and physical health (often undiagnosed), substance misuse, offending behaviours, and experience of domestic abuse, often linked to childhood trauma. Issues identifying and engaging with individuals, including a reluctance to undertake assessments outside of a stable home environment, often means that Care Act and/or mental health needs are not identified or met.

Entrenched rough sleepers, many of whom experience these issues now make up more than half of the current rough sleeping population, making the identification of placements with sufficient support particularly challenging especially at times of transition such as hospital discharge or prison release. This often leads to inappropriate placements such as care homes, hotels, or even worse no accommodation being found and the person ending up on the streets.

Data from the Midlands Partnership Foundation Trust has suggested that a lack of suitable housing is an issue leading to unnecessary stays in hospital for at least 1 person every month, with additional pressures in the winter months.

Furthermore, many individuals struggle to maintain offers when they are made due to issues of non-payment of service charges or unacceptable behaviour leading to a “revolving door” of placements and evictions.

Supported living

Supported living accommodation typically consists of houses, flats, or bungalows located within city streets and communities, rather than custom-built complexes. There are currently two types of supported living:

Group Supported Living: Where individuals live in a shared property, each having their own bedroom but sharing communal spaces such as the living and dining areas, kitchen, and bathrooms.

Supported Living: Each adult has their own front door and private living areas; some communal areas may still be available.

If a package of care is required following a strength based Care Act assessment this is provided based on individual needs with a focus on enablement, maximising every individual's potential with person-centred goals and outcomes. Importantly, the care element is separate from the housing element, allowing for flexibility in changing care providers without the need to move home. Tenancy agreements are provided by the landlord to adults directly.

We currently support over 200 adults (April 2025) with eligible care needs under the Care Act in commissioned supported living settings.

The Council is part of the Supported Housing Improvement Programme as a precursor to new duties contained in the Supported Housing (Regulatory Oversight) Act 2023. This project only covers supported housing provided under the Housing Benefit scheme and aims to, address poor quality supported housing to drive up standards within the sector.

As part of the programme, the council will engage and consult with all providers of supported housing across the city where the Housing Benefit scheme applies, regardless of whether they support specific client groups, or are registered with the Housing Regulator. The following activities will take place -

- Create a new gateway process for new providers who approach the city council in relation to new supported housing schemes.
- Conducting checks to ensure that rent and service charges are representative of eligible costs.
- Complete property inspections and enforce accommodation standards to check and monitor quality and safety of accommodation.
- Conduct resident reviews to determine that the support offered is appropriate and to gain insight into that individual's personal experience of supported housing.
- A Supported Housing Needs Assessment is currently underway to determine the current supply of supported housing, and what provision might be needed in the future which includes provision for adults with specific requirements known to Adult Social Care teams and children leaving care (aged 16+).

Home Ownership for people with Long-term Disabilities (HOLD)

We have commenced initial conversations with My Safe Homes to explore the options around people with long term disabilities owning their own home. This is a proven government funded affordable home ownership model and available for adults with physical and learning disabilities, cognitive and sensory impairments, and enduring mental health issues. Over 1600 adults across the country have successfully purchased their own home through this option.

HOLD uses shared ownership to enable disabled individuals to part buy (together with a Housing Association) a home of their own. The buyer can purchase a home from the open market or a Housing Association development. They will purchase a share (typically 25% - 75%) using an interest only mortgage (they can borrow up to £100,000), the Housing Association buys the remaining share and charges rent (paid for by Housing Benefit). Adults can remain in their home for as long as they wish, with the mortgage being repaid when the property is sold. Further information can be found here About Us | MySafeHome

Extra Care Housing

We currently commission 8 extra care facilities across the city with just over 800 apartments for adults over the age of 55 (as of April 2025). Each of the facilities has a care team on site 24 hours a day with pull cords in all apartments in the case of an emergency. We currently have over 300 adults living within extra care that have care arranged through Adult Social Care.

Shared Lives

Shared Lives Stoke is a service provided by Stoke-on-Trent City Council which offers an alternative accommodation option for adults who live in the city with a learning disability. This unique, person-centred service supports this group of adults to live within our communities, sharing their lives with a regular family.

Approved Shared Lives carers will welcome the adult in to their home, this can be for a few nights or something more long term.

Living in a real home provides an ordinary life at the heart of their community, promotes independence and choice, provides support in day-to-day living, emotional as well as physical support and enhances the sense of belonging and being part of the community.

We plan to explore further opportunities to expand the Shared Lives offer to other groups of people in the future.

Residential and nursing 24-hour care

We currently have 84 residential and nursing homes registered within the City. 62 care homes provide residential care, with a total of 1,147 beds and 22 care homes provide nursing care, totalling 996 beds. We currently support around 1400 people in care homes in the City. (As of April 2025)

Whilst we want to keep people in their own homes for as long as possible, there will always be the need for high quality, affordable, outcome focused care home provision. There is a particular need to increase complex nursing provision in the city, for both younger and older adults. We want the care provided within our commissioned care homes to promote independence, choice, and control where appropriate.

Our overall key objectives

To support our residents in maintaining or regaining their independence, we will undertake the following objective. These will be addressed within our implementation plan and delivery groups.

- Provide information and advice at the earliest opportunity to reduce, prevent, and delay the need for formal care services ensuring it is inclusive and accessible to everyone and all in one place.
- Provide reablement/enablement at the earliest opportunity, expand the offer to include different groups of people as well as including an emphasis of reablement in our new frameworks with commissioned providers.
- Explore the use of new and developing technology, aids and adaptations promoting least restrictive interventions.
- Develop further training, employment and volunteering opportunities to upskill our residents.
- Support our carers to prevent carer breakdown.
- Conduct regular engagement and co-production, working with our stakeholders and listening to those with real life lived experience to make positive change.
- Create stronger communities working together with the private, voluntary and health sector sharing knowledge and strengths to provide better outcomes for individuals through locality working.
- Provide more flexibility, choice and control through new person-centred outcome frameworks and increased uptake of direct payments.
- All commissioned services to have a focus on preventing unnecessary hospital admissions. This also includes working closer with health colleagues to ensure care providers can directly refer into wrap around services to prevent unnecessary admissions and ensure those who are admitted are able to return to their own home or to temporary step-down options in the community to support returning home in the long term.
- Raise awareness of mental health/wellbeing self-help strategies to improve mental wellbeing and promote social inclusion.
- Help individuals to stay living within their communities by exploring opportunities to increase the supply of the right type of affordable accommodation. This includes working with developers to increase capacity in the city, and to prevent the need for people being placed into residential care homes or out-of-area placements.
- Reviewing the Homelessness and Rough Sleeping Strategy and commissioned services to ensure an effective approach to the prevention and relief of homelessness so rough sleeping is rare, short lived and non-recurrent.

Resources and capacity

Strength based conversations and the promotion of independence are integral to the daily operations of our Adult Social Care teams, starting at our front door and continuing throughout the entire process with a focus on reducing, preventing, and delaying the need for more intensive support.

Ensuring our workforce receives relevant training and development is crucial in continuing our vision with a consistent approach. Equally important is our collaboration with the provider market and voluntary sector, as we work together to explore opportunities to expand and enhance our efforts to support independence across the city.

Working in partnership with health sector colleagues, and involving residents and individuals with lived experience, is a vital element of our success.

The priorities and future plans outlined in the strategy will be managed and monitored by the Independent Living Strategy Delivery Groups.

Our established internal task and finish group who contributed to the development of the strategy comprises the adults commissioning team, adult social work operational teams, housing, public health, project team, income and benefits representatives, employability team, locality connectors, and the Integrated Care Board (ICB). Additionally, we have an external task and finish group that includes health sector colleagues as well as various voluntary sector organisations, commissioned providers, and a health and social care champion.

Our delivery groups will focus on specific areas of work and will include relevant internal staff and external partners, including the voluntary sector and individuals with lived experience. These groups will work through each priority and monitor progress to ensure we stay on track.

Opportunities and risks

A challenge of the Independent Living Strategy is the vast areas it covers, which involves multiple directorates within the City Council. To ensure its success each priority and work stream will be managed by a dedicated delivery group responsible for executing the necessary tasks to achieve the desired outcomes. These groups will report to the relevant boards in each area. Additionally, the strategy will have an overall Senior Responsible Owner (SRO) to ensure that all progress and feedback are centralised and communicated effectively.

How will we monitor the impact?

To determine if we are achieving the priorities set out within the Independent Living Strategy, we will use a combination of measures which include: -

- Conducting thorough data analysis to track the usage of preventative measures and commissioned services. This will help to monitor changes in demand and determine if the current measures are effectively supporting independence and reducing the need for more intensive services.
- Monitoring health outcomes, such as reduced hospital admissions and improved physical and mental health indicators.
- Regular surveys to gauge resident satisfaction with services, amenities, and overall quality of life.
- Implement regular feedback mechanisms to gather input from residents and stakeholders, ensuring continuous improvement.
- Working closely with our providers to monitor positive outcomes relating to promoting independence.
- Provide regular reports to relevant boards and stakeholders, summarising the findings and progress.

Governance and oversight

Good governance enables organisations to build a sustainable and better future for all of us. It adds value, is open, transparent, and ethical. Good governance focuses on achieving the best outcomes by helping to address any issues, challenges, and obstacles (operational or otherwise) to progress.

There are clear and established governance arrangements across the City Council that will monitor the progress of this strategy and its implementation plan. While the Health and Wellbeing Board will have the overall oversight and accountability to ensure the priorities are carried out, it is the delivery group that will have responsibility, oversight and manage improvements in services, systems, and processes that are detailed in the strategy and implementation plan. Updates will be provided from the delivery groups to the Health and Wellbeing Board so that progress can be measured, and achievements highlighted. The board shall act as the vehicle for when there are risks or underperformance that are required to be escalated. Workstreams, will be put in place to support the priorities identified in the strategy and that align with the detail and emerging need within the implementation plan. In addition, we will put in place mechanisms by which we can regularly review whether the changes that are happening are having a positive affect for our residents in supporting their independence.

Next steps

As part of our first steps in achieving positive outcomes for our residents, a co-produced implementation plan will be developed, that starts to take a more practical approach in how this can be delivered.

There will be specific actions detailed that we will take over the lifespan of this strategy. The implementation plan shall be based on the initial data analysis, engagement and feedback that we have obtained from a range of stakeholders in the development of this strategy. Over time the detail of the implementation plan will continue to be co-produced and developed in partnership with key stakeholders across the system and crucially include those with lived experience.

It is imperative that we measure how successful we are in making progress against our priorities. We will identify key indicators linked to each of the priorities and outcomes. This will reflect and measure the impact the decisions have on the lives of our residents.

Reference page

Existing Strategies and Information that underpin our Independent Living Strategy

- Our City, Our Wellbeing | Corporate Strategy 2024-2028
- Adult care and wellbeing | Stoke-on-Trent
- Policies, procedures and strategies directory - Housing Strategy 2022-2027 | Stoke-on-Trent
- www.stoke.gov.uk/supportforadults
- www.stoke.gov.uk/professionals
- www.stoke.gov.uk/helpforcarers
- Adult care and wellbeing | Stoke-on-Trent
- Care Choices Directory
- Trusted Micro Providers search | Stoke-on-Trent.
- Stoke Community Directory
- Joint Strategic Needs Assessment (JSNA)
- SEND Strategy | SEND strategy | Stoke-on-Trent
- Integrated Care Partnership - Staffordshire and Stoke-on-Trent, ICS (staffsstokeics.org.uk)
- People at the Heart of Care – Adult Social Care Reform White Paper (publishing.service.gov.uk)
- 2025-28 Health and Wellbeing Strategy
- Carers Strategy
- Dementia Strategy

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