

# **Adult Social Care**

## **Commissioning Plan and Market Position Statement – 2024/26**

**April 2024**



**North  
Tyneside  
Council**

### Document Control

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<b>Author</b>	Scott Woodhouse, Head of Commissioning, Adults
<b>Owner</b>	Scott Woodhouse, Head of Commissioning, Adults
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### Revision History

<b>Revision Date</b>	<b>Version</b>	<b>Change summary</b>
April 2022	1.0	On-line version of Market Position Statement published
April 2023	1.1	Updated to reflect Commissioning Intentions 2023
April 2024	2.0	Updated to reflect changes to Adult Social Care Strategy priority areas, refreshed Commissioning Intentions and to include wider Commissioning Plan

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### 1 Introduction

North Tyneside, with its population of 210,487 (in 2022), presents a diverse landscape for adult social care. Currently, 80% of the population are adults, with 20.8% aged 65 and over. While the overall population is expected to grow by 4% by 2030, a significant portion of this increase will be in the over-65 age group, demanding more support. Meanwhile, predicted rises in younger people with disabilities are smaller, but the true picture is likely more complex, with potential for a hidden population of individuals with very complex needs transitioning from hospital care.

Our Market Position Statement (MPS) provides information for care and support providers, customers, their family and/or carers about the demand for adult social care services now, and what we predict for the future.

It helps set the direction of travel for commissioned services and explains the goals we aim to help people achieve, encouraging the care market and partners to consider and develop new and innovative ways of providing support, while thinking about the sustainability of their service to meet future demand.

Our Market Position Statement is reviewed annually and referred to when setting the Commissioning priorities for the following financial year. It is informed by, and should be read alongside the following core documents, which can be viewed from the [Commissioning website](#):

- Our North Tyneside Plan
- Equally Well
- Borough profile
- Adult Social Care strategy
- Market Sustainability Plans (MSPs)

The following documents can also be found on the Commissioning website and provide more detail about Commissioning functions:

- Our Commissioning intentions
- Our Commissioning priorities
- Procurement plan

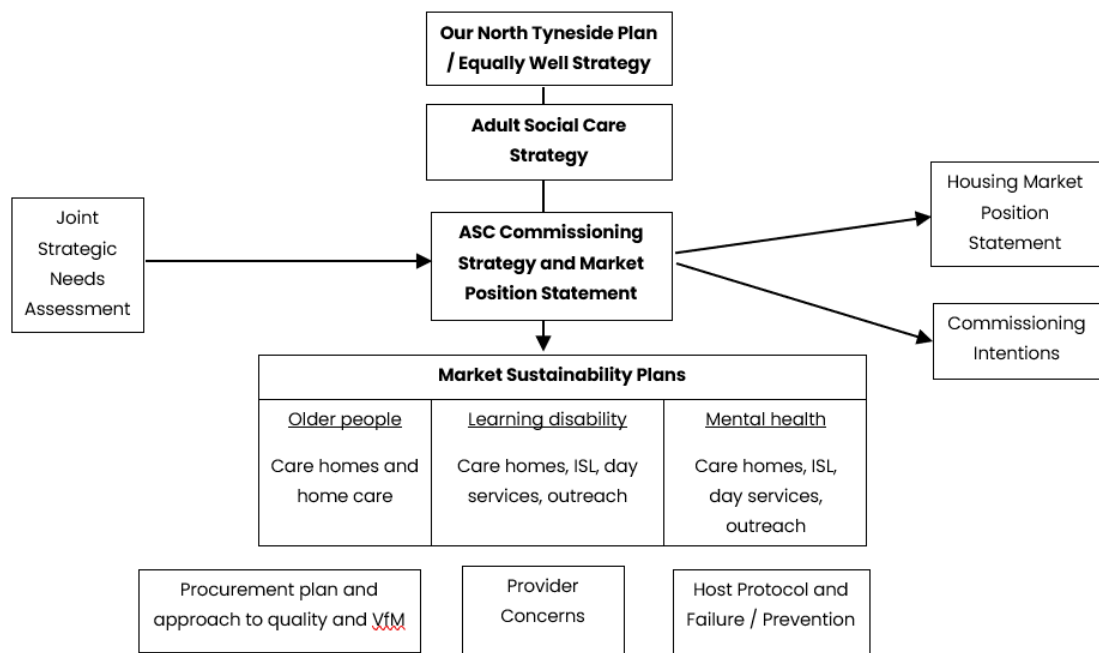
Additionally, the Market Position Statement acts as a tool to facilitate conversations between the council, providers, and other stakeholders to ensure that:

- Views of the people with care and support needs and their carers are considered wherever possible and drive service developments and delivery.
- We deliver high quality services that meet the needs of people we support.
- Safeguarding adults is embedded throughout service delivery.
- Wider community and social capital is used where appropriate.
- We are good value for money.

### 1.1 How it all fits together

There is a golden thread from Our North Tyneside plan through to services that are commissioned and in place to meet the needs of individuals, this is set out as follows:

#### Adult Social Care – Commissioning How it all comes together...



### 1.2 Our approach

Our approach acknowledges that complex issues require coordinated, holistic solutions, with effective change taking time to develop and implement. The general election of July 2024 and a North Tyneside mayoral election in spring 2025 will bring new national and local policy agendas, with which Adult Social Care needs to align.

Alongside this our Health and Wellbeing strategy “Equally Well” will be being reviewed / refreshed.

Our Adult Social Care strategy will therefore run for a focused period of two years, to address our immediate challenges and build solid foundations for a subsequent strategy to lead our work until the end of the decade. We will ensure our longer term plan is:

- Responsive to new policy agendas.
- Aligned with the work of key partners in the council and the wider borough.
- Most importantly of all, co-designed with:
  - Residents with needs for care and support,
  - Unpaid carers,
  - Providers

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- We deliver high quality services that meet the needs of people we support.
- Safeguarding adults is embedded throughout service delivery.
- Wider community and social capital is used where appropriate.
- We are good value for money.

## 2 National policy context

### 2.1 Care Act 2014

The Care Act 2014 is the primary legislation underpinning adults social care functions, and gives Commissioning its statutory duties to:

- Promote diversity and quality in service provision by ensuring strategies are in place to understand demand, ensure stability and shape the market so that the right services are available in the right place and at the right time.
- Provide services that will contribute to prevent, reduce or delay the need for care and support, such as integrated services with health partners.
- Co-produce services with stakeholders including people with care and support needs, their carers, care providers, partners and the community and voluntary sector (CVS). All market shaping should aim to promote wellbeing and be outcomes – or goals focussed.
- Promote choice about how and where a person with eligible needs receives their care and support, such as a commissioned service or via direct payment or individual service fund (ISF).
- Monitor the quality of services in relation to how providers ensure their workforce have the necessary skills, promote wellbeing, maintain capacity and adhere to the requirements of the Equality Act 2010.
- Ensure a sustainable market by being flexible and responsive to challenges faced by providers and meeting a temporary duty to meet need in event of provider failure.
- Have robust contingency plans in place to respond to unexpected service interruptions.

### 2.2 People at the Heart of Care

The White Paper, [People at the Heart of Care](#) was published in 2021 and sets out the 10-year vision for adult social care, putting people at the centre so that they can:

- Have choice, control and support to live independent lives.
- Access outstanding quality and personalised care and support.
- Find adult social care fair and accessible.

Key areas of People at the Heart of Care linked to Commissioning and care/support provision, are:

- **Workforce** recruitment and retention
- **Market sustainability** including the cost of care delivery
- **Housing** as a key component of how needs are met
- **Technology** as part of the support plan
- **Focus on prevention** and health promotion

### 2.3 Health and social care integration: joining up care for people, places and populations

The White Paper, [Health and social care integration: joining up care for people, places and populations](#) was published in 2022 and sets out measures to make integrated health and social care a universal reality for everyone across England, regardless of their need for care or support, or where they live.

Key areas of this White Paper linked to Commissioning and care/support provision, are:

- Joined up care: better for people and staff
- Shared outcomes which prioritise people and populations
- Ensuring strong leadership and accountability
- Digital and data: maximising transparency and personal choice
- Finance and integration
- Delivering integration through our workforce and carers
- There is also joint working with the Local Integrated Care Board (ICB) – North Tyneside place the following at a local level of joint and lead commissioning arrangements:
  - Section 117, mental health placements and care/support packages;
  - Shared funding arrangements; and
  - Other joint initiatives such as the Transforming Care Programme.

## 3 Local policy context

### 3.1 North Tyneside borough profile

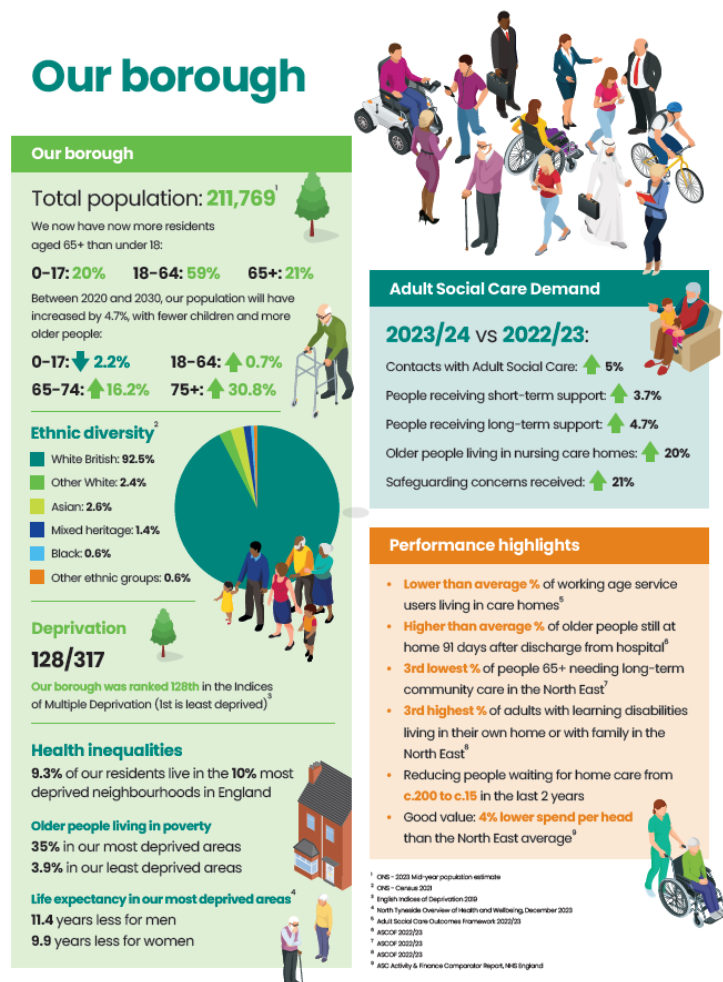
We are a unitary borough in the North East England and are part of the Tyneside conurbation.

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The information provided in the 2024 borough profile paints a picture of a dynamic North Tyneside, where adult social care must adapt to an evolving population, address entrenched inequalities, and leverage local partnerships to deliver effective services.

North Tyneside, with its population of 211,769, presents a diverse landscape for adult social care. Currently, 80% of the population are adults, with 20.8% aged 65 and over. While the overall population is expected to grow by 4% by 2030, a significant portion of this increase will be in the over-65 age group, demanding more support. Meanwhile, predicted rises in younger people with disabilities are smaller, but the true picture is likely more complex, with potential for a hidden population of individuals with very complex needs transitioning from hospital care.



A Power BI detailing the borough's population projections can be found [here](#)

## 3.2 Our North Tyneside Plan 2021–25

Our North Tyneside Plan 2021–25 sets out our ambitions for making North Tyneside an even greater place to live, work and visit by 2025. The plan outlines a vision of building a better North Tyneside, looking to the future and listening to and working better for residents.

It focuses on five key themes that reflect your priorities and with each key theme reflecting specific areas of work and clear priorities:

- A **thriving** North Tyneside
- A **secure** North Tyneside
- A **family-friendly** North Tyneside
- A **caring** North Tyneside
- A **green** North Tyneside

You can read Our North Tyneside Plan on our [website](#).

### 3.3 Equally Well: A healthier, fairer future for North Tyneside 2021–25

Equally Well is our high level partnership plan and sets out our joined-up approach to tackle health inequalities in the borough and improve the health and wellbeing of our population. You can read Equally Well on our [website](#).

### 3.4 Adult Social Care Strategy 2025–26

Our Adult Social Care strategy expands on the priorities for the borough outlined in the Our North Tyneside Plan and Equally Well. Under “a caring North Tyneside”, our North Tyneside Plan priorities are:

- Great care to all who need it
- People will be cared for, protected and supported if they become vulnerable
- Improving the work conditions for our care heroes

The Adult Social Care strategy outlines the vision for adult social care and identifies how the service intends to meet the aims outlined in the Our North Tyneside Plan and in Equally Well.



Our priorities fall into four key areas:

- Staying well and included.
- Having a voice and a choice.
- Excellent support
- Being safe

You can read the Adult Social Care Strategy 2024–26 on our [website](#).

### 3.5 Commissioning priorities

The Health and Wellbeing Board has agreed the current commissioning priorities across health and social care. These priorities are aligned with the health and wellbeing strategy objectives to:

- Continually seek and develop new opportunities to improve the health and wellbeing of the population.
- Reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough.
- Shift investment to focus on evidence based prevention and early intervention wherever possible.
- Engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed.
- Build resilience in local communities through focused interventions and ownership of local initiatives to improve health and wellbeing
- Integrate services where there is an opportunity for better outcomes for the public and better use of public money.
- Focus on outcomes for the population in terms of measurable improvements in health and wellbeing.

### 3.6 Commissioning values

We underpin our commissioning priorities and commissioning intentions with our values, as a Council.....

**We listen** | **We care** | **We are ambitious** | **We are good value for money**

And as a commissioning function.....

- Sustainability of provision
- High quality care and support
- A well trained, competent and sustainable workforce
- We bring social value to the borough through our services, providers and commissioning arrangements, see table

Priority	Outcome	Measure
Thriving	T1. No of local direct employees	No of qualifying employees
	T2. Spend within local supply chain	% of value
	T3. no of residents employed	No of qualifying employees
	T4. Innovative measures to promote skills and employment	Hours invested
	T5. Donations in kind	£ invested
Family Friendly	F1. No staff hours on local school and college visits	No of hours
	F2. No week work experience/placements	No of weeks
	F3. No of apprentices employed	No of qualifying employees
	F4. No of hours of support to long term unemployed	No of hours
	F5. Innovative measures to promote local skills and employment	No of hours
Secure	S1. Initiatives aimed at reducing crime or enhancing safety	£ invested
	S2. % of contracts including sustainable procurement	% increase
	S3. % of contracts on which social value commitments are required	% increase
	S4. Initiatives taken to engage in healthy interventions	Hours invested
	S5. Equality, diversity and inclusion training provided	No of hours
Caring	C1. Spend with VCSE	£ value
	C2. % of staff paid living wage	% during contract
	C3. Initiatives taken to support older, disabled and vulnerable people	Hours invested
	C4. No of hours donated to support VCSe	No of staff hours
	C5. Initiatives to tackle homelessness	£ value
Greener	G1. Miles saved	No of miles saved
	G2. Single use plastic eliminated	KG of plastic reduced
	G3. Contribution to offset scheme	No of tonnes
	G4. Organisational carbon reductions	No of tonnes
	G5. Tonnes of waste diverted	No of tonnes

## 3.7 Better Health and Wellbeing for All

Partnership working is a key aspect to achieving our priorities and due regard is had to health strategies to inform our integrated approach. Better Health and Wellbeing for All is the Integrated Care Partnership's (ICP) integrated care strategy to improve the health and care of people in the North East and Cumbria and can be read [here](#).

## 4 Commissioning intentions and procurement plan

### 4.1 Commissioning Intentions

Our commissioning intentions describe how we as an organisation intend to shape local services to meet the needs of individuals. They also describe the services we want to buy and the outcomes we wish to achieve for our local population.

We want our commissioning intentions to be aligned with the outcomes for individuals and that the services and support that is in place is also aligned to them.



A key element of this is to ensure that there is sustainability of provision to meet current and future need and that includes the types and quantities of services and provision we would want to have in place.

Our commissioning intentions are updated annually and our latest version covers the period 2024–26. They can be found on our website at [Our commissioning intentions | North Tyneside Council](#)

### 4.2 Procurement plan

Most of the adult social care services and provision is delivered outside of the Local Authority and is delivered by either the community and voluntary sector or by private providers.

This can include some small local providers that deliver services / support in North Tyneside or to large national private sector providers that operate across the country.

We need to ensure our procurement arrangements are fit for purpose, they meet our legal and statutory requirements and support our requirement of having high quality provision of care and support being delivered to vulnerable people across North Tyneside.



The procurement plan sets out how we do that and also the timetable of new contracts and framework arrangements. We need to ensure our procurement plan also offers value for money and that we can demonstrate high quality services being delivered through robust contract management and quality monitoring arrangements.

We have a separate Procurement Plan and Approach to Quality and Value for Money document that sets out how we do this. We will work with our Commercial Team to ensure we are meeting our public procurement requirements and that we have good and robust systems in place for working fairly and transparently with the external market.

### 5 People with lived experience

We will engage with people who use our services and/or those that are closest to them to help shape our future and place an emphasis on co-producing services wherever possible.

We do this in a variety of ways at service level, including through the following forums:

- Inspire service user forum
- Carer forum
- Parent carer forum
- Learning disability forum
- Other groups

“Stronger together” is the theme of our developing co-production plan and this sets out how we will draw on the power and experience of people with lived experience in everything we do.

In relation to the commissioning function, this means:

#### **Including people with lived experience in the commissioning of services:**

- Service design, making sure we have views on how services should be delivered and the outcomes for individuals.
- Procurement, ensuring we have input into the evaluation of tenders and award of contracts.
- Monitoring and review of services, this includes the criteria that we use and also involvement in the process.
- This work is outlined in our Commissioning Intentions.

Our statutory returns also feed into national data that enables us to benchmark against comparable national and regional authorities:

- **Adult Social Care Outcomes Framework (ASCOF)** measures how well care and support services achieve the outcomes that matter most to people. This is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.
- **Survey of Adult Carers in England (SACE)** is one measure that provides information to help us understand if services received by carers are helping them in their caring role and their life outside of caring, and about their perception of the services provided to the person they care for.

A Power BI detailing our service users survey can be found [here](#)

## 6 Commissioning arrangements

There are a number of ways that services can be accessed, provided and paid for, including:

- Commissioned support arranged by the council.
- Direct payment, where a client receives a personal budget and makes arrangements directly.
- Individual service fund (ISF): similar to a direct payment where the personal budget is managed by the provider.
- Self-funding, where a client has financial resources and directly funds the service(s) themselves.
- Commissioned by another body, i.e. another council or the Integrated Health Board (for health funded placements / packages).

We have a targeted approach to support and keeping people independent, this is in line with our Prevention Strategy of:

- Prevent
- Reduce
- Delay



### 7 Market overview

There are a range of social care services available to support vulnerable adults with short and long term needs. These include:

- Home care
- Day services
- Outreach support
- Supported living
- Extra care
- Residential and nursing homes

These services support the following client groups and are grouped under the person's Primary Support Reason (PSR) that covers 'working age adults' and over 65s:

- Learning disability
- Mental health
- Sensory
- Social support
- Physical support
- Memory and cognition

#### 7.1 Home Care

The local domiciliary market is made up of three types of providers:

Type of provider	Total
Locally owned and operated individual	21
Franchised branches operated as individual entities but part of a larger organisational infrastructure	3
Branches owned and operated by large organisations	8

#### 7.2 Day services

We have a range of day services in place across North Tyneside that support older people, people with dementia, learning disability and mental health groups.



Some services are directly commissioned, and some are accessed via a personal budget or an individual service fund (ISF). These services offer a range support that may be either building based or in the community, some are more therapeutic and others are linked to daily living skills or supporting employment pathways.

### **7.3 Supported living**

We have an ongoing strategy of supporting people with a learning disability, a mental health problem and / or autism to live independently in their own homes in the community as opposed to living in a residential care setting.

We have 209 supported living services with 313 people living in them. They range from single person properties to core and cluster properties with up to 16 people living in self contained units with joined communal facilities.

Our housing strategy supports the continued development of housing options for individuals.

### **7.4 Extra Care**

Our strategy is to support the development of, and access to, extra care provision as an alternative to residential care. This could be about delaying the need for a move into a care home or as a direct alternative.

We have 11 extra care schemes in operation across North Tyneside, they are operated by 7 different landlords and the care and support is commissioned from 3 different CQC registered care providers. In total there are 480 apartments with one of the schemes (providing 40 apartments) offering extra care specifically for people with dementia.

### **7.5 Care homes for older people**

There are 30 care homes of various sizes for older people in the borough; some are part of large national organisations whereas others are regional or are small local sole providers. Equally, there is a mix of new build provision and converted older properties.

Diversity of the market is therefore good, and we are not over reliant on any one type of provision or provider. The range of provision type is set out in the following table:

Area	Small (1-25 beds)	Med (26-50 beds)	Large (51+ beds)	Total
Local	3	3	0	6
Regional	2	7	2	11
National	0	8	5	13
Total	5	18	7	30

### 7.6 Care homes providing specialist support

This covers care homes that support working age adults from other client groups such as learning disability, mental health, physical disability etc.

There are 12 care homes delivering residential provision, including specialist support to forensic clients. This includes one dedicated residential respite unit.

Area	Small (1-10 beds)	Medium (11-20 beds)	Large (21+ beds)	Total
Local	4	0	1	5
Regional	4	1	1	6
National	0	1	0	1
Total	8	2	2	12

### 7.7 Shared lives service

We have a Shared Lives service that operates in North Tyneside and supports primarily people with a learning disability and generally people with less complex needs.

We want to grow and develop this service so that it supports more people and those with more complex needs. We are working with Shared Lives Plus to do this.

A Power BI detailing Adult Social Care activity can be found [here](#)

### 8 Market sustainability plans (MSP)

We have developed a series of market sustainability plans which can be found on our commissioning webpages. The plans cover the following service areas:

- Older person's care home and home care:
- Learning disability and autism
- Mental health – working age adults

Within each of these, the plan covers:

- An assessment of the current provision and current sustainability of the market
- An assessment of the impact of any future market changes
- Plans to address any future market changes and sustainability between now and March 2026

The purpose of these is to identify any known changes that may be coming to see how they impact on current provision and an assessment of any potential changes to the market / provision. This will allow further consideration of planned changes to mitigate any risk / impact

### 9 Quality monitoring and assurance of provision

We have high expectations of social care providers, and this is reflected in our contract requirements, service specifications and standards.

We have a planned programme of quality monitoring visits throughout the year to assess the overall quality of service provision against standards and an agreed quality monitoring assessment tool. This covers the following services and client groups:

- Home care and extra care services;
- Day services;
- Supported living and other community based / outreach services;
- Residential and nursing care for older people and other client groups;
- Other service areas not covered above.

We also work closely with colleagues in the [Care Quality Commission](#) (CQC) and the North East and North Cumbria Integrated Care Board (ICB) – North

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Tyneside place, as well as other NHS providers to look at the services in North Tyneside to ensure the care and support services are delivering high quality services that are meeting people's needs.

We are developing a risk based assessment of provision in North Tyneside and this dashboard will identify areas of concern, highlight trends to factor into future monitoring and ensure we have sight of the quality of provision against the £100m + spent annually on care and support services.

Allied to this is the introduction and use of a Contract Management Toolkit across the adult social care portfolio to ensure we can demonstrate quality and value for money is being obtained.

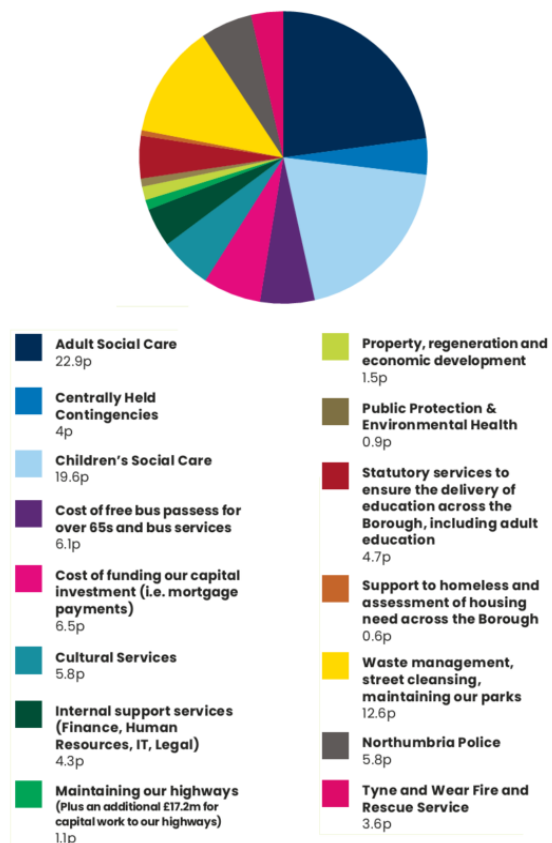
A Power BI showing CQC's inspection ratings can be found [here](#)

## 10 Finance

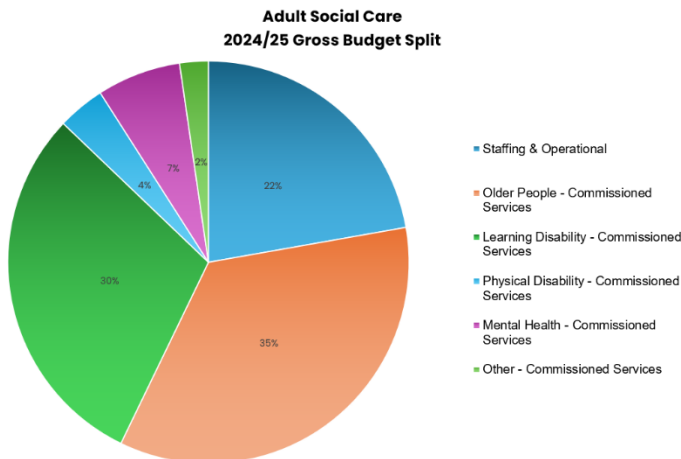
The councils budget sets out the income and expenditure for all council services. For Adult Social Care this includes staffing budgets for the directorate, as well as the Commissioning budgets for spend on externally provided services.

Across Adult Social Care, in 2024/25 we have a gross budget of £136.4m and a net budget of £70.1m.

Whilst we need to have a critical eye on the money we spend, we equally need to ensure that our income is maximised to offset our gross spend.



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Our gross budget for commissioned services is £106m and this represents 78% of the overall adult social care budget.

A majority of this spend (45%) is on older people's services, closely followed on learning disability services (38%)

The budget also includes income from various areas, including:

- Client contributions and charges.
- NHS income for specific care packages, e.g. s117 or shared care arrangements.
- NHS income linked to services including the Better Care Fund.
- Other grants or funding.

The council's budget can be found on the council [website](#).

A Power BI showing adult social care expenditure is available [here](#)

## 11 Workforce

### 11.1 Skills for Care data

A summary of the North Tyneside social care workforce can be found at the Skills for Care website, details as follows:

- [Skills for Care summary of adult social care sector and workforce in North Tyneside](#)
- [Skills for Care Workforce Intelligence – My local area](#)

### 11.2 Adult Social Care Workforce Strategy 2022–25

Our current workforce strategy sets out how collectively as a place we are working with and supporting our providers to have the right capacity and

capability to deliver services on our behalf. The key themes within this strategy are:

- Grow and develop the workforce to meet future demands.
- Develop and implement a robust workforce planning mechanism.
- Support the wellbeing and positive mental health of the workforce.
- Build and enhance equality, diversity and inclusion in the workforce.
- Enhance the use of technology.

There is further work to revise and update the strategy and to extend it to cover external provision and to support with recruitment and retention issues as well as development of members of staff within services. This will be published in late Autumn 2025 and will be aligned to the recently published National Workforce Strategy for Adult Social Care.

### 11.3 Care Academy

The Care Academy is a partnership between all care providers in North Tyneside, including the council, NHS, social care providers, the voluntary sector and local



schools and colleges and is for anyone looking for, or already working in care in the borough. It supports the recruitment and development of a well-led, skilled and valued care workforce.

The aim of the Care Academy is to provide opportunities, information, guidance and training for those interested in a career in care as well as those already working in care.

The objective is to increase, improve and develop the social care workforce in order to meet current and future demands.

More information can be found on the Care Academy website:

[www.northtynesidecareacademy.org.uk](http://www.northtynesidecareacademy.org.uk)

### 12 Housing

People at the Heart of Care proposes that decisions about care are also about housing, and that the environment in which someone lives can have a real impact on their quality of life and how their social care needs are met.

Good quality housing options can mean that people:

- Do not stay in hospital longer than is necessary.
- Do not move into residential care prematurely.
- Have access to adaptations and equipment so they can live independently.

We have a good baseline of high quality housing provision to support people at risk, through the delivery of:

- Step-down flats to support hospital discharge for people who are no longer acutely unwell but are not yet ready to return home.
- Reablement support and domiciliary care services to support people with care and support needs in their own homes.
- Sheltered accommodation.
- Independent living schemes (ISLs).
- Extra care.
- Shared Lives.

The council's Housing Strategy for North Tyneside 2023–2028 aims to improve the housing accommodation offer through collaborative working to tackle homelessness, increase the support for the mental health and wellbeing of residents and refresh the housing Market Position Statement to identify future specialist need.

A new / updated Housing Needs Assessment and Market Position Statement will be published in November 2024 and this will give an update on the current and future needs to support vulnerable adults in a variety of settings, including extra care, sheltered accommodation, supported accommodation (linked to homelessness and people with chaotic lifestyles) and supported living for people with a learning disability, autism, mental health problem.

The housing strategy and Market Position Statement can be found on the council's website.

### 13 Key commissioning messages

Our key messages to the market are set out below:

Care provision	Messages
Care homes for older people, including nursing care	<ul style="list-style-type: none"><li>• Put in place new contracts and framework agreements.</li><li>• Review service requirement for bariatric care and short term provision for people in hospital with delirium.</li><li>• Ensure there continues to be sufficiency of provision for nursing care provision and also dementia nursing care.</li><li>• Provision needed for people with a learning disability who are becoming older, more frail / have physical needs and / or dementia.</li></ul>
Care homes for mental health and learning disability	<ul style="list-style-type: none"><li>• Re-procure the learning disability respite / short breaks service.</li><li>• Put in place new contracts and framework agreements.</li><li>• Review forensic provision and opportunities for move-on, freeing up capacity.</li></ul>
Home care	<ul style="list-style-type: none"><li>• Review requirement for home care and put in place new contract / framework agreements from April 2026.</li></ul>
Extra care	<ul style="list-style-type: none"><li>• Review requirement for extra care and put in place new contract / framework agreements from late 2025.</li><li>• Step-down provision to continue and support hospital discharge process.</li><li>• Pilot extra care unit for bookable respite provision for older people, support for carers to have a break.</li></ul>
Supported living / accommodation	<ul style="list-style-type: none"><li>• Run mini tenders from the framework for specific ISL services, as required.</li><li>• Re-procure the under 25 and over 25 supported accommodation services.</li></ul>



## Commissioning Plan and Market Position Statement – 2024–26

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Care provision	Messages
	<ul style="list-style-type: none"><li>• Review mental health supported living provision and how this is currently being delivered, support move on for some people.</li><li>• Specialist mental health bespoke provision, linked to hospital discharge and move on from residential services.</li></ul>
Day services	<ul style="list-style-type: none"><li>• Continue to monitor demand and provision required for people with more complex needs, learning / physical disability.</li></ul>
Other service areas	<ul style="list-style-type: none"><li>• Healthwatch – new contract to be put in place, procurement to be completed.</li><li>• Carers support – new contract to be put in place, procurement to be completed.</li><li>• Increase the number of shared lives carers.</li></ul>
Other areas	<ul style="list-style-type: none"><li>• Workforce strategy being refreshed and extended to include external providers and their staff teams.</li><li>• Housing needs assessment and market position statement to be completed and published.</li><li>• Review funding into community and voluntary sector to consider development of “grant” process for 2025–26</li></ul>
All services	<ul style="list-style-type: none"><li>• Work with providers and the market generally on cost pressures and how this feeds into fee increases.</li><li>• Continue with rollout of quality monitoring arrangements, report finding and use to share learning and drive improvements.</li><li>• Develop activity and finance dashboards for all service areas, also provider profiles.</li><li>• Demonstrate we listen to people with lived experience and feed this into service design, procurement and monitoring.</li><li>• Ensure social value is embedded in our procurement process and monitored throughout the life of the contract.</li></ul>

### **14 Our challenges**

Across the health and social care system, we have a number of challenges that impact on our statutory duties. Most of these are delivered by services commissioned from the private and voluntary sector, so it is important to ensure we have effective arrangements and high quality services in place and a mature relationship with providers.

#### **14.1 Demand**

We have increasing demand in relation to older people over 75, and those with dementia, with high increases over the next 5+ years.

Alongside this, there is high levels of complexity and acuity of need of working age adults coming through into Adult Social Care through transitions – out of hospital, from children’s services etc.

#### **14.2 Workforce**

Workforce counts for the biggest element of cost that providers face. We have seen a changing landscape in recruitment and retention issues since the pandemic with more overseas workers coming into services in North Tyneside.

The cost associated with recruitment, covering with agency staff is a “real” additional cost that providers face and we are committed to working with them to reduce this.

This is through the development of a new / updated workforce strategy that will include external care and support providers and the role out of the Care Academy.

#### **14.3 Finances**

Public sector finances remain challenging and we must ensure the North Tyneside pound is spent wisely and that we get value for money. How we commission services and support and how social workers develop plans and funding to meet eligible needs continues to be high priority

We continue to work with colleagues across the Council on the Medium Term Financial Plan to ensure we have funding levels in place to support our demand requirement. This plan forms an integral part of doing this alongside on-going challenges with workers and teams on how we meet need.

### **14.4 Quality**

High quality is at the forefront of what we do, we want people to be safe and have high quality services in place to meet their needs and outcomes. We continue to look at ways to enhance quality and ensure that people's views are embedded in the services they receive and that they have greater choice and control over this.

### **14.5 Market capacity and sustainability**

We continue to look at this and review this with the market and providers through our Provider Forums and other 1:1 discussions. We will review and refresh our commissioning intentions annually to reflect key messages to the market and views on new areas we want to commission or importantly areas where we see a reduction in requirement, how this feeds into over supply.

Our market sustainability plans give us insight into up-coming challenges and how this impacts on commissioning requirements.

## **15 Human rights and equality / diversity**

As a public sector organisation, we are legally and morally responsible for ensuring we respect and protect the human rights of all individuals when provide social care services.

We uphold the Public Sector Equality Duty under the Equality Act 2010, protecting individuals from discrimination against them based on their protected characteristics (age, disability, gender reassignment, marriage and civil partnerships, pregnancy, maternity, race, religion and belief, sex and sexual orientation).

We ensure we undertake a full Equality Impact Assessment as part of any service procurement to ensure we mitigate any risks identified associated with protected characteristics, including those of family carers.

We ensure that the services we commission deliver person centred services that are underpinned by dignity and respect.

## 16 Feedback and comments

We would welcome your feedback on this Market Position Statement to understand:

- Have you found it helpful?
- Which areas were particularly useful for you?
- Which areas could we improve?
- Which areas would you like to see more information?
- How can we keep you updated?

More information can be found on our website, [northtyneside.gov.uk](https://northtyneside.gov.uk) and searching '**Adult Social Care Commissioning**'.

To get in touch, contact the Adults' Commissioning Team by email at [commissioning@northtyneside.gov.uk](mailto:commissioning@northtyneside.gov.uk) or by phone: (0191) 6437100.

For information about adult social care in North Tyneside, visit **My Care North Tyneside** online or for general telephone enquiries, the Social Care Contact Centre on 0345 2000 101.

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# North Tyneside Council

**North Tyneside Council  
Adult Social Care – Commissioning  
Quadrant  
Silverlink North  
Cobalt Business Park  
NE27 0BY**

**[Providers and Commissioning | North Tyneside Council  
commissioning@northtyneside.gov.uk](mailto:commissioning@northtyneside.gov.uk)**