

# **Market Sustainability Plan for Older Person's Care Homes and Home Care**

Adult Social Care  
2024-2026



North  
Tyneside  
Council

# Adult Social Care – Market Sustainability Plan for Older Person’s Care Homes and Home Care – 2024-26

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## Document Control

<b>Document Title</b>	Market Sustainability Plan for Older Person’s Care Homes and Home Care – 2024-26
<b>Version</b>	1.0
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<b>Date Approved</b>	Adult Social Care – Senior Management Team
<b>Review Frequency</b>	Annual refresh
<b>Next Review Date</b>	March 2025

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## **Adult Social Care – Market Sustainability Plan for Older Person’s Care Homes and Home Care – 2024–26**

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### **Introduction to the Market Sustainability Plan (MSP)**

North Tyneside Council is a unitary authority in the North East of England in the County of Tyne & Wear. It is 32 sq miles in size and is bordered by Newcastle to the west, Northumberland to the north the North Sea to the east and the River Tyne to the south.

The population of people 65 and over is as follows and is increasing over the next three years and moreso over the next 10 years, with the greatest increase in 75+:

<b>Age Range</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>% inc</b>
People aged 65–69	12,500	12,800	13,000	13,300	6.40%
People aged 70–74	11,400	11,200	11,400	11,400	0.00%
People aged 75–79	9,100	9,800	10,100	10,300	13.19%
People aged 80–84	5,600	5,600	5,900	6,100	8.93%
People aged 85–89	3,600	3,700	3,700	3,800	5.56%
People aged 90 and over	2,000	2,000	2,000	2,000	0.00%
Total population 65 and over	44,200	45,100	46,100	46,900	6.11%

There are 4044 people in receipt of care services funded by the Authority in 2023/24 (to date).

This plan covers the period 2024–26 and should be read in conjunction with:

- Adult Social Care Strategy
- Commissioning Plan and Market Position Statement 2024–26
- Commissioning Intentions

The Adult Social Care priorities relating to care homes and home care provision are:

- Support people to go home on discharge from hospital, use dedicated intermediate care and other resources rather than short term placements;
- Reduce long term and short term placements into care homes;
- Continued use and development of extra care;
- Grow capacity in home care to support hospital discharge and community placements;

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- Increased use of assistive technology to complement paid care / support for individuals;
- Manage budget and expenditure across a range of different service types.

This plan is for two years in line with the Adult Social Care Strategy 2024–26 and other commissioning plans. This is so that from April 2026 there can be a full refresh and update of the strategies and plans to take account of:

- A new Our North Tyneside Plan following appointment of a new Elected Mayor
- Refresh and update of the Equally Well Strategy – Health and Wellbeing Board
- Update from emerging and detailed government policy relation to health and social care

### **Engagement with the Market**

We have engaged with the care home and home care market in the completion of this market sustainability plan and we will continue to engage with the market going forward to ensure we have a collective narrative and position and that we have a viable and sustainable market over the coming three years.

The engagement has included conversations with individual providers, discussions at provider forums and market events as well as bespoke engagement with providers specifically on the proposed content of the submission of this MSP. The views of providers has helped define the content of this MSP.

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## Section 1: Assessment of the current sustainability of local care markets

### Part A – Assessment of current sustainability of the 65+ care home market

There are currently 30 care homes operating in North Tyneside that primarily support older people, there are other care homes that operate and support people with a learning disability, physical disability or with mental health problems.

Of the 30 older people’s care homes:

- There are 1499 beds
- 17 homes delivering residential care only
- 12 homes delivering residential and / or nursing care
- 1 home delivering nursing / continuing health care only

These 30 care homes range in size and some are part of large national organisations whereas others are regional or are small local sole provider.

Equally there is a mix of new build provision and converted older properties.

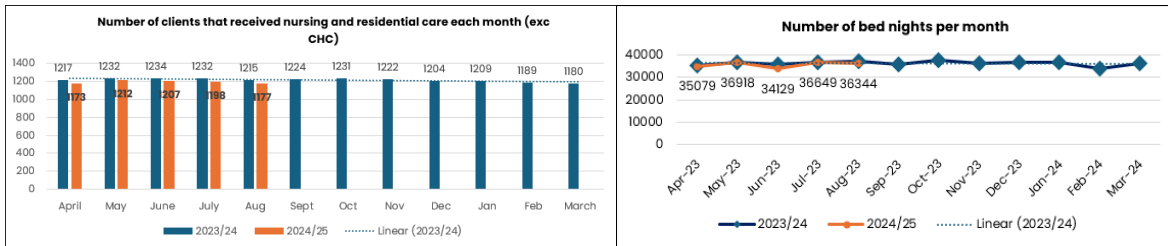
Diversity of the market is therefore good, and we are not over reliant on any one particular type of provision. The range of provision type is set out in the following table:

	<b>Small, 1-25 beds</b>	<b>Medium, 26-50 beds</b>	<b>Large, 51+ beds</b>	<b>Totals</b>
<b>Local</b>	3	3	0	<b>5</b>
<b>Regional</b>	2	7	2	<b>11</b>
<b>National</b>	0	8	5	<b>13</b>
<b>Totals</b>	<b>5</b>	<b>18</b>	<b>7</b>	<b>30</b>

Occupancy is currently at 90%. This has increased from 86% prior to COVID. There are sufficient beds in the market, however we experience difficulty finding placements due to lack of staff/ recruitment issues. Whilst there are nearly 145 empty beds in the system there are only around 80 placements available on any given day due to staffing issues.

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The overall number of people we are placing into a care home is decreasing.



Within this we can see that residential numbers are fairly static, it is nursing numbers that are increasing. Short term placement increases peaked in May 2022 with around 100 additional placements compared to pre-pandemic in May 2019. The number of new short term placements has seen a significant decrease.

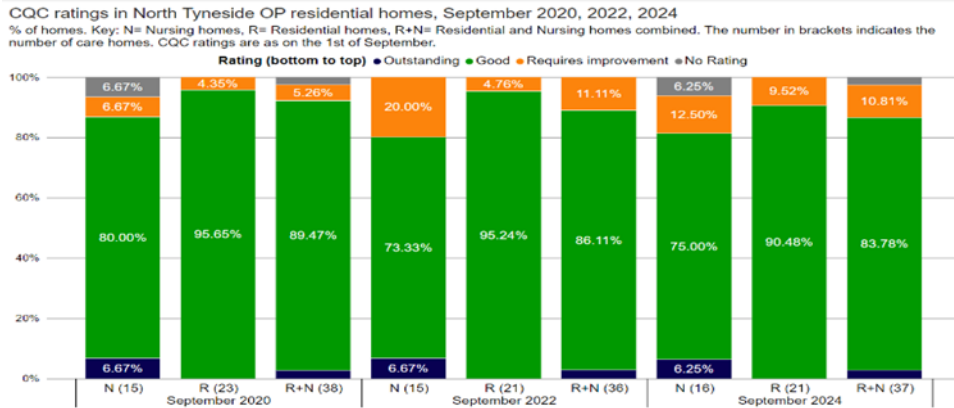
The main reason for the decrease in short term is improved capacity of home care to support people back home and a variety of recently commissioned step-down options.

Overall, the number of new long term admissions has decreased by 11 over the last year and short term admissions has reduced by 25.

Care home placements are commissioned on a spot contract basis. Fee negotiations with providers are on-going annually and we have agreed fees for each of the last four years.

The overall quality of service provision is good and higher than the national average – good and outstanding. No homes are currently rated as inadequate and two nursing homes and two residential homes are rated as requires improvement by CQC. There is a positive movement from 67% of care homes being rated as good to 83% now being rated as good with one being rated as outstanding.

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We undertake a Quality Payment Assessment to determine the fee level to be paid to each home based on grades 1 and 2. 25 out of 30 older person’s care homes are now grade 1 compared to 20 out of 30 homes last year.

Whilst there are always on-going issues with care providers in relation to service delivery, safeguarding etc, the overall movement from CQC and Quality Monitoring is positive.

Current fees paid from April 2022 are set out below (grade 1 only shown):

Care Type	Grading Level	22/23 with 7.4%	22/23 with 8.6%	23/24 with 12.49%	24/25 with 8.86%
Residential - general	1	£690.54	£698.25	£785.46	£855.92
Residential - dementia	1	£729.91	£738.07	£830.25	£904.72
Nursing - general	1	£690.54	£698.25	£785.46	£855.92
Nursing - dementia	1	£729.91	£738.07	£830.25	£904.72
FNC		£209.19	£209.19	£219.71	£235.88
CHC top-up		£92.16	£92.16	£93.82	£102.24

*\* An additional 1.2% increase was agreed with providers (7.4% to 8.6%) to reflect additional cost pressures. The baseline returns to 7.4% increase rates for fee negotiations from April 2023.*

We have seen only one care home closure in the last three years and this was as a result of low numbers and people moved to a sister home that the provider operated in North Tyneside. We also have one “new” care home under development, more on this in section 2.

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We have good provision of extra care across North Tyneside and two new schemes (with 100 self-contained apartments) that opened earlier this year. This provides additional capacity and alternative to residential placements. One of the extra care schemes is specifically for people with dementia. There are discussions with a developer about additional extra care provision

The delays to charging reform have impacted on the expectation from care home providers to receive a higher level of increase associated with this work. We will continue to work hard and proactively with providers individually and across the local market to ensure continuity and sustainability of provision from April 2024.

Our top three challenges for care home market / provision currently are:

- Recruitment and retention of care staff, also nurses;
- Changes in demand, provision needed to dementia support, bariatric care and short term support for people with delirium coming out of hospital. Possible reduction in bed numbers and overall reduced occupancy;
- Uncertainty on rising costs and how these will be met in year and as part of inflationary increases going forward;

### **Part B – Assessment of current sustainability of the 18+ domiciliary care market**

North Tyneside Council operates a domiciliary care framework and an accredited list, with 32 providers in total delivering services, including 6 non-contracted providers.). 80% of all services are delivered by ten providers. There have been a number of capacity issues across the lifetime of the contract and the number of and use of both contracted and non-contracted providers has increased. One provider has exited the market in the last six months, affecting two homecare clients.

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

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

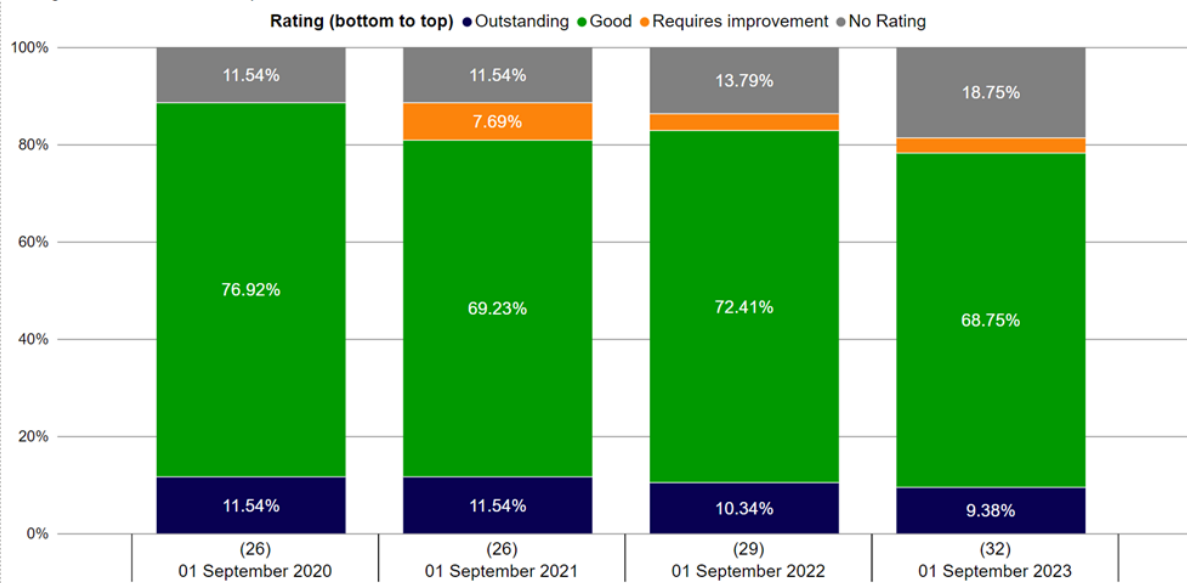


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The majority of providers have been inspected by CQC and rated as good, some as outstanding. There has been an increase in providers in the market and so the percentage of unrated providers has increased. The provider identified as requires improvement at Sept2023 was subject to organisational safeguarding process.

**CQC ratings of homecare services based in North Tyneside September 2020 - 2023**

% of CQC locations that provide domiciliary care services and are located in north tyneside. The number in brackets indicates the number of locations. Ratings are as on the 1st of September.



Newer home care providers in the borough have met our accreditation criteria under the commissioning arrangements, but some of these are yet to be inspected by CQC.

The Borough is defined by six geographical zones and each provider can operate in the zones of their choosing. Historically, it has been more difficult to identify care/support in the North West of the borough because of travel related issues and higher related travel costs e.g. distance between visits, poor public transport, less urban. For these reasons there are higher rates paid in two of the zones which are approx. 10% more than in the rest of the borough.

New contracts are currently being developed with SMT and a new tender will be publishing during 2024/25 for new contracts and framework agreement in place from April 2025. We believe there are too many providers operating across the borough and would be looking to reduce the number of contracted providers.

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The number of customers with a commissioned homecare service has fluctuated over the past five years.

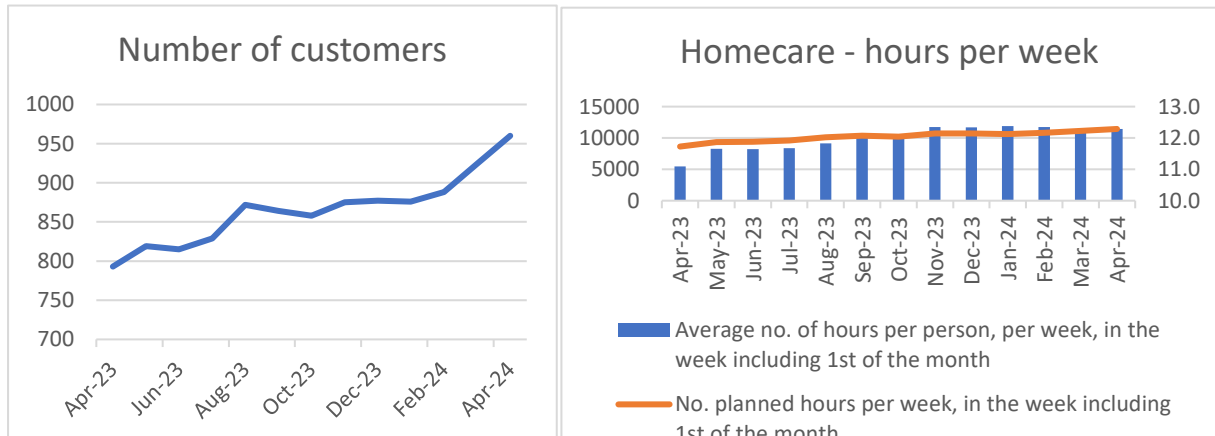
- Overall, the number of customers has reduced and the number of hours has increased. The decrease in customers was not a result of a decrease in demand; but because the homecare market was unable to meet demand.
- This is not the case now and over the past year supply is meeting demand: number of customers, number of hours and average number of hours per person have all increased.

	No. customers	No. of hours	Average no. of hours per person
Sep-18	931	9932	10.7
Sep-19	928	9992	10.8
Sep-20	959	10846	11.3
Sep-21	820	9388	11.4
Sep-22	712	8407	11.8
Sept-23	864	10354	12.1

In general, during 2023/24 in any week there was around:

- 860 customers
- 10,100 hours
- 12 hours per person on average, gradual increase over last 5 years (complexity and acuity of need)

And this has changed as follows over the last year:



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The brokerage waiting list had a high of 210+ people waiting for a homecare package in early 2023. Prior to Covid the waiting list had around 40 people on it and seasonally this would increase to around 100 in the height of winter.

When businesses temporarily closed in response to Covid, the waiting list reduced to zero when providers had an influx of new staff who joined when primary employers’ business was unable to operate. Since then, those staff have mostly returned to their previous employment.

In the past year the number of providers has increased and the number of overseas workers in care home and home care provision has significantly increased. This, alongside other factors, has had a role in changing the supply market for home care specifically whereby the market can now meet demand with only around 10–15 people waiting for a homecare package.

The reduction in the brokerage list is set out below and we also know that those waiting for a home care package are not waiting very long, generally only a few days and not many in excess of one week.

Number of people waiting for a homecare package									
Sept 2019	20	Sept 2020	9	Sept 2021	174	Sept 2022	141	Sept 2023	15

In 2021, the Authority created its own internal homecare team in response to provider failure, the market’s inability to meet demand; and to crisis situations when providers handed back multiple packages. It would not be financially sustainable if it had been in the independent sector and it was difficult to sustain because of difficulties around recruitment. In 2024, all packages were transferred to contracted providers and the team was embedded within the internal reablement service as part of plans to develop a Home First model.

A Home First model is in place for hospital discharge to support people back home with a range of reablement / step down services to put in place where this is needed, but with the ultimate goal of getting people home.

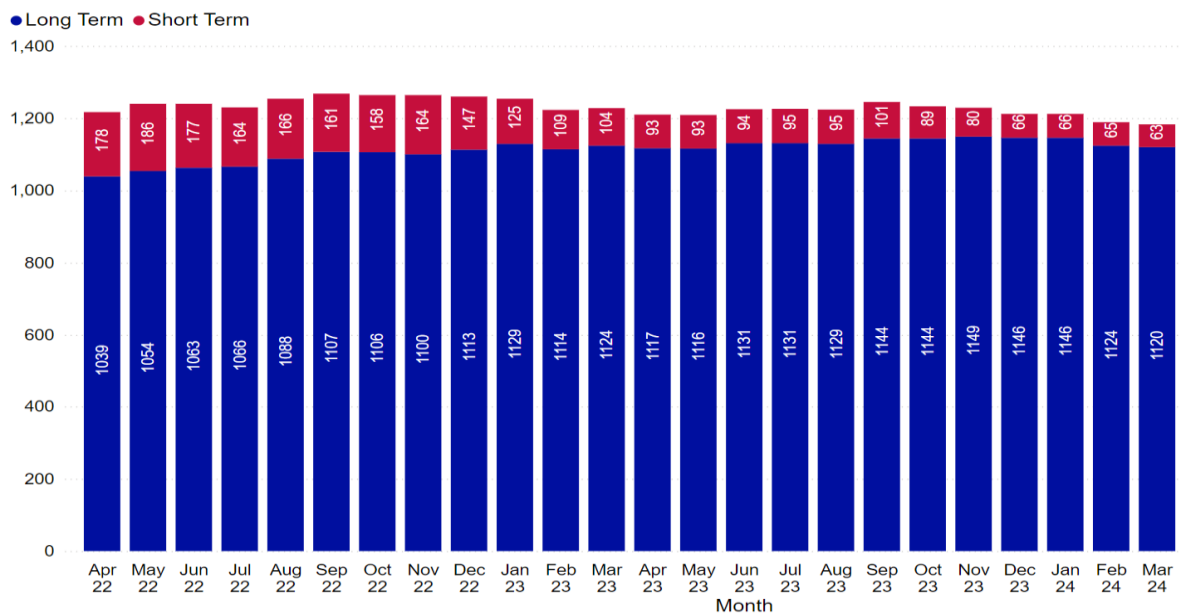
In care homes, we saw a consequential increase in short term placements or people from hospital as the homecare sector could not meet demand. These

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placements were significantly higher in cost than the homecare services required and a number then transferred into long term care home placements.

The following graph shows the numbers of short and long term placements and the movement since April 2022. In January 2021 there were 161 short term placements, this increased over the year and continued to increase in 2022, with the highest number (254) in March2022.

Number of people in long and short term residential and nursing placements  
Excludes CHC



Service rates for 2024/25:

	<b>Zones 1 to 4</b>	<b>Zones 5 to 6</b>
15 mins	£5.93	£6.52
30 mins	£11.57	£12.74
45 mins	£16.86	£18.52
60 mins	£20.95	£23.04

This increase in rates in April 2024 represented a 8.65% increase to the previous year. We are committed to supporting NLW / RLW increases to allow providers to continue to be able to pay staff at or above NLW rates in North Tyneside.

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In 2022/23 we agreed an additional percentage increase in the rates paid to home care and extra care providers to allow them to increase the pay to staff to the Real Living Wage. This additional sum was directed to staff wages.

We will seek to take this into account when we award new contracts later in 2024/25, ie those providers that offer staff good terms and conditions such as paying staff guaranteed hours, travel time etc.

Providers have been consulted numerous times on various aspects of homecare and more recently in preparation for new contracts. They tell us their greatest challenges relate to:

- Staffing levels and difficulties with recruitment and retention of local staff (high turnover; staff pay; terms and conditions; perception of the role; petrol, transport and seasonal issues; ageing workforce; resource intensive and high cost with low reward; new staff remain with the provider and within the care workforce for a very short length of time; new staff don’t really understand the role of a care worker – despite continuous recruitment).
- Being efficient with changing landscape (workforce changes; having efficient runs; balancing staff availability with service demands; managing non-productive time and costs)
- Market changes and market forces (increasing demand; inability to respond to increasing costs because of fixed price contracts; less profit and less ability to re-invest; providers competing and priorities around quality and capacity; providers do not present comparable information when advertising care roles and people may move around with a higher expectation than is achievable). More recently the market has changed considerably with an increase in providers and internationally recruited carers, the market is able to meet demand.

With the more recent changes in the market, some of the longest serving providers in the borough are now reporting they are struggling to be financially sustainable. They are keen for new care contracts to be awarded. Three of these providers have introduced guaranteed hour contracts and while staff retention has significantly improved they are struggling to achieve the care hours they need in order to give those staff sufficient hours and therefore to be financially stable.

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Home care is a priority area to support hospital discharge and reduce requirements for more expensive interim arrangements in other care settings.

Our top three challenges for homecare market / provision currently are:

- Recruitment and retention of local care staff e.g. staff morale; time recruitment processes take
- Costs of delivery; rising costs e.g. energy and petrol and increasing cost of living; and supporting providers to be more efficient
- Having a more attractive and better perceived adult social care sector: the care sector is not attractive to younger people; other sectors offer better terms and conditions with fewer responsibilities; there is a poor perception of care and it is not seen as valued.

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### Section 2: Assessment of the impact of future market changes

Based on ONS projections the number of over 65s in North Tyneside is expected to increase by 6% between 2022 and 2025 which is slightly higher than the national expected increase (5.5%). People aged 65 and over currently make up 21% of the Borough’s population, slightly higher than the regional figure of 20.7% and national data at 18.5%). The largest predicted increase 13.2% is in the number of people aged 75–79 and over from 9100 in 2022 to 10,300 in 2025.

The number of people by age, known to North Tyneside Council, living in a care home (all placements both in North Tyneside and out of area) or receiving a homecare service is currently (at the beginning of September 24):

<b>Age of person</b>	<b>No. care home residents, commissioned by NTC</b>	<b>No. homecare customers, commissioned by NTC</b>
Under 65	128	181
65–69	51	67
70–74	89	89
75–79	166	134
80–84	168	170
85–89	171	168
90+	206	162
<b>Total</b>	<b>979</b>	<b>971</b>

Of the current people in the care homes:

- 38% are residential funded by NTC
- 5% are respite placements funded by NTC
- 15% are nursing funded by NTC and ICB
- 3% are continuing healthcare funded by the ICB
- 5% are NHS directly commissioned beds for intermediate care
- 7% are placements funded by other local authorities
- 27% are self-funded placements

### Demand changes

We anticipate a number of changes in demand for care home and home care provision over the next two years and need to work proactively with the market to

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ensure we have the right services and provision in place as a result of those changes. This will include:

- Increase in demand from numbers of people and how much care each person needs because of population projections and older people having more complex health and social care needs.
- Reduction in short term placements into care homes;
- Increase in people going home following discharge from hospital(Home First model);

Some of the ways in which we aim to work with the market and manage demand:

- Having more internal assessment around the needs of people re additional carers, use of fifteen minute visits, assistive tech needs, process flows from internal to external services.
- Continued investment in intermediate care (through ICB and NHS arrangements) and also continued LA commissioned short term step down arrangements into extra care and some care home beds;
- Continue to prioritise home care and manage market capacity to meet current and future demand;
- Fully utilise current extra care provision as an alternative to long term care home placements and for some to delay the need to move into a care home environment;
- Increased use of assistive technology to complement paid for care / support to individuals in their own home.

These demand changes are in line with our Adult Social Care priorities.

### **Market changes**

We know there is an additional care home (80+ beds) awaiting final refurbishment and CQC registration. This would bring additional unwanted capacity and over supply into the market however the majority of the beds will be aimed at the self funding market and only some of which may be available at the council contracted rate. It is expected the majority of beds will be a mix of residential and nursing care and some other categories.

Whilst self funding beds will not have an immediate direct impact, it will in relation to:

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- Self funding people where their capital reduced and they need financial support and they have been in an expensive / high cost placement
- The impact on other homes in the area who have had self funding clients and may see a reduction in their occupancy

The market is currently operating with 90% occupancy, though we expect this to reduce over the next three years as some of the demand changes highlighted above happen.

Two new extra care schemes opened in 2022, one of which is for people with dementia. Demand for the new generic scheme was high and it is anticipated schemes built in the right location with the right facilities will be desirable, offering a real alternative to both care home and homecare services.

Extra care schemes are facing the same difficulties recruiting and retaining staff as homecare services and care homes. As a result, we have a number of void properties that have been let to people with low or no care needs because the on-site care team could not meet demand. This creates a longer term problem for the Council in its aim to offer extra care to those most in need of an accommodation and care service.

We would like to see a homecare market that continues to have sufficient number of suitably qualified and competent care staff to meet demand so that:

- People who need a homecare service are able to receive one
- There are no short term placements for people who are assessed as needing homecare
- People can return home from hospital in a timely way
- Short term services are available for those who do not need to be in hospital but who do need some additional support before they can return home; through step down beds

### **Key challenges:**

- Cost pressures relate to energy costs (fuel and utility) as well as staffing wage costs / terms and conditions to remain competitive and not lose staff to other sectors;

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- Workforce – Generally speaking, there is a poor perception of care and compared to other sectors, care staff have low pay for high responsibilities. The local care workforce is ageing with fewer people joining the sector and new recruits coming from the existing workforce. There have been a lot of new international / overseas workers in the care market.

### **Key opportunities:**

- Preparing for longer term demand based;
- New homecare contracts, to be awarded later in 2024/25, will offer an opportunity to strengthen the sector, improve operational practices, encourage best practice and cooperative development
- Using this market sustainability plan to drive forward change and ensure there is sufficient overall capacity in the system to support people being able to access the services that are right for them at a point in time.

### **Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified**

The Authority is committed to the delivery of high quality services that meet the needs of vulnerable people either in a care setting or for people living in their own homes.

The Authority recognises the value of a highly qualified, competent, capable and supported workforce to do this. This requires staff to be paid an economic level to encourage them to stay in care or to enter care. There are a number of other factors alongside this and through our engagement we have talked with providers and the market and will feed this into our new / refreshed workforce strategy which will cover the external sector.

This is across all sectors and types of provision.

#### **65+ care homes market – summary of position**

We have a stable number of care homes with an additional home opening in early 2025. This will bring additional capacity into the market.

We have indicated a degree of over provision in the market due to:

- Increase over the last few years, but now stable number of vacancies
- Additional supply
- Alternatives being explored – hospital discharge with home first and use of step down in extra care before getting people home. Also new extra care schemes in the last 12 months and also other in development

There is still demand for nursing provision, general and dementia, also bariatric provision and for people in hospital with delirium.

Over the term of this MSP (between now and October 2025), the Authority has set out its position in relation to demand for care home placements and changes in requirement needed to support more people at home for a longer period and delaying / reducing the need for a care home placement. This will be impacted also by changes in supply and the number of excess beds in North Tyneside.

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This consequential change in demand and supply will also impact on overall spend changes over that time.

The Authority is currently reviewing and putting in place new procurement and contracting arrangements with care homes and will ensure that an agreed cost base is part of this and also that the right amount of care home provision is in place to meet demand and to ensure financial viability and sustainability of the right level of provision for an effective and efficient number of care homes / beds in North Tyneside.

We will consider cost pressures on care homes as part of annual fee increases to take account of staff costs as well as general inflationary costs in operating a care home

### **18+ domiciliary care market – summary of position**

The Authority has a set of fixed rates for 15, 30, 45, 60 minute visits. The Authority does not commission visits at a pro-rata of the standard hourly rate, the short call cost is adjusted to reflect cost difference, i.e. travel time and travel cost.

The Authority currently pays both contracted and non-contracted providers fixed rates. There are a small number of packages that are set up at non-contracted rates and this is normally because the person has a specialist need.

In preparation for new care contracts a number of different financial options will be modelled. Providers will also be consulted on different options.

The Authority will work with providers to ensure more people are supported at home for a longer period; and to ensure the market delivers effectively and efficiently and that costs associated with delivery are maximised. We are committed to a Home First model to support hospital discharge and get a majority of people back home.

In preparing for setting up new care contracts a comprehensive exercise has been conducted and has considered:

- Now there is sufficiency across the market, greater focus can be given to improving quality.

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- Arrangements across continuing health care and social care requirements knowing a new contract will be for services commissioned by both the ICB and the Authority.
- Ensuring there is an effective brokerage function.
- New arrangements that strengthen relationships between providers and social work teams
- Moving from time and task to outcomes based commissioning, including adopting more outcomes based language across the service
- Building a more collaborative environment for providers and introducing and utilising trusted assessor type models
- Having practical transitional arrangements from old to new care contracts that minimise disruption to customers and providers
- Having regular contract management arrangements in place
- Mechanisms to support providers who are struggling with operational issues and/or at risk of failure;
- Review use of assistive technology to support and compliment provision.
- How to make stronger links to the Care Academy and workforce strategy