

# **Market Sustainability Plan for Working Age Mental Health**

Adult Social Care  
2024-2026



North  
Tyneside  
Council

**Adult Social Care – Market Sustainability Plan for  
Working Age Mental Health – 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.

Historically, funding for mental health services has been insufficient relative to population needs. This has made it difficult to meet the aim of achieving parity of esteem between physical health and mental health. Although funding is increasing, mental health services are now facing demands that were not anticipated such as: impacts of the Covid-19 pandemic; increased demand for mental health care; and higher than expected inflation.

### Demographics

- The are currently (2024/25) an estimated 7,665 adults aged 18-64 with mental health needs in North Tyneside, this population is estimated to increase to 8,739 by 2034.
- The majority of people with mental health needs aged 18-64 are living in mainstream housing. A small proportion of people with mental health needs are living in supported housing and in residential/nursing care.

The following table shows the projected growth in population within North Tyneside up to 2027

Age Range	2023	2024	2025	2026	2027
People aged 18-24	12,800	13,000	13,100	13,400	13,800
People aged 25-34	25,500	25,300	25,200	24,800	24,400
People aged 35-44	29,200	29,300	29,300	29,500	29,800
People aged 45-54	27,500	27,500	27,500	27,500	27,400
People aged 55-64	29,600	29,700	29,800	29,900	29,900
Total population aged 18-64	124,600	124,800	124,900	125,100	125,300
Total population - all ages	212,000	213,000	214,000	215,000	215,900

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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

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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### Assessment of the current sustainability of local care markets

The Council commissions 38 units of supported housing for people with mental health needs in 4 schemes. 16 of these homes are self-contained housing, the remainder are in shared housing.

The following table shows that of the number of individuals open to Social Care services within North Tyneside, who have a primary social care need of Mental Health, 45% are receiving a service.

No. of cases with a Primary Support Reason of Mental Health Support	442
No. of Mental Health Clients receiving a service	198
No. of Mental Health Clients without a service (most of these people will be in receipt of professional support from the mental health social work team)	244

Of the 442 clients who have a primary support need of Mental Health 297 people benefit from Section 117 aftercare, whilst 145 people do not.

S117	297
Not S117	145

In terms of where the 198 individuals are receiving a service, the table below shows that the vast majority of people receive community support.

Service Setting	Number
Nursing	16
Residential	21
Community	161

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The table below provides a more detailed breakdown of the community settings where people are receiving services.

<b>Of those in a community setting</b> (note that some clients receive more than one type of service in the community)	<b>Number</b>
Day care	23
Direct payments	19
Extra care	1
Homecare	29
Individual service fund	51
Support through technology	1
Supported living	41
Worker, professional support	24

Although there appears to be a large number Independent Support Living (ISL) schemes operating within North Tyneside there are a very small number of these services which are specifically for individuals with a primary support need of Mental Health. Two of the three specific Mental Health ISL's provide shared facilities. This brings challenges around suitable 'matching'.

### Fees

For 2024/25 the following fees are in place for Independent supported living, learning disability and mental health services:

- Hourly rate – non-complex care      £19.86
- Hourly rate – complex care          £20.59
- Overnight rate – Waking night      as per the above hourly rate x 10 hours
- Overnight sleep-in                      £122.96

In addition, North Tyneside has the following fees in place for Residential care, learning disability, mental health and physical disability:

- Variable rate – dependent on need and additional support required over base rate.
- Base rate range – £692.53 to £707.78

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Our top challenges for working age mental health services / provision are:

- Recruitment and retention of care and support staff.
- Increases in the complexity of presentations.
- Changes in demand, 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.

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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.

#### Demand changes

We anticipate a number of changes in demand over the next five years and need to work proactively with the market to effect those changes.

The table below shows growth in the number of working age adults presenting with different ranges of mental health problems:

	2023	2024	2025	2026	2027	%
People aged 18-64 predicted to have a common mental disorder	23,707	23,768	23,759	23,812	23,827	+0.5%
People aged 18-64 predicted to have a borderline personality disorder	3,009	3,017	3,016	3,023	3,025	+0.5%
People aged 18-64 predicted to have an antisocial personality disorder	4,126	4,135	4,138	4,150	4,154	+0.7%
People aged 18-64 predicted to have psychotic disorder	873	875	875	877	878	+0.6%
People aged 18-64 predicted to have two or more psychiatric disorders	8,988	9,010	9,010	9,031	9,038	+0.6%



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The table below shows the likely increasing demands for services for people with alcohol-related health problems, based on increase in prevalence data:

	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>%</b>
People aged 18-24 predicted to be at higher risk of alcohol-related health problems	445	452	456	470	481	+0.8%
People aged 25-34 predicted to be at higher risk of alcohol-related health problems	712	707	701	690	677	-0.5%
People aged 35-44 predicted to be at higher risk of alcohol-related health problems	1,043	1,046	1,046	1,055	1,065	+0.2%
People aged 45-54 predicted to be at higher risk of alcohol-related health problems	1,563	1,566	1,570	1,570	1,563	0%
People aged 55-64 predicted to be at higher risk of alcohol-related health problems	1,722	1,732	1,734	1,739	1,746	+0.1%
Total population aged 18-64 predicted to be at higher risk of alcohol-related health problems	5,486	5,503	5,508	5,524	5,531	+0.1%

In 2018, there was an increase in the suicide rate following several years of steady decline. Although this was partly due to a change in the 'standard of proof' required for coroners to record a death as suicide, we know that other factors have played a part too.

In 2022, two years on from the COVID-19 pandemic, provisional data suggested there were 5,275 deaths by suicide registered, a rate of 10.6 per 100,000 people. And while, overall, the current suicide rate is not significantly higher than in 2012, the rate is not falling.

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The table below suggests we are not likely to see an increase in mortality from suicide but it is still a significant issue in relation to working age Mental Health problems:

North Tyneside: Mortalities of people aged 18-64 from suicide, by gender, projected to 2027					
	2023	2024	2025	2026	2027
Males aged 18-34, number of mortalities predicted to be from suicide	2	2	2	2	2
Males aged 35-64, number of mortalities predicted to be from suicide	6	6	6	6	6
Females aged 18-34, number of mortalities predicted to be from suicide	0	0	0	0	0
Females aged 35-64, number of mortalities predicted to be from suicide	2	2	2	2	2
Total population aged 18-64, number of mortalities predicted to be from suicide	10	10	10	10	10

The below table suggests North Tyneside will experience an increase in working age people who will be survivors of childhood sexual abuse. We know the need to ensure that services are 'Trauma Informed' and can appropriately support people is increasingly important:

	2023	2024	2025	2026	2027	%
Males aged 18-64 predicted to be survivors of childhood sexual abuse	4,249	4,256	4,263	4,277	4,284	+0.1%
Females aged 18-64 predicted to be survivors of childhood sexual abuse	10,240	10,272	10,256	10,272	10,272	+0.1%
Total population aged 18-64 predicted to be survivors of childhood sexual abuse	14,489	14,528	14,519	14,549	14,556	+0.1%

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### **Market changes**

We would like to see a market that can adequately meet demand so that:

- Services can have appropriately skilled and experienced care and support staff
- Where necessary, hospital discharges can be facilitated into community settings
- People can be supported within a 'recovery focussed' model so they can be as independent as possible
- Short term placements are limited and people can be on a pathway which minimises potentially traumatic moves between services and settings

We want a market where there are sufficient services to meet current and future demand and these services are supporting people with an assessed care and support need.

We understand the challenges of achieving this due to an increase in demand from numbers of people and how much care each person needs because of population projections alongside people presenting with more complex health and social care needs.

### **Key challenges:**

The key short to medium term challenges are:

- Rising costs in the provision of care, some of this is to standstill provision let alone provide any additional funding for investment in improvement etc. The current 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.
- Workforce – the care workforce is ageing; fewer people are joining the sector; new recruits tend to be from the existing workforce; there is a poor perception of care. Compared to other sectors, care staff have low pay for high responsibilities. Current provision is not sustainable without an influx of new staff.
- Ability to stimulate change in the market to support new entrants to deliver provision across the borough.

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### **Key opportunities:**

The key short to medium term opportunities for the market are:

- Using population and service specific population projections to fully prepare for increasing demand and/or new areas of demand.
- Working alongside the Local Authority to co-produce market solutions to meet these changing demands.
- 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.

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### **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.

### **Accommodation priorities**

We want to develop a housing 'pathway' for people with mental health needs. Feedback from providers and gaps in provision has informed our commissioning priorities in relation to mental health and housing. We project reduced demand for shared supported housing.

Going forward we predict an increased need for supported housing based on self-contained housing with no shared facilities.

Geographically, there has been an over concentration of supported housing in North Shields, Wallsend and Whiteley Bay. There is a need to develop supported housing in the north-west of North Tyneside to improve the geographical spread of services and improve customer choice.

There is a need for a small number of specialist supported housing units for people with complex mental health needs. The units would accommodate between five to ten service users at any one time. The units should include 24/7 support which can also provide 'step down' accommodation for people being discharged from inpatient settings.

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In addition, there is a need for additional small 'clusters' of self-contained supported housing that provides short term supported housing for:

- People who no longer need 24/7 supported housing
- People who need a supportive environment before moving to independent housing.

In addition to these projected needs for centre-based accommodation there is also a need for people with significant mental health needs to have better access to mainstream general needs accommodation and to be supported with floating support to enable people to live within the community.

Work has already been done to review the needs of people currently in care home placements to assess their suitability for a move to supported housing alternatives. It is hoped that if more appropriate supported living accommodation settings can be created it will improve the flow of individuals being discharged from hospital into appropriate community settings.

Emerging evidence also suggests a need for Supported housing for people with complex mental health needs with dual diagnosis related needs. This is likely to be typically a small block of flats containing five or six units with 24/7 support available on site.

The Authority wants to grow the market to meet current and future demand requirements. There are significant challenges in doing this and will need to be supported by a comprehensive local workforce plan to support recruitment and retention of a skilled, competent and supported care and support workforce now and into the future. This will be linked to regional and national strategies.