



South Tyneside Council

Market Position Statement for Support and Independence

January 2017

Executive Summary

The South Tyneside Market Position Statement for Support and Independence is designed to encourage dialogue and understanding between the Council, CCG, key stakeholders and providers. It sets out the joint direction of travel for commissioning children, young people and adult services, and contains information on needs, demand and trends.

Individual market position statements for each service area are included within this document. However, our main commissioning and market development priorities for the next 3 years are summarised below:

Public Health

- Develop a new model of provision for 0-19 year olds using a locality-based approach
- Further develop community-led approaches to health improvement in collaboration with the local third sector
- Develop new ways of promoting self-care, and self-management of long-term conditions
- Explore ways to create more opportunities for new providers to enter the market
- Develop more recovery-focused substance misuse provision and reduce the number of individuals receiving long-term treatment for opiate use

Children and Young People

- Safely reduce the number of children in care through a systemic approach to the child's journey, from early help to edge of care
- Develop greater resilience in individuals and families
- Develop a new model of provision for 0-19 year olds using a locality-based approach
- Increase foster carer capacity, particularly in relation to more complex needs and adolescents
- Develop a greater choice of permanency options for children in long-term care
- Secure additional specialist provision for children with ASD and behavioural problems
- Develop new approaches to providing wraparound services for children in care
- Implement the new Transitions Policy
- Remodel domestic violence services
- Review the existing model of short-break provision
- Explore the potential to commission services to support unaccompanied asylum seeker children on a regional basis
- Develop new ways of promoting self-care, and self-management of long-term conditions

Physical and Sensory Disabilities/Disorders

- Increase the use of supportive technology within communities to promote greater independence for service users
- Improve alignment and joint working of home care providers with community health teams, such as district nurses and therapists
- Develop new ways of promoting self-care, and self-management of long-term conditions
- Develop new opportunities for people with disabilities to access mainstream services by ensuring commissioned provision has an appropriate level of reasonable adjustments
- Develop a new model of community-based rehabilitation and reablement

Mental Health

- Develop new models of support for more individuals to access and maintain their own tenancies.
- Promote access to employment and engagement in meaningful activities
- Stimulate the provision of flexible, person centred support that promotes recovery and connects people to universal services
- Co-produce new models which place people with mental health needs at the centre of planning, delivering and quality assuring support
- Develop new ways of promoting self-care, and self-management of long-term conditions

Learning Disabilities and Autism

- Develop flexible and skilled providers who can provide support for people with challenging behaviours in supported living accommodation
- Promote access to employment and engagement in meaningful activities
- Ensure individuals with learning disabilities and Autism are provided with the skills to be able to make informed choices and decisions
- Develop new ways of promoting self-care, and self-management of long-term conditions

Older People

- Work with the sector to develop and secure a more sustainable provider base
- Improve alignment and joint working of home care providers with community health teams, such as district nurses and therapists
- Encourage innovative approaches to the provision of overnight support
- Develop flexible, community-based support to reduce admissions to residential/nursing care and hospital
- Develop a new model of community-based rehabilitation and reablement
- Develop a more cost effective and customer-focused model of Extra Care
- Develop new ways of promoting self-care, and self-management of long-term conditions

Carers

- Develop more flexible services, designed around the needs of the carer/cared for
- Reduce the emphasis on carer-specific services and increase the proportion of carers accessing mainstream community provision
- Provide innovative short break services that support people living at home with their families
- Develop services that support carers to access education or employment
- Develop new ways of promoting self-care and self-management of long-term conditions

Advocacy Support

- Develop a more joined-up advocacy offer for all client groups
- Ensure independent advocacy services have the expertise to support people with complex communication needs

South Tyneside Market Position Statement for Support and independence

What is our Market Position Statement?

1. The Market Position Statement (MPS) is primarily aimed at providers of services for public health, children, young people and adults, including small voluntary and community sector organisations. It is designed to be used to stimulate the emergence of a more diverse and personalised provider market over the next three years against a backdrop of huge challenges.
2. The MPS outlines South Tyneside Council's intention to continue to move away from traditional models of service delivery to more flexible, personalised and responsive provision. This means increasing our focus on outcome-based approaches to reduce reliance on higher dependency services such as residential and nursing care, and ensuring more community and home-based provision.
3. The Council is working collaboratively with South Tyneside Clinical Commissioning Group to ensure a co-ordinated and strategic approach to joint commissioning across a range of health and care services, with an emphasis on integrated approaches and common goals. The MPS will support the development of stronger relationships with providers to ensure services continue to meet the needs of our most vulnerable people.

Our Vision for Support and independence

4. This Market Position Statement covers specific service areas, for example, learning disabilities and mental health. However, our longer-term vision is for seamless services with fewer barriers between each, to enable individuals to thrive whatever their level of need.
5. We aim to increasingly use models of self-care and self-management to maintain people in mainstream provision as much as possible. Those that require extra support may be signposted to other services that are non-specialist but which can make reasonable adjustments to ensure they can be accessed by people with additional needs.
6. We do not want children, young people and adults to be defined by their needs. They will be enabled to support themselves as much as possible. Services will be accessed through individual choice, not necessity, with specialist services only being used where required.
7. At a commissioning level, the Council sees its role as enabler to make this vision a reality. We will work with providers to shape provision to best meet the needs of service users, in a way that enables people to live life to the maximum of their ability and progress through their lives as independently as possible.
8. We will increasingly seek to engage with service users, families, carers, residents and providers to identify the most appropriate service models to deliver our vision.
9. Future services will be community, acute and specialist, rather than shaped by disability or need.

“People will be able to stay healthy, active and involved in their community for as long as possible. We will help people to help themselves, but provide specialist support where people need it most”

Making the Vision a Reality

10. The current model of support and independence is under considerable demand pressure, and predicted demographic changes suggest that these pressures will only become more acute over the short to medium term.
11. We need to change the balance of care from high cost, complicated packages of care - with limited choice for residents of the borough - to increased focus on care at home, with support from a highly skilled and integrated workforce. We want to ensure our commissioned services are of the highest quality and to work in an integrated way, in a sustainable system.
12. To meet these objectives we are undertaking a process of **whole system change** which is focussing on our social care offer and demand management, our direct service provision, strategic and evidence-based collaborative commissioning and funding, and safeguarding.
13. A more effective approach to **assessment and prevention** will ensure we are better able to prevent people from requiring specialist services, and delay the escalation of needs for as long as possible.
14. South Tyneside is currently developing an **alliancing approach** to the whole health and care system. This is based on agreement between agencies to spend combined resources as wisely as possible and will be driven by front line professionals who will design the way services are provided. All partners will act for the benefit of the whole system rather than their individual organisations.

Key Objectives

- More people living at home or in the community
- Fewer people in residential care or inpatient settings
- More people in control of their lives with good quality of life
- People better connected in their communities

A Life Course Approach

15. This MPS covers the life course and future services will be commissioned to support people throughout their lives, with seamless transition from birth to child, child to young person, young person to adulthood, adulthood to old age, and old age to end of life.
16. All provision in the future will need to adopt a preventative role, no matter what the level of need. This may be in the form of primary or secondary prevention. For example, community-based provision will be expected to adopt the principles of the **Change 4 Life** programme and maximise the interventions and screenings in relation to Stop Smoking Services, and Alcohol Brief Intervention.
17. Higher need services such as extra care or residential care will also be expected to adopt secondary preventative approaches. For example, by utilising new technology to minimise the number of falls experienced by people with poor mobility.

Key Principles

18. This Market Position Statement and priorities are underpinned by the following principles.

- **Personalisation and Choice** - Ensuring service users are involved in planning and selecting the support that is most appropriate to them, and using Direct Payments to provide greater flexibility.
- **Prevention and Early Intervention** - Resources will increasingly be diverted towards services that can intervene earlier to prevent people's needs progressing to the point of requiring more specialist provision. This also includes effective reablement, to support the re-engagement of service users into the community following acute care, recovery-focused services, and the promotion of self-care/self-management.
- **Outcome-Focused Commissioning** - We will focus less on 'traditional' performance indicators, and more on the impact of provision.
- **Quality and Efficiency** – We will quality assure services to ensure they are safe, cost-effective, person-centred and delivering against required outcomes.
- **Partnership working** - We will make decisions based on what is best for the health and care system, considering how the South Tyneside pound can be used most effectively to improve health and wellbeing.

The Scale of the Challenge

19. A recent report published by [The King's Fund](#) revealed that the estimated gap between need and resources across adult social care is set to reach £2.8 billion by 2019.
20. South Tyneside Council has received a 45% reduction in core Government funding since 2010, and has made efficiencies of over £120 million in this time. At the end of the 2015/16 financial year, the Council had a £4.5 million cost pressure, and adult social care had a £9.4 million cost pressure.
21. Savings of £13.5 million have been identified to balance the 2016/17 budget, and an additional £50 million savings will be required over the following 4 years.
22. Our Market Position Statement sets out how these key challenges will impact on the local provider market, including:
 - Projected supply and demand for services
 - The future shape of provision for children, young people and adults
 - Opportunities and implications for providers
 - How the Council and its partners would like to work with providers

A Streamlined Customer Journey

23. South Tyneside Council, CCG and key partners will increasingly seek to streamline processes to ensure service users and carers experience a seamless, and non-bureaucratic, journey through the system. Social care teams will spend less time on backroom functions and more contact time with those who require support.
24. We have already embarking on a major consultation exercise with service users to identify what works and how the customer experience can be simplified or enhanced for users and professionals.

Strategic Context

Joint Health and Wellbeing Strategy

25. The Joint Health and Wellbeing Strategy in South Tyneside sets the strategic context and outcomes we aim to deliver for the South Tyneside population. This strategy is in the process of being refreshed and will be published online later in 2016. The final version will include the following outcomes:
- **Giving every child the best start in life:** Create an environment that allows every child equal opportunity to reach their full potential
 - **Supporting healthy lifestyles:** Enabling the people of South Tyneside to make healthy choices and empowering them to have healthy minds and bodies
 - **Building emotional wellbeing and resilience across households**
 - **Empowering communities:** People feel valued in their community, where they can feel safe and happy
 - **Economic wellbeing:** Supporting and empowering people to aspire and achieve in education, training and employment

Community-led Approaches

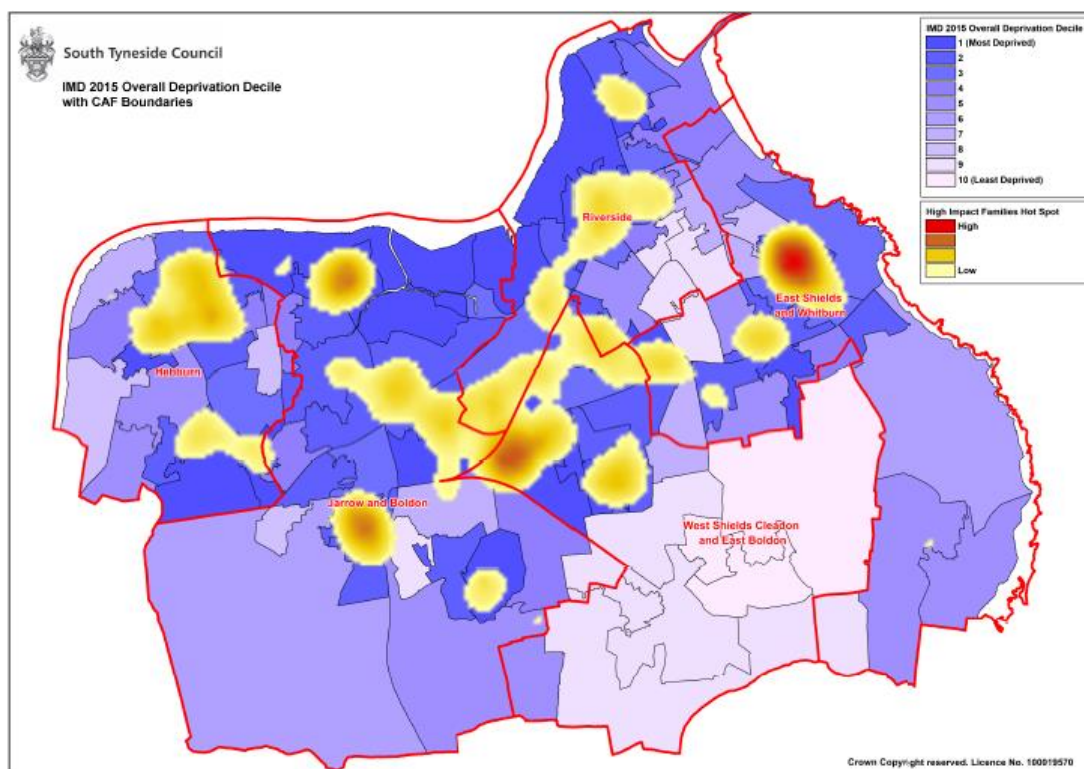
26. The Council has been developing community-led approaches in recent years, where active participation and empowerment of communities are the basis of practice. This evidence-based approach draws upon existing community strengths to build stronger, more sustainable communities for the future.
27. The majority of people want to live in their own home, be active in their communities, have relationships, and have the opportunity to learn, pursue hobbies and contribute to society on their own terms. The support that we commission, and that people purchase through personal budgets, should enable them to do these things.
28. This community-led approach will be underpinned by a culture of prevention and early intervention; where people are able to access good information, are recognised as the experts in their condition and its management, and are able to tap into support when and where they need it, in order to reduce the risk of crisis.
29. The approach should see residents and communities as the co-producers of health and wellbeing services, rather than solely recipients. The third sector is critical to the success of this approach and some organisations may require support to develop and grow.

Health and Social Care Integration

30. The Better Care Fund in South Tyneside pools over £20 million of health and social care funding. This pooled budget is managed by the Council and is used to progress the integration of health and care services, to ensure people living in South Tyneside receive more coordinated care and support.
31. The BCF projects have included the development of integrated health and social care community teams, which provide joined up care to people with health and care needs in their homes, and work towards a culture of self-care, where local people are supported to take a more proactive role in improving their health and wellbeing. Haven Court, a new facility providing services ranging from advice and information to residential care and respite, also opened in August 2016.

Joint Strategic Needs and Assets Assessment

32. The [Joint Strategic Needs and Assets Assessment](#) (JSNAA) presents the big picture of health and deprivation across South Tyneside, containing a wide range of detailed information in relation to geography and demography. The JSNAA also identifies and recognises the ‘assets’ that exist in our communities which can impact on the health of residents, e.g. the skills, resources and knowledge across neighbourhoods.
33. Our approach to developing and maintaining the JSNAA is becoming more sophisticated, meaning that all commissioning activity is based on rock solid intelligence. Our use of [Ward Health Profiles](#) also enables us to pinpoint the areas within South Tyneside with the most acute needs. As a public document, it can be used by providers to support business planning, in conjunction with the Market Position Statement.
34. South Tyneside has an estimated population of 149,800 in 2016 across an area of 64.41km². Children under 18 make up 19.7% (29, 470) of the population, while those aged 65 and over account for 19.4% (29, 420). The Black, Asian and Minority Ethnic (BAME) population in 2011 was 6,028 or 4.1% of the population, lower than the national average of 14.6%.
35. The population overall is not dramatically increasing and is projected to remain under 160,000 over the next 20 years. Our population is, however, ageing at a quicker rate than England. The number of over 65 year olds is predicted to increase to 43,000 by 2035, with the number of over 85 year olds forecast to increase from 3,923 to 7,850 over the same period.
36. The 2015 Index of Multiple Deprivation shows that 22% (approximately 31,500) of South Tyneside’s residents live in neighbourhood areas that are considered to amongst the most deprived 10% in England. Commissioned services will be targeted towards the areas of greatest need, including identified ‘[Troubled Families](#)’. The map below gives an indication of those neighbourhoods that we consider to be high priority in terms of providing targeted early interventions and specialist services.



Direct Payments and Self-Funders

37. The Care Act makes it clear that the role of the Local Authority should be to provide good information to help citizens understand their personal budget and how it can be spent. We will increasingly be a broker, rather than a direct purchaser of services, and will expect the market to be able to develop services around people's lives and wishes.
38. Our commissioning function has a strong focus on **quality and outcomes** and is underpinned by:
- National minimum standards, legislation and regulatory requirements
 - Local need, as identified in the Joint Strategic Needs and Assets Assessment
 - Person-centred approaches, service user/patient and family feedback, and delivery of outcomes
 - Data analysis already held by the Local Authority, such as safeguarding alerts, complaints and case management reviews
 - NICE guidance (where available)
39. We will seek to expand this approach to ensure services purchased individually by users can be quality assured, are of a suitably high standard, and meet all safeguarding requirements.
40. The success of direct payments and other forms of individual budget have also helped to diversify the care market. Evidence shows that when people have control over how they get the care and support they need, their outcomes are generally better.
41. There are currently 811 people in South Tyneside receiving a direct payment and personal health budget. A breakdown of this is provided in the table below.

Category	Current number	Annual projected cost (16/17)	Uses of direct payments/personal health budgets
Adults – ongoing needs	452	£5.188m	Ongoing needs include employing Personal Assistants, attending activity clubs, purchasing a care provider, purchasing pieces of equipment.
Adults – one-off payments for respite	103		Purchasing respite breaks and support on respite breaks.
Children with disabilities	121	£426,000	Employing Personal Assistants, support on respite breaks, attending activity clubs, purchasing a care provider, purchasing pieces of equipment, after school clubs.
Children with disabilities - transport	29	£16,653	Transport to and from school
Young carers grants	59	£50,000	Used for attending group activities such as bowling, cinema, surf club, residential, pamper days, laptops, individual breaks, transport costs.
Adult carers grants	47	£341,000	Used to attend respite breaks, driving lessons

42. We will aim to increase the number of people in receipt of Direct Payments and Personal Health Budgets as a means of giving people greater independence, choice and control over the care and support they receive.

43. The number of **self-funders** in South Tyneside, for both residential and nursing placements, has reduced over the last 2 years. At the end of June 2016 there were 1,045 registered nursing and residential beds and only 132 of these (12.6%) were being self-funded.
44. The Care Act requires Local Authorities to arrange care and support for self-funders if they are asked to do so, and if the person is assessed to meet eligibility criteria.

Public Health Market Position Statement

Demographic Picture

45. The unemployment rate within South Tyneside remains well above the national average, at 8.7%, compared to 5.7% nationally. This presents significant challenges for statutory services, as unemployment and deprivation are clearly linked to poorer health outcomes and life chances. Life expectancy in South Tyneside is increasing but remains well below the national average, and there are significant inequalities between the more affluent and deprived areas of the borough.
46. In addition, 29% of children in the borough are currently living in poverty. This means that public health services should be tuned in to the needs of families, not just individuals, and able to provide, or broker, wraparound services. Use of [Ward Health Profiles](#) has enabled us to pinpoint the areas in the borough with the greatest health needs.

Demand for Services

47. In October 2015, NHS England transferred the commissioning of services for children between the ages of 0-5 to local authorities, including the [Health Visitor Service](#). The reasoning behind this was because LAs understand their communities and local need, so can commission the most appropriate services to improve local children's health and wellbeing.
48. NHS England published a [National Health Visiting Core Specification](#), to support local authorities in commissioning appropriate provision. Health visitors lead the implementation of the 0-5 stage of the National Healthy Child Programme, a prevention and early intervention programme which supports parents at a crucial stage of child development.
49. The current birth rate in South Tyneside is 1,600 per year, and we currently have 8,300 0-4 year olds and 17,400 5-15 year olds. The 5-19 stage of the National Healthy Child Programme is largely delivered by the [School Nursing Service](#).
50. In South Tyneside we currently have a high proportion of mothers smoking at the time of delivery, 25.9% compared with 11.4% nationally. In addition, only a quarter of babies are breastfed at the time of their 6-8 week check. This is around half nationally.
51. Too many of our children and young people are obese, and we have the 10th highest rate of cancer-related deaths in the country.
52. The number of people receiving treatment for [substance misuse](#) has been relatively stable over the past few years. However, we have seen a reduction in the proportion receiving treatment for drug-related issues and an increase, proportionately, in alcohol treatment.
53. Around 28% of the adult population in South Tyneside are drinking to harmful levels, i.e. drinking more than the recommended number of weekly units. This figure is based on a 2013 estimate.
54. A study carried out by Balance North East estimated that the cost of alcohol-related harm in South Tyneside was £53.44m in 2013/14. This was broken down into:

Area	Cost
NHS	15.21m
Crime and licensing	12.15m
Social services	7.26m
Workplace/wider economy	19.02m
	53.44m

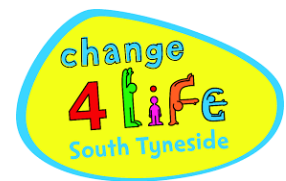
55. In addition, a **2014 study by Alcohol Concern** looked into the number and cost of treatment resistant drinkers. The study estimated that there were 8,419 dependent drinkers in South Tyneside, of which 94% were likely to be not engaging with services. A further 7,014 higher risk dependent drinkers were also estimated, with 85% of this group not engaging in services.

Current Supply of Provision

56. The Council currently commissions a single provider to deliver a **Health Visiting Service** and **Family Nurse Partnership**.
57. **School Nursing** is also delivered by a single provider, with immunisations being carried out by the service on behalf of NHS England.
58. An open tender exercise was completed in early 2016 to select a provider to deliver a remodelled **Sexual Health** service. The contract was awarded to a single provider with effect from June 2016.
59. The current **Substance Misuse** system is comprised of four main providers, all of which are in the voluntary and community sector. Each provider works closely in partnership with each other as part of an overall treatment system approach. GP practices and pharmacies also provide some elements of tier 3 services. The total Council spend across the system is just under £2.8m.

Change 4 Life

60. In addition to commissioned Public Health services, the Council also leads the Change 4 Life (C4L) programme, an integrated wellbeing model which aims to help people make small, but significant changes to their lifestyles, and become experts in their own health.
61. C4L uses a life course approach to target the wider determinants of health across the local population and utilises community organisations to maximise coverage and delivery of the programme. As highlighted earlier in this document, all future providers will be expected to adopt the principles of the programme and demonstrate a clear contribution to improving the health of service users.



A Better U

62. Our local self-care programme, A Better U, is closely linked to Change 4 Life. It focuses on supporting people with pre-existing conditions to manage their own health more effectively. It also ensures people know how and where to access further support or information, should they require it.



Future Shape of Provision

63. The Government has indicated that the ring-fencing of public health funding is likely to end in the next couple of years. This, combined with existing financial pressures, will mean we will need to be more creative in delivering public health interventions and promoting healthy lifestyles.
64. Evidence suggests that increasing levels of deprivation can also have an adverse impact locally on drug and alcohol usage. Council spending on commissioned adult substance misuse services has already reduced by around a third since 2014 and we expect this to continue to present major challenges.
65. In addition, we will need to do more to stimulate the provider market. The workforce in some of our existing contracts remains tied to NHS terms and conditions. This can make it prohibitive for other providers to compete for contracts due to the scale of potential TUPE costs.
66. Future children and young people services are likely to follow an area-based integrated team approach, which will have obvious implications for some of our public health provision, such as health visiting and school nursing. Providers will need to commit to working more collaboratively and in more creative ways to maximise our resources towards improving the life chances of our young people.

Public Health Priorities

- Develop a new model of provision for 0-19 year olds using a locality-based approach
- Further develop community-led approaches to health improvement in collaboration with the local third sector
- Develop new ways of promoting self-care, and self-management of long-term conditions
- Explore ways to create more opportunities for new providers to enter the market
- Develop more recovery-focused substance misuse provision and reduce the number of individuals receiving long-term treatment for opiate use

Children and Young People Market Position Statement

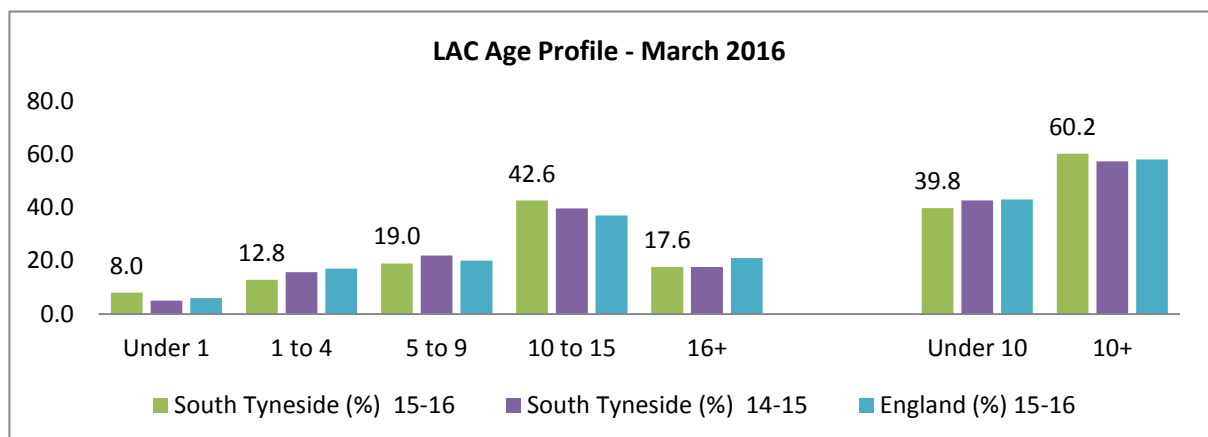
Demographic Picture

67. In 2014, South Tyneside had 29,315 children and young people aged 0-17; making up 19.7% of the total borough population. 1,952 of this population are of BME origin, with the largest group being Asian/Asian British (1,098).
68. As highlighted earlier, 29% of children in South Tyneside are classed as living in poverty. This presents major challenges to care services, as deprivation is directly linked to poorer life chances for children, domestic violence and neglect.

Demand for Services

Looked After Children

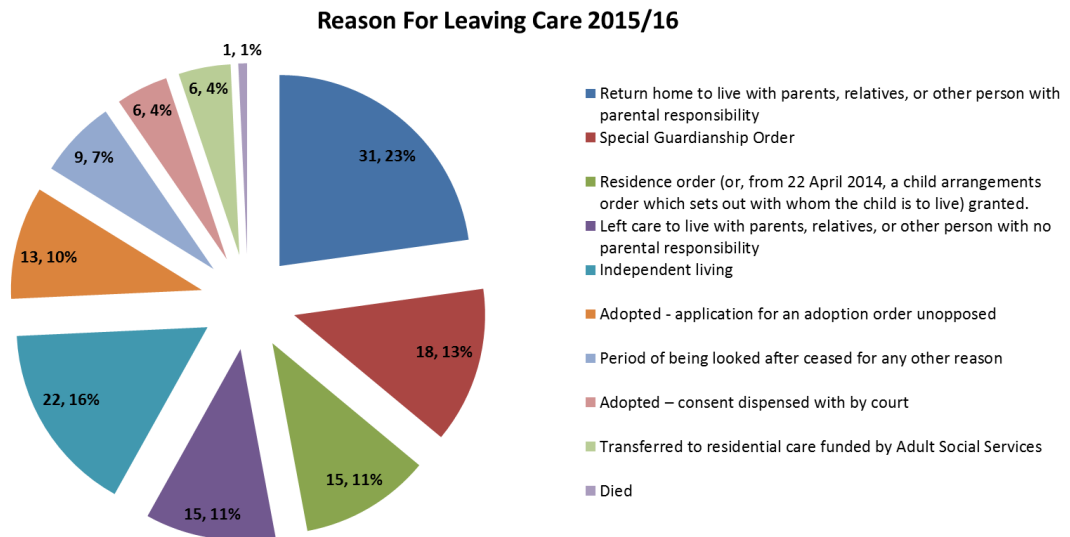
69. As at 31st March 2016, there were 289 looked after children (LAC) in South Tyneside, a reduction from 300 in the previous year and the lowest reported since 2009/10. However, the rate remains higher than the Council's statistical neighbours.
70. In addition, the number and rate of children who are subject to child protection plans (182; or 62 per 10,000) is significantly higher than the national average of 42.9 per 10,000.
71. Despite the overall reduction in the number of children being looked after, we have seen an increase in the proportion of children over 10 entering the care system. 60% of LAC in South Tyneside are now over 10 years old, compared to 57% previously. This presents major challenges, as older children are generally more difficult to match with a willing and suitable carer.
72. The proportion of adolescents requiring care is above the national average, which is often the group also most difficult to place with a suitable foster carer.
73. There has also been an increase in the number of children under 1 year old in care, up to 8% in 15/16, from 5% the previous year. The graph below provides a summary age profile for our LAC population. 91% of LAC is White British, with the largest BME group being Black/Black British African at 4% of the total.



74. The most common age group/gender of all new admissions to care during 2015/16 was boys aged 10-15; 26 children accounting for 21% of the total.

Care Leavers

75. In 2015/16, 136 children ceased to be looked after; an increase of 6 from the previous year. The main reason was to return home to their family or relatives with parental responsibility, followed by Special Guardianship Order (13%) which is now in line with regional and statistical neighbours. The chart below gives a full breakdown of reasons for leaving care.



76. There were 113 care leavers aged 19-21 during 2015/16, an increase of 27 on the previous year. 60.5% of care leavers were in employment, education or training, above the national average of 48%.
77. This translates into a **growing demand** for services for care leavers, particularly in relation to independent supported living and education, employment and training opportunities.

Special Educational Needs and Disabilities (SEND)

78. South Tyneside has seen a marked increase in the number of children and young people with learning disabilities, autism and behavioural difficulties over the past few years. Demand on services is increasing at a time when funding is decreasing. Consequently, the Council is needs to work more innovatively to continue to provide support to these children and young people.
79. Latest figures show that 3.4% of pupils in the borough had an Education, Health and Care Plan (EHC Plan) or SEN statement, equating to 740 children and young people. This figure is projected to remain consistent for the next five years. However, trends indicate that the number of children and young people with complex needs, which cannot be accommodated within maintained special schools, will continue to steadily increase.

Supply of Provision

Adoption

80. The Council's Adoption Service is high performing in some key adoption measures. The most recent 2012-2015 Adoption Scorecard showed that:

- 26% of children leaving care in South Tyneside from 2012-2015 were adopted compared to 16% nationally and 17% among statistical neighbours. This placed South Tyneside 1st out of its 11 statistical comparators with the 6th highest performance nationally.
- The average time between the LA receiving court authority to place a child and deciding on a match to an adoptive family was 136 days. This places South Tyneside 1st among statistical neighbours, and better than the statistical neighbour average (219) and England (223 days) and places South Tyneside 16th nationally.
- The average time between a child entering care and moving in with its adoptive family was 556 days. This placed South Tyneside 5th among statistical comparators, and better than the statistical neighbour average of 618 days. This is also better than the national average (593 days) and places South Tyneside 62nd nationally.
- The percentage of children waiting less than 21 months between entering care and moving in with their adoptive family was 52%. This is worse than the national average (47%) and 60th nationally. This places South Tyneside 7th out of its 11 statistical comparators. The Statistical neighbour performance was 44%.

Fostering

81. Our **In-House Fostering Service** is rated as 'Good' by Ofsted. The total budget for the fostering service is over £3.7 million, with the average cost of a placement being over £22,000.
82. There were 159 available placements and 117 children placed with in-house foster carers, as at August 2016. The majority of carers are mainstream carers and we have 40 'Young Futures' carers. These are salaried carers who have completed NVQ Level 3 and the Children's Workforce Development Standards. We generally match children with more complex needs and older children to Young Futures carers.
83. Our intention is to review and remodel our in-house service, to ensure we are shaped to be able to meet demand and meet more complex needs.
84. As a result of increasing demand for foster placements South Tyneside, in conjunction with six other regional authorities, entered a commissioning framework agreement for **Independent Fostering Agency (IFA)** placements. This ensures consistency in the quality of placement and value for money. During 2013/2014, total spend in relation to independent agency placements was just over £3 million, with an average cost of £43,902.
85. South Tyneside had 76 children in IFA placements, as at August 2016. This number has fallen since May 2013 but our dependence on IFA placements for older teenagers, sibling groups and children displaying challenging behaviour such as sexualised behaviour has remained high. Some of these young people require solo placements which can create 'void beds' and reduce overall capacity.
86. Around 33% of placements are in spot-purchased or negotiated placements outside of the regional framework and are typically more expensive, often reflecting higher level needs.

Residential Care

87. The Council currently has two in-house **Children's Residential Homes**, both of which are rated 'Good' by Ofsted. However, we know that some of the young people we accommodate, whilst needing protection, may also be able to remain safely at home with the right package of bespoke intervention for them and their families.

88. Aligned to this approach, is our commissioned **Family Group Conferencing** service, which enables family members to plan and make decisions for a child who is at risk. From September 2015 to July 2016 there were a total of 18 referrals into the service, with 7 progressing to conference stage.
89. To support young people on the '**Edge of Care**', the Council is investing in a new approach to provide more intensive and flexible services. We will offer bespoke, multi-agency packages of support, and short-term planned respite accommodation to enable children and families to make changes and to remain together at home. To achieve this we are remodelling one of our existing homes into a new facility which can deliver our ambitious plans.
90. However, this provision will mean that those children and young people that do progress into the looked after system will inevitably have more complex needs. We will, therefore, require more effective **wraparound services** to ensure we maximize their chances of achieving their potential into adulthood.
91. South Tyneside has 26 children and young people placed in **out-of-borough residential** homes as at August 2016. This reflects the lack of capacity in-borough for young people with more complex and challenging behaviours. A small number also have severe learning disabilities or complex emotional needs as a result of their early childhood experiences.
92. Similar to fostering, South Tyneside is part of a consortium of six regional authorities that operate a preferred provider list for out-of-borough placements.
93. The Council also commissions **Independent Visitors**, which is a statutory requirement to provide adult volunteers to befriend and support children and young people who are looked after by the local authority. The currently contract makes provision for up to 10 'matches' at any one time, although recent usage is usually below that level.

Accommodation for Care Leavers

94. The Council commissions a consortium of four main providers to deliver supported accommodation for vulnerable young people. A Homeless Action Prevention Panel ensures that placement choice is matched to individual need. These arrangements have ensured that no care leavers are placed in bed and breakfast accommodation.
95. Changes to Staying Put arrangements introduced in May 2014 placed a duty on local authorities to facilitate arrangements for care leavers that request to remain with their foster carers until the age of 21. This is likely to continue to impact on overall foster care capacity.

Emotional Health and Resilience

96. An independent review of Tier 4 Children and Adolescents Mental Health Services (CAMHS) commissioned by NHS England (CAMHS Tier 4 Report Steering Group, 2014), and evidence presented at the House of Commons Health Committee Inquiry 2014 into children and young people's mental health, indicated that many children and young people with mental health and emotional difficulties do not receive timely, high quality, accessible or evidence-based support.
97. In South Tyneside, we are embarking on a transformative approach to improving the emotional health and resilience of children and young people. Future services will be shaped

around the THRIVE model, developed by the Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre.

98. The fundamental assumption of the model is that all children and young people are seeking to thrive, however at different times of their life they may need to access help. Services should be therefore be helping with prevention, promotion, or awareness raising work in the community to support this and may involve consultation and training that is not focused on particular children or families.

Special Educational Needs and Disabilities (SEND)

99. South Tyneside has three maintained **special schools** and six **specialist units**. The majority of special schools are over-subscribed with schools taking in approximately 10% more students than their optimum number. There are also around 300 children and young people with Autistic Spectrum Disorder (ASD) in the borough, of which 75% are placed in non-ASD specialist placements. Behavioural placements, particularly for younger children, are also in short supply.
100. Due to educational, social and medical complexity, some pupils require **specialist non-maintained education placements**. Due to the current market and geographical position of existing providers, all existing specialist non-maintained placements are secured outside of the borough. As at autumn 2016, a total of 35 children and young people were placed in such settings, the majority of which were post-16 students (ages 16-25).
101. A total of 12 specialist education providers were accepted onto the **NE12+ framework** (purchasing/procurement system) in spring 2016. This framework will be in operation for 12 months. In the event that the trial period is extended, the framework will reopen to allow new providers to apply.
102. The Council commissions a four-bedded **residential short break service** in South Tyneside to provide short breaks for children with disabilities. However, we are currently considering whether this is the most effective model moving forward.
103. We also commission a short break service for a small number of children with life-shortening conditions via a separate call-off contract.

Unaccompanied Asylum Seeker Children

104. Separated children, including unaccompanied asylum seeker children, should be supported by local authorities in accordance with duties within the Children Act 1989. Although they will share many of the characteristics of other children in need, they will invariably have more complex mental and emotional health needs, due to a combination of circumstances in their country of origin, the journey to the UK, and their settlement. The associated trauma can include loss, separation, dislocation and uncertainty.
105. South Tyneside does not currently have an immediate demand for such services. However, we will explore the potential to commission services on a regional basis to ensure any sudden arrival of unaccompanied children can be supported effectively with immediate access to appropriate therapeutic provision.

Domestic Abuse

106. Domestic abuse is frequently cited as a contributory factor during initial assessments. At present, the Council does not commission any children and young people-specific provision in this area, which is a priority moving forward.
107. We are currently carrying out a strategic review of domestic abuse services to identify strengths, areas for improvement, value for money and gaps in provision. We anticipate any new service model to have an increased focus on children and young people.

Transition

108. The Council has a duty to comply with the transition requirements in the **Special Educational Needs and Disability Code of Practice** for 0-25 year olds (Department of Education and Department of Health 2015).
109. In addition, every child or young person with a package of continuing care who is approaching adulthood should have a multi-agency plan for an active transition process to adult or universal health services, or to a more appropriate specialised or **NHS Continuing Healthcare** pathway (National Framework for Children and Young People's Continuing Care, Department of Health 2016).
110. This means that the Council should identify those young people who, at the age of 14, are likely to require and be eligible for Continuing Healthcare when they reach 18. The Council then has a duty to inform the CCG that the young person is likely to require an assessment. In addition, where children and young people are accessing services that would be deemed to be a restriction, the appropriate **legal framework** should be adhered to, e.g. Court of Protection for children, and Deprivation of Liberty Safeguards for post-18.
111. We recognise that we need to improve transition planning to manage the move out of schools and into further education or employment. To make these improvements, we have drafted a new **Transition Policy** which is underpinned by the principles within the good practice guide '*Transition: Moving on Well*' (Department of Health, 2008).
112. We will develop stronger links to employers to enable children and young people with SEND go on to lead rewarding and fulfilling lives. In addition, we will need to commence planning for adulthood at an earlier stage, to ensure parents/carers fully understand the type of support that will or will not be available after the transition stage.
113. Higher numbers in education increases South Tyneside's need for more flexible and meaningful social care opportunities, particularly for those with ASD and challenging behaviour.

Future Shape of Provision

114. The Council, CCG and partners face some significant challenges over the next five years, in ensuring we can continue to meet the needs of our most vulnerable children and young people.
115. We know that securing permanence for a child is hugely beneficial to their development, creating stability, identity and a sense of belonging. Ensuring a parent or carer is committed to a lifelong nurturing relationship with a child is the most significant and positive way to impact

on a child's life. Future services will be shaped more holistically around the needs of the family, to prevent admissions to the care system wherever safe to do so. We will also ensure that the voice of the child is integral to all service redesign and commissioning activity.

116. One of the workstreams already underway is the implementation of Integrated Community Teams which will bring together a range of children's services into one community team providing universal support, intervening early when additional needs are identified to reduce demand on statutory services, and prevent children entering the care system.
117. Where a child is judged to require care, we will need to ensure that our carers have the right skills to ensure that more complex needs do not have to be accommodated out-of-borough.

Children and Young People Priorities

- Safely reduce the number of children in care through a systemic approach to the child's journey, from early help to edge of care.
- Develop greater resilience in individuals and families
- Develop a new model of provision for 0-19 year olds using a locality-based approach
- Increase foster carer capacity, particularly in relation to more complex needs and adolescents.
- Develop a greater choice of permanency options for children in long-term care.
- Secure additional specialist provision for children with ASD and behavioural problems
- Develop new approaches to providing wraparound services for children in care
- Implement the new Transitions Policy
- Remodel domestic violence services
- Review the existing model of short-break provision
- Explore the potential to commission services to support unaccompanied asylum seeker children on a regional basis
- Develop new ways of promoting self-care, and self-management of long-term conditions

Physical and Sensory Disabilities/Disorders Market Position Statement

Demographic Picture

118. The number of people with sensory disabilities (per 100,000 population) is provided in the table below, comparing the number in South Tyneside to the national average.

Sensory disabilities	ST	Eng
People aged 18-64 registered deaf or hard of hearing per 100,000	79.2	172.8
People aged 65-74 registered deaf or hard of hearing per 100,000	257	620
People aged 75+ registered deaf or hard of hearing per 100,000	403	3089
People aged 18-64 registered blind or partially sighted per 100,000	264.1	214.1
People aged 65-74 registered blind or partially sighted per 100,000	748	569
People aged 75+ registered blind or partially sighted per 100,000	3256	4255

119. South Tyneside has significantly lower numbers of people registered deaf or hard of hearing compared to the national average. We have higher numbers of people registered blind or partially sighted aged 18-74, but lower numbers of people aged 75+ who are blind or partially sighted.
120. A higher number of people with a physical disability receive support in South Tyneside compared to the national average (see table below).

Physical disabilities	ST	Eng
Adults with physical disabilities supported throughout the year per 100,000	677	462

Demand for Services

121. The numbers of people accessing support for physical and sensory disabilities/ disorders in South Tyneside are shown in the table below.

Reason for support	Number
Physical support - access and mobility	168
Physical support - personal care	1919
Sensory support - visual impairment	12
Sensory support - hearing impairment	5
Sensory support - dual impairment	4

Supply of Provision

122. The table below shows the services provided to people with physical and sensory disabilities/ disorders. This is based on the primary support need, and some of these people will also have other needs, e.g. dementia.

Care/ support received	Number
Homecare	1050
Residential care	365
Direct payments	310

Nursing care	139
Day care	99
Reablement	92
Extra care	64
Out of Borough nursing/ residential care	64
Transport	32
Assistive technologies	26
Overnight care	7

123. A breakdown of direct payments usage is given below.

Service	Number
Homecare	258
Social activities	141
Miscellaneous costs	37
Respite	23
Overnight care	14
Therapeutic interventions	2

Future Shape of Provision

124. Services for people with physical and sensory disabilities or disorders will increasingly be 'non-traditional'. We will move away from building-based services (where appropriate) and seek to promote independence by acting as an enabler.
125. We will commission fewer services on a block contract basis and support service users to access direct payments to increase choice and flexibility.

Physical and Sensory Disabilities/Disorders Priorities

- Increase the use of supportive technology within communities to promote greater independence for service users
- Improved alignment and joint working of home care providers with community health teams, such as district nurses and therapists
- Develop new ways of promoting self-care, and self-management of long-term conditions
- Develop new opportunities for people with disabilities to access mainstream services by ensuring commissioned provision has an appropriate level of reasonable adjustments
- Develop a new model of community-based rehabilitation and reablement

Mental Health Market Position Statement

Introduction

126. We want people with mental health problems to be able to realise their potential for recovery, be socially included within society, have choice and control over the support they receive, and be valued as members of the community. Our focus will be in developing and promoting support with a sharp focus on recovery in order to reduce the need for high intensity care or recurring acute inpatient care.

Demand for Services

127. South Tyneside continues to report some of the highest mental health needs in the country. There are a number of risk factors for mental health and emotional wellbeing that have been identified through research. These include:

- Poverty
- Maternal and infant health
- Learning disabilities
- Ethnicity, gender, and sexual orientation
- Work, education and early years development,
- Family breakdown or social issues (including when children require care and support)
- Lifestyle and behaviours (although these can be a result of MH&EW need as well as a cause)
- Offending
- Chronic disease

128. On many of the areas above South Tyneside is shown in routinely collected data to be worse than the England average, and often regional peers.

129. The table below estimates the proportion with different types of mental health problems in the borough currently and projections of numbers in the future. Figures are estimates by Public Health England based upon 2012 data.

Type of Mental Health Problem	2012	2016	2021
Mixed anxiety and depressive disorder	10.10%	10.03%	9.97%
Obsessive compulsive disorder	1.15%	1.13%	1.12%
Eating Disorder	6.68%	**	**
Panic disorder	1.14%	1.14%	1.12%

***info not available*

Vulnerable Groups

130. South Tyneside is becoming more ethnically diverse and we can assume that the number and proportion of adults from Black, Minority Ethnic and Refugee (BMER) communities requiring mental health services will steadily increase over the next ten years. Data demonstrates that access to services varies wildly between groups.
131. In addition, we know that the Lesbian, Gay, Bisexual and Transgender (LGBT) population have higher than average levels of depression and anxiety disorders, alcohol and substance dependence and double the average suicide rate. It is important that providers are able to offer tailored, culturally sensitive, support to people from these groups.

Social Care Clients

132. Currently there are around 101 people with mental health needs receiving social care support via commissioned services. As covered earlier, around 811 people currently receive direct payments; a figure we anticipate will rise.
133. South Tyneside's cohort of mental health social care clients is ageing. Over 50% of clients are over 50 years old and it is important that our service offer responds to the needs of this group. A significant proportion of our clients have multiple types of needs, for example, physical disabilities or problems with substance misuse. Therefore, we expect our providers to work flexibly to tailor services to address the range of people's needs.
134. We will also work closely with Children's Services to ensure that young people with mental health needs are appropriately supported as they reach adulthood. Since Nov 2015, within South Tyneside, a life cycle model to provide direct intervention for mental health distress has been provided. This recognises the need for a holistic view of supporting individuals who present with mental health needs irrespective of age.

Supply of Mental Health Services

135. South Tyneside currently spends around £56.3m on adult social care, including care management and commissioned services. Expenditure on mental health represents just over 8% of the total, with over £4.6m spent directly on services.
136. Support is arranged according to the mental health recovery pathway, which describes the different options available depending on the individual's level of independence. The aim is to support people to live as independently as possible and to take a full and active part in community life.
137. We recognise the need for people to make social connections and engage in meaningful activities, which is why our investment in day opportunities remains substantial, and one priority is to ensure this investment enables people to take part in community life in inclusive, unsegregated settings as far as possible. Our direction of travel over the next 3 years will be to maximise people's independence by supporting people to live in their own homes and by ensuring all support is recovery focused; in turn this will reduce the risk of crisis.

Supported Accommodation Services

138. There are still people in **residential and nursing** settings outside of the borough and it is our ambition to support people in more independent settings whenever possible. In addition there are a number of people in health settings or the criminal justice system that will require supported accommodation in the future.
139. We are working closely with Northumberland, Tyne and Wear Mental Health Trust (NTW) to develop individual plans to divert people away from residential and nursing care. This will mean providers in the borough will need to be able to work with people who have complex needs and whose behaviour may challenge services.

Key Facts

- Around £4.7m spent by the LA on mental health support
- 69 residential places in the borough
- £1.2m spent on adult mental health placements per year
- 242 supported living places

140. **Supported living** places in the borough range from properties that have 24 hour staffing and therapeutic input, to properties where staff visit the properties much less frequently. The Council is currently reviewing its directly provided ISL provision to ensure the most appropriate model is in place. This may result in increased demand for such services.
141. A priority for all providers on the pathway is to demonstrate that they can work in partnership with South Tyneside and clients to support more people in their recovery journey to live independently; this will require new risk aware approaches. To enable this the Council is aware that it needs to make it easier for people with serious and enduring mental health issues to access social housing when they are ready for this step through the choice based lettings system.
142. The Council is currently developing plans around accommodation for the next three years. The Supported Living Pathway remains a major priority and we will work with providers and South Tyneside Council and CCG to ensure the overall configuration is appropriate and is able to support more people with higher needs in borough. 50 adults with mental health needs currently use housing-related support services commissioned by the Council.
143. There is an increasing cohort of older people with mental health needs, many of whom become frailer at a younger age than their contemporaries. Some people at this stage of life are looking for different types of housing options where they have a level of support around them and greater sustainability of tenure. We will work with **Extra Care** and **Sheltered providers** to develop a range of options that can support people with different types of needs.

Support in the home

144. It is our aim to support people to be as independent as possible and **reablement** is a core part of this offer. By working with people at times of challenge in their lives with a real focus on upskilling and enabling people to reach their potential it is often possible that people will not require ongoing support. We expect providers to increasingly offer clients choice over who supports them and how.

Community-Based Support

145. The Council currently commissions a service providing community-based mental health interventions using a peer support model to encourage independence and use of mainstream services.

Mental Health Priorities

- Develop new models of support for more individuals to access and maintain their own tenancies.
- Promote access to employment and engagement in meaningful activities
- Stimulate the provision of flexible, person centred support that promotes recovery and connects people to universal services.
- Co-produce new models which place people with mental health needs at the centre of planning, delivering and quality assuring support.
- Develop new ways of promoting self-care, and self-management of long-term conditions

Learning Disabilities Market Position Statement

Introduction

146. The number of individuals with a learning disability in South Tyneside is increasing year on year in line with national demographics. The factors contributing to this increase are:
- Improved healthcare, meaning that life expectancy is increasing for all adults, including those with a learning disability.
 - More young people, including those with severe and complex disabilities, are surviving into adulthood with a lifelong need for care and support.
 - Increase in the number of people with moderate learning disabilities that present with complex needs and dual diagnosis e.g. behaviour related to autism, mental illness, substance misuse or offending.
147. The number of older people caring for someone with a learning disability is also increasing.
148. Consultation with stakeholders, including customers and carers, in the development of the Learning Disabilities Transformation plan, and through the local transforming care group, has told us the key desired outcomes for people with learning disabilities (opposite).
149. This statement should be read in conjunction with the North East and Cumbria Transformation plan.

Demand for Services

150. As of April 2016, there are 891 adults known to South Tyneside Council Adults and Disability service, who are registered with a learning disability in general practice. This is projected to increase to 1,033 by 2020.
151. People with learning difficulties are at a significant higher risk of early, preventable deaths than other groups. Some of the reasons relate to higher levels of deprivation and social exclusion, and some lifestyle factors such as being overweight or obese. Due to these issues, it is anticipated the numbers of people with learning disabilities using services will continue to increase year on year. It is also anticipated that the proportion of people with very complex needs who require more specialist services will increase.
152. One of the key priorities is to strengthen local services in order to meet the needs of people with learning disabilities and concurrent mental health needs.
153. We want to develop services so that they are flexible and responsive to this increasing need and encourage mainstream services such as extra care sheltered housing to allow access to those with learning disabilities.

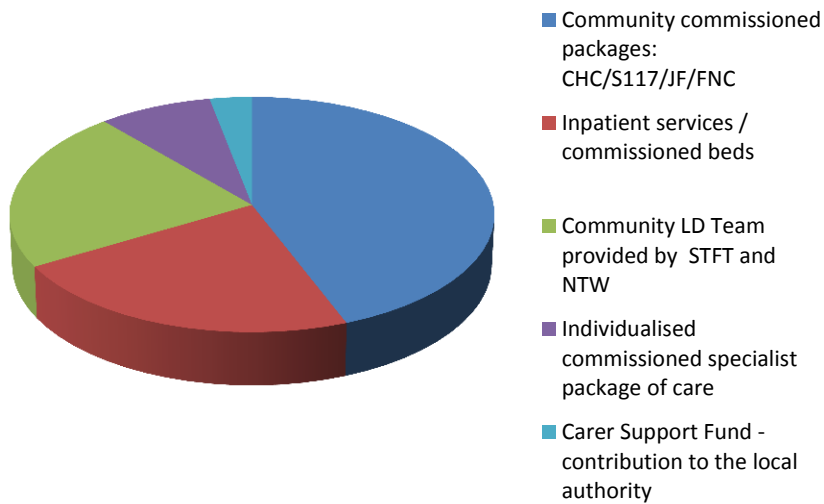
Key Outcomes

- I have choice and control over my life and the services available to me
- I have choice regarding how I spend my time during the day, including more opportunities to use mainstream services
- I have more choice about where I live and who I live with
- People with complex needs have access to high quality specialist services that prevent them from requiring restrictive environments
- Family members and carers of people with learning disabilities receive timely and appropriate support and have a life outside of the caring role

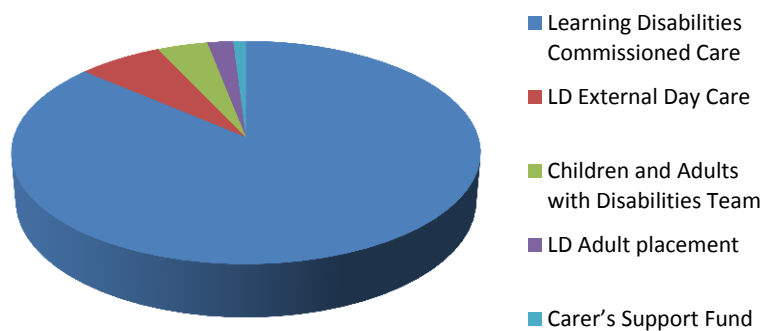
Current Supply of Provision

154. In 2015/16, South Tyneside spend on learning disabilities, adult social care and health, including care management and commissioned services, totalled £28,958,612.
155. The charts below show a breakdown of specific spend on learning disabilities and on which types of service.

2015/16 CCG Expenditure



2015/16 Council Expenditure



Accommodation

156. The Council commissions two supported housing schemes (ISL provision) in-borough providing accommodation for 23 people in borough. In addition, the local authority operates two ISL services directly, with capacity for up to 40 people. These in-house services are currently under review.

157. South Tyneside has a framework of providers for ISL and domiciliary care. We are seeking to ensure that the range of providers on the framework comprehensively supports all of the needs in the borough including those of people with learning disabilities and complex behaviours related to autism, mental ill health or offending.
158. There are seven residential homes in the borough for adults with learning disabilities (one of these homes also accepts out-of-borough placements). South Tyneside has recently undertaken a competitive process to select the providers of supported living services and we will continue to review how the accommodation and services are meeting the needs of customers.
159. The Council and CCG is committed to increasing the range of housing options for people with learning disabilities and better meeting the needs of those who also have physical disabilities or complex behaviour related to autism, mental ill health or offending.
160. Where appropriate, people are offered the opportunity to move back to South Tyneside from out-of-area residential placements or institutional settings.

Key Facts

- Over half of adults continue to live with their families.
- 70 people live in out-of-borough placements.
- 4 people live in settings equivalent to Winterbourne View.
- Over 40% of those living in South Tyneside live with family or friends in settled long-term accommodation. Of these, over 25% are living with older family carers (aged 65+).

Care at home

161. A high proportion of people with learning disabilities live with their family carers. High quality home care/domiciliary care and floating support, that is flexible and responsive to needs, is an essential component in enabling some people, particularly those with complex needs, to remain living with their families.
162. South Tyneside has a framework of providers for domiciliary care. We are seeking to ensure that the range of providers on the framework comprehensively supports all the needs presented in the borough including those of people with learning disabilities and complex behaviour related to autism, mental ill health or offending.

Community-based Services

163. South Tyneside commissions a range of services that provide opportunities for people with learning disabilities. The majority of people seek social interaction and activities, and we want to encourage more use of universal services and community resources to enable people to benefit from relationship-centred support.

Employment

164. The number of people with learning disabilities in paid employment is very low. South Tyneside is committed to finding ways to increase this number. We will endeavour to work in partnership with employment agencies, the voluntary and community sector and day resources in order to maximise resources and access employment opportunities. We will also work in partnership with education providers to develop pathways into employment for young people in college.

Future Shape of Provision

165. The rise in numbers of people with complex needs and the priorities in line with the Winterbourne View Concordat means that South Tyneside needs to ensure that high quality services are available locally that can meet the needs of people with complex physical or concurrent mental health needs.

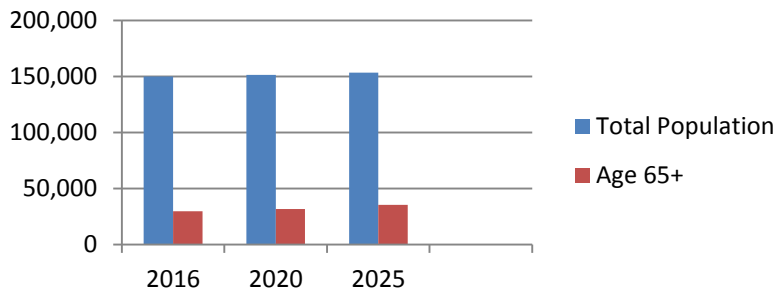
Learning Disabilities Priorities

- Develop flexible and skilled providers who can provide support for people with challenging behaviours in supported living accommodation.
- Promote access to employment and engagement in meaningful activities
- Ensure individuals with learning disabilities and Autism are provided with the skills to be able to make informed choices and decisions
- Develop new ways of promoting self-care, and self-management of long-term conditions

Older People Market Position Statement

Demographic Picture

166. The projected increase in the number of older people in South Tyneside is shown in the graph below:



Demand for Services

167. South Tyneside has an ageing population with a dependency on care needs which is above the national average. During 2015/16, three residential/nursing homes closed which has reduced potential capacity in the borough by 106 beds, including 28 nursing beds.

168. In addition, demand has increased for domiciliary care packages with providers having recruitment and retention difficulties in certain areas of the borough.

169. We need to ensure services focus on maintaining independence in the community through domiciliary care and extra care schemes whilst providing high quality long stay beds to minimise pressure on other health and social care services.

170. The Council's Adult Social Care and Support Guidance [\[insert hyperlink when in public domain\]](#) includes a key principle which underlines this:

"Assessments should identify the **strengths** the individual has which could be mobilised to help them achieve their outcomes. A strengths-based approach recognises **personal, family and community resources** that individuals can make use of."

Key Facts

- New integrated care services hub created 80 beds, including 28 long stay nursing and 14 residential
- Council Extra Care schemes are currently under review and have received no new admissions since 2014.

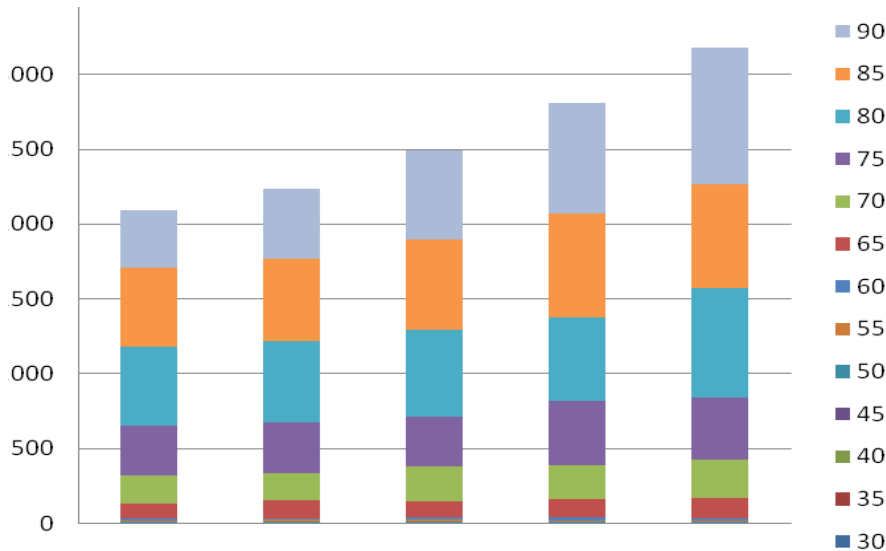
Increase of dementia in South Tyneside

171. There are currently 700,000 people in the UK with dementia. We know that only 42-49% of people with dementia receive a diagnosis which is often too late to enable them to plan their support and care needs effectively. In South Tyneside numbers are predicted to rise from 2,237 in 2015, to 3,179 in 2030.

172. Findings from a report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (for the Alzheimer's Society in 2007) has been applied to 2008

ONS population projections of over 30s. This provides estimated numbers of people predicted to have dementia leading up to 2030, which will impact on the overall level of support required in domiciliary packages and residential placements. A summary is shown in the graph below.

Prevalence of dementia in South Tyneside



Supply of Residential and Nursing Care

173. The Council currently commissions 23 independent and private sector care homes for older people. This includes facilities that provide residential care (RES), residential care with extra mental health intervention (EMI/RES), and those that provide nursing care (Nursing/EMI Nursing). These homes currently have a total of 1052 beds:

- Residential EMI - 613
- Residential and Nursing - 539

174. Of these beds, 1006 are currently full which equates to 89% of capacity. Usage normally ranges between 85% and 95% at any one time and can be affected by home closures and safeguarding enforcements.

Number of homes	RES/EMI	Nursing	Beds	Full	Total Usage
23	13	10	1132	1006	89%

175. Current spend on these services is split between:

- Residential - £22,217,408
- Nursing Care - £10,130,134

Supply of Extra Care Schemes

176. Four Extra Care schemes currently operate in South Tyneside providing housing solutions for adults over 55 with care needs. Of these, two are in the private/independent sector and two are directly-provided by the Council.

177. These schemes have an onsite care team which provides support and enables the resident to retain their independence in the community for longer. Current spend on these services is £1,038,625.
178. Both services directly provided by the Council are currently under review to determine the most appropriate future model of delivery, in line with our Adult Social Care Support and Guidance Policy. This may, potentially, stimulate some additional demand for Extra Care provision.

Extra Care Usage Statistics 2016

Scheme	Sector	Properties	Occupied	Hours
Bramble Court	Private	46	46	720
Campbell Court	Private	42	40	700
Hagan Hall	Local authority	24	14	n/a
Clasper Court	Local authority	24	11	n/a

Supply of Home Care

179. The Council spends around £9.5m per annum (not taking into account client contributions) on contracted homecare, plus a further £2m (mainly health-funded) on non-contracted homecare. There are currently 1,251 domiciliary care service users receiving a total of 16,561 hours per week through the main contract, although these figures vary with seasonal stresses and the complexity of the service user.
180. This provision is complemented by a directly-provided reablement service, the Home Assessment Reablement Team (HART). The HART service provides reablement packages for up to six weeks as a preventative measure for hospital discharges, where service users have the potential for improvement.

Older People Priorities

- Work with the sector to develop and secure a more sustainable provider base.
- Improved alignment and joint working of home care providers with community health teams, such as district nurses and therapists
- Encourage innovative approaches to the provision of overnight support
- Develop flexible, community-based support to reduce admissions to residential/nursing care and hospital.
- Develop a new model of community-based rehabilitation and reablement
- Develop a more cost effective and customer-focused model of Extra Care
- Develop new ways of promoting self-care, and self-management of long-term conditions

Carers Market Position Statement

Introduction

181. A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. The role of carer, although rewarding, can have a significant impact on wellbeing, including:
- Stress and depression
 - Social isolation
 - Self-neglect
 - Inability to maintain employment

Demographic Picture

182. There are 6.5 million carers in England and Wales, and that number is expected to rise by 40% by 2037 (Source: Carers UK). Every year over 2.1 million adults become carers and almost as many people find that their caring responsibilities come to an end.
183. This ‘turnover’ means that caring will touch the lives of most of the population, as we all need or provide care or support family members caring for loved ones at some point in our lives. 3 in 5 people will be carers at some point in their lives.
184. The 2011 Census reported that there were 16,740 carers in South Tyneside, although the true figure is likely to be higher, as many carers do not acknowledge their role.
185. The table below shows the projected increase in population of people with dementia in South Tyneside. This illustrates that the number of accompanying caring roles is likely to increase significantly over the next 10-15 years, which will place added demand on services.

Number of People with Dementia in South Tyneside				
Year	2015	2020	2025	2030
Number	2237	2490	2806	3179

Demand for Services

186. The Care Act 2014 made a significant change to how carers are supported by placing them on the same statutory footing as the people they care for. Carers are now entitled to a full assessment of their needs to establish if they are eligible for support from the local authority.
187. Support may consist of support to the person that they care for (e.g. respite care) to enable the carer to take a break, or by allocating a personal budget/direct payment. The latter enables carers to exert greater choice and control being accessing support on a more flexible and person-centred basis.
188. The Department of Health launched the ‘Carers Strategy: Second National Action Plan 2014-16’ in October 2014, which built on the national Carers Strategy of 2008 and the Coalition Government’s update of 2010. It retained the strategic vision for recognising, valuing and supporting carers, and the four areas for priority action:

- Identification and recognition
 - Releasing and realising potential
 - A life alongside caring
 - Supporting carers to stay healthy
189. Clearly, future services will need to deliver against these national priorities, whilst also aligning with local need. The priorities within South Tyneside's Carers Strategy, *Think Carer*, are based upon the 'Think Local, Act Personal – Making It Real For Carers' guidance:
- Information and advice: having the information I need when I need it
 - Active and supportive communities: keeping friends and family in place
 - Flexible and integrated support: my support, my own way
 - Workforce: my support staff
 - Risk enablement: feeling in control and safe
 - Personal budgets and self-funding: my money
190. In addition, a 2014 survey of carers in South Tyneside identified:
- 81% had received information and advice
 - 68% had received support from carer groups
 - 72% felt they did not do enough of the activities that they enjoy
 - 64% had some control over their daily living routine, but did not feel it was enough
 - 20% felt they were neglecting themselves
 - 51% said they had some social contact but not enough
191. Studies have also indicated that many carers of working age feel forced to give up work to care and after a period of absence many find it difficult to return to the labour market. This increases the likelihood of carers experiencing financial difficulty, social isolation and poor emotional wellbeing.

Current Supply of Provision

192. The Council currently commissions a single organisation to provide the main carer support service for adult carers in South Tyneside. This service delivers:
- Information and advice
 - Befriending service
 - Socialisation
 - Awareness raising
 - Community representation
193. A number of other voluntary and community sector organisations are also commissioned by the Council and Clinical Commissioning Group (CCG) to provide:
- Carers advocacy
 - Support to carers of people with mental health problems
 - Specialist support to carers of people with dementia
194. The level of financial resources available to commission carer services will reduce over the next 3-4 years, due to ongoing reductions in the Council's Revenue Support Grant. Consequently, we have carried out a comprehensive review of services to identify the most cost-effective delivery model which will deliver local priorities in the coming years.

195. A competitive tendering process was recently carried out to secure a remodelled South Tyneside Carer Service. The new service will commence from 1st October 2016. The contractual term will be two years, with an option to extend for a further two 12 month periods.
196. One of the aims of the new service is to prevent carers from reaching crisis point by providing high quality information, advice, support and opportunities.
197. We expect the new provider to work towards the following outcomes:
- Increase in the number of carers remaining in, or accessing, employment
 - Reduction in the number feeling socially isolated
 - Increased take-up of eligible benefits
 - Improved life skills for carers of children with disabilities
 - Improved emotional health and wellbeing
 - Greater carer involvement in assessment and support planning
198. The outgoing service provider has 2,603 adult carers registered, with 1,612 actively involved in activities. The Council would expect this figure to increase as more carers recognise the role that they have and engage with appropriate services.

Carers Priorities

- Develop more flexible services, designed around the needs of the carer/cared for
- Reduce the emphasis on carer-specific services and increase the proportion of carers accessing mainstream community provision
- Provide innovative short break services that support people living at home with their families
- Develop services that support carers to access education or employment
- Develop new ways of promoting self-care and self-management of long-term conditions

Advocacy Support

Introduction

199. Advocacy services are independent of statutory services, such as health and social care, and help vulnerable people to be able to:

- Communicate their wishes and needs
- Be involved in decisions about their lives
- Access information and services
- Defend and promote their rights and responsibilities

Demand for Services

200. From 2015, the Care Act extended the right for eligible people to have independent advocacy to help them be actively involved in their care and support process, including:

- Needs assessments
- Carer assessments
- Preparation of a care and/or support plan
- Review of a care and/or support plan
- Child needs assessments
- Child carer assessments
- Young carer assessments
- Safeguarding enquiries
- Safeguarding adult reviews
- Appeals against a local authority decision under Part 1 of the Care Act

201. People need to meet two conditions to be eligible to receive advocacy under the Care Act:

- They have substantial difficulty in being fully involved with their assessment, care and support planning and review, or safeguarding
- They have no one appropriate and available to support and represent their wishes

202. The Mental Capacity Act 2005 introduced the role of the **Independent Mental Capacity Advocate (IMCA)**. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions; including about where they live and about serious medical treatment options. They are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

203. The majority of referrals for IMCA relate to the paid Relevant Person's Representative (RPR) role and for Deprivation of Liberty assessments. There has been a significant increase in the number of referrals for the RPR role. The current average number of hours per week provided by the IMCA service is around 34.

204. The right to access an **Independent Mental Health Advocate (IMHA)** was introduced by 2007 amendments to the 1983 Mental Health Act. It gives additional legal rights to IMHAs which are not available to other types of advocates, such as:

- Consulting with professionals concerned with the person's care and treatment
- Requesting access to records where the patient lacks capacity to consent, if accessing the records is necessary to carry out the functions as an IMHA

205. The majority of referrals into the IMHA service relate to the 20-41 age group, and the average number of hours provided per week is 25.
206. The Children Act 1989 placed a duty on local authorities to provide advocacy support for **looked after children** who want to make a representation. In addition, Article 12 of the UN Convention on the Rights of the Child, states that children should have the right to express their views and have them taken into account when decisions are being made by adults that affect them.

Supply of Provision

207. The Council has negotiated the inclusion of an element of advocacy provision within contracts with two existing adult social care providers. This has secured some added value from local providers and increased the breadth of provision available. However, we need to do more to secure a more comprehensive and joined-up independent advocacy offer for South Tyneside.
208. **IMCA** and **IMHA** services are both currently commissioned from a single provider.
209. We also commission an **Involvement Worker** with responsibility to gather the views of the learning disabilities community in South Tyneside and ensure they influence operational and strategic decision-making.
210. The Council currently commissions advocacy services for **children and young people** via a regional contracting arrangement. This service covers:
- Looked After Children (LAC)
 - Children and young people in short break care
 - Care Leavers eligible under the Leaving Care Act 2000
 - Children and young people who have made a complaint, whether or not they are a Looked After Child
 - Children in Need (CIN)
 - Children and young people involved in statutory Child Protection processes.
211. The service received 49 referrals from South Tyneside during 2015/16, with an initial 8 hours allocated to each referral that progressed.
212. South Tyneside Council is also part of a regional arrangement for commissioning **NHS Independent Complaints Advocacy**. The service supports people who are unhappy with their NHS care or treatment and wish to make a complaint.

Advocacy Priorities

- Develop a more joined-up advocacy offer for all client groups
- Ensure independent advocacy services have the expertise to support people with complex communication needs

Conclusion

214. This document has set out our key priorities and how we would like to work with providers in the future. Our key objectives are:

- A reduction in admissions to long-stay residential/nursing care and hospital
- A reduction in children entering the care system
- More people living independently in the community
- Increased take-up of direct payments through more flexible and personalised services
- A mixed provider market
- A stronger, more joined-up third sector
- Broader supply of advocacy services
- Accommodation options which promote independence and resilience
- Increased choice and control for service users
- Innovative use of technology
- Smoother transition between children and adult services
- More effective use of intelligence such as the Joint Strategic Needs and Assets Assessment
- Improved cost effectiveness through efficiency, innovation and quality standards
- Increased joint working and integration with health partners

Contacts

215. Although this document sets out our key requirements of providers in the future, we will also provide further communications regarding business opportunities via market engagement events and communication via the [Council](#) and [NEPO](#) websites.

216. If you have any queries regarding the Market Position Statement please email CommissioningTeam@southtyneside.gov.uk.