

Market Position Statement for Adult Mental Health Services– 2016/17

Adult Social Care – October 2016



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What is a Market Position Statement and Who is it for?

A Market Position Statement (MPS) is a market facing document that sets out information for care / support providers and others about the Local Authority's commissioning intentions and what this means for the current and future supply market.

This should be read alongside the:

- Commissioning intentions – generally these will be in line with client groups but may also cover service areas. The commissioning intentions will identify key areas of work the Commissioning Authorities are looking at;
- Procurement plan – this will identify any procurements that Adult Social Care is undertaking over the next 3 years, it will be a three year rolling plan that is updated annually.

It aims to support current organisations to review what they are doing in North Tyneside and think about their service provision and if it needs to change to reflect future commissioning intentions.

It is also aimed at new organisations that are not currently delivering services in North Tyneside and who may want to think about entering the market in the future.

We want to make sure current and future services are fit for purpose and meet the needs of people with a mental health problems. These services should be person centred and offer and support choice and control to maximise the independence of individuals.

Whilst this MPS is Adult Social Care led, it will include links to health and public health to reflect the joint commissioning environment in North Tyneside.

This MPS is to be used as the start of a two way dialogue between Adult Social Care as a commissioning organisation and providers / suppliers to:

- Embed high quality into service provision;
- Ensure safeguarding is embedded in service delivery;
- Develop new and innovative services;
- Ensure value for money requirements are met;
- Consider the wider market of community assets and social capital to support individuals.

What are the Key Things Affecting Adult Mental Health Services?

There are dramatic changes affecting local government and adult social care services. These changes are affecting how adult mental health services are commissioned and delivered as well as the partnerships we have in place to support the work we do.

The main fundamental change driving a lot of the client specific changes is funding and the fact that the Local Authority, Adult Social Care and Adult Mental Health Services have less funding than it did two or three years ago and this funding will continue to reduce over the next two years.

We still have an over-riding duty to meet individual's assessed and eligible needs and there is the continuing challenge to do this with less money and the expectation of increasing quality and choice of provision.

Key national drivers for adult social care and specifically for adult mental health services include:

- Supporting people to have increased choice and control over how their care needs are met;
- Ensuring that all individuals are offered a personal budget and where appropriate that a direct payment is in place, we want to support people to benefit from this opportunity and support them to access a range of services from traditional social care services to those that are part of mainstream community provision;
- Supporting people with low / moderate social care needs to access a range of preventative services;
- Support people to have access to the same opportunities as the wider population in relation to housing, social involvement / activities, education, employment, health, transport and family and community life;
- Supporting people by moving from a caring role to enabling and developing independence as part of an integrated recovery pathway. This will maximise the independence for individuals and support them to achieve short, medium and longer term goals, achievements and outcomes with the ultimate aim of supporting people to full recovery;
- Reviewing those people in "in-patient" treatment / hospital services and identifying opportunities for them to move out of these hospitals into the community;
- Ensuring quality services are delivered and the staff teams understand their role in delivery a quality service and the links with safeguarding individuals.

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Locally, in North Tyneside, the key areas we are looking at relate specifically to:

- Ensuring services are cost effective and offer value for money, where value for money is the balance between cost and quality of service provision;
- Ensuring there is a consistent understanding and delivery of quality, where users have an important say in assessing quality and that they are safeguarded appropriately;
- Supporting people to access a direct payment to meet their assessed and eligible needs;
- Identifying opportunities for health and social care integration (including public health);
- How we manage the increasing numbers of people;
- Health inequalities when compared to the wider population in North Tyneside.

One of the biggest changes affecting Adult Social Care over the last decade or so is the Care Act. The key areas affecting Adult Social Care and people are:

- Integration – how adult social care, children’s services, the NHS, public health and housing integrate better;
- Market shaping – ensuring there is a suitable range of provision in areas to meet eligible needs and the wider needs of the population and that those services are of high quality, including the development of market position statements;
- Eligibility – introduction of a new national eligibility criteria;
- Choice of accommodation – new legal framework in place;
- Ordinary residence – New law and practice to support local authorities determine and agree who they have a responsibility for;
- Provider failure – duties on local authorities to step in when providers fail and temporarily meet the needs of individuals;
- Market oversight – Duty on CQC to assess the financial sustainability of providers and to work with local authorities where providers fail.



Care Act 2014

Further information / updates on the Care Act can be found at www.local.gov.uk

The challenges faced are wider than mental health services and wider than Adult Social Care, they impact on the whole of the Local Authority and its partners.

Target Operating Model

The Council has developed a Target Operating Model (TOM) that looks at how it delivers its services in light of reducing finances and increased demand pressures.

The main TOM principles that are linked directly to the work in Adult Social Care are:

- Enabling people to support themselves

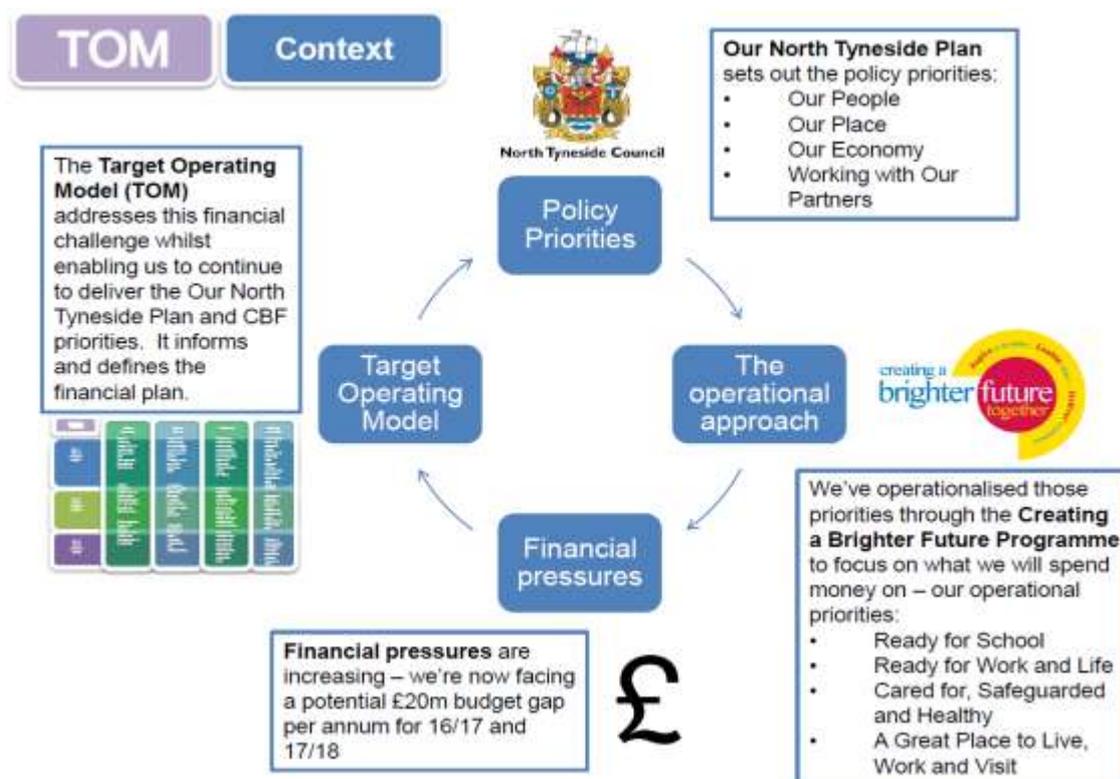
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- Target resources to people who need it most
- Understand and manage demand
- Identify innovation
- Reduce long term costs through the use of technology

We will apply these principles to the redesign and review of services moving forward. This applies to all council services and also to commissioned services

The TOM looks at four main areas across the Council:

- Customer interaction
- Service delivery
- Workforce
- Buildings and assets

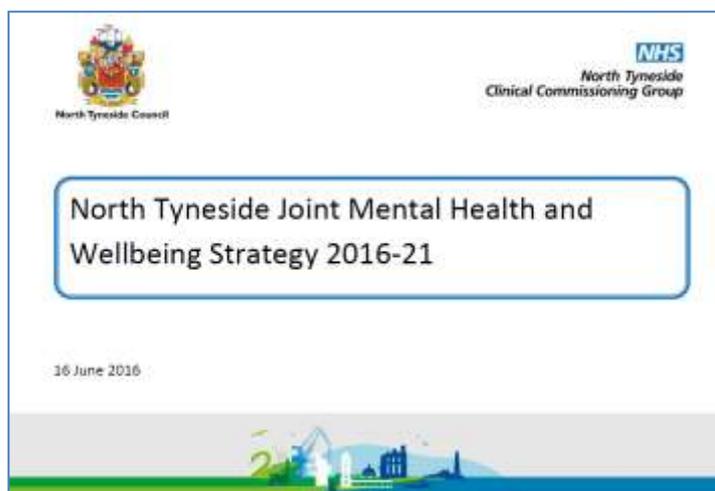


North Tyneside Joint Mental Health and Wellbeing Strategy

In June 2016, the Health and Wellbeing Board agreed the North Tyneside Joint Mental Health and Wellbeing Strategy for 2016/21; mental health is one of the Board's key priorities for 2016/17.

The strategy sets out the key areas of work that need to be completed over the course of this year and the next few years to drive change and improvement in the delivery and quality of services. The work of the strategy is underpinned by the following pieces of work:

- Mental Health Action Day – December 2015
- Mental health questionnaire – Healthwatch
- Local Authority review of commissioned adult mental health services



The strategy sets out a number of key priority areas:

- Improving health and wellbeing – supporting people to live longer with better health
- Prevention and early intervention – helping people to help themselves, health inequality and intervention
- Access – helping people to get the right support at the right time, including in a crisis
- Personalisation – ensuring the right services are in place and are responsive to the needs of individuals
- Integration – doing things collaboratively and together, public bodies and the community / voluntary sector
- Supporting recovery – helping people to get better and be less resilient on care and support services

These are identified within the mind map diagram at Appendix 1 to this document

An action plan has been developed to support the strategy and delivery against these priority areas. The Mental Health Integration Board will monitor progress against the action plan with regular updates going back to the Health and Wellbeing Board.

How are Services Delivered in North Tyneside?

North Tyneside Council currently funds care and support for people that meet the Care Act national eligibility criteria.

Where people have needs that fall outside of this, we would seek to signpost them to organisations / services to meet their needs where they would fund their own care and support.

Adult Social Care is fast becoming a commissioning led organisation and this commissioning role will underpin the services it delivers against those provided by the wider market.

The Commissioning Priority is clear that Adult Social Care is no longer a main provider of services and as such the external sector will be used and services commissioned under the Council's procurement arrangements.

Market Opportunity

Make sure your organisation is registered on the NEPO portal.

All procurements will be undertaken via the North East Procurement Organisation's portal, this is an electronic process that can be accessed at <https://www.qtegov.com> and suppliers are all encouraged to be registered to be considered for future work in North Tyneside.

The Community Mental Health Teams will generally be the teams that undertake assessments and reviews of individuals against the Care Act eligibility criteria. From this assessment an indicative personal budget will be calculated and this will identify a sum of money that is available to meet the individual's assessed and eligible needs. From this a support plan will be developed and this will need to be signed off by the Local Authority.

Once the support plan has been completed there are three main options as to how the personal budget can be used:

- Taken as a direct payment, where funds are transferred to individuals / family (where agreed and appropriate) to spend in accordance with the support plan, or
- An Individual Service Fund (ISF) is established where the care provider manages the budget on behalf of the individual(s)
- Adult Social Care will commission a service from an agreed provider, or
- A combination of the above where there can be a mix of direct payment and commissioned services

NHS Funding

This MPS is led and supported by Adult Social Care and primarily covers areas where the Local Authority has a lead commissioning responsibility. However there are situations / circumstances where the NHS provides funding to meet the needs of individuals. These will include:

- S117 mental health aftercare arrangements – generally the Local Authority is the lead commissioner for these services and recovers 50% of the service cost from the NHS
- NHS Continuing Healthcare – these are situations where an individual has an assessed primary healthcare need and this has been agreed with the NHS. Here, the NHS is fully responsible for the cost of meeting that person’s needs, commissioning the service(s) and case management
- Shared funding – these are individuals who do not have a primary healthcare need and are not eligible for continuing healthcare funding but they have health needs over and above what Adult Social Care can provide. Generally the Local Authority is the lead commissioner and recovers an agreed percentage or amount from the NHS



Market Opportunity

You need to think about your service offer in relation to social care and **health care** needs.

The lead for health commissioning is the North Tyneside Clinical Commissioning Group, www.northtynesideccg.nhs.uk

People with a Mental Health Problem Living North Tyneside

The population of North Tyneside is very similar to the population of England. North Tyneside has a slightly higher proportion of those aged 65 and over (18.3% compared to 16.9%). It has a slightly smaller proportion of 0-19 year olds compared to England, 22.1% compared to 23.9%.

1 in 4 OF US
WILL experience
MENTAL HEALTH
PROBLEMS
in our LIFETIMES.

North Tyneside Population	2015	2030	% Change
< 18	40,700	42,300	3.93%
18 - 64	124,800	124,800	0.00%
65+	39,400	54,000	37.06%
Total	204,900	221,100	7.91%

Source: Poppi and Pansi, available at: www.pansi.org.uk (Accessed: 12th July 2016)

The table below shows the estimated number of people in North Tyneside aged 18-64 who are predicted to have a mental health problem in 2015 and 2030.

People in North Tyneside aged 18-64 predicted to have:	2015	2030
A common mental disorder	20,233	20,150
A borderline personality disorder	567	564
An antisocial personality disorder	430	433
A psychotic disorder	503	501
Two or more psychiatric disorders	9,009	8,990
Totals	30,742	30,638

Source: Pansi available at: www.pansi.org.uk (Accessed: 12th July 2016)

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The table below shows the estimated number of males and females aged 18-64 in North Tyneside predicted to have a mental health problem by 2030.

Mental Health problem	Prevalence		People aged 18-64 predicted to have a mental health problem by gender			
	Male %	Female %	Male		Female	
			2015	2030	2015	2030
A common mental disorder	12.5	19.7	7,625	7,700	12,608	12,450
A borderline personality disorder	0.3	0.6	183	185	384	379
An antisocial personality disorder	0.6	0.1	366	370	64	63
A Psychotic disorder	0.3	0.5	183	185	320	316
Two or more psychiatric disorders	6.9	7.5	4,209	4,250	4,800	4,740
Total			12,566	12,690	18,176	17,948

Source: Pansi available at: www.pansi.org.uk (Accessed: 12th July 2016)

The proportion of females estimated to have a mental health problem in 2015 is around 45% higher than that for males and in 2030 it is estimated that it will be around 41% higher for females.

In 2030 it is estimated that around 61% of all males and 69% of all females aged between 18-64, who will have a mental health problem, will have a common mental health disorder.

Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder.

In addition, in 2030 it is estimated that around 33% of all males and 26% of all females aged between 18-64, who will have a mental health problem, will have two or more psychiatric disorders.

With specific reference to adult mental health:

1. The % of North Tyneside's population reporting a long-term mental health problem is not significantly different to England rates.
2. Incidence and prevalence of depression, as recorded on GP systems is significantly lower compared with England.
3. Self-reported prevalence of depression and anxiety in North Tyneside is significantly higher compared with England. Across 29 GP practices there is a variation in self-

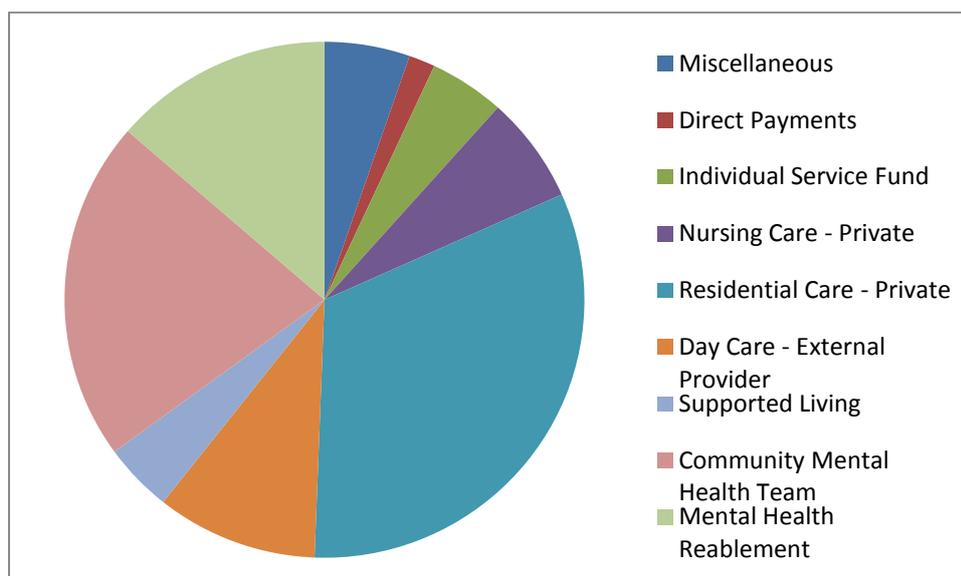
reported prevalence ranging from under 4.3% to 21.4% which appears to link to areas of deprivation.

4. Differences in the two prevalence estimates (GP registers and self-report) may reflect under-diagnosis of depression in general practice.
5. Rate of recovery of IAPT is lower than the national standard, but similar to other areas in the North East. North Tyneside has achieved the national access rate and is achieving the waiting time standards which were introduced in April 2016.
6. Number of people with a serious mental illness known to GPs (% on register) is lower than England.
7. Attendances at A&E by people with psychiatric disorders are significantly higher
8. Number of bed days in secondary mental health care hospitals is significantly higher in North Tyneside compared with England.
9. Carers of mental health clients receiving assessments are significantly lower compared with England.
10. Early deaths in adults with serious mental illness are higher in North Tyneside, than England
11. Latest national data from Public Health England shows that North Tyneside's suicide rate per 100,000 general population has reduced (11 suicides per 100,000) and we are not statistically significantly different to the England rate.

How We are Spending the Budget on Adult Mental Health Services

Adult Mental Health Budget

The gross budget we have for adult mental health services in 2016/17 is as follows:



Service Area	Amount	Percentage
Miscellaneous	£184,304	5.31%
Direct Payments	£56,780	1.64%
Individual Service Fund	£162,500	4.68%
Nursing Care - Private	£232,170	6.69%
Residential Care - Private	£1,121,714	32.30%
Day Care - External Provider	£348,888	10.05%
Supported Living	£150,000	4.32%
Sub-total Commissioning	£2,256,356	
Community Mental Health Team	£741,799	21.36%
Mental Health Reablement	£474,419	13.66%
Sub-total Other	£1,216,218	
	£3,472,574	100.00%

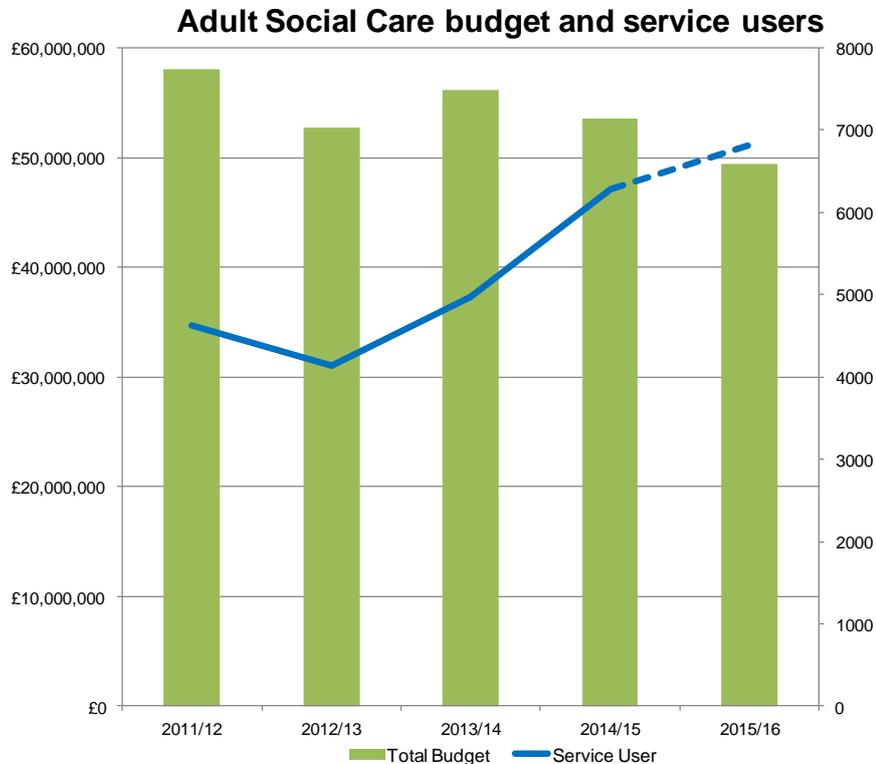
There are a number of areas of income against this budget and this comes from a number of sources, the estimate for this income in 2016/17 is £2,091,881:

- NHS / Clinical Commissioning Group – joint funding, S117 aftercare
- Client contributions

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The net total budget is for adult mental health services is £1,386,000.

We have seen an overall decrease in the Adult Social Care budget over the last five years and at the same time an increase in the overall numbers of service users receiving services funding.

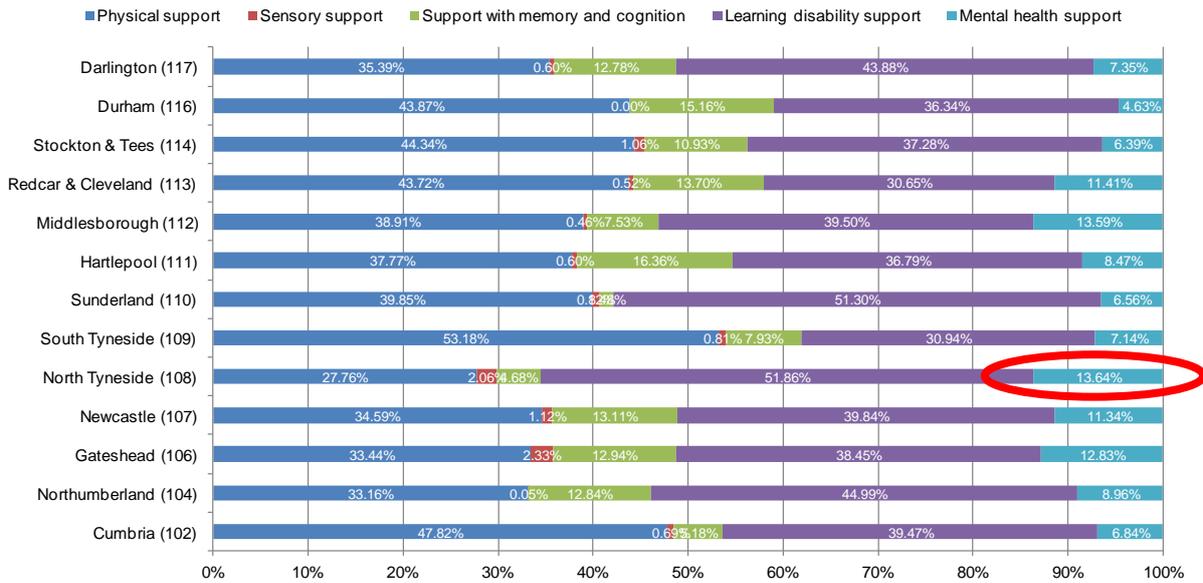


Value for Money profile

The following VFM profiles set out how we are spending the money as compared to other Local Authorities across the region. For mental health we are spending proportionally more of the overall Adult Social Care budget but the average cost has decreased from last year and is low than average.

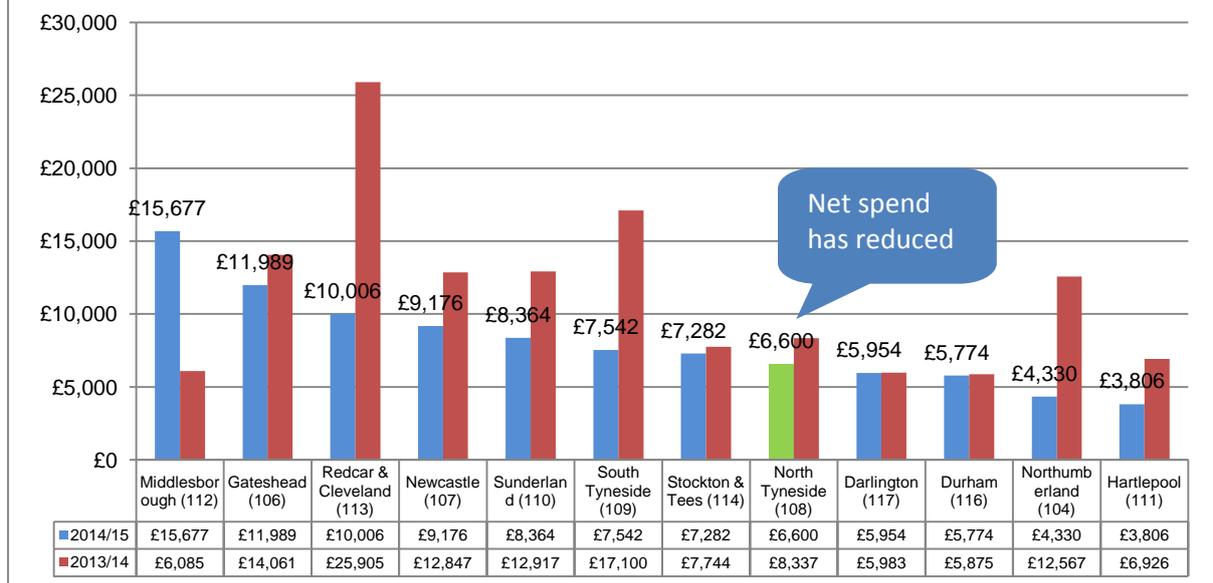
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Proportion of net spend per client group: 2014/15



Proportionally, of its budget, Adult Social Care is one of the highest spenders on mental health services, note that this figure includes older person's mental health services.

Average spend per head per 100,000 18-64 Mental Health: 2014/15



Source: Health and Social Care Information Centre, www.hscic.gov.uk

Expenditure per 100,000 of the population has fallen but still remains just below average in comparison to a range of spend per head per 100,000 in other Local Authority areas.

Budget Pressures

The main budget pressures facing the adult mental health budget are:

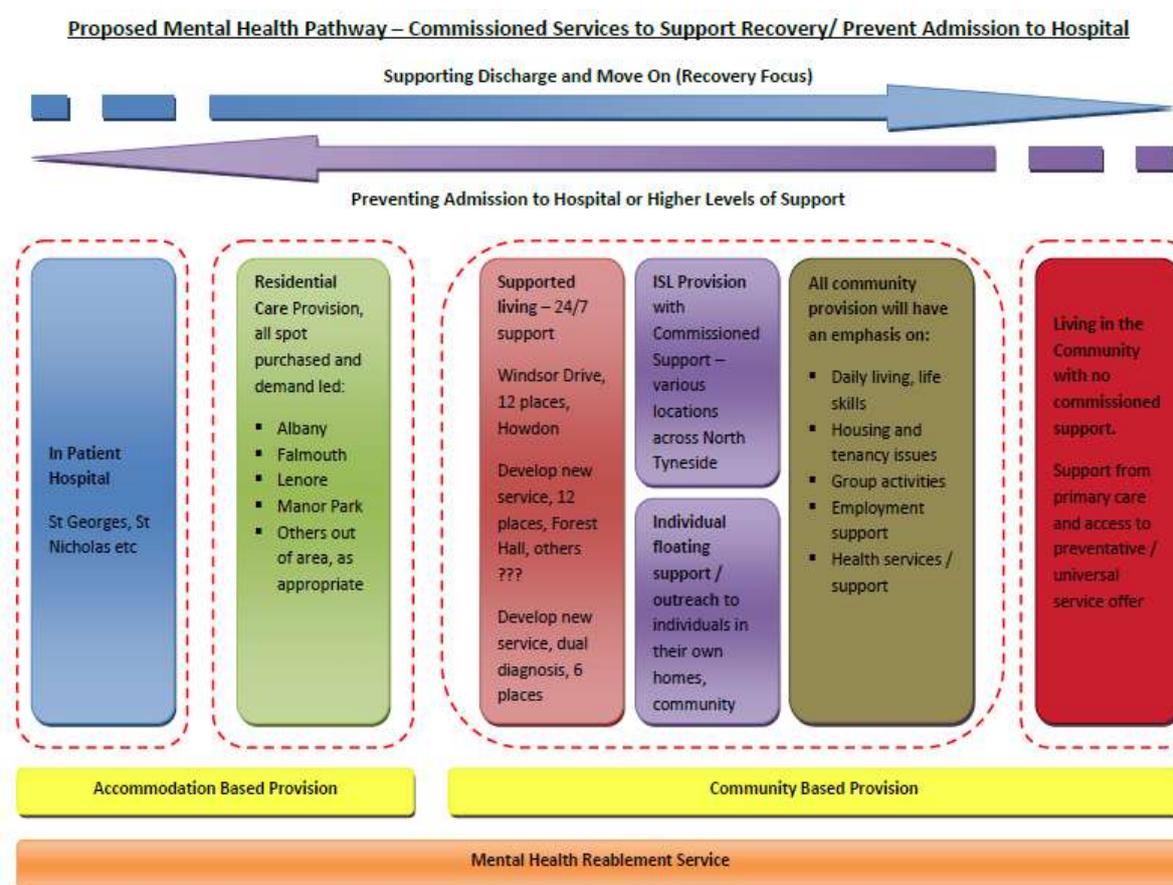
- Standstill pressures where current spend exceeds budget provision, including changes to overnight support costs and the impact of the introduction of the National Living Wage in April 2016;
- Demand led pressures – individuals coming out of hospital and requiring commissioned services / personal budgets;
- Financial pressures the Clinical Commissioning Group is facing and its impacts on mental health services in North Tyneside.

Current Service Provision and Opportunities

There are a range of different services in North Tyneside to meet the needs of people with a mental health problems. Most of this is commissioned from external providers or by people themselves with a direct payment.

The Local Authority does not deliver any adult mental health services directly itself.

A recovery focussed pathway is followed to support people as part of discharge from hospital but also to prevent admission into hospital in the first place.



The overall range of adult mental health services includes:

- Residential care
- Supported living
- Community support
- Out of area services, mainly residential but some day services

Residential Care

There are a number of registered residential care services in North Tyneside that support people with a range of different needs.

Through the remainder of 2016/17 we will be reviewing our use of residential care and the model of service delivery so that we are really clear about the focus for these services as compared to supported living or other accommodation based services.

Market Opportunity

Review the use and cost of registered residential care both in North Tyneside and out of area.

There is a wide cost range for these services and the review will highlight these services and individuals.

A cost model is to be developed around this to look at two elements of service delivery to meet assessed and eligible needs, the cost model will focus on:

- Core cost of residential care, including premises, basic staffing levels (as identified by CQC), general operating costs etc
- Additional care / support costs relating to the specific needs of individuals, this might relate to 1:1 support (over and above the staff included in the core costs), training needs, adaptations to the property or equipment needed to support

There are 42 people in registered residential care with a cost range of £440 to £1600 per week. Of this 18 are in standard cost placements of approx £440 per week, with a further 22 in placements costing between £440 and £1000 and a further two in placements costing more than £1000 per week. The review will focus on those in high cost placements.

The overall projected spend on residential care services is approx £1.35m per annum and accounts for approximately 39% of the mental health spend gross spend.

The emphasis over recent years has been on supported living services rather than residential care. We are working with care providers to de-register a number of the in-borough beds towards a supported living model of care and support. This will reduce the overall spend and provide better outcomes for individuals.

Of the 42 people in residential care, 13 are in out of area placements. We will seek to identify options to bring people back to North Tyneside and look for alternative care and support solutions to do this. This will include:

- Other residential care provision in North Tyneside
- Supported living, either via a de-registration process or developing new supported living opportunities

Supported Living

We are currently reviewing all of the Independent Supported Living (ISL) services across North Tyneside to ensure the service levels are right and that services are offering value for money.

The key principles underpinning the ISL services are:

- People living together and accessing shared / core service offer within the house
- A flexible and responsive service to meet eligible needs
- Use of assistive technology to promote independence
- Use of and access to a range of community based services

Market Opportunity

Increase usage of assistive technology across a range of service areas.

We are entering the final year of the current framework arrangements and work will start during 2016/17 on developing a new framework agreement and going to the market to invite tenders. This will be specific for mental health services and support

Market Opportunity

New ISL mental health framework.

An important factor in the delivery of a high quality, cost effective ISL service is the availability of suitable and appropriate housing in North Tyneside. The properties must be:

- Fit for purposes
- Have affordable rents within housing benefit levels
- Offer sharing opportunities
- Primary requirement will be for rented but there may be some opportunity for mixed, ie buy/rent
- Be suitable for shared provision

Market Opportunity

Development of supported living with self contained accommodation and a single staff team to maximise the opportunity of shared care.

We want to develop a dedicated supported living scheme within North Tyneside for approx 12 individuals with mental health problems and will be looking at people in current more expensive services who would benefit from this type of provision, all units will be self contained with a single staff team supporting people during the day and night.

In addition to this we will also be looking to develop a smaller (6 self contained units) for people with dual diagnosis (mental health and drug/alcohol issues) and again there would be an on-site staff team commissioned to support individuals.

We want to work with developers and Registered Providers to support this and ensure the right accommodation / housing is available (see below).

Housing Provision

Individuals will be supported to live independently in the community in their own homes and this can be singly or sharing with others. We know that sharing of care and support arrangements across a number of people is more cost effective and results in costs being more in line with available personal budgets calculated through the Resource Allocation System (RAS).

However, where this is in current traditional shared living services, we know that it can be difficult to fill voids and that sharing and compatibility of individuals needs to be carefully considered.

We want to work with North Tyneside Homes, Registered Providers and the Private Sector to develop housing opportunities over the next five years. This will support the development of good quality, modern housing provision where individuals have their own space and the care and support is delivered in a cost effective and efficient way to maximise individual's independence and achieve desired outcomes.

In addition to the requirement to develop a number of mental health schemes and there will also be the requirement to work with housing providers for smaller scale individual and small group living supported living services.

This will be demand led and consideration will be through a social work led assessment process and how much funding is generated through a personal budget. Generally the cost of a single person service will be more than the funding available through the calculation of an individual's indicative personal budget.

Market Opportunity

New housing framework agreement to be established.

An accommodation and care framework agreement is to be set up in 2016/17 to identify a range of developers to work with the Council on various housing developments

Community Support and Personalisation

The current framework agreement runs to March 2017. There are also block funded contracts in place that will come to an end at the end of August 2016 and the plan is to develop a list of accredited providers to deliver a range of community based support services that individuals can access directly with their personal budgets.



These services will operate under a flexible Dynamic Purchasing System (DPS) arrangement and this will be developed over the latter part of 2016/17.

Adult Social Care – Market Position Statement for Mental Health Services

Current providers of traditional services should look at their service offer in light in new people wanting to access flexible and responsive services with their direct payment.

Over the last three years we have seen an increase in spend on direct payments, where individuals are receiving the funds directly and managing their own support plans. Individuals are becoming their own commissioners and providers need to be aware of this shift in emphasis and purchasing power from the Local Authority to individuals. We want to continue with this and increase the numbers of individuals with a direct payment.

Market Opportunity

Increase the opportunity for people to take a direct payment / individual service fund to access services directly.

There is a real opportunity for providers to review their service model and look at how their service offer is able to meet the needs of individuals in a flexible and responsive way.

Market Opportunity

Develop a pool of Personal Assistants that people can easily access.

Adult Social Care is currently developing a pool of Personal Assistants to support individuals with a direct payment. This is in response to feedback from Users and Carers about the problems of finding good quality “approved” Personal Assistants to be able to use and access with their direct payment.

In addition to this we want to develop a range of asset based community developments for people with mental health problems as well as the wider group of people that Adult Social Care are involved with.

Out of Area Services

This mainly relates to residential care and day services.

We have 13 people living in 10 residential care homes outside on North Tyneside. The overall cost of these services is £468k per year. During the course of this year we will look at each of these placements to review the reasons they are living there and the associated costs with these services.

Service Quality

We use a number of methods to gather data and intelligence to inform us about service quality and value for money.

This can be at an individual provider level as well as at a service level, ie residential care, supported living etc.

The sources of information relating to service quality are:

- Contract monitoring
- Quality monitoring visits
- Safeguarding reports
- CQC inspections
- Positive and negative feedback from users, carers etc
- Community Mental Health Teams (Health and Social Care)



The sources of information relating to service cost are:

- Spend data
- Activity levels
- Benchmarking – local and regional

Value for money is the balance and relationship between economy, efficiency and effectiveness and takes account of service cost and overall levels of service quality, this is where:

- **Economy** – The price paid for what goes into providing a service. Economy is about minimising the cost of resources for an activity ('doing things at a low price').
- **Efficiency** – A measure of productivity – how much you get out in relation to what is put in. Efficiency is primarily associated with the process and delivery i.e. performing tasks with reasonable effort ('doing things the right way').
- **Effectiveness** – A measure of impact achieved and can be quantitative or qualitative. Outcomes should be equitable across communities, so effectiveness measures should include aspects of equity. Effectiveness is primarily associated with the outcomes for customers i.e. the extent to which objectives are met ('doing the right things').

Value for Money is good when we achieve a balance between all three elements; relatively low costs, high performance and successful outcomes for the public.

Over time we want to see increased service quality and more affordable value for money services being delivered.

What are Individuals and / or their Carers Telling Us?

The key messages from Service Users and Carers are as follows:

- I want better knowledge of what services are on offer;
- I wanted better access to services which support me through the discharge process;
- People want to better understanding of what services they can move on to following a discharge from a social work team;
- I really value the services I receive and do not want these services to change unnecessarily;
- People want to have access to the things others take for granted, ie house, social life, job, leisure activities;
- To have the opportunity to make new friendships and to do things together in the community and how the personal budget can be used to access these services;
- I want to have a voice and make sure it is heard;
- Parent / carers are concerned about what will happen to their son / daughter when they are no longer around and that services are of high quality and safe;
- Greater involvement in commissioning of services and service design and communication about any potential changes to service provision;
- More information and guidance about the range of different services that are on offer and how these can be accessed;
- Access to suitable housing in the area they want to live and houses that are close to areas for social activities, good transport links;
- Some people are concerned that they will always need 'maintenance' services as they may never reach a stage of moving on to living independently in the community;
- I want to have a say in how their services are provided and who delivers them;
- Support to get a job or on a plan into employment or volunteering opportunities;
- Better support in finding out how personal budgets are used;
- More involved and aware of changes to funding in the Local Authority and any impacts of mental health services;
- Services to be free for people to access.

What are Providers Telling Us?

The key messages from Providers are:

- Changing from block contracts to a framework arrangement could destabilise the market, this could impact on how provider recruit staff and the terms and conditions that are in place. The effect of this could mean inconsistency for clients (which could affect their mental health);
- Providers felt it was naive of Commissioners to think the change could create more choice for clients. In effect the change could reduce choice as some providers may decide not to bid for future contracts due to the sustainability of the market;
- Mental health has been stripped of services already and the change of contractual arrangements will make things worse;
- People with complex needs but are classed as low level could miss out on services and as a result fall through the net;
- Changes in commissioned funding arrangements could have an impact on winning Big Lottery funding moving forward.

Framework Model:

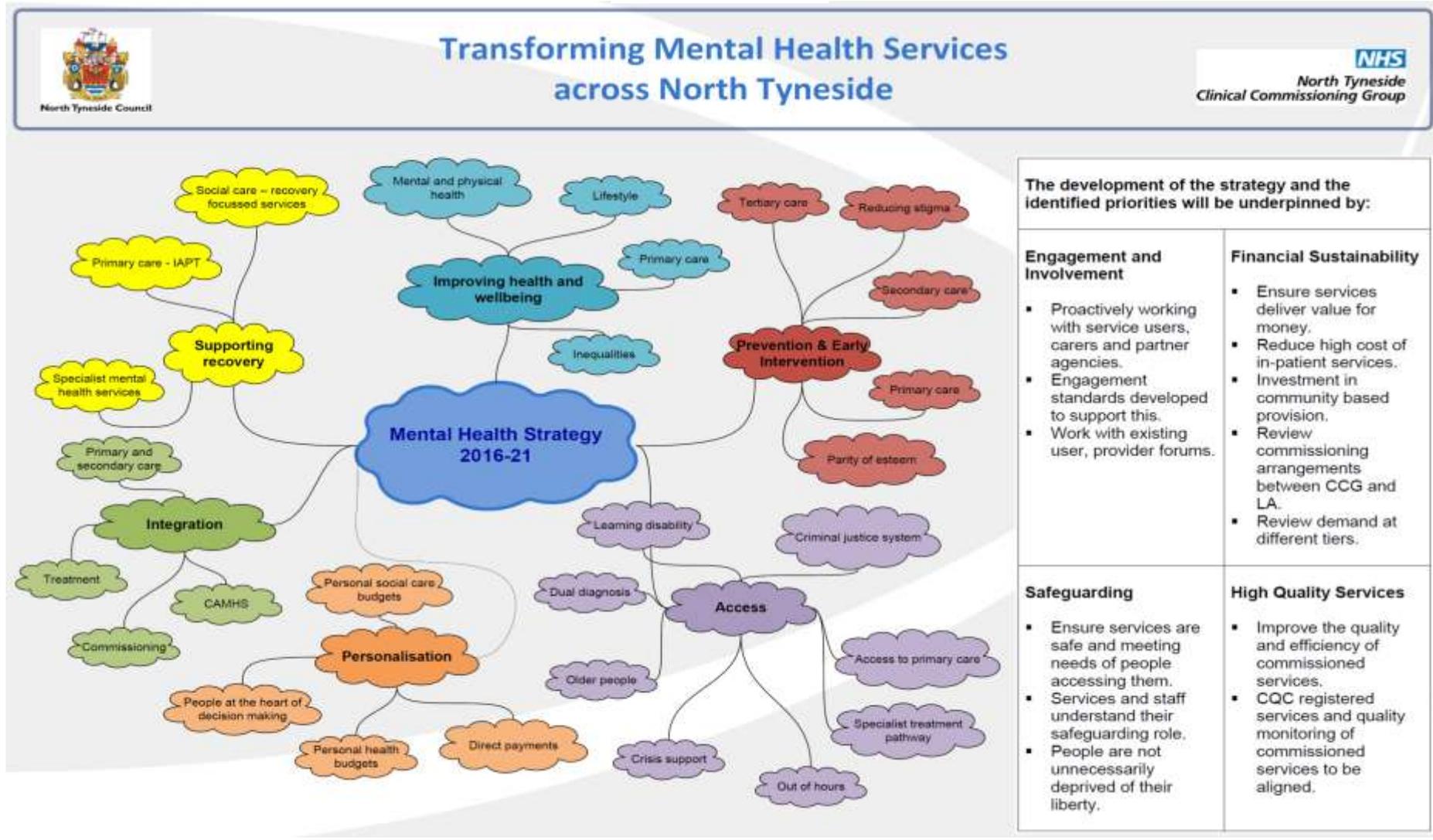
- Issue about how providers can predict the future income;
- New model may affect future bids as providers will not be able to guarantee Local Authority income which is often important for matched bid funds;
- Query about how the preventative agenda fit in the new model.

Summary of Key Market Messages

The key market messages contained within this MPS are that we want to:

- Make sure your organisation is registered on the NEPO portal
- You need to think about your service offer in relation to social care and health care needs
- Review the use of and cost of registered residential care both in North Tyneside and out of area and consider the option for people living in a care home outside of North Tyneside to come back to the borough.
- Increase the opportunity for people to take a direct payment / individual service fund to access services directly.
- Increase usage of assistive technology across a range of service areas to reduce the dependency of staff support and create opportunities for individuals to maximise their potential for independence.
- New ISL specialist health and social care framework
- Development of supported living with self contained accommodation and a single staff team to maximise the opportunity of shared care
- New housing framework agreement to be established
- Develop a pool of personal Assistants that people can easily access.

Appendix 1



Further Information

If you need any further information on this Market Position Statement or Mental Health services in North Tyneside, please contact:

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