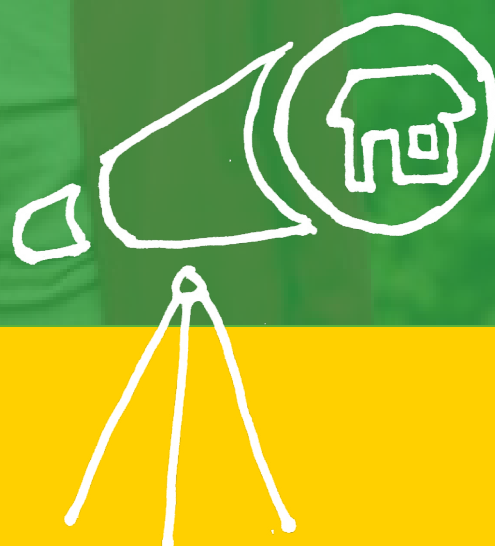


Bury Adult Social Care Housing for those with Additional Needs Strategy



BURY STRATEGY

Adult Social Care

Housing for those with additional needs

2021 - 2025

- 1.0 Bury's vision for accommodation with support
- 2.0 Why have this strategy?
- 3.0 Our Approach
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1.0

Bury's vision for accommodation with support



// **Stay local,
live
INDEPENDENTLY** //

- 1.1 The purpose of this strategy is to set out what the approach is when someone needs accommodation with additional support to help them stay local and live independently.
- 1.2 We will work with partners to:
 - Support people to live independently in their own homes for as long as possible.
 - Build the right types of houses, with the right support, in the right places.
 - Ensure services connect well with communities and each other to help people live independently.

Why have this strategy?



- 2. There is high demand for housing in Bury, as it is an attractive place to live, combined with lower land prices to elsewhere in Greater Manchester. However, the provision of housing options has sometimes existed separately to commissioning and design of services; in the future we want to ensure that these are joined up so that the needs of people are met in the best way.
- 2.1 Corporately we have worked with residents and partners to develop a new corporate housing strategy 2021-25 (<https://www.bury.gov.uk/index.aspx?articleid=16298>), which focuses on the types of housing people need at different stages in their lives, centering around our local neighbourhoods and our six townships.
- 2.2 This strategy is part of a wider plan for Bury "Let's Do It!" 2020-30, with a vision to enable people of all ages to live well within their neighbourhoods, supported by the integration of public services with our neighbourhood hubs.
- 2.3 From an Adult Social Care perspective, we must create conditions for older people, and those who need extra support to live well in their communities, retaining their independence, choice and control for as long as they want to. "Live at home". This is a common strand throughout the Adult Social Care White Paper 'People at the Heart of Care: adult social care reform'.
- 2.4 The following diagrams show how the various elements fit together around 'person centred planning'.



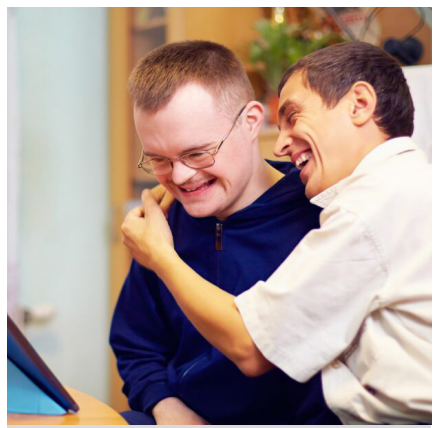
- 2.5 We are committed to working collaboratively with our housing partners and Bury residents so we can design and deliver options for homes which meet people's needs.
- 2.6 We have produced this strategy to explain to our partners and housing providers:
 - The current state of the housing market in Bury.
 - The strategic context in which we are working.
 - To outline our commissioning priorities for accommodation with support for those who may need it.
- Support improved quality of life in terms of financial wellbeing, reduced social isolation, continuation of community life, and potential for continued role for carers and families.
- Enable people to maintain their independence in their own homes.
- Provide care and support which is flexible and accessible (either onsite or nearby).
- Offer an alternative to residential care and improve and replace outdated sheltered housing.
- Supply affordable solutions so that the chosen options can be "a home for life".
- Deliver high-quality, fit-for-purpose dwellings with low-running costs in local communities.
- Provide a choice of housing options.

The strategy will help us drive our aspired housing related outcomes

- 2.7 Our housing solutions will:
 - Promote wellbeing and social inclusion.

Our Approach

- 3.1 Our approach is focused on providing **local** homes for those with additional needs in Bury both now and in the future. Increasing housing choices for our older generation and adults with specialist needs, enabling an increased number of people to live independently at home.
- 3.2 We want to encourage **enterprise** to drive inclusive economic growth through our business community, **enterprising** innovation, and creative solutions to the current housing issues.
- 3.3 Working **together** to design quality, fit for purpose homes for people with additional needs in Bury. Reviewing, designing and shaping homes in co-production with service users, their carers and family. Working **together** to ensure inclusivity throughout the housing agenda.
- 3.4 Taking a **strengths** based approach to recognise the assets and **strengths** of communities and the people within, empowering their independence, choice, and control for positive housing solutions.
- 3.5 The Bury Corporate plan sets out the four Ps (People, Place, Process and Providers) and the below table illustrates how these fit with the housing agenda.



**local
enterprise
TOGETHER
strengths**

People	Place
We will work closely with people to design, develop and deliver options for housing. Housing options should be available for people that meet their individual needs. Housing options should enable good lifestyle choices.	We will support people to stay in their own home, in their own community. Housing options will be fully integrated with their local communities via our wider relationships and partnerships
Process	Providers
We will make sure that information on options for housing is accessible, clear and simple. We will put processes in place to make sure that people have choice about accommodation at different stages in their life. Review demand vs supply of accommodation on an ongoing basis.	We will engage and communicate with providers on an ongoing basis to ensure clarity about our priorities, supporting housing development options. Through development we will support diversification of the market and options for homes to encourage choice.

// The Bury Corporate plan sets out the four Ps (People, Place, Process and Providers) //

4.0

What does 'Good' housing look like?

Bury Council has published guidelines for what good housing looks like in Bury. This document is called 'Checklist of accommodation standards and tenancy-related housing services in supported housing' (May 2021). This checklist sets out the expected standards for accommodation-related housing services that should be applied in all One Commissioned Organisation (OCO) supported housing. It covers legal requirements, minimum standards and what constitutes best practice.

THE CHECKLIST CORE PRINCIPLES:

4.2

Housing is accessible, suitably located, appropriate and suitable to meet the needs residents, including health, care and support needs. There will be procedures and measures in place to minimise risk and provide the best possible support to people in supported living settings in the context of the Covid-19 pandemic and any future pandemic.

4.3

Accommodation should be assessed by OCO commissioners, referring bodies, social care officers and by providers, for suitability in meeting the needs of the specific vulnerable residents being accommodated.

4.4

All staff are suitably qualified or trained appropriately for the role they are in and encouraged to acquire appropriate and relevant qualifications by housing providers.

4.5

Encourage co-production approaches and involvement of community residents in developing and improving provision.

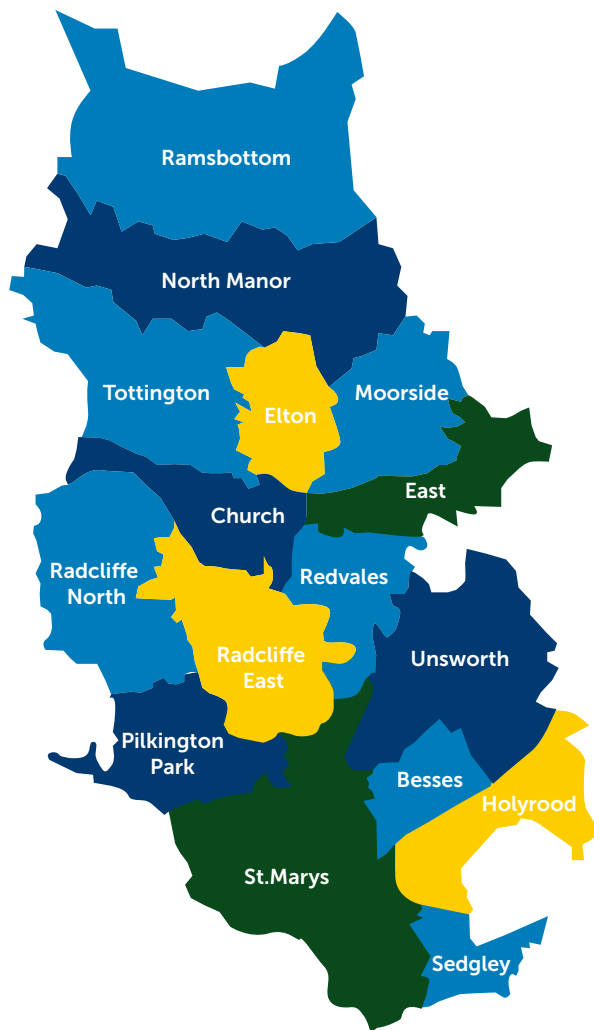
5.0

Strategic Context

Our Bury Plan for 2030 "Let's Do It" outlines the approach we are taking with our residents and partners, to address challenges like health inequalities and deprivation in Bury and, of course, learn from the changes and challenges arising from Covid-19 pandemic. The aim is to make sure everyone has the best possible life chances.

- 5.2 A **new relationship** between public services and our residents which is based on co- design and accountability for shared decision making. We will work with you, not do to you.
- 5.3 A **place-based shaping of public services** that redefines local services and puts individuals, families and communities at the heart of decision making.
- 5.4 An **asset-based approach** that recognises and builds on the strengths of individuals, families and our communities, rather than focussing on the deficits.
- 5.5 **Behaviour change** in our communities that builds independence and supports residents to be in control.
- 5.6 A stronger prioritisation of **wellbeing, prevention and early intervention**.
- 5.7 An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.
- 5.8 An **evidence-led** understanding of risk and impact to ensure the right intervention at the right time.





Local Context

5.9 Our borough is the place we are proud to call home. It includes six towns (five neighbourhoods) built within areas of extraordinary natural beauty. It is a place rich in possibility which we must preserve, improve and cherish for future generations.

We want to recognise the distinct identities of our townships and the diversity of each community; to invest in our town centres; create more spaces where people can meet and enable access to affordable decent housing for all. As we do this, we are committed to becoming eco-leaders, ensuring future generations can enjoy our green spaces and breathe clean air.

Overall our borough is relatively less deprived than our statistical neighbours but our trend is a negative one. Deprivation is highly concentrated and was reported to be getting worse in both 2015 and 2019.

To reverse this trend and close the inequalities gap we will target our resources locally, in the places that need them most. Public services and others will work together better, seamlessly and with knowledge of communities. We will create public service hubs which work within and across townships on a neighbourhood footprint, to bring different agencies together to target resources around greatest need, understand and galvanise community assets and focus on prevention as well as management of risk.

5.10 This local approach provides a foundation stone to develop a different relationship with residents and communities to connect people together. To do this all of our work in neighbourhoods will be guided by the Lets principles: taking a local approach, driving enterprise, working together and with a strengths based approach.

5.11 The Joint Strategic Needs Assessment (JSNA) helps the council and the CCG inform the planning and improvement of local services and guides us to make the best use of the funding in the commissioning of services.

5.12 Key messages from the Bury JSNA:

- People in Bury are living longer; life expectancy for both men (79.1 years) and women (82.1 years) has been improving over time, but the rate of this increase has slowed and there is still a significant gap between the life expectancy in Bury and the England average.
- There is also a social gradient to life expectancy in Bury, where men and women in the most deprived areas have a life expectancy of between 12.4 years (males) and 7.9 years (females) shorter than the least deprived areas.
- It is also important to determine whether additional years of life are being spent in good health or prolonged poor health and dependency. Healthy life expectancy adds a quality-of-life dimension to life expectancy. Similar to Life Expectancy there is inequality in healthy life expectancy between Bury and England. Male and female.
- There is also a social gradient to healthy life expectancy within Bury, where men and women in the most deprived areas

have a life expectancy of between 14.8 years (males) and 13.4 years (females) shorter than the least deprived areas.

- In addition to this, locally healthy life expectancy is consistently below retirement age, indicating levels of ill health among the working-age population. This suggests many residents are not able to enjoy their retirement in good health. If someone is diagnosed today with a long-term health condition at the age of 50 years there is still on average 17 years of working life before state pension eligibility. The key point is that, compared to England, not only do people in Bury live shorter lives, but also spend a smaller proportion of their life in good health and without disability.
- 13% of Bury school children have Special Educational Needs and Disabilities (SEND). That's around 4100 young people in Bury. This is similar to England average but higher than the statistical neighbours
- Just over one fifth of Bury's population is made up of people aged 65 and over.





0.5%
of people in
Bury have
a learning
disability



Approximately
20,600
carers
in Bury

- 0.5% of people in Bury have a learning disability.
- 17.5% of people in Bury have a mental health illness and 1% of the Bury population have a serious mental illness.
- Estimates suggest that 1 in 4 adults will experience mental health problems at any one time (25%). For Bury, this represents over 36,925 people aged 18+.
- Estimates suggest that just over 2400 people in Bury aged 65+ have dementia. Projections suggest that this number will rise to nearly 3,500 by 2035. As this population will experience increasing levels of morbidity this will present a significant challenge to health and social care service.
- Estimates suggest that 20% of the older population are mildly lonely and a further 11% are intensely lonely. For Bury this would mean around 7000 people aged 65+ are lonely and over 3800 experiencing intense loneliness.
- There are approximately 20,600 carers in Bury. The number of carers aged 65+ providing unpaid care is set to increase by 21.8% by 2030.



NEIGHBOURHOOD INFORMATION

- **Bury East** – Generally younger population when compared to rest of Bury, significantly higher proportion of BAME (23.4% BAME compared to 10.8% for Bury, plus 27.6% non-white UK compared to 14.7% to Bury). One of the most deprived areas in Bury.
- **Bury North** – Generally older population when compared to rest of Bury, significantly lower proportion of BAME (4.2% BAME compared to 10.8% for Bury, plus 6.8% non-white UK compared to 14.7% to Bury). Least deprived neighbourhood in Bury.
- **Bury West** – Generally middle-aged population when compared to rest of Bury, significantly lower proportion of BAME (6.2% BAME compared to 10.8% for Bury, plus 8.4% non-white UK compared to 14.7% to Bury). One of the most deprived areas in Bury.
- **Whitefield** – Generally older population when compared to rest of Bury, significantly lower proportion of BAME (9.5% BAME compared to 10.8% for Bury).
- **Prestwich** – Generally younger and middle-aged population when compared to rest of Bury, significantly higher proportion of BAME (13.8% BAME compared to 10.8% for Bury, plus 21% non-white UK compared to 14.7% to Bury).

For further information on the JSNA and neighbourhood profiles view the council website <https://www.bury.gov.uk/index.aspx?articleid=15624>

Our Commissioning Priorities and Intentions

6.1 Evidence suggests that there is a lack of housing with support for two priority groups in the borough, therefore our commissioning priorities are:

- Older People
- People with long term conditions:
 - Learning disabilities
 - Autism
 - Mental Health

Priority Group One: Older People

6.2 The number of people in Bury over the age of 85 is set to increase by a third by 2030. If we look to 2037, the increase from current levels is more dramatic –at around 65%. The number of people over 65 is set to increase by 15% by 2030. Projections for 2037 show an increase of 24% compared to current levels (of people over 65). Around 1/4 of all households in Bury are “older people”. Around 1/3 of older householders are likely to live in 3 bedroom houses, whilst a further 17% in 4 or more bedroom bungalows.

6.3 We need to make sure that we have the right options for older people in the right place at the right time. We want to work with our people and providers to develop a “roadmap” for each neighbourhood. Given the current population needs, trends, spends and the future population projections, it is suggested, that Bury will need more capacity for c.550 beds/units of retirement housing and c.210 beds/units of extra care housing by 2030, rising to c.870 beds/units of retirement housing and c.330 beds/units of extra care housing by 2035.

6.4 Commissioning intentions for Priority Group One, older people are that we will:

- Understand the type of accommodation with support people want and need in Bury (informed by feedback from the Council’s housing strategy and local coproduction networks).
- Work with providers to deliver Bury resident’s aspirations and commission accordingly.
- Discourage developments where there is a saturation of supply.
- Work with Providers to understand how they can best meet demand based on their knowledge and expertise.
- Encourage innovative forms of accommodation with support for older people, to diversify the market e.g. retirement villages etc.
- Develop a plan in partnership with existing suppliers to adapt nomination processes, and re-purpose sheltered properties, to meet demand from working-age adults.
- Referring back to our principles, we will co-design and deliver housing solutions with Bury people, as well as our housing partners, using our well developed networks, knowledge and expertise.
- Ensure the ethos of the ‘Let’s do it strategy’ and the Inclusion agenda is central to housing for those with additional needs.

Priority Group Two: Long Term Conditions

6.5 The 2020 household survey shows that 10% of Bury residents have a long standing illness or health condition this equates to 19,069 people. It also suggests that 5.9% of the population have a physical or mobility impairment in Bury this is around 11,425 people. Also, around 6.5% of the population will have either a visual or hearing impairment.



Deliver Bury resident’s aspirations and commission accordingly



- 6.6 The 2020 household survey estimates that 6% of the population have mental health issues in Bury. This means around 11,479 people and that 1.8% of people or 3508 people have a learning disability.
- 6.7 Future population projections suggest the total number of people with learning disabilities is set to increase by 4.8% by 2030; with a 28% increase of those aged 65 and over, and 83% increase in those aged 85 and over, compared to current levels.
- 6.8 For Mental Health future population projections for those 18-64 years is set to increase by 1.3% by 2030. Projections for 2040 show an increase of 3.4% compared to current levels.
- 6.9 Future population projections for autism suggest the total number of people with Autistic Spectrum Disorder will increase by 7% by 2030 and projections for 2040 show an increase of 12% compared to current levels.

6.10 When we look at the current position for learning disabilities in Bury, we commission 60 supported living services from independent sector providers. Greater Manchester Health and Social Care Partnership data in partnership with the Housing LIN indicated Bury will require an additional 105 self-contained supported living beds/units by 2030. This is a significant ask. Bury's current housing options focus on a more traditional model offering a shared supported living service for multiple occupants with shared kitchens, living rooms and bathrooms. Going forward we want to move away from this offering people a home rather than 'accommodation' with their own front door and space tailored to their needs.

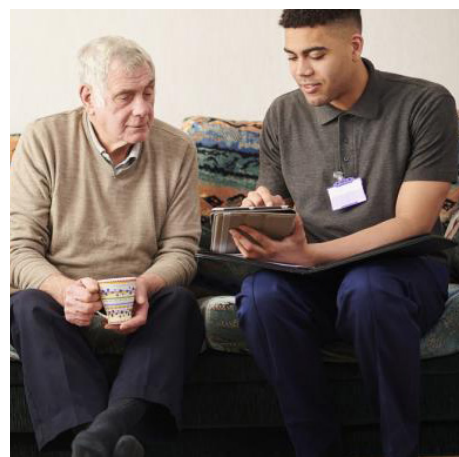
6.11 Currently in Bury there is no housing provision which has been designed specifically for the needs of autistic people. Using specialist population modelling estimates, we believe there are 65 adults and 19 children and young people who potentially need housing in Bury, this level of demand remains roughly constant into the future. As there is no specifically designed housing options for autistic people the offer like for those with learning disabilities is a traditional model with shared accommodation. Therefore, we would like to design schemes that are more fit for purpose for autistic people.

6.12 For mental health the Housing LIN data states there will be a requirement for an additional 185 beds/units of supported accommodation for people with a mental health need in Bury by 2030. This comprises of an additional 233 beds/units of self-contained supported accommodation, with 48 fewer beds/units of shared supported accommodation required in 2030. Delayed Transfers of Care (DTC) data for Bury patients at Pennine Care Foundation Trust (PCFT) for a 12 month period (18/19) totals 1,858 delayed days. Over 70% of the overall number of DTC days is due to a housing related issue with 15% awaiting residential home placement, 39% awaiting nursing home placement and 17% awaiting a housing placement. Using the Housing LIN data and the DTC statistics suggests a great need to focus on mental health housing solutions both as a step down from the hospital setting and in supported living.



“ a great need to focus on mental health housing solutions both as a step down from the hospital setting and in supported living. ”





Current data shows in Bury
there is not enough provision to meet the future demands for supported living,



We will co-design and deliver housing solutions with Bury people

6.13 Commissioning intentions for Priority Group Two, people with long term conditions:

- The shortage of accommodation for these three groups (learning disabilities, autism and mental health) needs to be addressed with innovative solutions which support an “own front door” model.
- We will work with existing providers to meet immediate and future needs identified to:
 - Train staff where there are gaps identified.
 - Adapt accommodation as required.
 - Gain allocation rights on existing developments.
- Create or commission a crisis response service with key partners to meet the needs of people within borough.
- Explore with landlords and key partners the potential to re-purpose sheltered schemes into accommodation for adults with Long Term Conditions.
- Utilise ‘Assistive Technology’ in existing and new housing stock to better meet the needs of people.
- Work with key providers to identify and de-commission, or re-purpose supported living properties no longer needed, based on customer preference and viability.
- We will work with children’s service colleagues to identify people who may need accommodation based support from the age of 14 years.
- Develop a ‘roadmap’ for accommodation, as for older people, so that both commissioners and providers understand medium and long term plans for accommodation with support.
- Referring back to our principles, we will co-design and deliver housing solutions with Bury people, as well as our housing partners, using our well developed networks, knowledge and expertise.
- Ensure the ethos of the ‘Let’s do it strategy’ and the Inclusion agenda is central to housing for those with additional need



Meeting future Demand

6.14 Bury Council will address the issue of gaps in provision of specialist services for people with additional needs by working in partnership with providers to grow and establish services. We want to encourage providers to consider what skills and expertise their organisation can bring to the Bury market where they may have a different offer in other local authorities.

6.15 Current data shows in Bury there is not enough provision to meet the future demands for supported living, with the ‘own front door’ model in mind and especially for adults with mental health needs. This may present opportunities for the market to explore whether they are able to fill these gaps.

6.16 We know proximity to support networks, education, employment, and transport links are important factors for individuals when considering where to live. We want to invest in homes that enable independent living, empower people to build on their strengths and



interests whilst also supporting people to connect with their local community offer. Current data shows that Bury purchases more supported living than other areas in Greater Manchester and this has been steadily growing over the past few years. We want to encourage and stimulate this growth through our partnership working.

6.17 One of the key gaps identified through our data analysis and local engagement was the gap in services for the transition to adulthood and this will be an area of focus for further market development work. One of the proposals for future developments in the way we work is to move to an all-age disability service removing the need for transitions and instead providing one streamlined service irrespective of the individual’s age. Providers of community support services may therefore wish to consider dual registration for under 18s to support this aim.

6.18 Co-production and engagement with our people is important to us in Bury and therefore want to work with Partners who are willing to work openly and transparently with a range of stakeholders. Involve relevant council staff, service users and their carers/ family in the design and development of any services, their feedback is key to improving the quality of services. Providers need to consider how feedback can be applied practically to develop new or improve existing services.

6.19 We will expect that providers we work with have a strong focus on monitoring and reviewing performance. Tracking progress and auditing of key areas of service delivery ensures areas for improvement can be identified. This helps to improve quality, identifying best practice and benchmarking with others ensures learning can be applied, leading to service improvement. Clear standards, consistency and compliance to service delivery expectations ensures quality assurance. A cycle of plan-do-check-act ensures improvement is monitored and can be demonstrated.

6.20 Improving outcomes for people is as equally important as improving the quality and choice of housing in Bury. Bury commissioners are focussed on both good quality services for our people which lead to good quality outcomes. We want to work with providers who deliver innovative, flexible person centred services and, from a broader point of view, we will expect good providers to recognise that the people using their services and their carers are experts in their own lives and are therefore essential partners in the design and development of services. Our social care workforce work across a neighbourhood footprint, this helps them to understand and know better the local area they work in, the people who live there who they support and the aspirations those people have. This helps to drive good quality services and support locally. As part of workforce developments, we are currently supporting our health and social care workforce to expand their skillset by undertaking ethnographic training. The ethnographic approach helps change the conversation with clients providing a different platform to learn about our people, their goals and needs, supporting people in creative ways and this is something we will expect from the providers we work with

// We will expect that providers we work with have a strong focus on monitoring and reviewing performance. //

6.21 We want all our services to treat each person according to their individual care, support needs and preferences. It is important that providers adapt their service to deliver flexible options and tailored support, particularly as more and more people will be making their own choices in purchasing care utilising their Personal Budgets or as self-funders. A person centred approach to care and support, will support people to:

- Live **independent lives**, be clear on options available to them and with as much involvement as they want in decisions about what care and support they need and how it should be delivered.
- **Maintain relationships** with family and friends and provide opportunities to be a part of their local community offer, developing numerous connections, accessing community groups, activities and services that meet their needs or interests, skills and abilities.
- **Live without fear of harm or abuse** and support them to manage any risks which might arise and to avoid unnecessary risks.
- **Experience their care provision/ support positively**, through relationships based on mutual respect and consideration, and where care designed around their needs is both consistently delivered and well coordinated.
- **People don't want to be defined by their condition they are suffering from e.g.** dementia, autism or subject to multiple co-morbidities. They are, first and foremost, individuals with very personal hopes, fears, aspirations, and relationships.



6.22 Over the past four years Bury Council has supported the development and growth of the Bury voluntary community and faith (VCF) sector, via resource, grants, and the establishment of the Voluntary, Community and Faith alliance (VCFA). Building the VCF sector enables a diverse range of local services delivered or designed by local people to address local issues. As part of the council's preventative strategy and to enable self-care and empower self-management of long term conditions, the council will continue to signpost a number of people to services in the community and an ongoing analysis will be made about the scope and ability of small and medium VCF providers to meet this requirement. The role of the VCF sector in combating loneliness and enabling social inclusion is increasingly important. VCF organisations play a key role in the delivery of services, particularly at a time of major change for the public sector and are well placed to take advantage of opportunities and identify new ways of working in Bury.

6.23 Bury Council are fully committed to wider social benefits and the environmental wellbeing of the borough and fully embrace the duties set out in the Public Services (Social Value) Act 2012. In 2016 Bury wrote its

social value policy and this is something we are looking to refresh in the coming months.

6.24 Integration of health and social Care has been a key policy driver for many years within health and social care. Most recently the Adult Social Care White Paper 'People at the Heart of Care: adult social care reform', NHS Long Term plan and the Care Act 2014 outlined the need to design and implement services around individuals and their communities, to further enhance pathways and joint service provision across health and social care. In Bury we have stepped up our integrated neighbourhood teams, a true collaboration of health and social care, encouraging a new way of thinking and working collaboratively with clients. This is something providers we work with can be a part of, an example of this locally is the trialling of care providers whose staff offer a 'blended role' approach, supporting care at home clients with low level nursing needs such as dressing changes that typically would have been undertaken by district nurses. The development of the Local Care Organisations has also helped to galvanise the wider system and will continue to be a focus in the future.

In Bury we have
stepped up
our integrated
neighbourhood
teams

