

# Bury Market Position Statement



**Adult Social Care**  
Housing for those  
with additional needs

2021  
—  
2025

# Adult Social Care Housing for those with additional needs

2021 - 2025

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## Introduction



- 1.1 The vision and strategy for Bury is Let's Do It! The strategy sets out a clear ambition and delivery plan for ten years (2020 -2030). It is not just a strategy for service improvement, it is a radical new proposition for community power; putting relationships first and creating a borough in which every single person plays their part.
- 1.2 Our vision for Bury 2030 is built upon conversations with communities and the goal is simple: to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation.
- 1.3 This is, however, challenging given our starting point in 2020. Bury is less deprived than others but over the last four years direction of travel has changed and
  - Bury has become relatively more deprived compared to others; more people are living in (the same) areas of deprivation now than in 2015.
  - The proportion of your life spent in good health has decreased by two years for men and increased by four years for women.
  - The likelihood of being in work has reduced from 73% to 71%.
  - Attainment in primary schools has got better but other places are improving faster.



**Our vision  
for Bury  
2030**



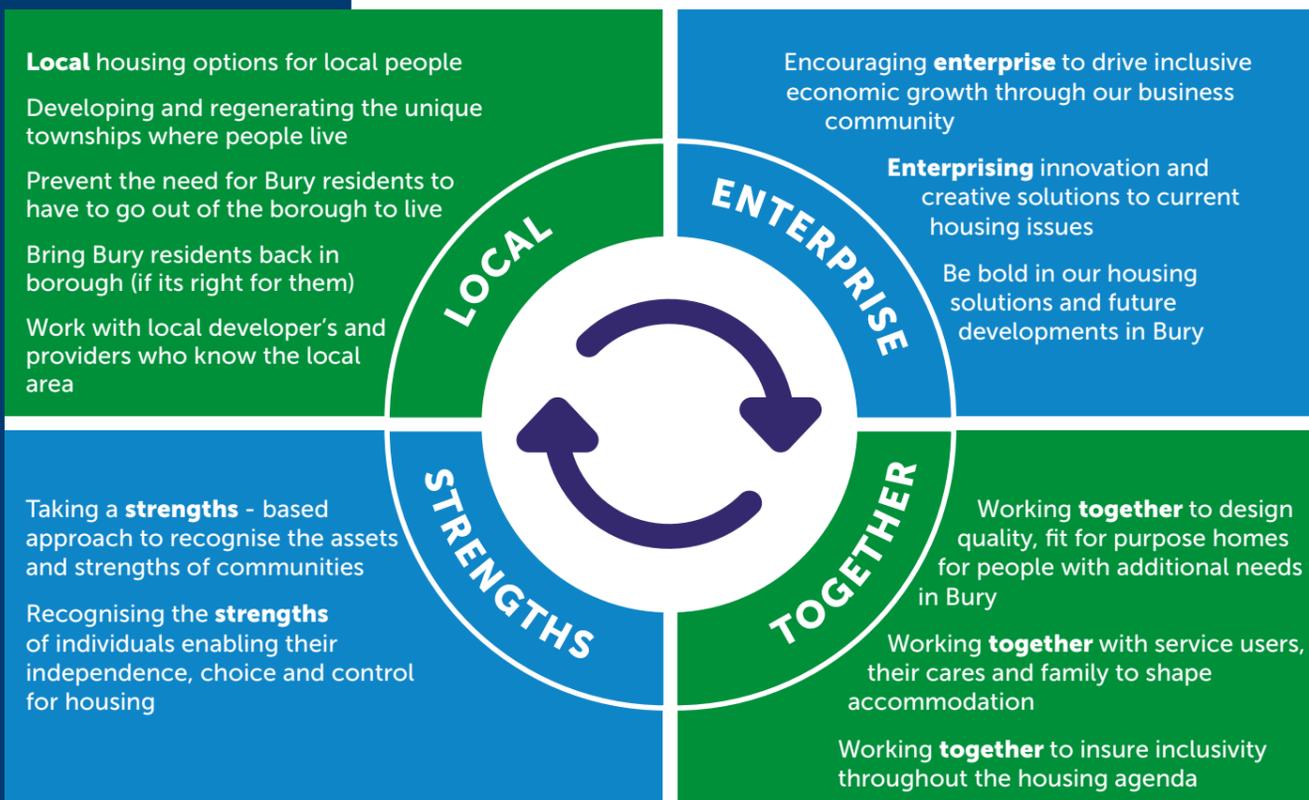
Sets out delivery priorities and performance measures

- 1.4 By 2030 we will collectively tackle these deep-rooted issues by giving everyone the encouragement and support to play their part, joining together the delivery of all public services as one and delivering an ambitious plan for both social and economic infrastructure.
- 1.5 The 2021 refresh of the Bury Council and Bury CCG Corporate Plan 2020-22 sets out delivery priorities and performance measures that will guide the work of the partnership over the next 12 months. This plan describes how the Council and CCG will deliver its contribution to the Let's Do It! Strategy to support the Borough of Bury as it recovers from the local impact of the Covid-19 pandemic. This plan sets the partnership's strategic framework for delivery and describes how this aligns with culture and resources to build a better future for our residents, communities, and businesses.
- 1.6 "Let's Do It!" 2020-30, provides the vision to enable people of all ages to live well within their neighbourhoods, supported by the integration of public services with our neighbourhood hubs. 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 "Living well at home".
- 1.7 Diagram shows how the Adult Social Care housing agenda in Bury aligns to 'Let's Do It'.



- 1.8 The Adult Social Care White Paper 'People at the Heart of Care: adult social care reform' focusses on making every decision about care a decision about housing. Writing 'ensuring people receive the right care and support all begins with where they live and the people they live with'. The ambition is to give more people the choice to live independently and healthy in their own homes for longer. 'This means adults of all ages being able to access or remain in the home of their choice, whether that be their own home of today or one they move into - which forms part of a community they have chosen to call home'.
- 1.9 The white paper outlines four 'I' statements in relation to housing, these are 'I' statements that Bury will consider throughout our housing agenda:
  - I can live as part of a community, where I am connected to the people who are important to me, including friends and family and I have the opportunity to meet people who share my interests.
  - I lead a fulfilling life with access to support, aids and adaptations to maintain and enhance my wellbeing.
  - I can live in my own home, with the necessary adaptations, technology, and personal support as designed by me, to enable me to be as independent as possible.
  - I have a good choice of alternative housing and support options, so I am able to choose where I live and who I live with, with the opportunities to plan ahead, and take up those options in a timely fashion.

“ I can live as part of a community, where I am connected to the people who are important to me ”





Committed to working collaboratively with our housing partners and Bury residents

- 1.10 A recent survey by SCIE asked: “Which of these things would be most important to you if you need or needed care or support?” and the top 3 priorities were:
- 1) Remaining independent.
  - 2) Having access to the internet, phone and technology.
  - 3) Being able to stay in my current or own home.

Again, highlighting how important housing, independence and maintaining your own home is to individuals. These are built into the Adult Social Care vision and part of the outcomes we strive towards regarding housing. We also have an ambition to develop our approach to assistive technology.

- 1.11 This information and evidence that having good quality housing is a key component of having good health is not new (Kings Fund 2018). The new corporate Bury housing strategy recognises how important the right home is to having both good physical health and good mental health. <https://www.bury.gov.uk/index.aspx?articleid=16298> The Bury Housing Strategy states that: The right home environment enables people to:

- Manage their own health and care needs, including long term conditions.
- Live independently, safely and well in their own home for as long as they choose.
- Complete treatment and recover from substance misuse, tuberculosis or other ill-health.
- Move on successfully from homelessness or other traumatic life event.
- Access and sustain education, training and employment.
- Participate and contribute to society.

- 1.12 This means that the right home can be beneficial for the wider health and care system, and can be a key factor in contributing to:

- Delaying and reducing the need for primary care and social care.
- Preventing hospital admissions.
- Enabling timely discharge from hospital and prevent re-admissions.
- Enabling rapid recovery from periods of ill health or planned admissions.

- 1.13 In recognising these benefits, the Bury Housing Strategy Action plan focusses on delivery of priorities, two of which will have the biggest short to medium term impact on health and wellbeing for some specific groups in the borough. These are in addition to the wider population housing priorities such as having enough affordable housing or improving energy efficiency. The first priority is to address the shortfall in housing provision for older people in the borough and the second priority is to increase housing options for specialist groups.

- 1.14 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. Using an evidenced based understanding of where the existing generation of older people live and where the next generation of older people are currently living in the Borough, also those who need supported housing. Understanding their health needs, and aspirations for housing over the next 25 years.

- 1.15 Working in collaboration with partners, housing developers and providers to identify sites and buildings in the right locations for development and conversion/improvement to meet the needs of older people, specialist groups and people with a learning disability. The focus is to increase housing choices for our older people, specialist groups and people with a learning disability.



// The new corporate Bury housing strategy recognises how important the right home is to having both good physical health and good mental health //

## What is the Market Position Statement for and Driving Outcomes



### What is the Market Position Statement

2.1 The aim of this Market Position Statement (MPS) is to bring together information, data and evidence about the local market so that current and prospective providers understand the local context, what is likely to change and where opportunities might arise in the future. This is a duty of Local Authorities and the importance of market information and shaping is highlighted in the Adult Social Care White Paper 'People at the Heart of Care: adult social care reform'.

- 2.2 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. We have produced this MPS to explain to our partners and housing providers:
- The current housing market provision within Bury for people with social care needs'.
  - The strategic context in which we are working.
  - The current housing market provision within Bury for people with social care needs.
- 2.3 The MPS is for both existing and potential scheme developers, housing, and care providers, with the purpose of helping them to shape their business plans to support the council's vision for the future of adult social care and housing markets. It will help providers to:
- Identify opportunities that they may tender for.
  - Develop their services to meet local need and demand.
  - Come up with innovative solutions to the challenges currently in relation to housing needs both now and in the future in Bury.
  - Align housing schemes and developments to the two priority groups in the borough.
- 2.4 The MPS is also for our communities, including people who need care and support, their family, and carers, to determine whether the types of housing we are seeking are the types of housing people actually want to live in.
- 2.5 This document is also aimed at our voluntary community and faith groups who make a key contribution to building and maintaining individual and community independence. We hope these partners, who may or may not deliver commissioned services, will be able to use the MPS to understand how their offer could support people living in accommodation for those with additional needs.
- 2.6 We hope this document is useful to our health colleagues, who will be crucial partners in ensuring appropriate health interventions are delivered alongside social care interventions within accommodation for those with additional needs to enable our people to remain at home for as long as possible.

“ The aim of this Market Position Statement (MPS) is to bring together information, data and evidence about the local market ”

**Driving Outcomes**

2.7 Through our housing solutions we will:

- Promote wellbeing and social inclusion.
- 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 self-contained accommodation.
- Provide care and support which is flexible and accessible (either onsite or nearby).
- Offer alternatives to residential care and sheltered housing (for those who need it).
- 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.

**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 living 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 coproduction 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 table on the following page illustrates how these fit with the housing agenda.





**People**



**Place**



**Process**



**Providers**

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

## What does 'Good' housing look like?



- 4.1 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.



**Checklist of  
accommodation  
standards**

## National Developments and local context



### National Developments

- 5.1 The introduction of the Care Act back in 2014 provided an opportunity to bring together a number of existing laws, and introduced new duties to ensure that wellbeing, dignity and choice are at the heart of health and social care. The Act presents both Commissioners and Providers with a new set of challenges and opportunities. The Act places a new statutory duty on local authorities to promote the diversity and quality of local services, in order that there is a sufficient range of high-quality service providers to enable genuine choice for service users. Local authorities will have a duty to ensure continuity of care should a provider fail. <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- 5.2 The prevention green paper shifts the traditional view of prioritising caring for people when they are sick, instead focusing on preventing people needing support in the first place. This paper signifies a shift from considering how long people live as being important, to an even more important measure being

how long people live in good health. Prevention should be at the forefront of all national and local policies, weaved into plans for everything from health and social care to town planning, housing and transport. Therefore, we should invest in building homes that our residents need, ensure they are built safely and to a good quality meeting the needs of our people both now and in the future. <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s>

- 5.3 As outlined the 2021 Adult Social Care White Paper 'People at the Heart of Care: adult social care reform' recognises the importance of housing in a person's health and wellbeing. Ensuring homes are suitable to meet a person's current and future needs, connecting people to a community where they choose to live, maintaining independence and providing choice of housing options whilst empowering individuals to live a fulfilling life is important.
- 5.4 In April 2016 a Greater Manchester Commissioning for Reform Strategy was created which was later refreshed in 2018. The strategy aligned the commissioning intentions of Greater Manchester Authorities to deal with the challenges facing commissioners. The strategy sets out a five year vision driven by public service reform and ambition to deliver improvement across services in Greater Manchester (GM). The priority areas to develop integrated commissioning include Adult Social Care, Children's Services, Learning Disabilities, Mental Health and Health Improvement. The Key principles of the strategy are around:
- **People and place** – commissioning to drive significant behaviour change across GM residents, organisations and workforces. Residents to be less reliant on public services and more proactive in their lifestyle approach and choices. Our organisations need to think beyond their organisational boundaries towards people and place.
  - **Co-design** – Commissioners, providers and residents working together to co- design services.
  - **Decommissioning** – Success will be defined as much by decommissioning decisions as by the commissioning activity.
  - **Commissioning at the right level** – to be successful we need to commission at the right spatial level. Connecting macro (GM and locality) and micro (individuals or teams) commissioning, for instance best use of community and voluntary organisations to deliver an asset-based approach.
  - **Be bold** – to deliver improved outcomes and achieve financial sustainability we must be bold and embrace new commissioning models as outcomes-based commissioning.

“ The priority areas to develop integrated commissioning include Adult Social Care, Children's Services, Learning Disabilities, Mental Health and Health Improvement. ”



**set out the  
commissioning  
principles for  
Bury**

5.5 The Bury Communities and Wellbeing strategy developed in 2016 set out the commissioning principles for Bury that still stand today.

- **Commissioning for outcomes**

Commissioning will be outcome focussed; linked into the 'Let's do it' strategy and adopts the Outcome Based Accountability (OBA) approach; that focuses on outcomes, monitoring and evidencing progress towards these, to determine if anyone is better off'.

- **Evidence Based Commissioning**

Commissioning services based on local, national and international evidence, expertise and research. The evidence should be translated and interpreted using local expertise to assist in informing the type and scale of the interventions commissioned. Utilising population, service and contract intelligence, in particular harnessing the soft intelligence gathered from community hubs and Voluntary Community and Faith Alliance (VCFA) to help analyse gaps in services and help shape commissioning services.

- **Commissioning for people and place**

All commissioning activities and decisions should result in helping neighbourhoods in Bury achieve their own vision and aspirations. The providers and organisations we work with need to think beyond their organisational boundaries towards people and place. Commissioning not just at the service level, but at as whole population level; considering the people and place agenda. To do things differently commissioning decisions need to help drive a behaviour change in residents, organisations and the workforce to be more proactive and resilient; with information at their fingertips to make informed choices about their lifestyle and services available to them.

- **Ensuring value for money, return on investment and maximising the 'Bury Pound'**

With an ever shrinking cash envelope, significant Council savings and a reduced resource, we cannot afford to commission the same services and expect different results. It is critical to gain value for money in all services commissioned; by having robust contracts in place that are well monitored and managed will help ensure outcomes set as part of contracts are achieved, lending a more effective use of the 'Bury Pound'. Social value will be built into commissioned services ensuring return on investment is maximised by gaining additional benefits to local communities and people. Utilising cost benefit analysis systems will help quantify return on investment.



- **Building strong and flexible provider relations; delivering good quality services**

Working with providers at the earliest opportunity to design and deliver quality services. Commissioners having a good understanding of the market place, developing MPS and working with providers to help stimulate the market place encouraging innovation of various models of delivery. Building strong relations with providers enables a more flexible and adaptable approach. Therefore, if there is ever a need to adjust or change a commissioned provision then this can be done in partnership (working together, moving away from a traditional commissioner/ provider split).

- **Decommissioning and robust reviewing of contracts, service and strategies**

Making the right decisions to decommission and or radically change existing service delivery models is just as important as commissioning the right services. We can not afford to commission more of the same; instead, we need to instil confidence in providers to think innovatively when considering service delivery models.

• **Supporting the development of resilient communities with resilient residents; supporting effective market management**

Behaviour change is required to move away from reliance on public service and support residents to take control and responsibility of their own lifestyles. Commissioned services should inform residents of services available to them, commissioners need to commission services locally and work with the community and voluntary sector to deliver services in different ways. Using effective market management can help understand better what resident's needs are and how we can energise the market to deliver or meet those needs in more effective and innovative ways. The Care Act 2014 calls for diversity and quality in the market of care providers so that there are enough high-quality services for people to choose from.

• **Putting people at the heart of what we do (engagement, co-design and coproduction)**

There has never been a more important time to put people at the heart of what we do. Enabling and empowering people to help shape, design and input the development of services, commissioning and decommissioning. Over time the aspiration would be to devolve budgets and power locally to communities shifting the responsibility for service design locally to the communities and people who live within them. Bury is on a journey and already seen great success in the development of 'co-production networks' across a range of specialisms that add great value in service feedback and decision making.

“ There has never been a more important time to put people at the heart of what we do. ”



**Local Context**

5.6 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.

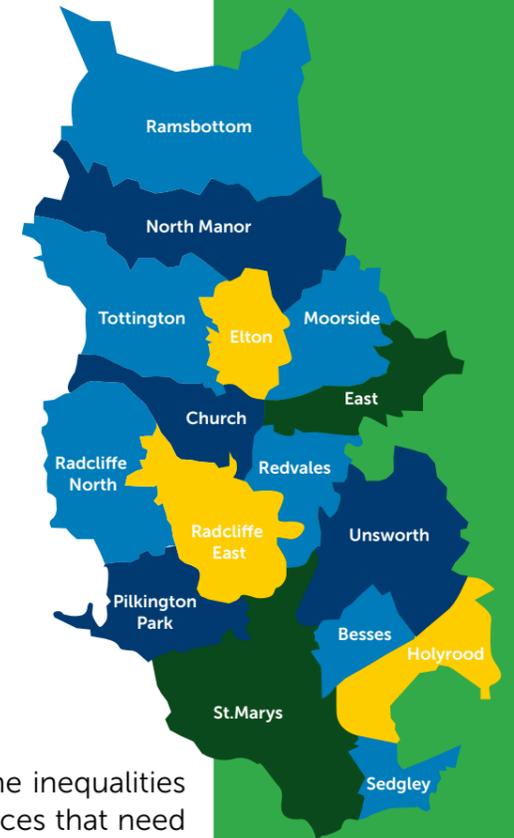
Overall, our borough is relatively less deprived than our statistical neighbours but our trend is a negative one. Deprivation is highly concentrated and was reported to be getting worse in both 2019 and 2015. To reverse this trend and close the inequalities gap we will target our resources locally, in 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.

5.7 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.

5.8 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.

5.9 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 and suggesting 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.
- 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.

### 5.10 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>



**13%**  
of Bury school children have Special Educational Needs and Disabilities (SEND)

**17.5%**  
of people in Bury have a mental health illness

**over 2400**  
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**20%**  
of the older population are mildly lonely

**20,600**  
carers in Bury

## Finance and Funding

  
In 2020/21  
the council  
spent over  
£65 million on  
adult social  
care

- 6.1 In 2020/21 the council spent over £65 million on adult social care for a range of services and functions across the independent, voluntary and community sector. Bury currently spends more on long term care than other localities in Greater Manchester. Bury also has a higher conversion rate of clients coming into social care services than other localities in Greater Manchester.
- 6.2 Not unlike other areas, Bury Council faces significant financial challenges (further worsened by impacts and pressures of Covid-19), alongside an increased demand for services. To balance the books, Adults Social Care along with other parts of the council will need to drive efficiencies, develop new ways of working, review and transform services, consider what and how we commission and ensure all services drive value for money whilst upholding client needs and the best quality possible.
- 6.3 Currently around £22 million of the adult social care budget is spent on a range of services and support for our older generation and those with a cognitive, physical or sensory care need.
- 6.4 In 2020/21, Bury Council spent over £5.3m on people with a mental health illness, £4.8m relates to the provision of accommodation with mental health support, such as supported living, private residential rest home/nursing home, private respite care rest home/nursing home, domiciliary care and care at home. This is an increase of 15% from 2019/20. In 2020/21, 221 people received accommodation with mental health support in Bury.
- 6.5 We currently support around 600 adults in Bury with a learning disability. Bury provides more of our younger adults with a learning disability with services than others in Greater Manchester. A significant amount of the learning disability budget is spent on supported living in Bury with the current budget for supported living around £9.5million.
- 6.6 Bury is currently supporting around 130 adults with a learning disability in supported living, this number is considerably higher when you include people with mental health conditions in supportive living arrangements and is as high as 240 when you consider all conditions in Bury. The Greater Manchester average for supported living is much lower.

## Our Current Needs and Data



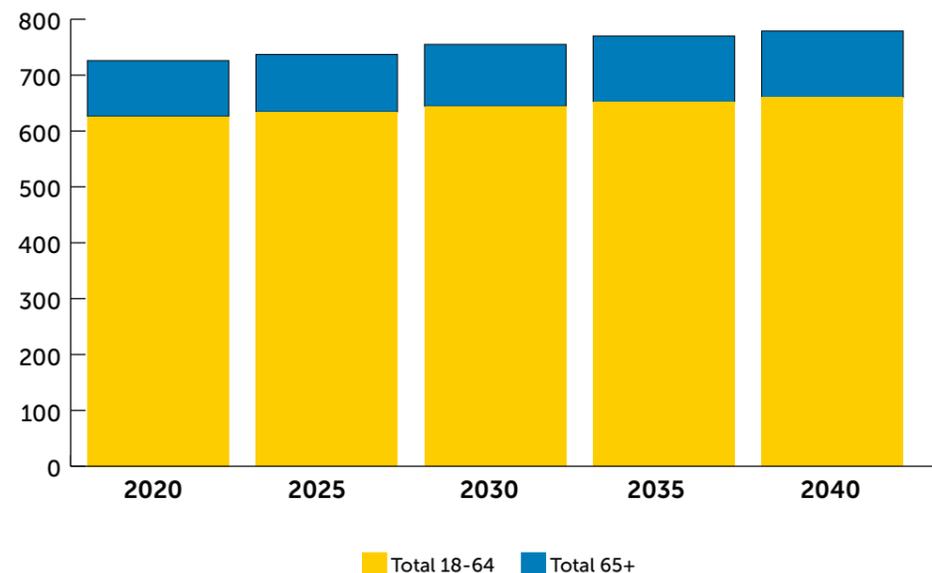
- 7.1 Bury currently have a higher than the average England population in the following groups:
- 60-64 years
  - 80-84 years (males only)
  - 85-89 years
  - 90 years plus
- 7.2 Looking at our five neighbourhoods in Bury, we can see where there are populations of people higher than the Bury average. We are looking at 45 years and over (if we model need over a 20-year period).

Table to show where older people live in Bury and which areas have ages higher than the Bury average. (Source: ONS mid year population estimates)

	Males	Females
Whitefield	All ages above 45 years	All ages above 45 years but not 65-69
East	No ages higher	No ages higher
North	All ages above 45 years	All ages above 45 years
Prestwich	60-64 and 90 years +	85+ years
West	50-60 years; 65-79 years	45-79 years

7.3 This table shows a higher than average ageing population in all ages over 45 years in the north of the borough. However, there is currently very little provision in the north of the borough for older people or those with additional needs.

7.4 The table below shows the population projections for people with a moderate or severe learning disability. Although please note that not all these people do or will require support from Adult Social Care. A high number of individuals are able to maintain their own independence with some supported by family, carers, friends and the wider community offer.



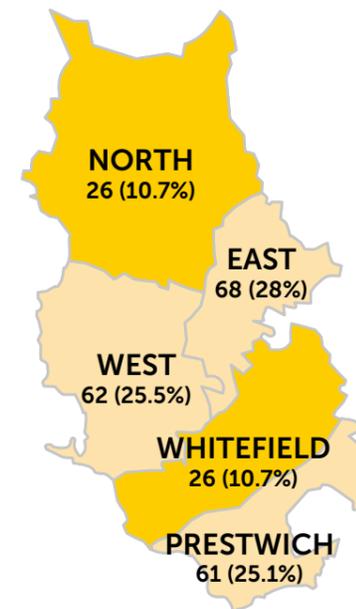
7.5 The below table shows the population projections for people with a physical impairment and therefore likely to need some form of support in the coming years.

Bury Residents	2020	2030	2040
Total population aged 18-64 who have impaired mobility	6240	6317	6204
Total population 64+ whose day to day activities are limited a lot	8748	12340	13567
Total population aged 18-64: moderate personal care disability	4515	4511	4519
Total population aged 18-64: serious personal care disability	993	993	1001
Total population: all ages with moderate or severe visual impairment	4169	4965	5583

7.6 People with a Primary Support Reason (PSR) of Learning Disabilities (18-64 years)

Services received	No' of people
Care At Home	39
Supported accommodation	192
Residential	54
Extra Care	0

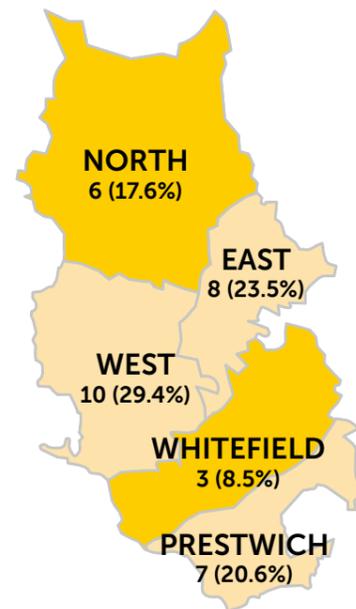
243 people with a PSR of LD – see map

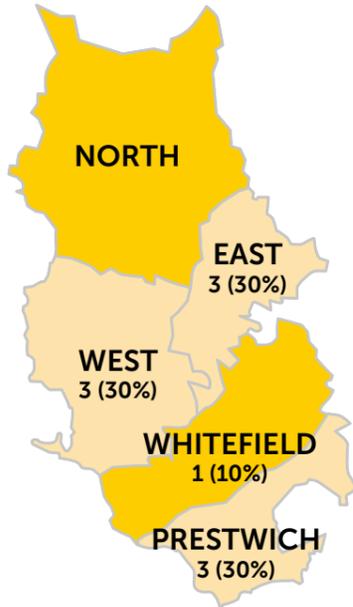


7.7 People with Primary Support Reason (PSR) of Learning-disability (65+ years)

Services received	No' of people
Care At Home	5
Supported accommodation	24
Residential	13
Extra Care	1

34 people with a PSR of LD – see map

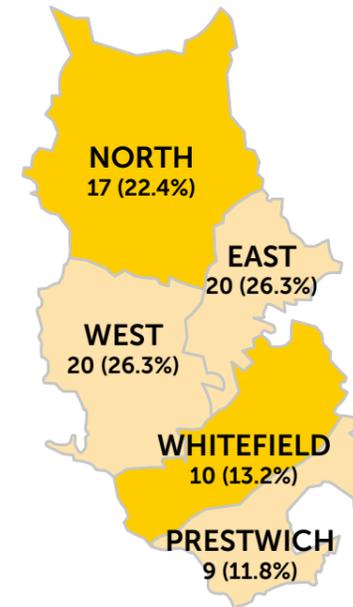




7.8 People with a Primary Support Reason (PSR) of mental health (8-64 years)

Services received	No' of people
Care At Home	6
Supported accommodation	5
Residential	2
Extra Care	1

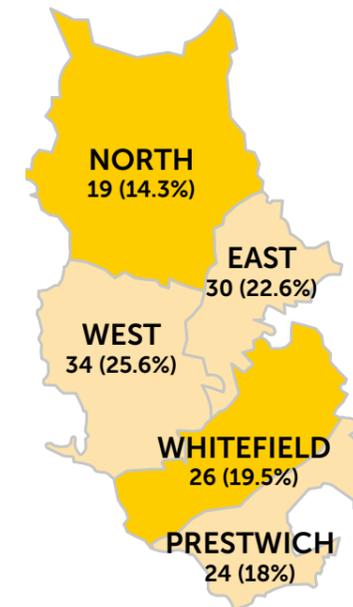
10 people with a PSR of MH – see map



7.9 People with Primary Support Reason (PSR) of mental health (65+ years)

Services received	No' of people
Care At Home	22
Supported accommodation	1
Residential	52
Extra Care	0
Nursing	19

76 people with PSR of MH – see map



7.10 People with Primary Support Reason (PSR) of physical support (18-64 years)

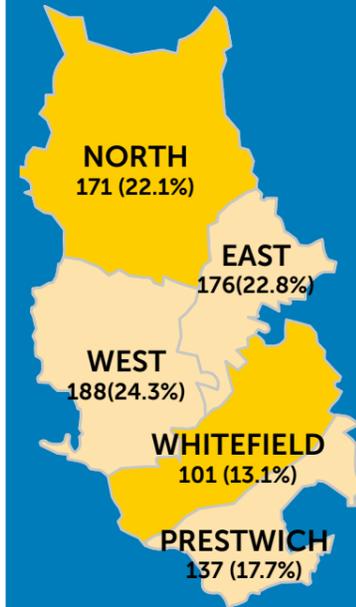
Services received	No' of people
Care At Home	115
Supported accommodation	11
Residential	12
Extra Care	2
Nursing	10

133 people with PSR of physical support – see map

7.11 People with Primary Support Reason (PSR) of physical support (65+ years)

Services received	No' of people
Care At Home	520
Supported accommodation	4
Residential	246
Extra Care	12
Nursing	61

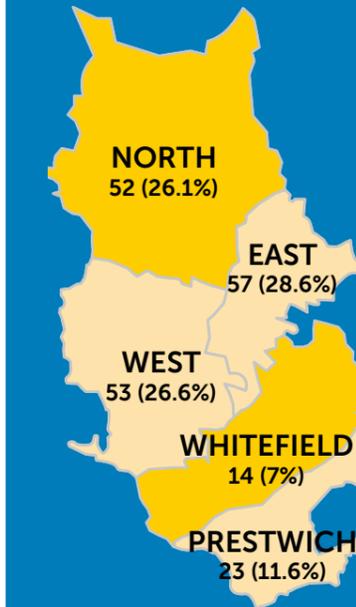
773 people with PSR of physical support – see map



7.12 People with a Primary Support Reason (PSR) of with memory & cognition (65+ years)

Services received	No' of people
Care At Home	44
Residential	140
Nursing	47

199 people with PSR of memory & cognition – see map



7.13 The below shows the current supported living premises in Bury

	East	North	Prestwich	West	Whitefield	Grand Total
Dual Diagnosis	2			2		4
Learning Disability	18	9	22	22	11	82
Mental Health	1	1		1		3
Mental Heal & Learning Disability	1		2			3
<b>Grand Total</b>	<b>22</b>	<b>10</b>	<b>24</b>	<b>25</b>	<b>11</b>	<b>92</b>

## Future Projections



### 8.1 Estimated net need for housing and accommodation for older people in Bury

The estimated housing and accommodation for older people net need to 2035 are as follows.

- Housing for older people (retirement housing for sale and contemporary 'sheltered housing' for rent). The estimated housing for older people net need to 2035 is c.880 beds/units of which c.440 for social/affordable rent and c.440 for sale.
- Housing with care (extra care housing). The estimated housing with care net need to 2035 is c.330 beds/units of which c.165 for rent and c.165 for sale.
- Residential care. The estimated residential care net need to 2035 is c.65 bedspaces.
- Nursing care. The estimated nursing care net need to 2035 is c.280 bedspaces.

### 8.2 Housing and supported accommodation estimated net need for adults with a mental health need in Bury

- There is an estimated net need of c.185 beds/units of housing and supported accommodation for people with a mental health support need living in Bury, to 2025.
- Of this net need of c.185 beds/units, c.95 is expected to be for mainstream housing, and c.90 is expected to be for supported housing.
- There is an estimated net need of c.370 beds/units of housing and supported accommodation for people with a mental health support need living in Bury, to 2030.
- Of this net need of c.370 beds/units, c.185 is expected to be for mainstream housing and c.185 is expected to be for supported housing.

### 8.3 Housing and supported accommodation estimated net need for adults with a learning disability / autism in Bury

- There is an estimated net need of c.50 beds/units of housing and supported accommodation for people with a learning disability / autism living in Bury, to 2025.
- Of this net need of c.50 beds/units, c.10 is expected to be for Shared Lives accommodation housing, and c.40 is expected to be for supported housing.
- There is an estimated net need of c.105 beds/units of housing and supported accommodation for people with a learning disability / autism living in Bury, to 2030.
- Of this net need of c.105 beds/units, c.25 is expected to be for Shared Lives accommodation housing, and c.80 is expected to be for supported housing.



Housing and supported accommodation estimated net need

“ There is an estimated net need of c.185 units of housing and supported accommodation for people with a mental health support need living in Bury, to 2025. ”

## Commissioning Priorities and Intentions



9.1 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

  
Evidence suggests that there is a lack of housing with support for two priority groups in the borough

### Priority Group One: Older People

- 9.2 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.
- 9.3 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.
- 9.4 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.

“ We want to work with our people and providers to develop a “roadmap” for each neighbourhood. ”

”



**we commission  
60 supported  
living  
services from  
independent  
sector  
providers.**

**Priority Group Two: Long Term Conditions**

- 9.5 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.
- 9.6 The 2020 household survey estimates that 6% of the population have mental health issues for Bury this means around 11,479 people and that 1.8% of people or 3508 people have a learning disability.
- 9.7 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.
- 9.8 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.
- 9.9 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.
- 9.10 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 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.
- 9.11 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.



- 9.12 For mental health the Housing LIN data states there will be a requirement for an additional 185 units of supported accommodation for people with a mental health need in Bury by 2030. This comprises of an additional 233 units of self-contained supported accommodation, with 48 fewer 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.
- 9.13 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.



**We will work  
with existing  
providers  
to meet  
immediate  
and future  
needs**

**// 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. //**

- 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 needs.

**Meeting future Demand**

- 9.14 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. Bury will be using the Flexible Purchasing System to purchase supported living so it is essential that providers apply to be on the Framework. Bury has historically purchased care on a one-to-one basis and although in some cases this might be appropriate, we want to shift towards block purchasing of care across whole schemes where possible.
- 9.15 Current data shows in Bury there isn't 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.

- 9.16 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.
- 9.17 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.
- 9.18 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 opening 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. We believe 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.
- 9.19 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.
- 9.20 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



**We want to work with providers who deliver innovative, flexible person centred services**

social care workforce work across a neighbourhood footprint to know and understand the local area, people and aspirations this help to drive good quality services and support. 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.

9.21 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.

9.22 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, 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 sector 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.

9.23 Bury Council are fully committed to wider social benefits and the environmental wellbeing of Bury 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.

9.24 Integration of health and social care has been a key policy driver for many years within health and social care. Most recently, the 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 to, 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 Integrated Care Partnership has also helped to galvanise the wider system and will continue to be a focus in the future.



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## Our Housing Aspirations and Ambitions



10.1 Overall, across the priority areas there is a requirement by 2025 to increase supported accommodation by C.245 bedspaces.

- For older people our ambition is to develop 2 new large extra-care schemes between 2022 and 2025 delivering an additional C.114 beds/units in Bury.
- For people living with mental health conditions our ambition is to develop 6 new schemes between 2022 and 2025 delivering an additional C.86 beds/units in Bury.
- For people living with a learning disability or autism our ambition is to develop 4 new schemes between 2022 and 2025 delivering an additional C.39 beds/units in Bury.

10.2 This is ambitious and could see as many as 12 new developments in Bury over the next 3 years. The required provision presents a significant challenge that will require additional resource and capacity via a dedicated team, additional investment via capital and revenue budgets, also identified land with planning permission to build at pace.

10.3 The table below sets out the aspirational timeline for delivery, with the caveat that the number of schemes/beds may vary slightly due to property development opportunities.

Priority Area	Year 2022	Year 2023	Year 2024	Year 2025	Proposed additional beds/units
Older People	Planning and where possible work begins across all priority areas.	Increase existing capacity by 57 beds or 1x new development with 50 – 80 beds/units	Review and work on developing existing provision in line with the extra care review	Increase existing capacity by 57 beds or 1x new development with 50 – 80 beds/units	C.114 beds/units
Mental Health	Working with providers to review and develop existing provision and opportunity.	2 x 10 bed schemes = 20 beds/units	2 x 15 bed schemes = 30 beds/units	2 x 18 bed schemes = 36 beds/units	C.86 beds/units
Learning Disabilities and Autism		2 x 8 bed schemes = 16 beds/units	1 x 16 beds scheme = 16 beds/units	1 x 7 beds scheme = 7 beds/units	C.39 beds/units

10.4 The development of new housing schemes will range from purchasing property with 1- 3 bed/units, standing up new 6 - 8 beds/units developments or commissioning larger scale housing schemes to accommodate varying needs. This will be dependent on land available, planning permissions, building size, priority area supported and the financial envelope. Developing new housing schemes is just one solution to housing in Bury.

10.5 We will also:

- Continue to work with existing providers, ensuring existing provision is fit for purpose, meeting both current and future needs. This may mean reshaping, expanding or decommissioning where necessary.
- Continue collaboration of health and social care professionals, with housing partners and care providers along with customers, their family and carers to find housing solutions that best meet the individuals needs and aspirations.

**Additional Supported Housing need beyond 2025**

10.6 When we focus on supported housing across the priority areas projections up until 2035 show:

Cohort of people and housing and accommodation type	Additional units / bedspaces needed by 2025	Additional units / bedspaces needed by 2030	Additional units / bedspaces needed by 2035
Older People: Housing with care (Both social rent/ affordable rent and for sale/ shared equity)	114	212	328
People with mental health needs (Supported Housing)	92	185	-
People with learning disabilities/ autism (Supported housing)	39	80	-

10.7 During the coming months/years we will extend the plan to work toward 2030 and then 2035 based on our data. Constant checking of the data, evidence, feedback and demand mapping will be used to verify future projections. This will aid the continuation of supported housing schemes beyond 2025.

**Older People**

10.8 For older people we need to grow by C.114 beds/units by 2025.

10.9 Vast amount of work is underway to review the sheltered housing accommodation throughout the borough. This will likely lend itself to significantly expanding the numbers of available beds/units.

10.10 Existing extra care provision in Bury has over 169 units, (Redbank- 40 units, Peachment Place- 60 units, Falcon and Griffin- 69 units). Good practice for extra care or retirement village type provision is in the region of 80 beds/units. Noting that some provision will have 2 bedroom or be shared by two people who are cohabiting. If we grow our existing provision in line with this, for example, Mosses Extra Care currently has 25 units, a proposed option could increase this provision to 81 units, providing growth of 56 units. By extending the portfolio by two schemes of this size would generate 112 beds/units which would almost achieve our target.

10.11 The data also shows a small increased need for residential beds and a larger increase in nursing beds over the coming years, this will be addressed via our provider pillar.

10.12 Therefore, the aspiration for older people’s provision is to grow by C.114 beds/units between now and 2025 across 2 new schemes or increasing the size of existing schemes/provision.

**For People with Mental Health**

10.13 For people with mental health needs we need to grow by C.92 beds/units by 2025.

10.14 Research shows a diverse range of supported housing solutions meeting the needs of those living with mental health conditions. Often the number of beds in any given provision will be determined by the size of building or land available. From conversations with peers and other local authorities’ provision between 6 and 12 beds /units seemed popular and enabled good outcomes. Communal space or ideally individual social space is required, and preference will depend on complexity of need. When we look at a range of supported living across the North West, North East and Midlands, new developments over the past 2 – 3 years have ranged from 8 – 20 beds/units. If we look locally, in 2019 Bolton stood up a provision of 15 apartments, Stockport provided an 18 beds/units provision each with its own front door and last year Leeds set up a provision with 10 apartments. If we were to replicate these types of provision this could provide 43 beds/units over three settings, which would put us almost halfway to our aspiration of an additional 92 beds by 2025.

10.15 Using this as a basis our ambition would be to increase our current bed base by six schemes for those with mental health between now and 2025, on average this would be an increase of around 30 beds/units per year and between 1 – 2 new schemes per year. As outlined not all provision will be met from new developments but acquiring and developing existing buildings and some offers maybe smaller, for example a house supporting 3 - 5 individuals. Therefore, the overall number of schemes will be adjusted to provide the total number of required bedspaces.

**// Research shows a diverse range of supported housing solutions meeting the needs of those living with mental health conditions. //**

**For People with A Learning Disability or Autism**

- 10.16 For people with learning disabilities and/or autism the data suggests we need to grow by C.39 beds/units by 2025. There is some concern this may not include turnover of existing provision that may not be suitable or need developing, however this will be reviewed in line with any new developments or standing up new opportunities.
- 10.17 Our ambition is informed by learning from other areas, we believe 12-15 flats should be the maximum size for any development for people with Learning Disabilities (Wigan & Tameside). Understanding people's needs and assessing compatibility within the scheme is a starting point; along with making sure we are integrating within (not alongside) the wider community. Feedback from schemes across Greater Manchester is that communal social spaces need to be considered carefully in the context of the clients (for example autistic people may prefer fewer shared social spaces to those with LD). A good average per scheme would be the 8 beds/units and this fits with NHS England guideline for maximum build for complex LD clients. However, it is recognised at this point detailed work will further inform this model. We have feedback from Bolton about their successful 16 beds/units model; Rochdale also have a 16 beds /units scheme coming on-line, with smaller units for complex patients.
- 10.18 If we were to replicate these types of provision this could provide 32 beds/units over two to four settings, which would put us on track for our aspiration of an additional 39 beds/units by 2025. Therefore, our ambition is to increase our beds by 2 schemes holding circa 8 beds/units each by 2023, a further 16 beds/units provision in 2024 and a further 7 beds/units provision in 2025.

// Feedback from schemes across Greater Manchester is that communal social spaces need to be considered carefully in the context of the clients //

**Key Contacts**



- 11.1 Internal and external key contacts for organisations and service users who want to find out more or develop ideas with other organisations.
- 11.2 CommunityCommissioning Team who leads on the reviewing and development of new schemes. Contact Email: cwprocurement@bury.gov.uk
- 11.3 To find out more about the Flexible Purchasing System where care in Bury is tendered for learning disabilities and autism, cwprocurement@bury.gov.uk
- 11.4 The Chest is the North West's Local Authority Procurement Portal. The Chest has been created with funding from the North West Centre of Excellence to bring together buyers and suppliers making it easier for businesses to find out about new sources of potential revenue and to grow and develop to the benefit of the local economy. To find out more and register please visit <https://www.the-chest.org.uk/>
- 11.5 For Bury Council planning information and advice visit <https://www.bury.gov.uk/index.aspx?articleid=10762> here you will also find links to the planning portal.
- 11.6 Adult Social Care webpages can be found online at <https://www.bury.gov.uk/adults>
- 11.7 The Bury Directory is the Bury directory of services, useful information, what's on, key news and a host of information, advice and signposting detail. You can access the Bury Directory at <https://theburydirectory.co.uk/>