

**MARKET POSITION STATEMENT 2025-2027****Learning Disability - Neurodiversity**

*To enable Bury people with learning disabilities and our neurodiverse residents to live fulfilled and more independent lives – involved and connected with their local communities*



**"Together Towards Independence"**

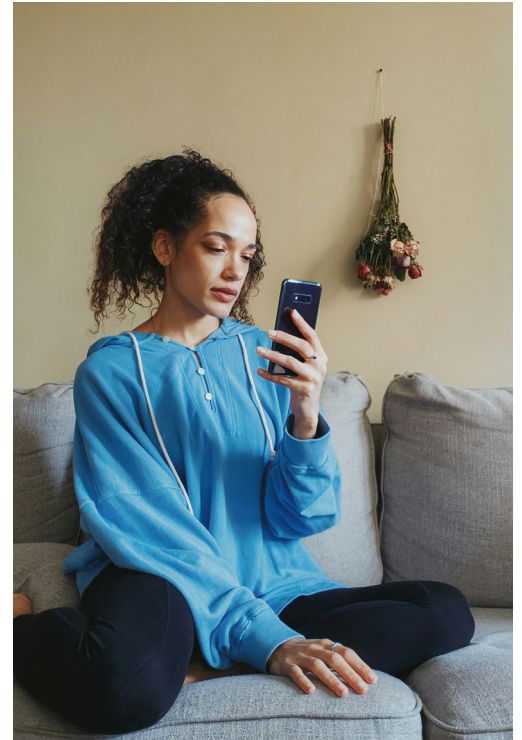


# Learning Disability - Neurodiversity

## Introduction

This publication is one of a series of Market Position Statements from Bury Adult Social Care; and provides data and information for our partners about our current position, challenges, priorities and commissioning intentions for the next 3 years.

The document forms part of our continuing conversations with Providers and potential Providers as we build up our data sets and understanding of the needs of people with a Learning Disability and our neurodiverse community in Bury.



## Our Principles

**Transforming  
Learning  
Disabilities**

**Excellent  
Social  
Work**

**Superb  
Intermediate  
Care**

**Making  
Safeguarding  
Everybody's  
Business**

**Local and  
Enterprising  
Care  
Market**

**Connect  
Unpaid Carers  
to Quality  
Services**

**“Transforming Learning Disability Services”** is one of our Bury Adult Social Care obsessions, expressed in our Vision 2023-26.

In practical terms, this means supporting people to:

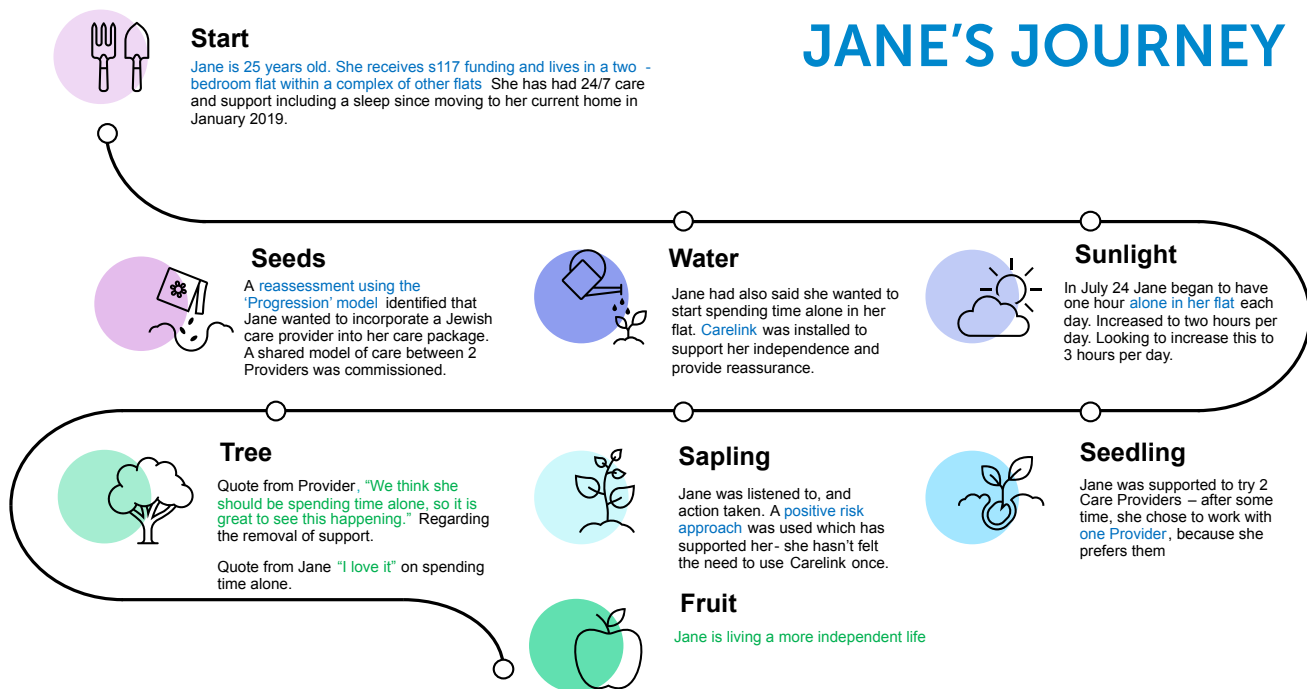
- Live independently
- Gain employment or voluntary work
- Be part of their community
- Keep safe and healthy

At the heart of this service transformation is the principle that all Bury residents should have the opportunity and support to live their lives to their fullest potential. We call this transformation “Together Towards Independence”. Our principles are outlined below; with the practical implications for Providers and partners explained further in sections 5 and 6.

## We will:

- Commission all our services in line with a strengths-based approach. This draws on the individual’s personal skills, strengths and, together with assets and opportunities in the local community, to maximise what they can achieve, building greater resilience.
- Take a positive approach to risk management, supporting Providers to offer enabling models of support whilst meeting their registration requirements and maintaining services that are safe and of good quality.
- Work with Care Providers in all settings to ensure that people are as independent as possible. This will mean actively addressing the communication, environmental and interpersonal issues that may trigger behaviours that challenge, through the application of Positive Behaviour Support and similar approaches to reduce the levels of restrictive care and support.
- Commission services to provide “just enough” support, not only due to financial constraints but because we believe that this will encourage individual development and promote positive risk taking.
- Commission short-term support with a clear focus on progression. We will be realistic about the tasks that people aspire to and can complete for themselves.
- Ensure residential care is only reserved for people whose needs cannot be met in other settings or where this is the most appropriate and cost-effective situation.
- Commission services and support close to where people live.
- Support people to get into work and to learn skills to equip them for this, by working with employers, Providers, and organisations across the system to increase training, volunteering, and work opportunities.
- Continue to increase the use of Assistive Technology to promote independence and reduce reliance on formalised care and support.
- Commission services that enable people to be as healthy as possible in adult life, including ensuring people with a Learning Disability have their annual health checks and reduce inequalities faced particularly by our neurodiverse population.

## Principles into practice – what “good” looks like



### Aims of our strengths-based approach:

- Support people to become as independent as possible, whilst ensuring their safety, taking account of the suitable and effective management of risks. This includes:
- Early intervention
- On-going support to enable people to acquire more skills/independence over time.

### Outcomes of our strengths-based approach:

- People will enjoy a higher quality of life,
- The profile of support will change over time (less people have intensive support; more have low level support), and
- Providers will be able to support us in addressing the 23% increase in demand for LD services over the past 5 years





“ In 2025, there are an estimated 3,552 adults with a Learning Disability resident in Bury ”

### 3. Current Position

#### Information about use of our services

In 2025, there are an estimated 3,552 adults with a Learning Disability resident in Bury. Of this estimate 738 have moderate/severe Learning Disability (and likely to be in receipt of services). The trends in population data show that we expect this to increase by 4.8% over the next 10 years.

Adults with learning disabilities who present as the most challenging and complex individuals are described as having a severe learning disability. Data shows that Bury is likely to have 167 working age adults with a severe learning disability in 2025 and this will likely increase to 173 by 2035 (PANSI data, January 2025).

Using national data sets and expected prevalence rate of 1.1% of people with a form of neurodiversity within the population, we expect there to be 2,130 neurodiverse people (all ages) in Bury in 2025 and this is expected to increase to 2,150 by 2030.

- There are currently 58 adults with a Learning Disability living in residential care.
- There are currently 280 adults with a Learning Disability living in their own tenancies and receiving support
- There are 55 people with a Learning Disability living out of borough in commissioned services funded by Bury Council.
- There are around 165 people with Learning Disability and/or autism attending formal day services, including 40 places each week for “Escape” our younger people’s services: which aims to build skills and/or supporting access to community and leisure activities

## Use of services by people from diverse communities:

- working age adults in long term residential care: 2.3% of customers are Asian/Asian British; 2.3% are Black/Black British/Caribbean; 3.1% are of mixed or multiple ethnic origin, 4.6% is unknown origin (source: MQIS, Sept 24; this breakdown includes will include customers with mental health as a support reason as well as those with Learning Disabilities)
- working age adults in supported living: 4.5% of customers are Asian/Asian British; 1.6% are Black/Black British/Caribbean; 2.7% are of mixed or multiple ethnic origin, 2.9% is unknown origin (source: MQIS, Sept 24; this breakdown includes will include customers with mental health as a support reason as well as those with Learning Disabilities)

The table below shows a snapshot of the commissioned services and expenditure for Bury people with learning disabilities.

Comparison of services in and out of borough								
Primary service types					Additional/secondary			
Services by type	Long Term Residential care	Supported Living	Home care	Shared Lives	direct payment	ResiRespite /Short term resi	Day services	BEST
Number of people in borough	32	256	32	34	140	37	165	71
Number of people OOB	26	24	0	5	1	1	0	0
highest weekly cost in borough	£3,706.09	£6,652.38	£3,218.21	£622.94	£3,562.76	£1,504.53	£423.31	£0.00
highest weekly cost OOB	£7,885.88	£6,384.00	£0.00	£1,063.44	£0.00		£0.00	£0.00
lowest weekly cost in borough	£712.73	£35.16	£66.64	£23.12	£13.37	£23.55	£48.44	£0.00
Lowest weekly cost OOB	£668.00	£813.44	£0.00	£426.33	£0.00		£0.00	£0.00
Average weekly cost in borough	£1,046.37	£1,607.74	£437.38	£108.00	£449.72	£183.70	£189.03	£0.00
Average weekly cost OOB	£3,334.86	£2,452.62	£0.00	£597.33	£0.00		£0.00	£0.00
Total weekly cost in borough	£33,483.86	£411,581.00	£13,996.25	£4,212.07	£62,960.67	£6,797.04	£31,189.98	£0.00
Total weekly cost OOB	£86,706.26	£58,862.93	£0.00	£2,986.63	£0.00		£0.00	£0.00

## 4. Key Challenges

### Growing population, and demand for social and health care services

Bury Council publishes a wealth of health and social care data and analysis which is in our Joint Health Needs Assessment Joint Strategic Needs Assessment | The Bury Directory and detailed profiles of each of our 17 wards. We use information from the national POPPI and PANSI databases to predict our population with learning disabilities/ autistic residents.

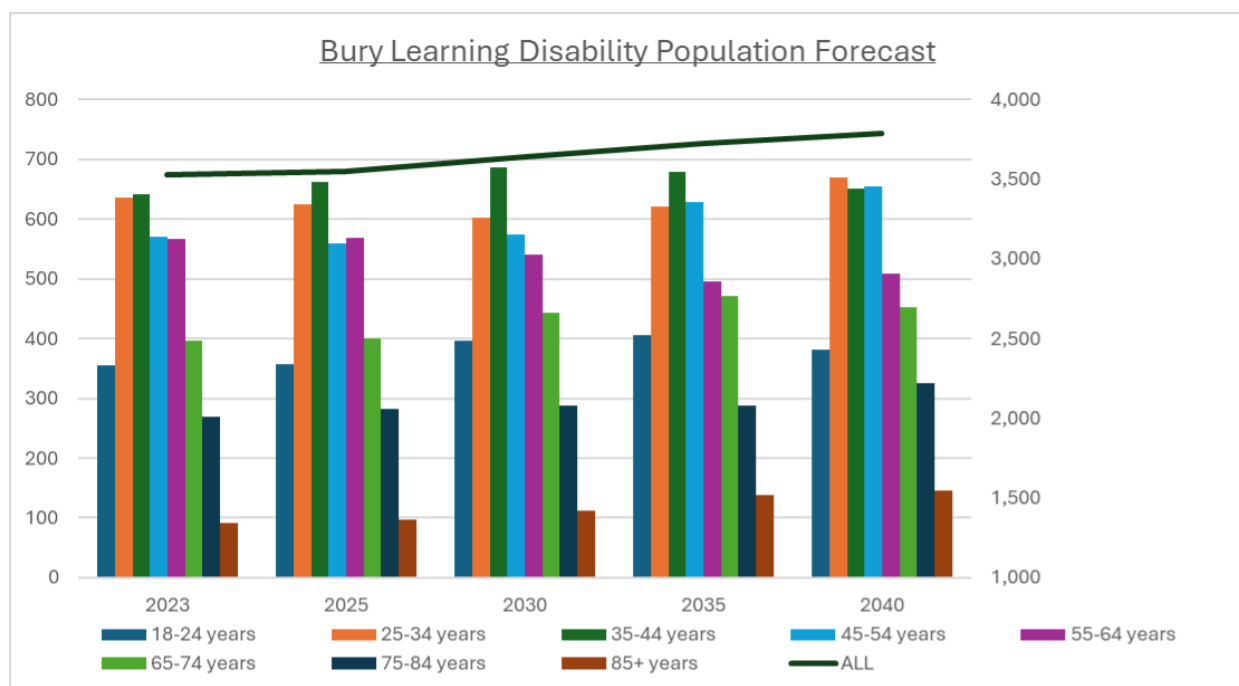
There is forecast to be a 4.8% increase in the prevalence of adults with Learning Disability and/or Autism over the next 10 years - more than the 1.9% increase in the general population.

There will be a significant increase in the number of people with a Learning Disability and/or Autism living longer, with an estimated 15.5% increase in the population of people aged over 65 years with a Learning Disability and/or Autism.

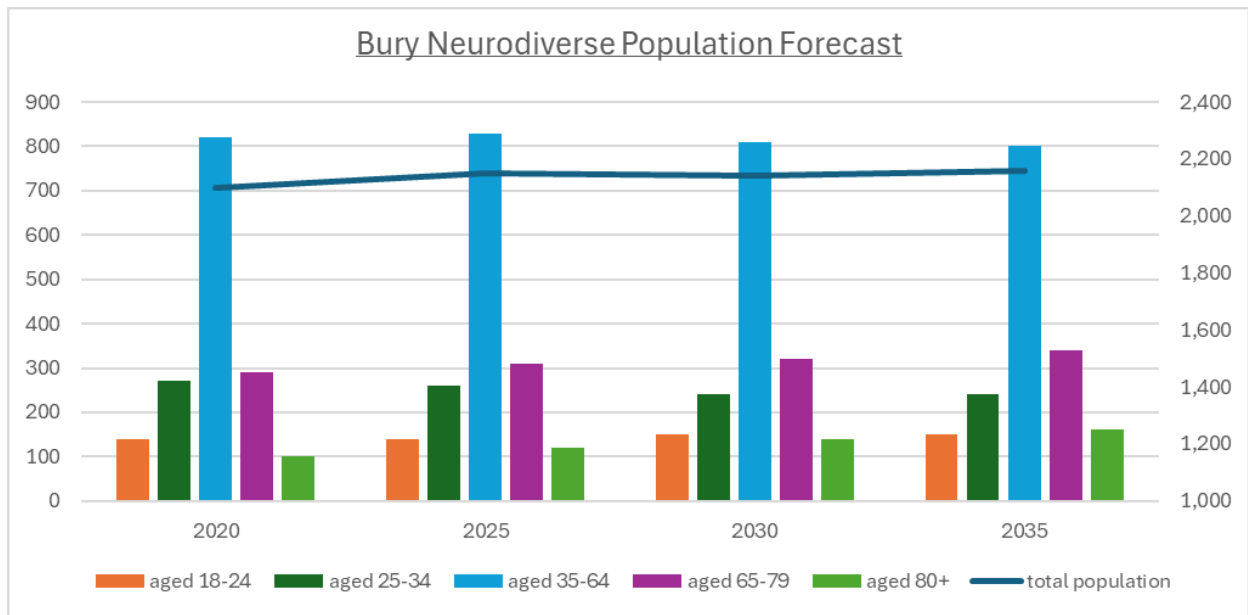
Where we know access to our services does not reflect our population breakdown, we are working to gather data to inform our commissioning intentions for people – for example – our Shared Lives Provider runs recruitment events for customers and carers from the Jewish faith specifically, because we have substantial Jewish community in Bury.

When compared to the statistical profiles of our GM neighbours, Bury supports a higher percentage of young people coming through to adulthood who have care and support needs. This has created a higher demand for adult care services; and reinforces the need to improve outcomes for customers which in-crease and enable people's abilities to live more independently in their communities.

13% of Bury school children have Special Educational Needs and Disabilities (SEND). That's around 4,100 young people in Bury. This is similar to the England average but higher than our statistical neighbours within Greater Manchester (source: Bury JSNA).



People 18+ with Learning Disability in Bury PANSI extract 27/01/2025



*People 18+ with a Neurodiversity in Bury PANSI extract 27/01/2025*

The Office of National Statistics estimates that 1.1% of the UK population are autistic or consider themselves to be neurodiverse.

As the graphs above show, numbers of people with Learning Disability and/or neurodiversity are increasing.

Capturing demand for services is important as we know that both our neurodiverse communities and adults with learning disability experience poorer physical and mental health than the general population; experiencing health, social and economic inequalities.

Demand for Learning Disability residential and supported living services has risen by 23% over the last 5 years (measured by comparing finance and care management data from October 2019 and October 2024).

Neurodiverse people are often not diagnosed: we are working to raise awareness by training our staff. Providers need to ensure that their staff are trained to support neurodiverse residents. We will develop a Neurodiversity development plan which outlines gaps in services for our residents and outlines demand and action plans.

## Funding

Demand for Adult Social Care (ASC) continues to increase whilst the funding challenge has also increased. As an Integrated Care Partnership (ICP) we need to ensure best value in the market and that services are proportionate to need and equitable.

Balancing resources against demand has meant that all Authorities have had to make savings and prioritise statutory and core services. Bury Council is subject to these challenges and all elements of services are continually scrutinised which means we are required to take opportunities to be as efficient and cost effective as possible.





“ Feedback from Bury’s Learning Disability Partnership Board over the past 3 years has told us that the priorities for our work need to be. ”

## Workforce

The Council is very aware that in Bury and across GM there continue to be recruitment challenges, at a time where we need to grow the workforce to meet increasing demands.

As part of our strategy for meeting workforce challenges, work includes:

- Commitment to the Real Living Wage
- Provision of a workforce planning and development offer to our Providers to support them with issues including staff recruitment and retention, including the “Bury Flex” model, which other Councils in Greater Manchester are looking to adopt.
- Our workforce (system-wide) is at the heart of services for Bury people. We are working with organisations such as the Bury Training Partnership, Persona, Great Manchester Autism Consortium, Northwest Pathways Associates and Pennine Care NHS Foundation Trust to review and develop training provision and support with known issues
- We have a combined Learning Disability, Autism and Mental Health Provider Forum which meets every quarter. This is designed to support networking between Providers, share good practice and ideas.

## 5. Key Objectives

We work with our Learning Disability co-production network - Bury People First - to agree the priorities for our workplans each year. Feedback from Bury’s Learning Disability Partnership Board over the past 3 years has told us that the priorities for our work need to be:

### Homes

Building more homes in Bury to respond to demand: we are proud that we are on track to meet our housing targets set by the Housing LIN: to build 39 homes for people with Learning Disabilities and Autism by 2025, and a further 80 homes by 2030. During 24-25, we have created 8 more homes with young adults with autism 18-25 years, with 7 homes commissioned for people with complex needs or forensic backgrounds.



We are committed to transforming the quality of our homes: we no longer commission the traditional type of supported living accommodation, where people have to share bathrooms or living areas, but support an “own front door” model, where accommodation – in whatever form – enables people to have their own entrance, bathrooms, kitchens etc, enabling them to live independently.

Existing and prospective Providers should be aware of work by expert housing commissioning colleagues “quality standards for landlords”, specialist accommodation strategy for people with specialist needs and voids policy (see link: Adult Social Care housing strategy - Bury Council).

## **Jobs and training opportunities**

Supporting people into paid employment and training opportunities is another priority, as we know that people with learning disabilities and neurodiverse people have lower rates of employment. During 23-24, Bury’s rate of people with learning disability in employment rose from 2.6% to 3.8% (ASCOF score); but our ambition is to increase this even further to over 6%.

Providers need to consider how their staff can support people with volunteering, training opportunities or into paid employment. We know some Providers are already doing this and are keen to actively support Providers signposting to employers with a good track record to support services. Support workers should know what people’s aspirations are and think creatively about how to meet these.

## **Choice and Control**

People with learning disabilities want to feel in control of their lives and have the same choices open to them as other Bury residents. Whilst we have good examples of our residents obtaining a satisfying job, or cooking a meal of their choice, we also have feedback regarding their living arrangements.

Bury Council invited people from our co-production network to co-design and develop an approach where they would take part in assessing the quality of our Providers. The pilot work was completed in December 2024; and people with learning disabilities now will be involved in quality visits; and their feedback form part of the action plans for Providers.

The Council is driving forwards our “Together Towards Independence” approach in several ways: for example training over 45 staff (June-October 2024) in a strengths-based “progression” care and support planning approach. This has been adopted in the Learning Disability social work team and now being rolled out to other teams in 2025/26. Providers need to consider how their staff support Bury residents, given the points made above about increasing choice, independence and control. We have already referred to person-centred care in our principles (section 2); see also: commissioning intentions (section 5).

## Health

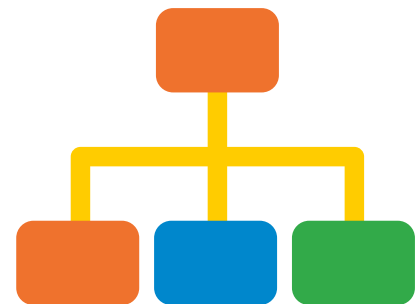
NHS teams continue to work with GP practices to make sure that people with learning disability are recorded on their systems – receiving annual health checks – and more importantly - health action plans.

Building a neurodiversity network to codesign and co-produce services

The Greater Manchester Autism Strategy (2022-25) identified the key priorities across GM for neurodiverse people after consultation with people with lived experience, carer networks, schools and health and social care practitioners:

- Diagnosis and post-diagnosis (including peer support)
- Mental health inequality and reasonable adjustments
- Increasing social opportunities
- Getting support from social care
- Considering the needs of diverse communities
- Increase understanding of autism

We are eager to understand the priorities of our adult Bury residents and have set up peer networks (March 2025). One network caters to neurodiverse adults, while the other supports families and their advocates. These networks will feed into our Learning Disability and Autism Partnership Board, which drives our work programmes.



//

**These networks  
will feed into  
our Learning  
Disability  
and Autism  
Partnership  
Board, which  
drives our work  
programmes.**

//



**//**  
We plan to  
re-tender our  
supported  
living contracts  
during 25-26  
and Providers  
should review the  
information **//**

## 6. Commissioning Intentions and Market Opportunities

### Supported living

We plan to re-tender our supported living contracts during 25-26 and Providers should review the information below:

- We will continue to commission 'own front door' supported living schemes in varying formats that are sustainable and cost effective, sharing support hours where appropriate which includes self-contained apartments.
- We have reduced our out of area placements from 31 to 24 over the last 30 months; and will continue to create homes and services to enable people to live locally within their communities whenever we can.
- For young adults, supported living will be the default provision. Residential care will be arranged only when there is no suitable supported living service and will be a temporary arrangement (other than in exceptional circumstances). We will continue to work with young adults on identifying potential accommodation and care needs, to enable support to be in place when they need it.
- We are proud to work with our Providers – Bury has the highest percentage (85.7%) of Learning Disability supported living locations with 'good' or 'outstanding' CQC rating in Greater Manchester (England average is 61.5%) We will continue to work with existing and good Providers, collaborating on the use of outcomes-based contracts and use of web-based care support tools from 2025 onwards.
- To reduce the number of people with learning disability and our neurodiverse community placed within hospital settings and prevent hospital admissions. There is a gap in the market for "step-up, step-down services; and we are also keen to develop options for a crisis response service, with "in-reach" into people's homes.
- There is also a gap in the market to support more individuals with complex needs to live as independently as possible, utilising skilled and experienced staff who are passionate in achieving the best outcomes for the individuals they support. We are keen to engage with Providers who can support adults with complex needs, with a forensic background; also, young adults aged 16+ (including those potentially without a diagnosis).

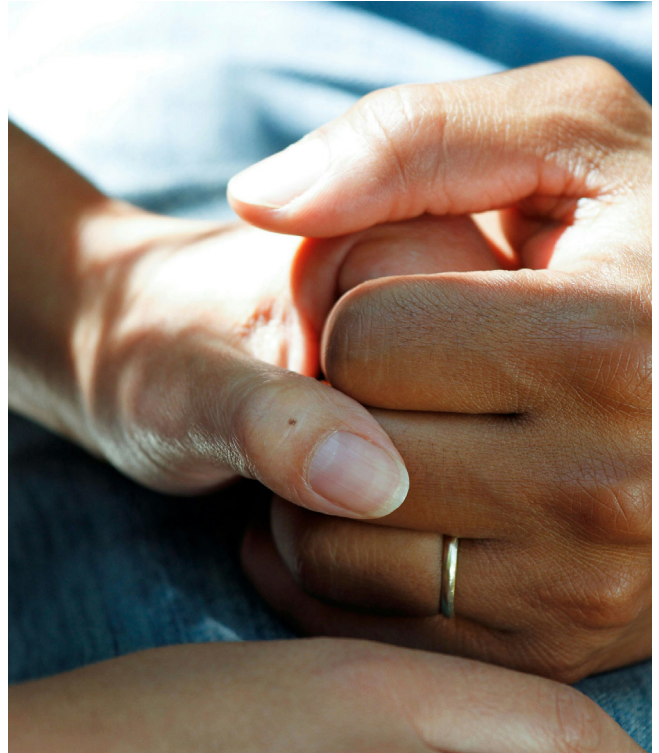


- Using strengths-based approaches, Providers need to consider how people are supported to develop independent living skills, to enable them to move on to more independent living arrangements; and find training, volunteering, and work opportunities where appropriate. We are keen for Providers to feedback to use about training needs and support they need, to enable this to happen.
- Providers will need to locate services to enable access to locally based provision for people with a social care need. New services should consider the use of public transport, engaging in travel training opportunities to enable and build confidence around independent travel.

## Shared Lives

Shared Lives is a form of support where people live with carer(s) under a licence agreement, in the carer's home. The carer(s) receive payment for rent (via housing benefit), day-to-day living expenses (from the individual placed with them) and for the care they provide (from the Council). There is also a payment for management of the scheme and support to carers. These can be highly successful arrangements, particularly where the carer(s) have strong local links and include the individual within family and other social events.

- We will continue to work with Shared Lives Provider/s to increase capacity and expand (support during the day; for respite and on a long-term placement basis).
- We will continue to explore how Shared Lives carers could work in time-limited way and focus on development of independent living skills so that individuals can move on to more independent living.



## Support to family, friends, and unpaid carers

Much of the care provided to individuals with Learning Disability and Autistic people is provided by, or co-ordinated with family members, usually parents or carers. There are currently a few different ways that families are supported to care for their family member with Learning Disability and or Autism this may include day support services, overnight short breaks, and provision of 1:1 care support e.g., personal care.

There are limited opportunities to source overnight short-term breaks for individuals with the most complex needs either due to health, physical disabilities, or behaviour that challenges, therefore:

- We will work with stakeholders to review and develop additional overnight short break capacity in Bury where appropriate.
- We will look to develop alternatives to the traditional/current support models through collaboration and consultation with people with lived experience.



## Residential Care

We will reduce the use of residential care where appropriate; we have not increased our out of area residential placements for learning disabilities over the past 30 months.

However, the importance of residential care for some people is recognised e.g., good quality residential care can be more bespoke to a person and offer an individualised service in a cost-effective way for those who are ageing and require constant supervision or access to nursing care.

- We will continue to monitor the cost of care and ensure the Council pays a fair price for residential care, through transparent commissioning and contracting arrangements.
- We will work with residential care Providers, to ensure that people are as independent as possible, achieve their goals and consider plans to enable the person to move on when appropriate.

## Day Opportunities

We expect Providers to provide outcomes-based support for people, focusing on strengths-based approaches which teach people to become more independent and achieve goals which are meaningful to them. Given this, we will need less buildings-based support.

- We will continue to build and develop access into universal, community-based services and support people to build their own sustainable natural networks, rather than attending more prescriptive services.
- Long-term day service placements will become increasingly focused on those individuals with the most complex needs.
- We will work with Providers to ensure people receive outcome-focused support services, with a move toward time-limited placements.
- People who have the potential to gain paid employment or volunteer opportunities will be supported to achieve this goal and become more independent of social care funded services where appropriate.



// The Learning Disability and Autism Partnership Board is made up of system-wide partners, self-advocates, representatives from statutory and community organisations, and service Providers. //

## 7. Co-Production

The Learning Disability and Autism Partnership Board is made up of system-wide partners, self-advocates, representatives from statutory and community organisations, and service Providers. The Board's work is to improve the lives of people with a Learning Disability and or Autism and their families living in Bury, working together with us as equal partners in designing, developing, and planning.

We will:

- Listen to people and treat them as experts of their own experience.
- Involve people at an early stage in service change.
- Share ownership of solutions and outcomes.
- Be honest and open with people about what we can change.
- Provide people with the information they need, at the right time and in a format, they can understand,
- Ensure co-design and co-production activity is central to all we do.
- Ensure that we have a full understanding of all individuals, groups and communities that are affected by the issues being considered and that they are supported to fully participate.
- Ensure that the resources for meaningful co-production are available.
- Give feedback on outcomes of any co-design or co-production work to all who take part.

We expect that the services we commission embrace these values; and will work with Providers to support delivery of best practice.



## 8. Quality Assurance

The past 12 months has seen extensive work being undertaken to develop and deliver Bury ASC's new Quality Assurance Framework which sets out our approach to ensuring quality.

Our Quality Assurance leads have worked with our Learning Disability co-production network, Bury People First, to co-design and develop an approach which incorporates self-advocates into the quality assurance process, including them as part of the team which carries out quality checks with our Providers. Findings and recommendations will be discussed, reviewed and form part of our action plans and feedback to Providers during 25/26.

- We will focus on finding the most equitable price that can deliver us the standards and quality people require.
- We will promote a market which offers a choice of provision which consistently delivers high quality services.
- Our Provider Forum for Learning Disabilities, Autism & Mental Health meets quarterly and provides an open and supportive community for Providers to share good practice, concerns and seek information and advice.

## Social value

Providers need to demonstrate the social value of their services to the wider community. Providers will be asked for specific examples of social value they can provide e.g. creation of jobs or apprenticeships for local people, making buildings available for third sector organisations to use etc.

## 9. Conclusion

This Market Position Statement describes our strategic direction and vision for Learning Disability and neurodiverse customers and outlines how Providers should plan for the changing needs of care and support in the future.

This MPS should be read alongside the other MPS', when published. There are other strategic documents that influence this work:

- Bury 2030 Let's Do It Strategy
- GM Learning Disability Strategy 2022-2025
- GM Autism Strategy 2022-2025
- Bury Council Social Value Strategy 2024-27

## General note

If you would like to make comments on this document and/or have questions, please contact us via the following email address: [communitycommissioning@bury.gov.uk](mailto:communitycommissioning@bury.gov.uk)