

North

**Manchester**  
**Locality Joint Strategic**  
**Needs Assessment**



**MANCHESTER**  
**CITY COUNCIL**

**NHS**  
*Manchester*



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# Foreword

Commissioning decisions around health and social care are increasingly being devolved to locality or district level. These decisions need to be based on a good understanding of local needs, drawn from both a sound analysis of statistical data and an awareness of the views of partners, local residents and service users, as well as a comprehensive review of the relevant evidence base.

The first Manchester Joint Strategic Needs Assessment (JSNA) was published in November 2008 and contained a broad strategic assessment of needs across the city. In that document we made a commitment to producing a series of Locality JSNAs to look in more detail at the needs of people living in different parts of Manchester in order to guide commissioning decisions relating to these areas.

This document is the first of these Locality JSNAs. It is unique in providing a joined-up picture of health and social needs and existing strategic priorities that look across organisational boundaries to encompass NHS Manchester and its practice-based Commissioning hubs, the Directorate for Adults, Children's Services, Regeneration and Manchester Mental Health and Social Care Trust. As such, it is intended to guide the work, not only of individual organisations, but of those organisations acting in partnership with others.

The production of this document has truly been a collaborative effort and we would like to acknowledge the efforts of the Locality JSNA Working Groups and the Manchester Joint Health Unit in helping to bring this process to fruition.

The findings of the Locality JSNA will be incorporated in the Manchester JSNA as part of a revision to this document to begin in autumn 2010.

Signed



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# Portrait of North Manchester

North Manchester extends from the city centre to the city's Northern boundary and is home to approximately 130,500 residents across the wards of Ancoats & Clayton, Bradford, Charlestown, Cheetham, Crumpsall, Harpurhey, Higher Blackley, Miles Platting & Newton Heath, and Moston. The area also includes the City Centre ward.

Once the home to industrial workers, the area enjoys natural assets such as Heaton Park, which is the largest municipal park in Europe, and Boggart Hole Clough, with views out over the conurbation. However, the departure of major employers in the 1970s and 1980s has left a legacy of underemployed residents and long-term unemployment.

North Manchester is roughly divided in two by the River Irk, which flows through the area. The worst decline has happened on the East side of the area closer to the city centre; however, on the West side of North Manchester there is a long-standing history of immigration that has led to much greater ethnic diversity and communities there are economically more active because of this. The area has excellent transportation links, with the M60 forming the Northern boundary and the Bury Metrolink line bisecting the Western half; the Oldham and Rochdale Line will serve the Eastern side.

North Manchester's role and future is seen primarily as residential with a number of locally based employment areas and good access to the city centre employment offer. The creation of sustainable urban neighbourhoods with the distribution of services needed to support these neighbourhoods is key to transforming North Manchester.



# Chapter 1:

## Background to JSNA and Locality JSNA

### What is a JSNA?

The Local Government and Community Involvement in Health Act 2008 placed a statutory duty on Directors of Public Health, Directors of Directorate for Adults and Directors of Children's Services to produce a Joint Strategic Needs Assessment (JSNA) for their local area. The JSNA is intended to be 'the means by which Primary Care Trusts (PCTs) and local authorities will describe the future health, care and wellbeing needs of the local population and the strategic direction of service delivery to meet these needs.' The JSNA is expected to influence the commissioning process across both health and social care, underpin the development of the Local Area Agreement (LAA) and support the Comprehensive Area Assessment (CAA) process.

### The Manchester JSNA

The work to develop and produce the JSNA was sponsored by the Manchester Public Service Board (PSB) and led by the Manchester Joint Health Unit (JHU) with the support of a multi-agency Working Group. This is made up of representatives of NHS Manchester, Manchester City Council Research and Intelligence Team, Directorate for Adults, Children's Services and the Manchester Local Involvement Network (LINK). A range of other partners, including the Housing Information Unit, Drugs and Alcohol Team (DAAT), Cultural Strategy Team, Manchester Public Health Development Service, and the Health Protection Unit, were brought in to write individual sections of the document and provide expert advice.

The first edition of the Manchester JSNA was published in November 2008. A public summary document was also produced with the assistance of a freelance journalist in order to help engage local residents and service users with the ongoing development of the JSNA. Both documents are available to download electronically via the Manchester City Council website (see [www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna)).

A set of summary Health Factsheets for each of the 32 wards in the city was also produced to provide some local context to the JSNA, and these are also available via the Manchester City Council website (see [www.manchester.gov.uk/jsna/wardfactsheets](http://www.manchester.gov.uk/jsna/wardfactsheets)).

The current version of the Manchester JSNA focuses on providing a baseline assessment of need across the city as a whole. It describes the local commissioning context, including existing service provision, and goes on to outline the current health and social care needs of the population, the drivers for change and their likely impact. A key element of the document is a series of recommendations that highlights the range of actions commissioners need to consider when seeking to address health and social care needs in the city.

The Manchester JSNA has been used to support a number of key commissioning strategies across the city, including the NHS Manchester Commissioning Strategic Plan (CSP) and the Directorate for Adults Prevention Strategy. The JSNA has also fed into the city-wide Children and Young People's Plan (CYPP) and Manchester Mental Health and Social Care Trust's Integrated Business Plan. An initial review of the JSNA work to date has shown that the process has helped to further strengthen and widen joint working and has provided a useful baseline of data and processes to support more joined-up commissioning in the future.

In January 2010, a JSNA Supplement was produced to summarise the work that has been done over the previous year. It contains a detailed summary of the results of a piece of work that has been commissioned to calculate a series of Population Impact Measures (PIMs) for a number of the specific recommendations contained in the JSNA, as well as providing a progress report on the development of Locality JSNAs.

The document also looks at the progress that has been made with regard to evaluating the JSNA process to date and its impacts. The publication of the JSNA Supplement reflects the fact that the JSNA is very much an ongoing process that seeks to inform the development of joint commissioning across the NHS and the Council, including Practice Based Commissioning (PBC) and district level commissioning of services for children and adults.

## Locality Joint Strategic Needs Assessment (JSNAs)

### Why produce Locality JSNAs?

The idea of producing Locality JSNAs was identified very early in the process and was one of the key next steps identified in the Manchester JSNA. It reflects the fact that the process of commissioning health and social care services for adults and children is increasingly being devolved down to smaller geographical localities (eg. PBC hubs and children's services districts). Local commissioning decisions – like those taken at a city, national or regional level – need to be based on a sound understanding of the needs and priorities of the population, drawn from both an analysis of statistical data and a gathering of the views of the local population and service users.

The shared aim of the Locality JSNA work is to support NHS Manchester, Directorate for Adults, Children's Services and other commissioning agencies in the city by:

- Providing analysis and interpretation of the available data and research evidence at locality level in order to support commissioning activities at local/district level which, in turn, feed into the city-wide priorities
- Supporting the move towards a common approach to needs assessment among Children's Services districts and other partners to inform District Children and Young People's Plans over the next year and ensure consistency between these plans and other local strategies
- Joining-up community engagement work across the three main partners in order to better understand the needs and perspectives of local residents and service users.
- Providing a greater opportunity to focus on internal inequalities by benchmarking within the city and against city averages.

In summary, the process of developing the Locality JSNA is intended to help commissioners working at a locality level to develop a common understanding of the current and future needs of local residents and service users.

## How have we gone about producing the Locality JSNAs?

### Preliminary workshops

The process of developing the Locality JSNAs began in December 2008 and February 2009 with two stakeholder workshops. These sought to introduce the concept of Locality JSNAs and described some of the theory underpinning them to commissioners and information analysts from across NHS Manchester, Directorate for Adults and Children's Services.

These workshops highlighted the fact that, although individual commissioners often have a good understanding of the needs of their specific client group or locality, this knowledge may not be shared at a strategic level or across disciplines. Furthermore, commissioners working at locality level rarely have the time or resources to develop as systematic a picture of local needs as they would have liked. The workshops also highlighted the importance of ensuring that the processes and the resulting outputs are owned by individual localities. It was felt that working with, rather than on behalf of, local commissioners would give local areas a greater stake in the outputs of the work and increase the likelihood of the JSNAs becoming a central part of the commissioning cycle.

In order to finalise the proposals for the development of Locality JSNAs, a meeting of JSNA leads from each of the localities within the city was held on 15 June 2009. At this meeting, agreement was reached regarding a number of key questions, including the number of Locality JSNAs that should be produced and the membership and role of the Locality JSNA Working Groups. An initial set of timescales and milestones for producing the first draft of the Locality JSNA and final version of the document was also agreed, although these were subsequently revised by the individual Working Groups.

The question of how many Locality JSNAs should be produced highlighted the discrepancy between the number of PBC hubs in the city (three) and the number of Children's Services/Directorate for Adults districts (six). As a compromise, these Locality JSNAs each cover one PBC hub and two Children's Services/Directorate for Adults districts. This provides an overall picture of a locality while

still allowing users to drill down to districts in order to amplify the focus on certain areas, eg. Wythenshawe, as appropriate.

### Locality JSNA Working Groups

The majority of the work to produce the Locality JSNAs has been carried out and owned by the JSNA Working Groups in each locality. The membership of these groups reflects the multi-agency and multidisciplinary nature of the JSNA process and includes commissioners, policy officers, public health specialists, regeneration officers and consultation/engagement managers from each of the partner organisations. Each group has been working to common terms of reference but have adopted slightly different ways of working and have different membership lists. A full list of the members of each Working Group is contained in an appendix to this report.

The Working Groups were tasked with overseeing the collection of associated local intelligence for their JSNA and identifying the strategic priorities for their area. In order to provide some co-ordination of the core process across all three districts and ensure that the content of the Locality JSNAs is consistent with the information contained in the city-wide JSNA, project management and administrative support have been provided by the Manchester Joint Health Unit. The Health Intelligence Team has also provided additional analytical support where required.

### Locality JSNA Core Dataset

In order to support the work of the Locality JSNA Working Groups, a Core Dataset set has been compiled. This contains more than 70 separate indicators grouped within 13 topic areas. The data has been drawn mainly from existing national and local datasets and information products, eg. Paycheck, that are accessible to individual partners. In most cases, the content of the dataset is consistent with the information contained within the Manchester Partnership's State of the Wards Report but has been supplemented with data supplied by partner agencies where relevant.

**Table 1: Themes covered in Locality JSNA Core Dataset**

Theme
Population
Economy and employment
Income and expenditure
Education and attainment
Crime, perceptions of crime and safety
Individual and collective self-esteem
Fertility and births
Immunisation, screening and prevention
Health-related behaviour, illness and disability
Mortality
Access to services
Mental health activity
Directorate for Adults activity

The information in the Core Dataset has been presented at electoral ward level and has been cross-referenced to provide a match between each ward and the Directorate for Adults and Children's Services districts, the Practice Based Commissioning hubs and the Strategic Regeneration Framework (SRF) areas. The Core Dataset also contains an in-built charting functionality.

### Strategic prioritisation matrices and narratives

Discussions of the agencies that work at locality level have highlighted the fact that many of the individual partners have already been through (or are currently going through) a process of identifying their strategic priorities for the immediate future. In recognition of this fact, a strategic prioritisation matrix has been developed to collate and synthesise these priorities across each of the three localities within Manchester. The matrix is designed to help partners to assess the extent to which their strategic priorities overlap or conflict with those of other organisations in the localities and to identify areas where working in partnership could strengthen and reinforce work that is already going on at individual agency level.

Analysis of information in the Locality JSNA Core Dataset provides a way of 'sense checking' each partner's choice of priorities and identifying areas for joint action not already highlighted through the strategic prioritisation matrix for a particular locality.

### Funding

The process of developing the Locality JSNAs has been funded by a grant of £20,000 from the Department of Health, which NHS Manchester received for participating in the National JSNA Dataset Project. This project has been jointly sponsored by the Department of Health, the NHS Information Centre and the Improvement and Development Agency (IDeA) and was set up to identify and share innovative local best practice in carrying out JSNAs from across England and to understand the different elements of what constitutes a strong JSNA. The construction of Locality JSNAs has been Manchester's contribution to this national work.

More information on the National JSNA Dataset Project and the work of the other pilot sites are available on the NHS Information Centre website (see [www.ic.nhs/jsna](http://www.ic.nhs/jsna)).

## Locality JSNAs and other strategic plans

These Locality JSNAs are designed to feed into a range of other strategic plans and assessments, including the Local Area Agreement (LAA), NHS Manchester Commissioning Strategic Plan (CSP), Children and Young People's Plan (CYPP), the Strategic Regeneration Framework (SRF) documents, and Manchester Mental Health and Social Care Trust's Integrated Business Plan. They do this by providing a commonly agreed description of health and social care needs in the city and of the actions that individual partners can take towards addressing these needs through their role as commissioners of services for the people of Manchester.

This document will be of particular importance to those partners who are just beginning to develop their role as locality commissioners. For them, the Locality JSNA provides a useful baseline against which to measure the impact of their work. For others, the Locality JSNA will feed into a refresh of existing plans or strategies and will provide

them with new and updated information about the health and social care needs of people living in their areas.

In a similar manner, all efforts have been made to ensure that the contents of the Locality JSNA are consistent with the direction of travel underpinning other strategic plans. Key policy drivers, such as personalisation, the Think Family approach and prevention, are central planks of the Locality JSNAs.

Chapter 5 of this document contains a list of plans and strategies that are associated with and influenced by the Locality JSNA.

## Structure of document

The rest of this document falls into three main sections:

1. A description of locality structures that have been adopted (or are being adopted) by Directorate for Adults, Children's Services, Manchester Mental Health and Social Care Trust and NHS Manchester. This provides additional information on the context within which each of the statutory partners is operating.
2. A profile of the health and social care needs of the population in this locality based on ward-level data in the Locality JSNA Core Dataset. To aid comparison, the profile follows the same broad structure as the Manchester JSNA.
3. A summary of the common priorities for action in the locality based on the strategic priority themes identified by Locality JSNA Working Groups.

The final part of the Locality JSNA highlights future areas for joined-up working by identifying a small number of common issues that might be better tackled by working in a more joined-up manner in the future and how this might be achieved.

# Chapter 2:

## Locality partnership arrangements

This section contains a description of the locality structures that have been adopted (or are being adopted) by Directorate for Adults, Children's Services and NHS Manchester. The table summarises the wards that make up each locality.

### Directorate for Adults districts

Adults Social Care has now become the Directorate for Adults. This is to reflect the wider range of services that contribute to the quality of life for the adults in Manchester and which are part of the Directorate, including Supporting People and Homelessness. The Directorate for Adults organises and delivers its services in 12 localities, which are grouped to form six districts:

- North East
- North West
- Central East
- Central West
- South
- Wythenshawe.

Each District Team consists of two Locality Teams with responsibility for commissioning, assessment and care management. A number of city-wide teams, such as the Older People's Review Team, Drugs/HIV and Alcohol, are also based with the District Teams. As well as commissioning services for a particular district, the Lead Commissioner has a city-wide lead on commissioning for a specific topic.

There are also three Acute Hospital Teams, covering the North, Central and South parts of the city.

### Children's Services districts

As part of the establishment of Manchester Children's Trust Arrangements, many services are now delivered through one of the six Children's Services districts:

- North East
- North West
- Central East
- Central West
- South
- Wythenshawe.

These have joint management teams comprising senior staff from Health, Children's Social Care and Education who work together to improve outcomes for children, young people and their families.

Each district has a District Wide Leadership Team (DWLT), which reports to the Children's Trust Leadership Team (CTLT). These teams include a district manager from Children's Social Care, a general manager representing the health sector and the head of the Education Service plus a headteacher and voluntary sector representative.

**Table 2: List of wards in each locality area**

Ward name	Directorate for Adults and Children's Services district	NHS Manchester Practice-based Commissioning (PBC) hubs	Strategic Regeneration Framework (SRF) areas
Ancoats and Clayton	North East	North	East
Ardwick	Central East	Central	Central
Baguley	Wythenshawe	South	Wythenshawe
Bradford	North East	North	East
Brooklands	Wythenshawe	South	Wythenshawe
Burnage	South	South	South
Charlestown	North West	North	North
Cheetham	North West	North	North
Chorlton	Central West	Central	South
Chorlton Park	South	South	South
City Centre	North East	North	City Centre
Crumpsall	North West	North	North
Didsbury East	South	South	South
Didsbury West	South	South	South
Fallowfield	Central West	Central	South
Gorton North	Central East	Central	East
Gorton South	Central East	Central	East
Harpurhey	North West	North	North
Higher Blackley	North West	North	North
Hulme	Central West	Central	Central
Levenshulme	Central East	Central	South
Longsight	Central East	Central	Central
Miles Platting and Newton Heath	North East	North	East
Moss Side	Central West	Central	Central
Moston	North West	North	North
Northenden	Wythenshawe	South	Wythenshawe
Old Moat	South	South	South
Rusholme	Central West	Central	Central
Sharston	Wythenshawe	South	Wythenshawe
Whalley Range	Central West	Central	South
Withington	South	South	South
Woodhouse Park	Wythenshawe	South	Wythenshawe

## Manchester Mental Health and Social Care Trust – Patch Model

Within its Integrated Business Plan, the Trust has specified that as its first delivery principle, the user experience must be at the centre of care, and individuals need to be seen in the context of their local neighbourhoods and communities. Similarly, the experience of care must involve simple access to services and recognise individuals' existing natural supports.

The Trust is committed to ensuring that care provision promotes opportunities for individuals and carers to learn more about managing their own care, while having the sensitivity and capacity to ensure that people are supported in an appropriate, effective and timely way. The Trust believes that care pathways, resources and efforts of other agencies must be co-ordinated close to the individual within their 'community patch'. Above all the Trust will work with the wider community and its partners in the third sector, health, social care, housing and employment, so that people do not 'fall between' sources of help and support.

The Trust's new approach will embrace the notion that no referral is an inappropriate referral. The Trust will ensure that responsibility is taken to ensure an individual/referrer receives the correct support, either from the Trust itself or by signposting them to others where the Trust will ensure their care is transferred appropriately and effectively. The Trust has called this The Patch Model, an initiative which will closely mirror that of the Council's, defining the city in terms of six locality areas for the provision of services.

## NHS Manchester Practice-based Commissioning (PBC) hubs

Practice-based Commissioning (PBC) is a policy designed to provide primary healthcare professionals with the resources and support to become more involved in the commissioning and development of health services. Clinicians are in the ideal position to assess, redesign and deliver services that respond to the needs of their patients, tailoring services to be provided in the community. Patients will be offered more convenient and appropriate treatment closer to home and will be able to benefit from more personalised care.

In Manchester, PBC has been developed in three hubs.

- North Manchester: 36 GP practices
- Central Manchester: 43 GP practices
- South Manchester: 25 GP practices.

Each hub mirrors a local clinical community, contains a large hospital provider and is part of one of the three distinct health economies that make up Manchester.

Each hub is supported by a management team that is led by the Associate Director of Commissioning but which calls upon skills and expertise from across NHS Manchester.

## Strategic Regeneration Framework (SRF) areas

Manchester City Council has established six regeneration initiatives in different parts of the city. These are responsible for working in partnership with local businesses, to boost the quality of life and local economy, support business and create jobs. Initiatives include facilities for leisure, health and shopping, improving the environment, building new homes and repairing existing ones, tackling crime and providing training opportunities and facilities for children and young people.

- North Manchester
- Central Manchester
- East Manchester\*
- South Manchester
- Wythenshawe
- City Centre.

\* Regeneration work in East Manchester is led by an Urban Regeneration Company, New East Manchester Ltd, which was established in 1999.

The regeneration of the city centre is overseen by an independent management company (Cityco), which represents businesses in the city centre.

Each regeneration area has produced a Strategic Regeneration Framework (SRF). These documents define the needs and priorities for each regeneration area in order to prioritise investment and activity in the area and align them with the major opportunities to deliver a sustainable future for the area.

Underpinning the SRFs are local plans and ward plans. Local plans have been developed where neighbourhoods will undergo significant long-term transformation. They analyse the existing physical, social, economic and environmental conditions in an area and bring together the physical requirements of a neighbourhood, eg. new and improved housing, new schools, new community facilities and new retail facilities, with actions to address the social, economic and environmental issues affecting the area.

# Chapter 3: Our population

## Part A: Local population and neighbourhoods

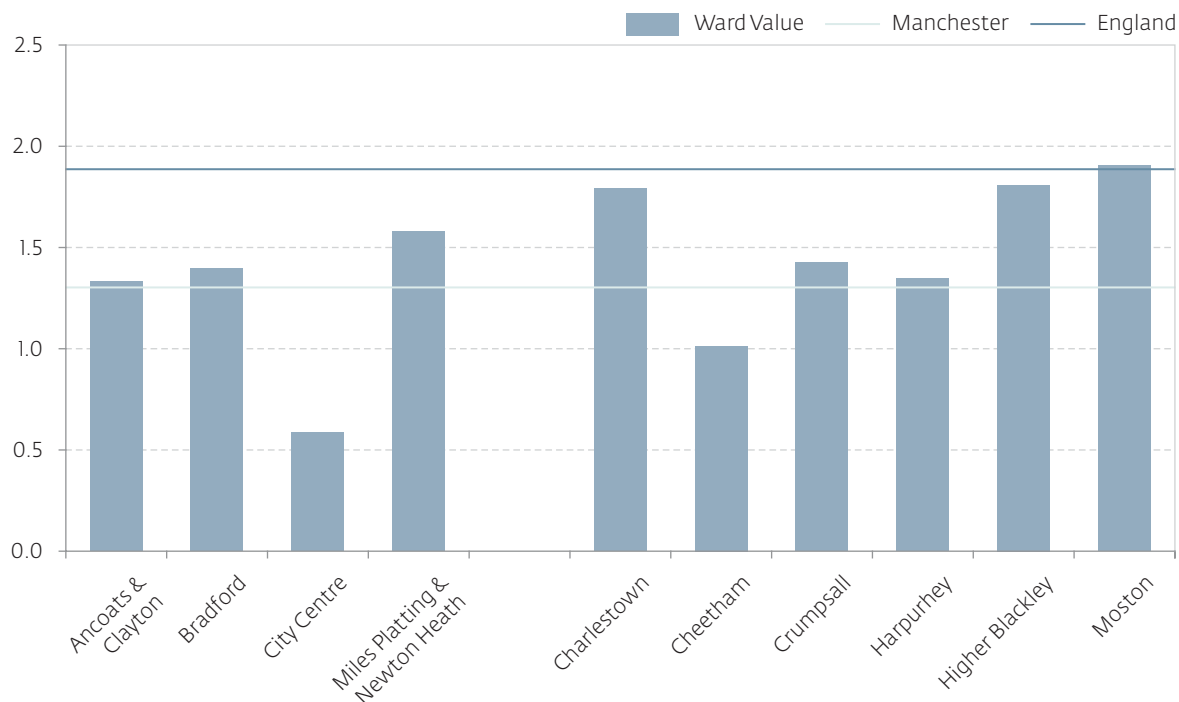
### Headlines

- The majority of wards in North Manchester have higher-than-average proportions of older people in their population and generally have average amounts of younger people and people of a working age.
- Cheetham, Crumpsall and the City Centre have high proportions of non-white ethnic groups. Other wards in North Manchester have below-average proportions.
- Most wards in North Manchester achieve the city-wide average life expectancy; only Harpurhey, and Miles Platting & Newton Heath do not.
- On average, wards in North Manchester are set to increase in size by 15% or less by 2015, although large increases are expected in Cheetham and the City Centre.
- On the whole, residents in North Manchester wards report less satisfaction with their area as a 'good place to live' compared to the city as a whole.

It is important to look at population demographics when assessing the health needs of any area, as age, gender and ethnicity can all affect the need for different services.

The population of wards in North Manchester varies in size from the smallest in the City Centre with approximately 11,000, to Cheetham with some 18,000. Most wards in North Manchester have approximately average proportion (18.1%) of population under 16 years for the city of Manchester, with the exceptions being City Centre (4.8%) and Cheetham (25.6%). All wards in North Manchester apart from the City Centre (89.3%) have relatively equal proportions of working-age population, which is regularly between the national average (62.2%) and the city average (68.8%). The graph below shows that the majority of the wards in North Manchester have an above-the-average (13.1%) proportion of older residents. There is very little difference in both population structure and size between wards in North West and North East Manchester. The City Centre is different from all other wards in terms of population age structure and size, with a high proportion of working age (16 years - retirement) and small proportions of older (65/60 years and above for Males and females respectively) and younger people (below 16 years).

Figure 1. Population of adults of retirement age and over (%), mid-2007

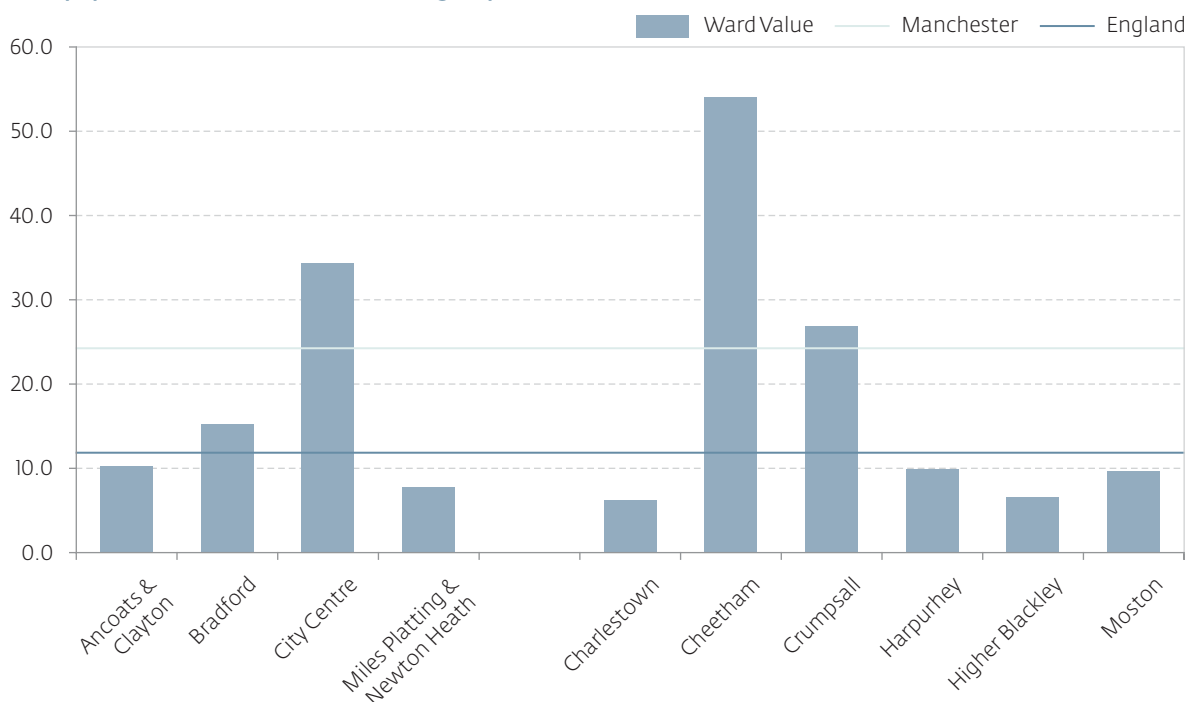


Source: ONS Mid-2007 Resident Population Estimates

## Ethnicity

It is currently estimated that 23.1% of the population of Manchester is from a non-white ethnic group. Locally derived estimates of the ethnic minority population at ward level show that people from particular ethnic groups tend to be concentrated in certain parts of the city. North Manchester in general has relatively low proportions of people from a non-white ethnic group, and most wards have less than 10% from non-white groups. In North West wards, Cheetham (53.6%) and Crumpsall (26.8%) stand out as the only wards with higher proportions of non-white residents. The highest proportions of non-white groups found in North East wards are Bradford (15%) and the City Centre (34.1%); the City Centre has a particularly large Chinese community. Asian groups tend to live largely in Cheetham where there is a large Pakistani community.

Figure 2. % of population from non-white ethnic groups, mid-2007



Source: Manchester City Council Research and Intelligence Team

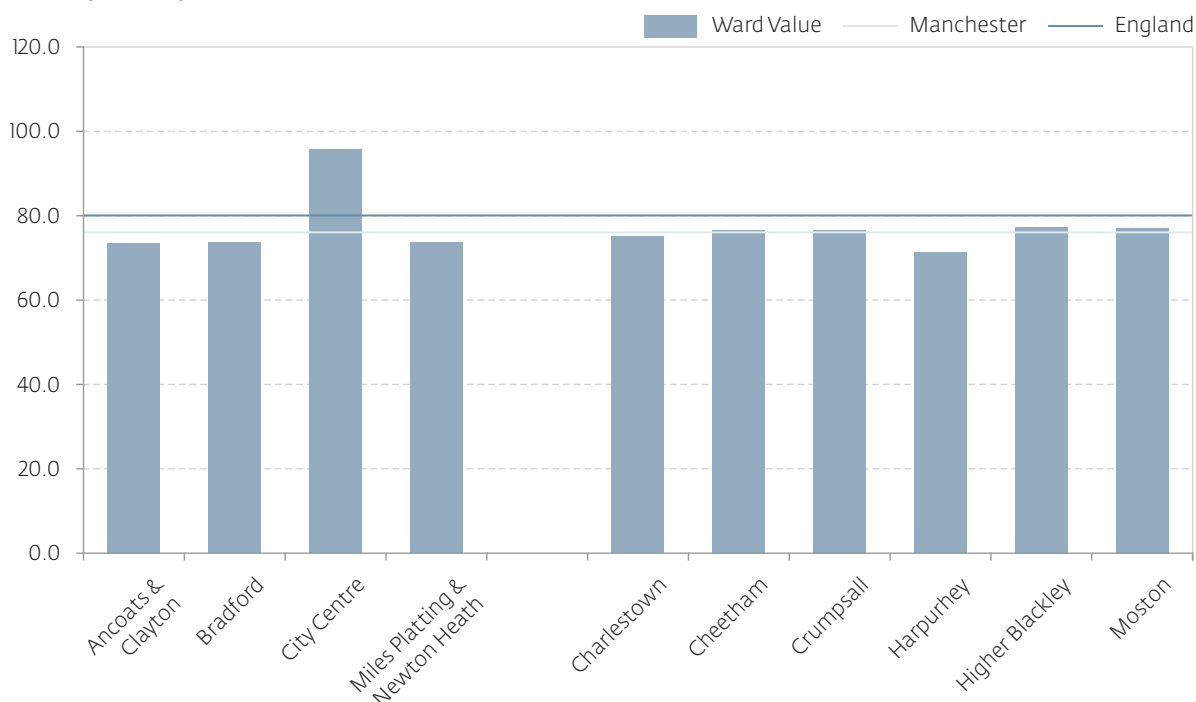
## Population projections

The population of Manchester is expected to grow by approximately 75,000 over the next ten years. As this happens, the age, gender and ethnic structure will also be altered. More detail can be found in the city-wide JSNA. Projections for 2015 suggest that the wards that will experience the largest increases in population in North Manchester will be Cheetham and the City Centre, with increases of 29% and 63% respectively. Most other wards are estimated to increase at a relatively small rate (below 15%) and Moston is estimated to decrease slightly in population size.

## Life expectancy

During the period 2006–08, life expectancy at birth in Manchester was estimated to be 76.2 years. This is four years below the national average. In North Manchester only Harpurhey (71.1 years) falls significantly below the city average. All other wards are relatively close to the city-wide average; North East wards tend to be slightly below and North West wards are more likely to achieve or exceed the average. The City Centre is once again the outlier with a life expectancy of 96.2 years; this could be related to the population structure of the ward.

Figure 3. Life expectancy at birth in North Manchester, 2006–08



Source: Manchester Joint Health Unit/ONS 2006-08

## Sense of belonging

The Place survey asked residents about their sense of belonging to their local area and their satisfaction with their area as a place to live. Across Manchester as a whole, 48% of residents reported that they felt a sense of belonging to their local area. While there are a few wards in North Manchester that are above the city average, most wards are below. Wards in North East Manchester have lower proportions of residents that feel they belong to the local area than wards in the North West. Miles Platting & Newton Heath (59%) and Moston (65%) are the only wards to achieve the national average proportions of a sense of belonging. However, when asked whether they were satisfied with their local area as a place to live, residents in both of these wards were among the least satisfied in North Manchester. Both East and West wards in North Manchester are less satisfied with their local area than wards in the rest of Manchester. The City Centre is again the outlier, with higher proportions of satisfaction with area.

## Part B: Socioeconomic and environmental factors

### Headlines

- There are high levels of deprivation across North Manchester; the highest Index of Multiple Deprivation scores are found in Bradford, Miles Platting & Newton Heath, and Harpurhey.
- Households in North Manchester wards have lower incomes and higher unemployment rates than the average for Manchester.
- Most North Manchester wards claim above-average levels of income support, incapacity benefits and severe disablement allowance. The highest claimant counts are seen in Bradford, Miles Platting & Newton Heath, Charlestown, and Harpurhey.
- In eight wards in North Manchester less than a third of residents report feeling safe at night.
- With the exception of the City Centre, North Manchester has higher-than-average levels of social housing in comparison to the rest of the city.

Socioeconomic factors have a major influence on health and commissioners need to consider these when developing new or existing services. In particular, research has shown that people living in areas of greater deprivation are more likely to:

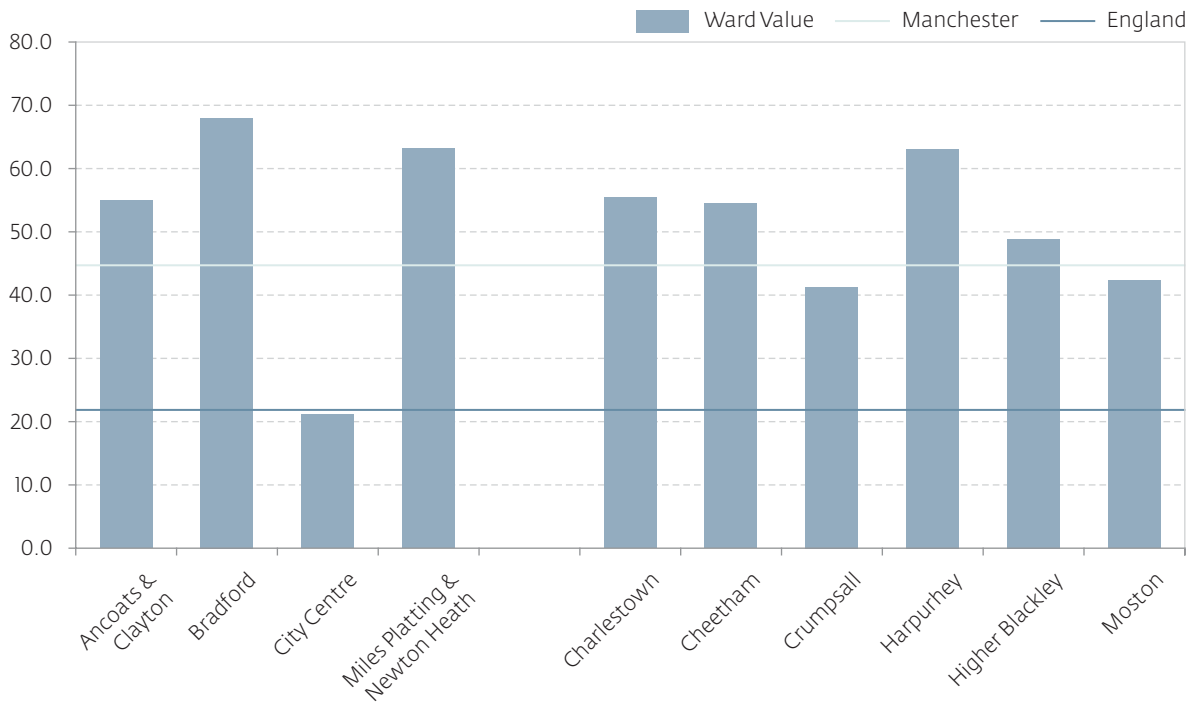
- Suffer from higher levels of chronic disease, disability and premature death, and from various adverse effects of ageing at earlier stages of their life course
- Require more complex treatment and experience poorer outcomes from health and social care services
- Have difficulties with accessing health and social care services and are more likely to come into contact with services at a later stage of their condition and fail to engage with health promotion and disease prevention activities
- Achieve poorer educational outcomes.

## Deprivation

The Index of Multiple Deprivation (IMD) 2007 is a composite measure of deprivation for small geographical areas that attempts to combine a number of different aspects of deprivation (more detail is given in Manchester JSNA). The average Manchester IMD score is 44.5, which is more than double the national average of 21.7. The graph below shows the deprivation scores assigned to wards in North Manchester; a higher score indicates greater deprivation. The IMD score for Manchester is 44.5, which is more than double the national average of 21.7. The City Centre, Crumpsall and Moston are the only wards to fall below the city-wide average of 44.5. There are high levels of deprivation in North East and North West wards, with Bradford, Miles Platting & Newton Heath, and Harpurhey all scoring more than 60.

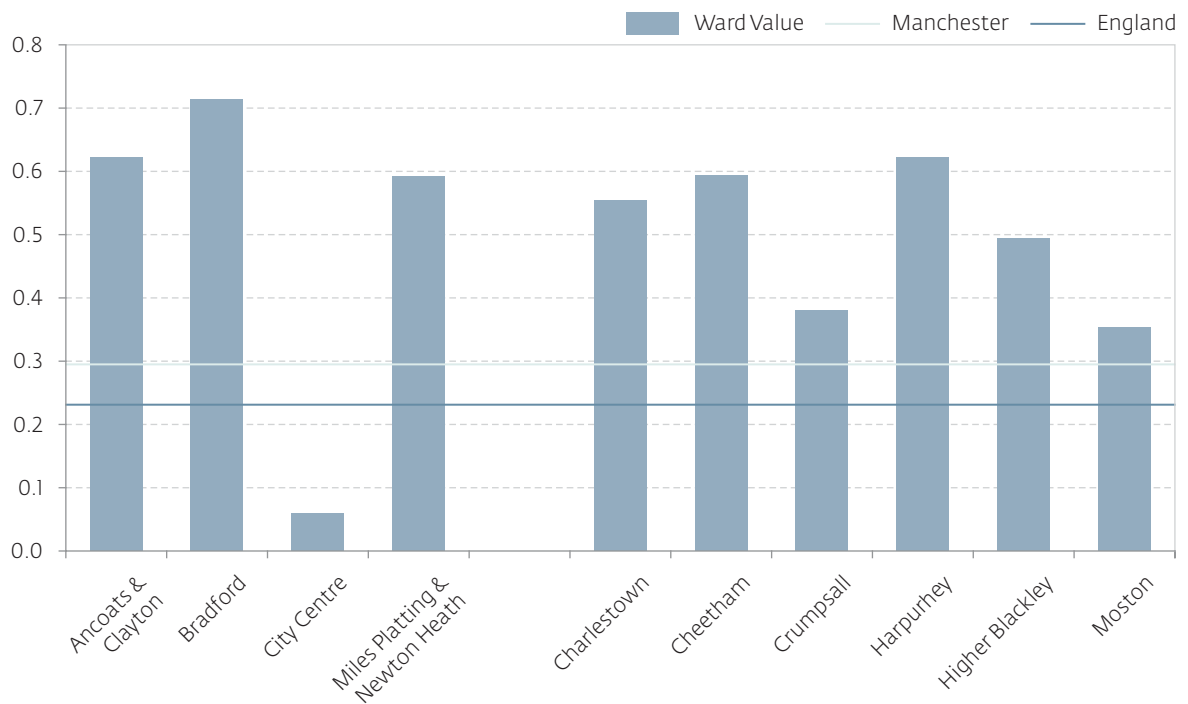
The importance of early years is well documented in the Manchester Public Health Annual Report and the Marmot report 'Fair society, Healthy lives'. The Income Deprivation Affecting Children Index (IDACI) shows the percentage of 0 to 15-year-old children in an area that live in families that are income deprived, ie. in receipt of income support, income-based Jobseeker's Allowance and working families tax credit). Nearly all wards in North Manchester have IDACI scores above the Manchester average of 0.3. The national average is 0.2. The lowest three wards (least income deprived) are the same as for IMD scores: City Centre, Crumpsall and Moston. All the North East wards (with the exception of City Centre) have IDACI scores that are nearly double the city average; North West wards only have one ward that shows similar income deprivation: Harpurhey.

Figure 4. IMD 2007 score



Source: Dept of Communities and Local Government 2007

Figure 5. IDACI 2007 score

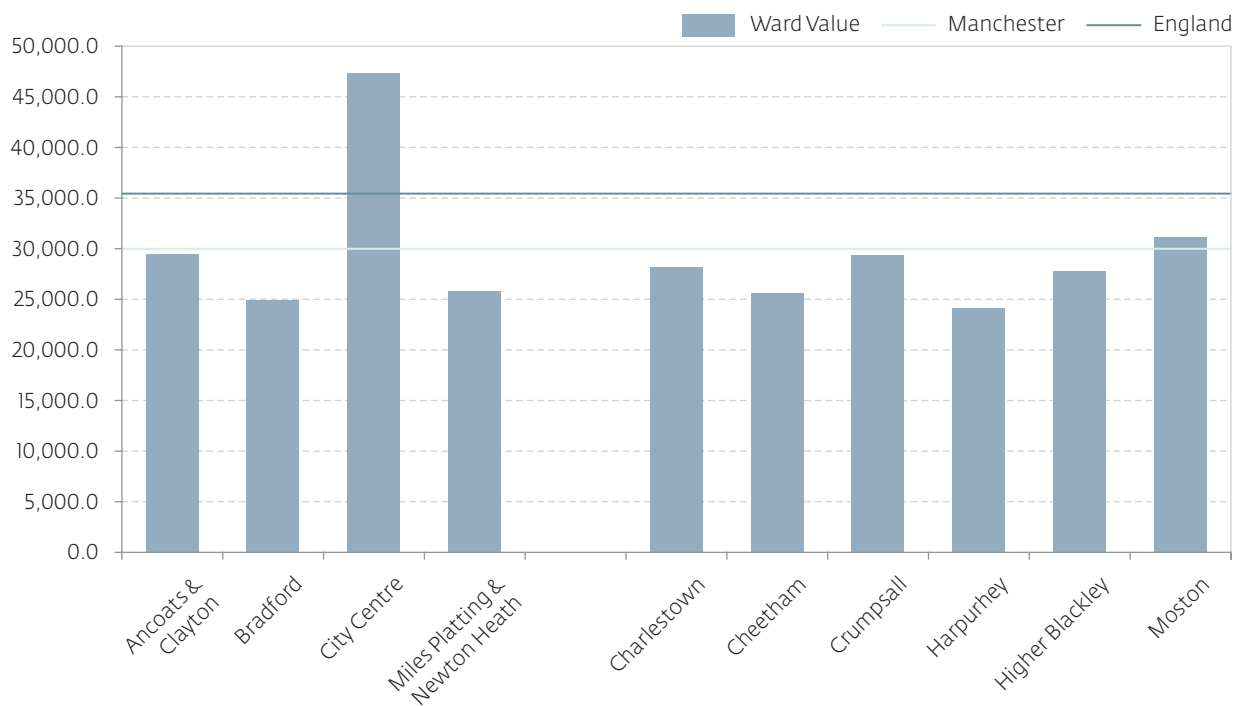


Source: Dept of Communities and Local Government 2007

## Income

Income levels are a strong indicator of deprivation. People with a higher level of income are likely to have a better standard of living, which, in turn, may lead to improved health. In the whole of North Manchester only the City Centre has a high mean income in comparison to the rest of Manchester. All other wards range from the lowest (Harpurhey: £24,000) to the highest (Moston: £30,500).

Figure 6. Mean income (£), 2009



Source: ONS (October 2009)

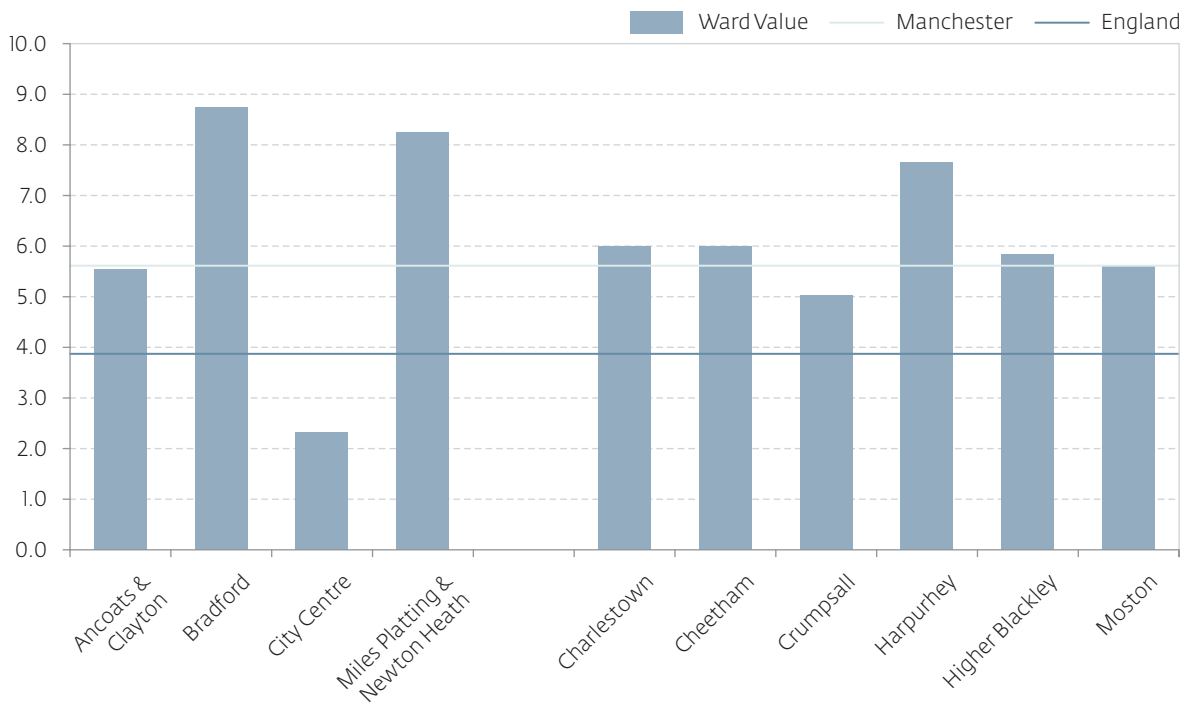
## Unemployment

The links between meaningful employment and health are well established. Adverse effects associated with unemployment include:

- higher levels of smoking and alcohol consumption
- more weight gain
- reduced physical activity and exercise
- higher use of illicit drugs and prescribed antidepressants
- reduced psychological wellbeing and greater mental ill health (including a higher incidence of self-harm, depression and anxiety).

Unemployment rates are measured at ward level by the proportion of working-age population claiming Jobseeker's Allowance (JSA). This does not include those individuals who are unemployed and do not claim JSA. North Manchester has high levels of unemployment. Only the City Centre (2.3%) and Crumpsall (5%) are below the city-wide average of 5.6%. Bradford, Miles Platting & Newton Heath, and Harpurhey all exceed 7.5%, which is notably higher than the rest of North Manchester.

Figure 7. Unemployment rate (%), May 2010



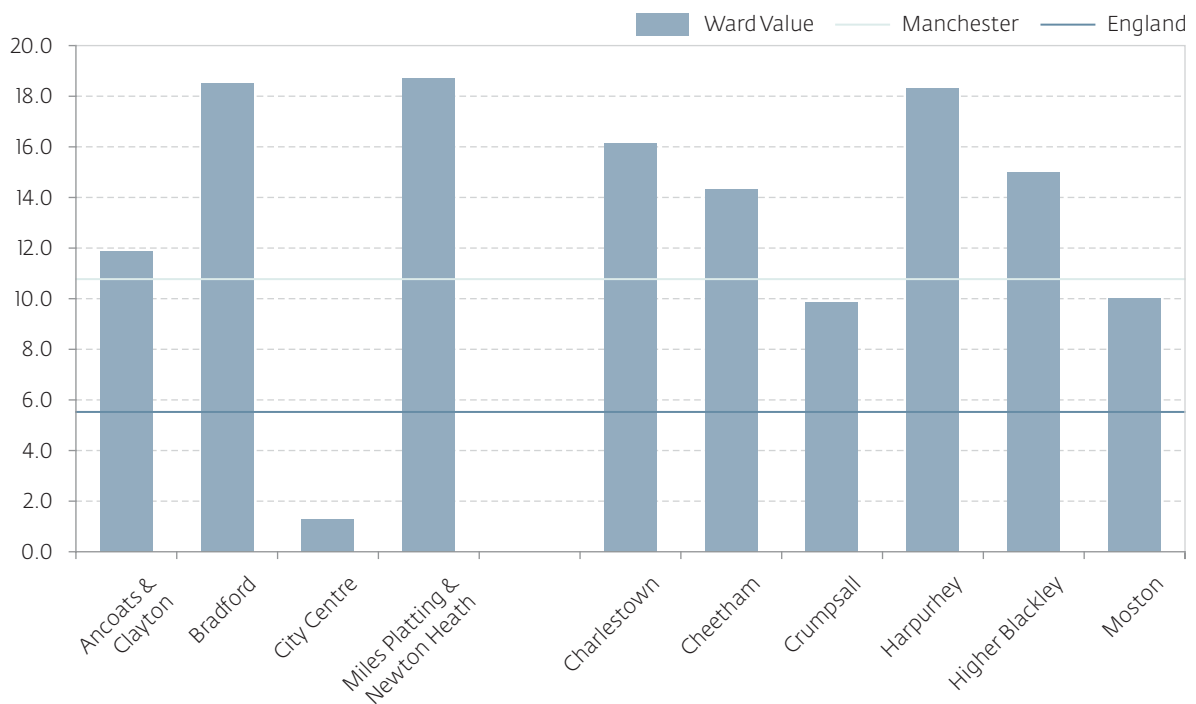
Source: ONS (May 2010)

## Welfare benefits

Research has shown that poor health is closely linked with people's income levels. Data on income is not routinely available on a national basis but the uptake of welfare benefits, such as Income Support (IS) and Incapacity Benefit/Severe Disablement Allowance (IB/SDA), can provide a useful proxy. (Note that Incapacity Benefit is being replaced by Employment and Support Allowance).

In November 2008, most wards in North Manchester exceeded the city-wide average for all three indicators: Bradford, Miles Platting & Newton Heath, Charlestown, and Harpurhey are consistently the highest across all types of benefit claimants. Once again for this indicator the City Centre is an outlier, recording very low proportions of claimants.

Figure 8. Income support, November 2008



Source: Department of Work and Pensions (DWP) November 2008

## Crime

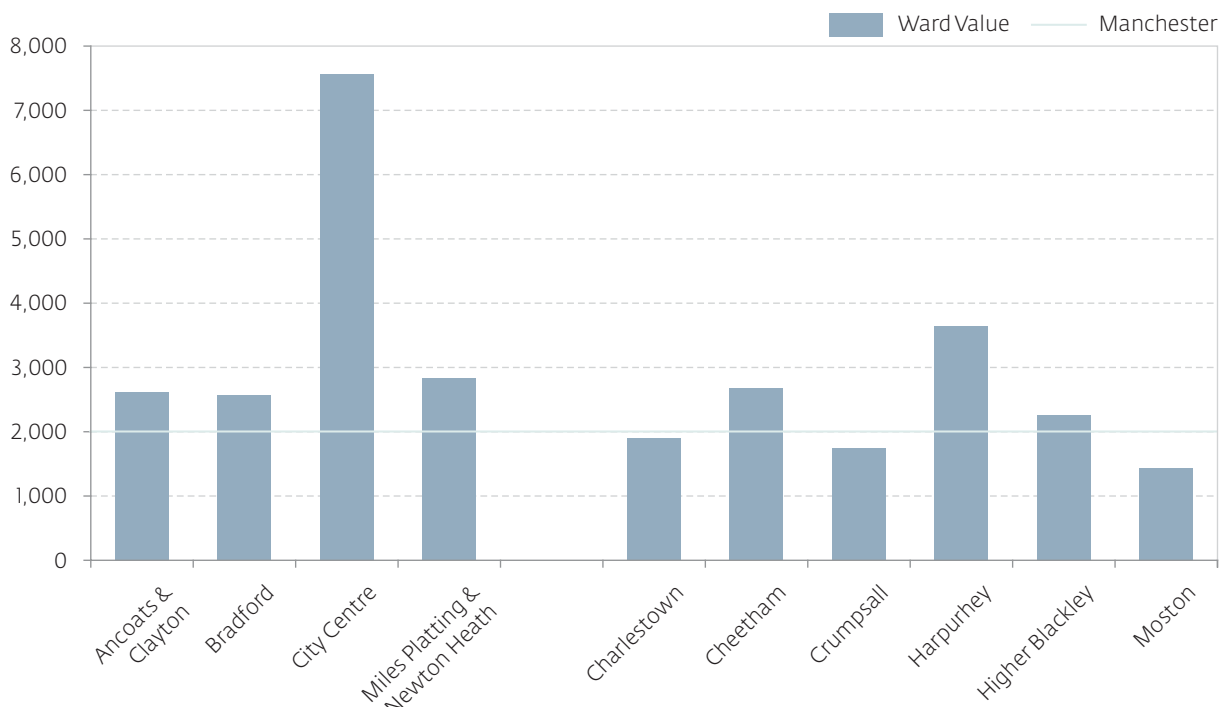
Fear of crime can lead to individuals withdrawing from public spaces, increasing their risk of depression, stress and sleeping difficulties, and altering people’s lifestyles in a way that reduces their quality of life and impacts on their mental and physical health.

People living in wards in North West Manchester feel less safe during daylight hours than those living in North East Manchester, whose perception of safety does not differ greatly from the Manchester average of 79% of people feeling safe; Crumpsall and Harpurhey have the lowest scores. At night-time, no ward in North Manchester reaches the city-wide average of 51% of people feeling safe. There are eight wards where only a third of the population feel safe at night: Ancoats & Clayton, Bradford, Charlestown, Cheetham, Crumpsall, Harpurhey, Higher Blackley, and Moston. For proportions of residents that feel the police are not dealing with crime and antisocial behaviour in their local area, only Charlestown and Miles Platting & Newton Heath score lower than the national and city-wide average.

Incidents of antisocial behaviour are slightly higher in the North East than the North West with all wards in the North East reporting over 2,400 incidents of antisocial behaviour; the City Centre has by far the highest number of incidents with a reported 7,464. After the City Centre, Harpurhey has the next highest with 3,594 and Moston has the lowest number of incidents (1,366) in North Manchester.

On average, domestic burglaries are less common in North West Manchester (if we exclude City Centre as an outlier), but the ward recording the single highest number of burglaries is Harpurhey (381).

**Figure 9. Antisocial behaviour (number of reported incidents), 2008/09**



Source: GMAC data hub 2008/09

## Housing

There is a strong relationship between housing and health:

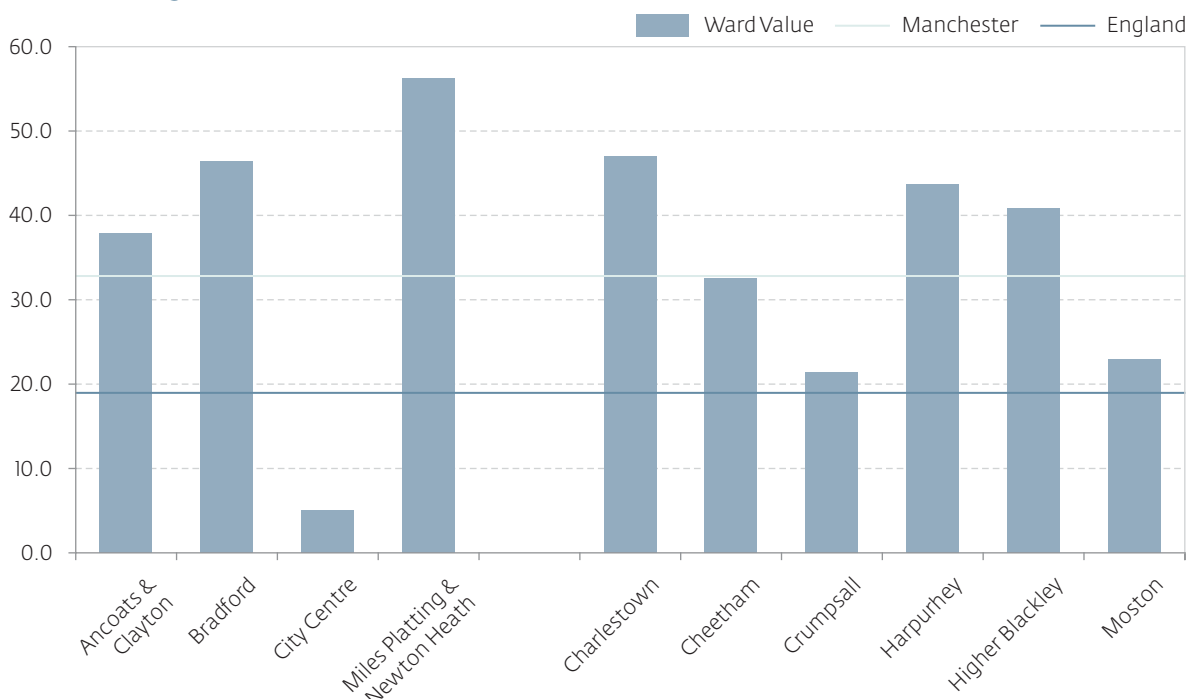
- Poor energy efficiency and thermal conditions can impact on flu, heart disease, stroke and respiratory illness.
- Housing in a poor state of repair can increase the risk of accident, serious injury and death among its occupants.
- Lack of modern facilities can impact on living conditions, physical and mental health, eg. accidents in the bathroom and kitchen due to poor layout and broken utilities.

More specifically, there are well-established links between damp dwellings and respiratory symptoms, such as asthma and bronchitis, in more vulnerable sections of the population, such as children or older people. There is also evidence of a strong link between cold homes and poor health. Temperatures below 16°C put people at a significantly higher risk of respiratory and cardiovascular conditions. Temperatures below 10°C increase the risk of hypothermia, especially for the elderly. Addressing fuel poverty can help to reduce the number of excess winter deaths that occur in Manchester each year.

## Housing type

For commissioners, it is important to be aware of changes in the type and quality of the dwelling stock because this can provide an early indication of the future health and social care needs of the local population. North Manchester has a high percentage of social housing in comparison to the rest of the city, as shown in the chart below. Bradford, Miles Platting & Newton Heath, Charlestown, Harpurhey and Higher Blackley all have above 40% social housing. The City Centre has extremely high rates of private renting, the majority of which have low percentages of rented housing. Moston (74.2%) and Crumpsall (56.2%) have the highest rates of house ownership in North Manchester, while Bradford (37.1%) and Miles Platting & Newton Heath (30.5%) have the lowest.

Figure 10. Social housing %, 2009



Source: Council Tax/HNA and Greater Manchester Forecasting Model

## Housing quality

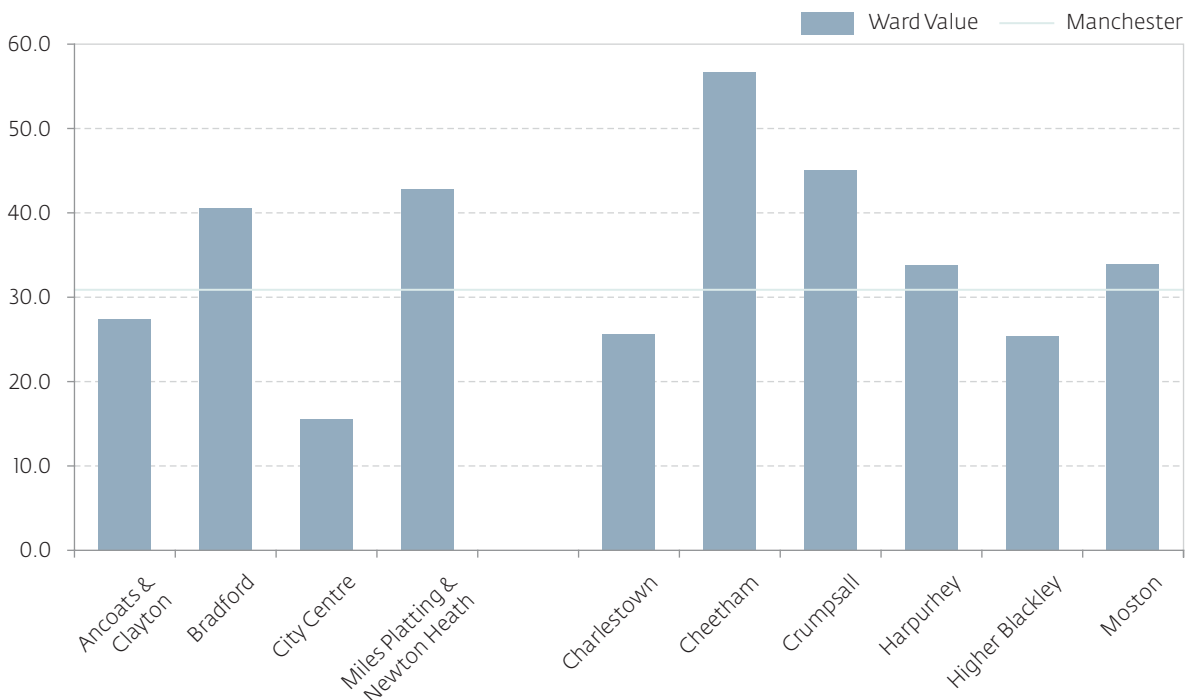
Living in poor and overcrowded housing is also closely linked with poverty and social deprivation which, in turn, has a strong impact on people's health.

In terms of private sector housing, overcrowding is defined as a household with one or more bedrooms short of the Bedroom Standard<sup>1</sup>. Overcrowding has a detrimental effect on health; communicable diseases are easily passed on and individuals' mental health can be affected, ie. lack of privacy, living space. Overcrowding can be found particularly in areas with a high influx of migrant workers and also where large families sharing living space is a cultural norm. North West Manchester wards have higher rates of overcrowding, while Cheetham (7%), Crumpsall (10%) and Harpurhey (9%) have the most. In comparison with the wards in the North East, only Bradford (13%) is above the city-wide average of 5%.

In terms of stock condition and the percentage of homes that fall below 'Decent Homes' standards, there is a higher percentage of less than 'Decent Home' standards in North West Manchester. Cheetham (56.4%) and Crumpsall (44.8%) have the highest rates of less than 'Decent Homes' in the West, and in the North East wards Bradford (40.2%) and Miles Platting & Newton Heath (42.6%) have the highest. Note that the House Condition Survey records data for private sector housing only; social housing is estimated to have lower rates of overcrowding as where overcrowding occurs efforts are made to rehouse residents.

<sup>1</sup>The Bedroom Standard: A standard number of bedrooms is allocated to each household in accordance with its age/sex/marital status composition and the relationship of the members to one another. A separate bedroom is allocated to each married or cohabiting couple, any other person aged 21 or over, each pair of adolescents aged 10–20 of the same sex, and each pair of children under 10. Any unpaired person aged 10–20 is paired, if possible, with a child under 10 of the same sex, or, if that is not possible, he or she is given a separate bedroom, as is any unpaired child under 10.

Figure 11. % of private dwellings below 'Decent Homes' standard, 2007



Source: PSH House Condition Survey

## Homelessness

Significant health inequalities exist in health service provision for homeless adults. This population group contains some of the most vulnerable adults in society who often have difficulties in accessing services that are universally available for others. Many homeless adults are socially excluded, which leads to isolation. In turn, this can lead to poor nutrition and housing, and ultimately poor health. Homelessness is associated with an increased risk of mental illness, alcohol and drug problems as well as certain infectious diseases, such as tuberculosis. Having a mental illness or addiction greatly increases the risk of homelessness.

The table shows that, over the past three years, the number of households presenting to the Manchester City Council homelessness service has fallen. In 2009/10, some 23% of households presenting to the homelessness service made a formal homeless application, of which nearly 38% were accepted as being owed a full homeless duty.

**Table 3: Number of households presenting as homeless, 2007/08–2009/10**

	2007/08	2008/09	2009/10
Number of households presenting to the Manchester City Council homelessness service	6,056	5,597	5,496
Households that made a homeless application	2,046	1,205	1,273
Households accepted as being owed a full homeless duty	912	539	482

Note: The data in the above table relates to Manchester as a whole rather than just the North Manchester locality.

Research has shown that around 8% of all households accepted as homeless are considered to be in priority need on grounds of mental illness. It is estimated that 30–50% of rough sleepers have mental health needs, around 70% misuse drugs and half are dependent on alcohol.

Being the victim of domestic violence is another major cause of homelessness. For these, finding suitable accommodation can have a significant positive impact on their health.

## Part C: A good start in life

### Headlines

- Cheetham, Harpurhey and Bradford have relatively high birth rates in comparison to the rest of the city.
- There are above-average proportions of births registered to lone mothers in nearly all North Manchester wards. There are also high infant mortality rates in comparison to the rest of the city.
- Rates of teenage pregnancy in North Manchester are high, with particular hot spots in Beswick and Clayton, Harpurhey, Newton Heath and Bradford. On the whole, women under 18 years living in North West Manchester wards are more likely to conceive than women in North East wards.
- In North Manchester, attendance rates at secondary school are below the city-wide average and large proportions of children leave school with no GCSE qualifications.
- All North East Manchester wards have high levels of 16 to 18-year-olds not in education, employment or training (NEET).

This section considers the impact of changes in the number and type of maternities occurring in young women in North Manchester, together with the health of babies and young children. It looks at factors such as low birthweight births, teenage pregnancy and births to lone mothers to help give a broad picture of the varying challenges facing parents across North Manchester. This section also gives a brief insight to educational performance and attendance for young people in North Manchester.

## Early years

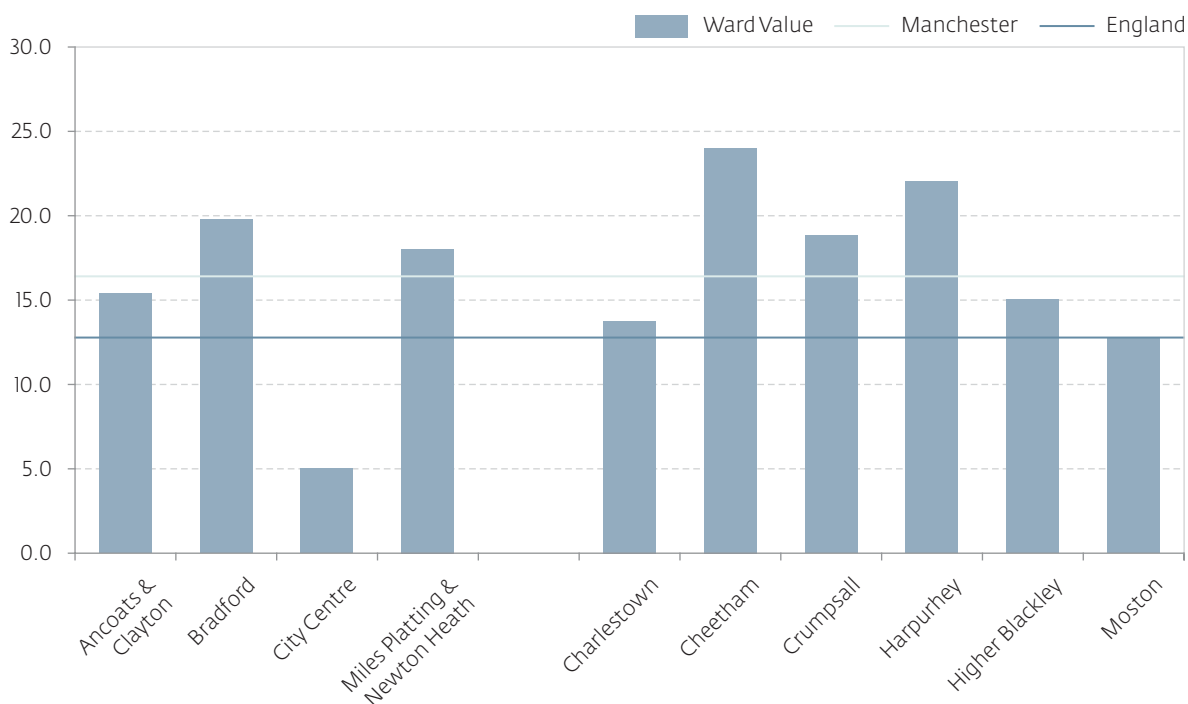
The chart below shows that North West Manchester has higher birth rates than North East wards. Cheetham and Harpurhey have the highest rates with 23.9 and 21.7 per 1,000 persons respectively. All wards apart from the City Centre are higher than the national average of 12.8 births per 1,000 people.

Half the wards in North Manchester have a percentage of 'low birth weight' babies that exceeds the national average, while the North East wards have a higher proportion than North West wards. Harpurhey and Higher Blackley have the lowest proportions with 8.7% and 8.3 % respectively. At the other end of the scale, Ancoats & Clayton, Bradford, the City Centre, Cheetham and Moston all exceed 10%; the city average is 9.7%.

When looking at births registered to lone mothers, North East Manchester has a higher proportion of births to lone mothers than the North West; all North East wards (with the exception of the City Centre) have rates above 35 per 1,000 live births. Only Cheetham (16.1) and Crumpsall (13.9) are below the city average of 24.5 per 1,000 live births.

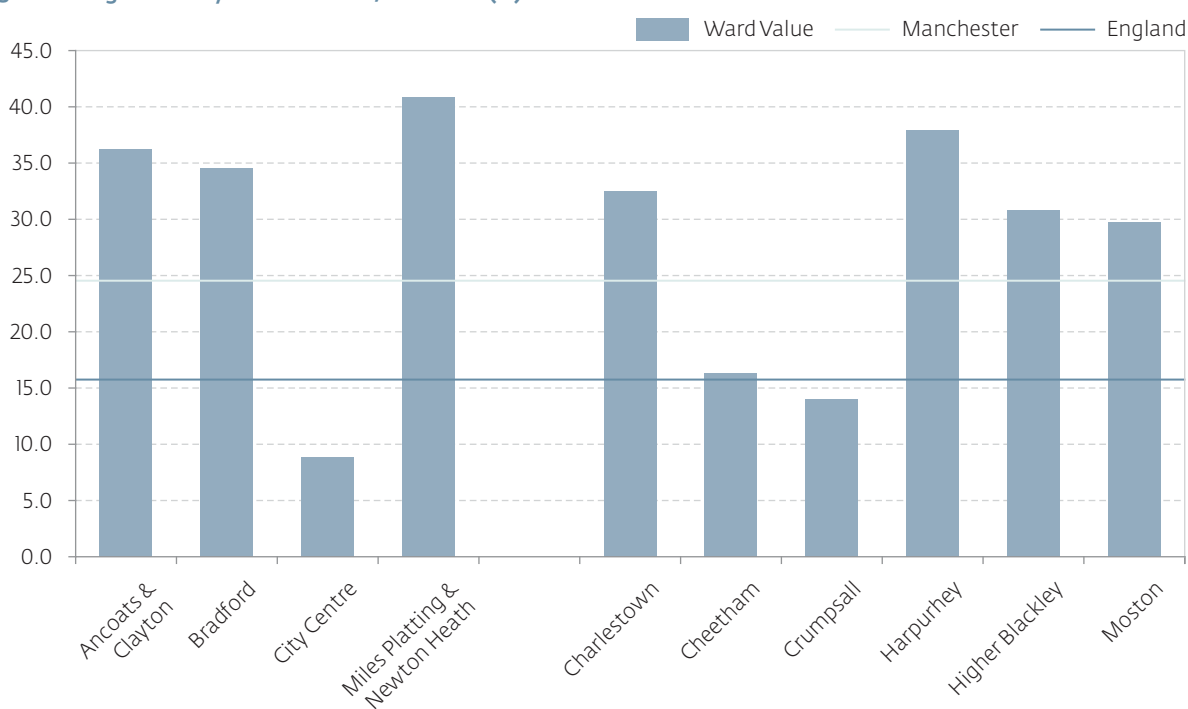
As the chart below demonstrates, death rates for infants under the age of one year differ across North Manchester. Miles Platting & Newton Heath, Ancoats & Clayton, Bradford, Harpurhey, and Higher Blackley have high infant mortality rates (IMR) in comparison to the likes of Cheetham, Moston and Charlestown. The rates shown below should be treated with caution as the numbers of infant deaths are low.

Figure 12. Live birth rates, 2007



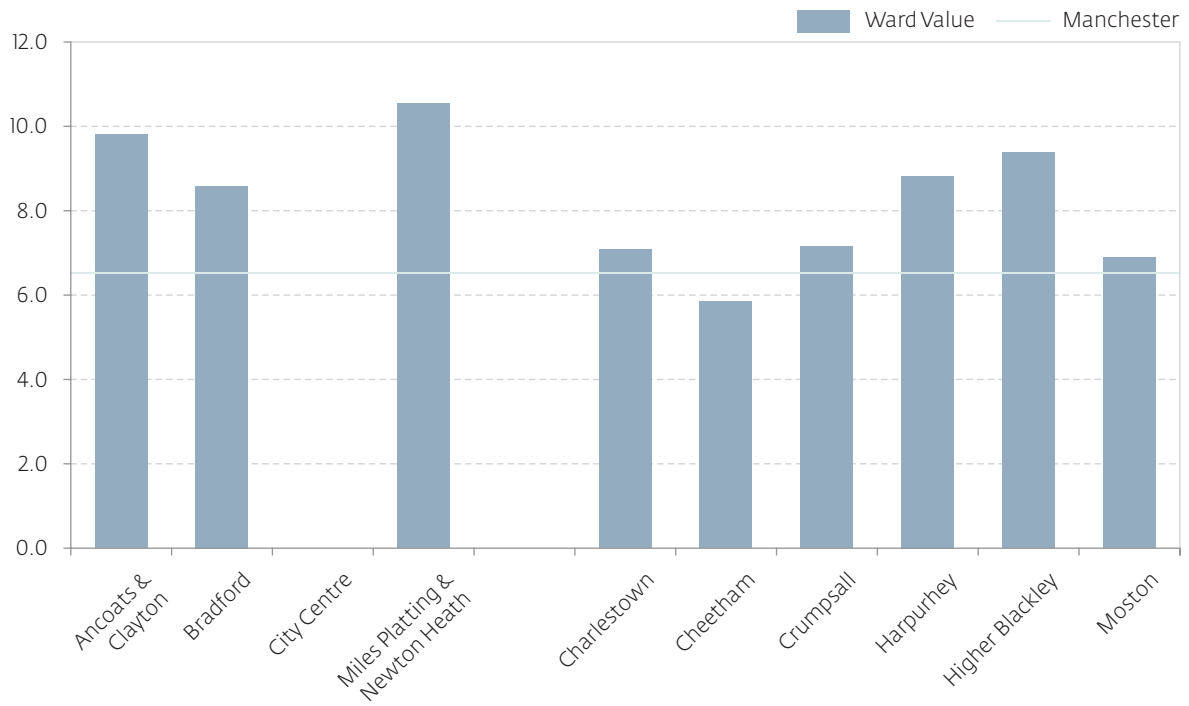
Source: Manchester Joint Health Unit/ONS 2007

Figure 13. Birth registered by lone mothers, 2006–08 (%)



Source: Manchester Joint Health Unit/ONS 2006–08

Figure 14. Infant mortality per 1,000 live births by ward 2005-07



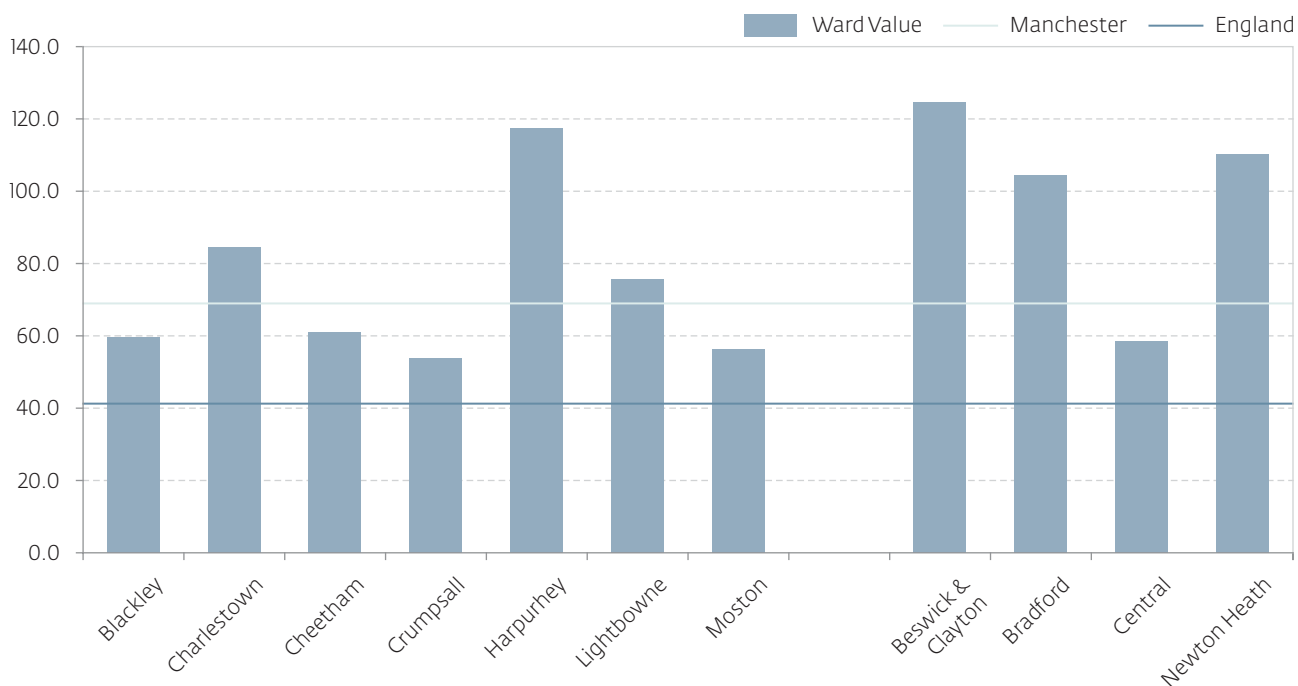
Source: Manchester Joint Health Unit/Public Health Mortality file 2009

## Teenage conception rates

Teenage parenthood is an important issue in Manchester. Having children at an early age can damage young women's health and wellbeing and can limit their education, career and economic prospects. Although young people can be competent parents, children born of teenage parents are much more likely to experience a range of negative outcomes in childhood and later life than children born of older parents. Reducing the number of teenagers who become parents is central to wider ambitions to reduce social exclusion, health inequalities and child poverty.

In North East Manchester there are three wards in excess of 100 teenage conceptions per 1,000 women: Beswick and Clayton (124.4 per 1,000 women), Bradford (104.4 per 1,000 women) and Newton Heath (110.5 per 1,000 women). In North West Manchester, Harpurhey (117.3 per 1,000 women) has the highest teenage conception rate and Charlestown and Lightbowne are both above the city-wide average of 68.6 per 1,000. Old ward boundaries have been used for this graph due to the nature of data collection for this indicator.

Figure 15. Under-18 conception rate 2005–07



Source: Teenage Pregnancy Unit/ONS 2005–07

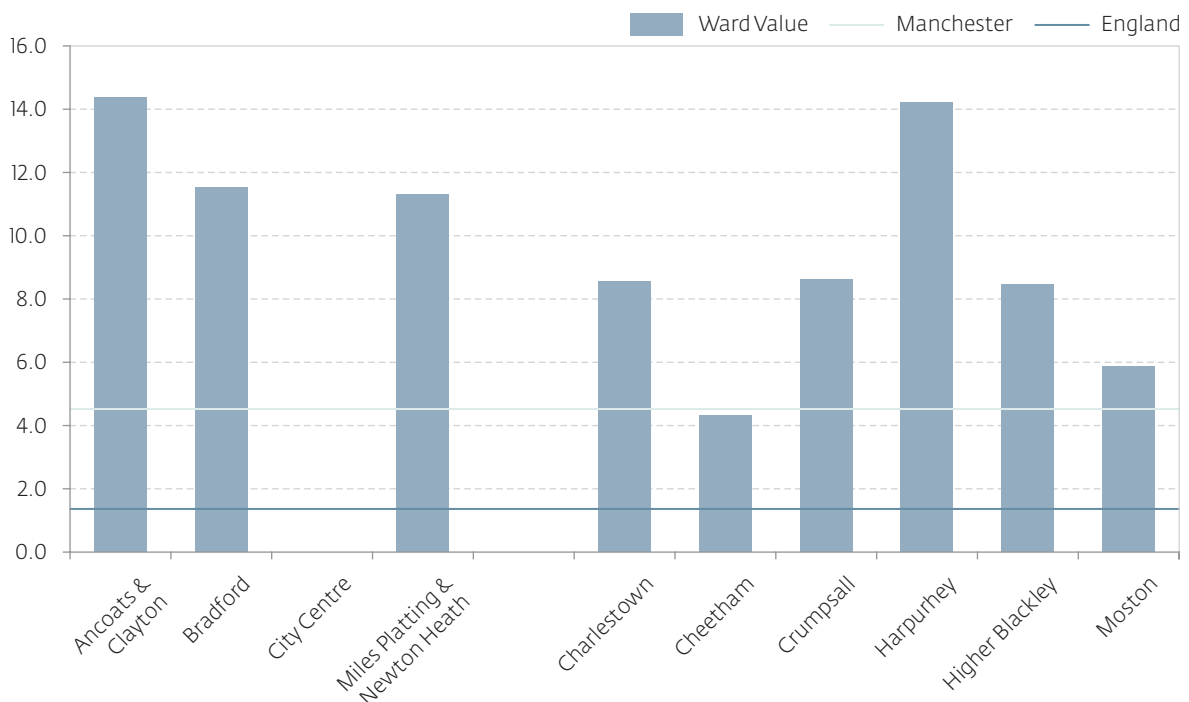
## Educational attainment

Educational attainment can be linked to health on several levels. Not only does it have the benefits of improved employment opportunities and social mobility, but a higher educational attainment can be linked to healthier lifestyle choices and attitudes.

Key Stage 2 tests in English, Maths and Science are taken by schoolchildren when they reach the age of 11. North East wards tend to perform slightly better than North West wards in science and maths but North West wards have higher achievement in English. All North East wards have above the city-wide average levels of achievement for Key Stage 2 science (85.6%) and maths (74.8) but only Miles Platting & Newton Heath achieves the Manchester average for English (75.3%). Half the wards in North West Manchester achieve or exceed the city-wide average for science but only two achieve city-wide average standards for English and only one ward achieves this for maths.

All wards are below Manchester's average for 5+ GCSEs including maths and English (36.9%); Miles Platting & Newton Heath is the lowest with 21.2%, closely followed by Harpurhey (23.9%). The national proportion of the population with no qualifications GCSEs A\*–G is 1.4%; the average in Manchester is 4.5%. North Manchester wards score poorly in this indicator: eight wards are above the city-wide average with half of those reaching 11%+ of population with no qualifications.

Figure 16. % of young people leaving school with no GCSE qualifications, 2009



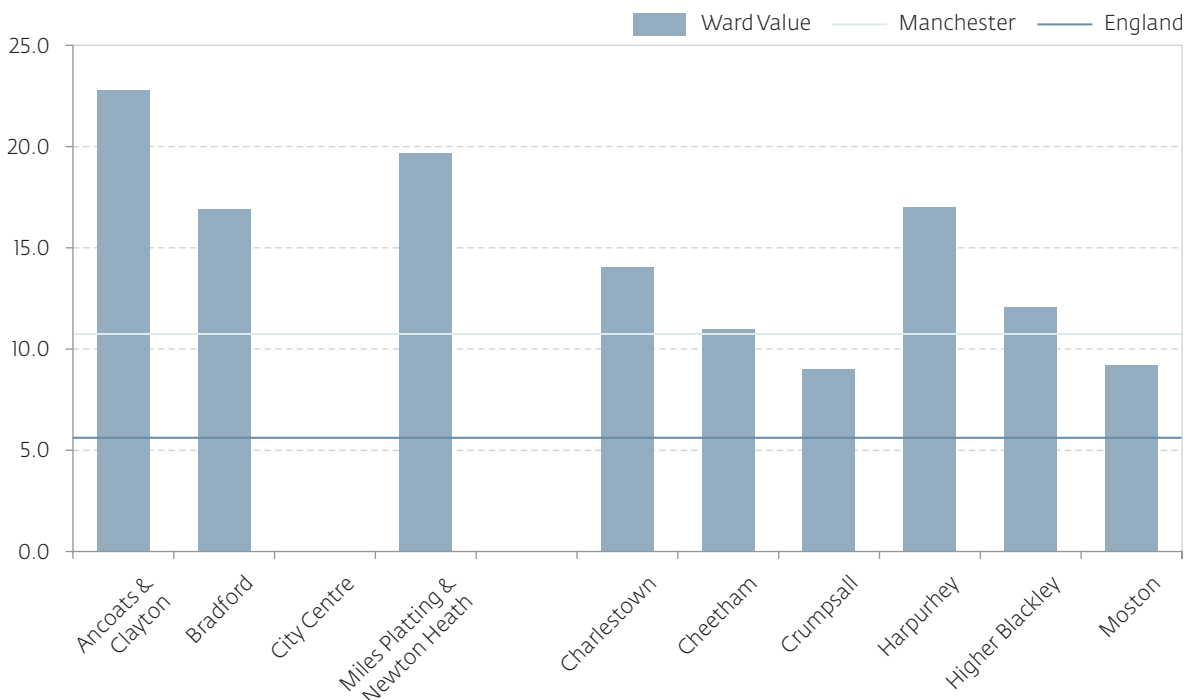
Source: Manchester Children's Services Department 2009

## School attendance and absence

Primary school attendance in North Manchester is relatively good in comparison to the rest of the city. Nearly all wards achieve the city-wide average (93.7%) and those that don't only miss it narrowly. However, while there is better attendance at primary schools in North Manchester, there are above-average levels of persistent absence in seven out of nine wards, only Cheetham and Moston achieving lower levels of persistent absence. North East Manchester has higher proportions of persistent absence than North West.

Secondary school attendance is poor in North East Manchester; Bradford has the highest attendance levels in the North East with 86.6%, which is about the same as the worst performer in the North West wards – Harpurhey. The average attendance in Manchester is 89.8% and most wards in North Manchester fall below this. A similar pattern can be seen in persistent absence in secondary schools. North East wards all have high rates of persistent absence: Bradford (16.8%), Miles Platting & Newton Heath (19.5%), and Ancoats & Clayton (22%); the Manchester average is 10.8%. The highest persistent absence rate in North West Manchester is Harpurhey (16.9%).

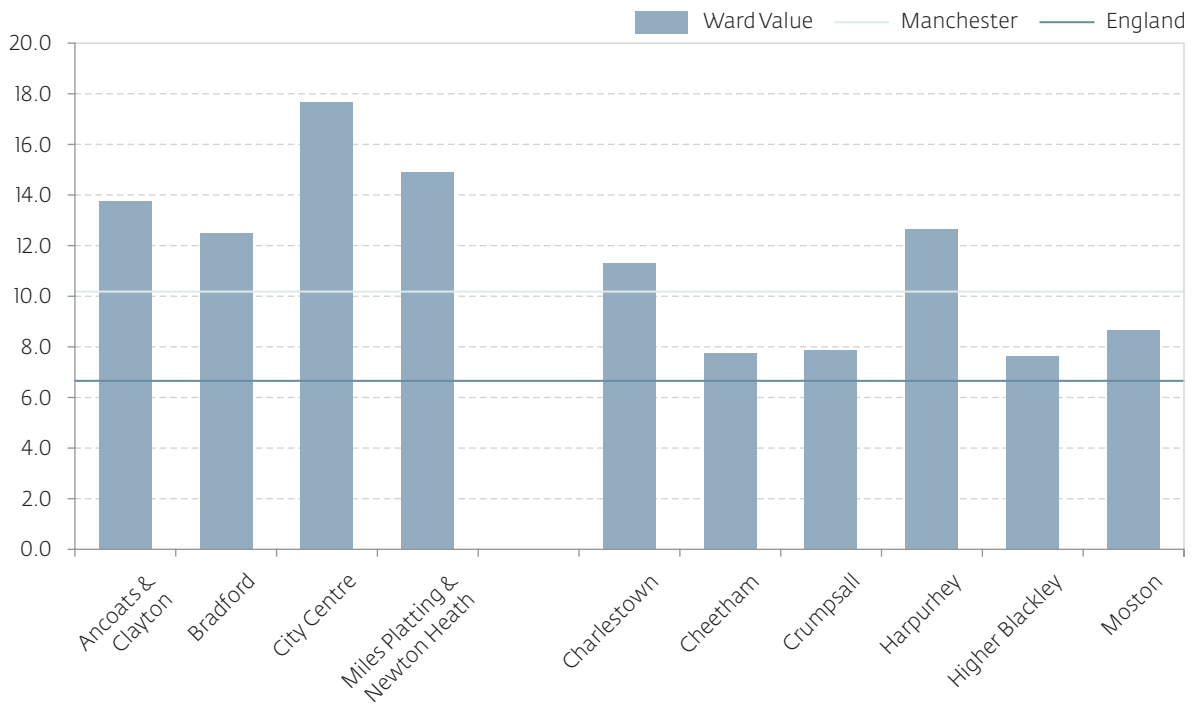
Figure 17. Secondary school persistent absence rates (%), 2009



Source: Manchester Children's Services Department 2009

The chart below shows that North East Manchester wards have higher-than-average rates of 16 to 18-year-olds out of education, employment and training than the Manchester average of 10.2%. North West wards have below-average rates with only Charlestown and Harpurhey exceeding the city-wide average. The four worst performers (excluding City Centre) are Ancoats & Clayton, Bradford, Miles Platting & Newton Heath, and Harpurhey; these are the same wards that also perform poorly on secondary school attendance as mentioned above.

**Figure 18. 16 to 18-year-olds not in education, employment or training (NEET) (%), 2009**



Source: Connexions Activity Survey 2009

## Part D: Prevention (lifestyles, risk-taking behaviours and infectious diseases)

### Headlines

- Residents in North Manchester wards report lower levels of smoking and alcohol consumption than the Manchester average.
- According to the Residents Survey, diet in Manchester is poor, with only 21% of adults eating the recommended five fruit or vegetables per day. North West Manchester wards tend to be below average and North East wards tend to be above.
- Residents of North Manchester wards report levels of exercise close to the city-wide average.
- Immunisation rates for the third Primary dose, MMR and Men C and Hib booster are good across North Manchester wards when compared to the city-wide averages. However, uptake of the BCG is below average.

This section looks at local patterns of lifestyle and behavioural risk factors in North Manchester. It focuses on the most common lifestyle risk factors in adults and children, including smoking, alcohol consumption, physical activity and diet. The importance of understanding these behaviours from a commissioning perspective is outlined in greater detail in the Manchester JSNA. Most of the data used in this section are sourced from the Manchester Residents Survey. Users should be cautious when drawing conclusions based on this data due to local variations in response rates and other similar caveats associated with lifestyle surveys (eg. the presence of response and other biases).

## Smoking

Smoking is known to be the principal avoidable cause of premature deaths in the UK and is a major contributor to ill health, including coronary heart disease and cancer. It accounts for one in four UK cancer deaths, including nine in ten cases of lung cancer, as well as increasing the risk of over a dozen other cancers, including cancers of the mouth, larynx (voice box), oesophagus (food pipe), liver, pancreas, stomach, kidney, bladder and cervix, as well as some types of leukaemia.

The Manchester Residents Survey appears to show that smoking prevalence in most North Manchester wards is below the city-wide average smoking quit rate of 43.9%. Only the City Centre (54%), Charlestown (46.9%) and Moston (46%) have smoking quit rates above the city-wide average. Bradford and Harpurhey have the highest prevalence of current smokers with 39% and 35% respectively. North East Manchester wards spend more on tobacco per head than North West Manchester wards.

## Alcohol consumption

Alcohol has a major impact upon an individual's physical and mental health and costs the Health Service £1.7billion each year; the actual cost is estimated to be higher than this when taking into account the expense to other services such as social care. The impact of alcohol misuse will affect health services in a variety of settings, ranging from primary care, A&E, hospitals, mental health, social care and sexual health services. Problem drinkers are also twice as likely to visit their GP as the average patient.

The proportion of respondents in Manchester reporting that they drink alcohol at least once a week is 44%. North Manchester in general has low levels of alcohol consumption; there are only three wards that exceed the city average; Ancoats & Clayton (45%), City Centre (53%) and Moston (50%). Cheetham and Crumpsall have the lowest consumption with 23% and 30% respectively.

Although drinking may be lower overall compared to the rest of the city, there is a link between chronic drinking and deprivation as evidenced by the levels of alcohol-related hospital admissions in Harpurhey (see page 48).

## Diet

A balanced and nutritious diet is vital for both physical and mental wellbeing, and protects against the onset of many diseases throughout life. Conversely, an unbalanced and nutrient-poor diet is associated with many serious illnesses, and is likely to be responsible for an increasing proportion of ill health. People living in wards in North East Manchester wards as a whole are more likely to eat five fruit or vegetables a day. Only residents of Miles Platting & Newton Heath fall below the city-wide average (21%). In North West Manchester nearly all wards fall below 21%, with Crumpsall (11%) and Harpurhey (9%) the lowest.

## Exercise

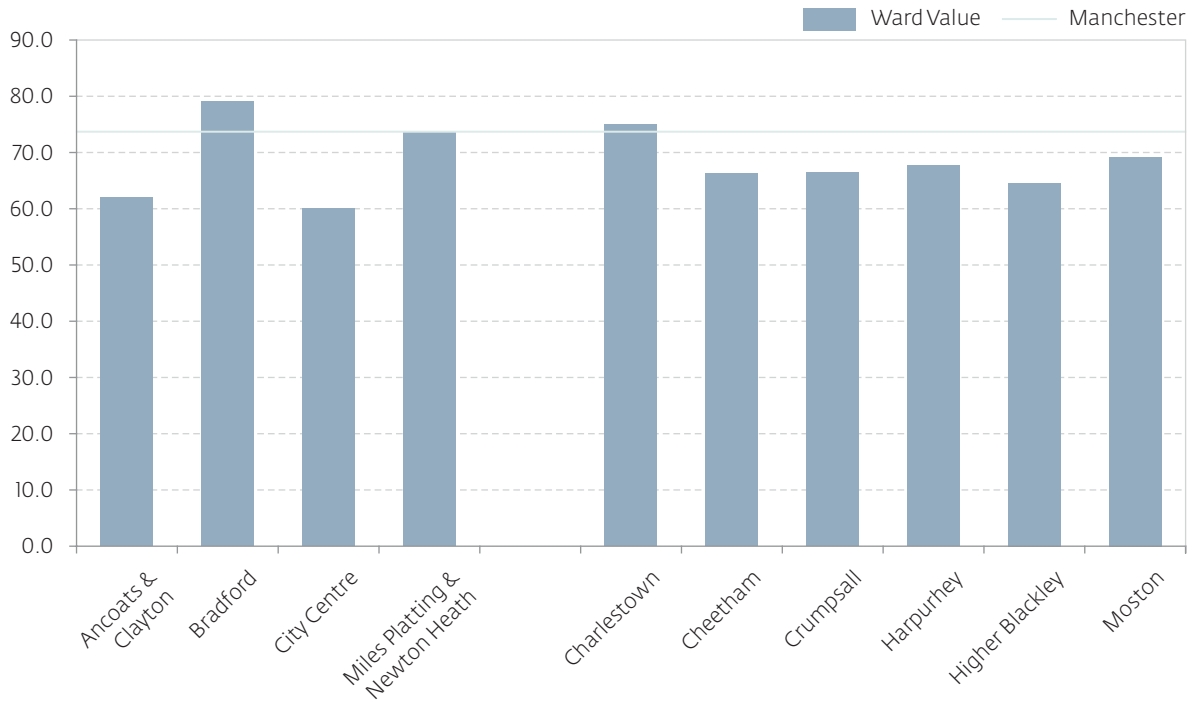
Physical activity is crucial for both physical and mental health. A number of studies have suggested that the effect of exercise on anxiety and depression is at least as strong as traditional treatments such as psychology or relaxation training. Exercise is measured by the amount of people exercising five or more times per week. Levels of exercise in North East and West are relatively similar with most wards falling close to the city average. Charlestown is the highest (45%) and Moston and Higher Blackley are the two lowest (30%).

## Prevention of infectious diseases

A major outbreak of infectious diseases, such as measles or influenza, can place a great strain on health and social care services. Infectious diseases are also an important cause of health inequalities because the impacts of these diseases often fall most heavily on the most vulnerable groups in the population, such as young children, older people, the homeless and the chronically ill.

Childhood immunisation for neonatal MMR, and Men C and Hib booster and third Primary dose uptake at two years is good across North Manchester, with most wards close to or above the city-wide average. The City Centre is a notable exception and it consistently has the lowest immunisation rates. Immunisation rates for BCG are not as high as other immunisations, with several wards in North Manchester falling below average rates of 73.8%; Ancoats & Clayton and City Centre record the lowest rates with 61.6% and 60% respectively.

Figure 19. Uptake of neonatal BCG immunisation, January 2009



Source: NHS Manchester Child Health Department (January 2009)

## Part E: Personalisation (long-term conditions, chronic disease and disability)

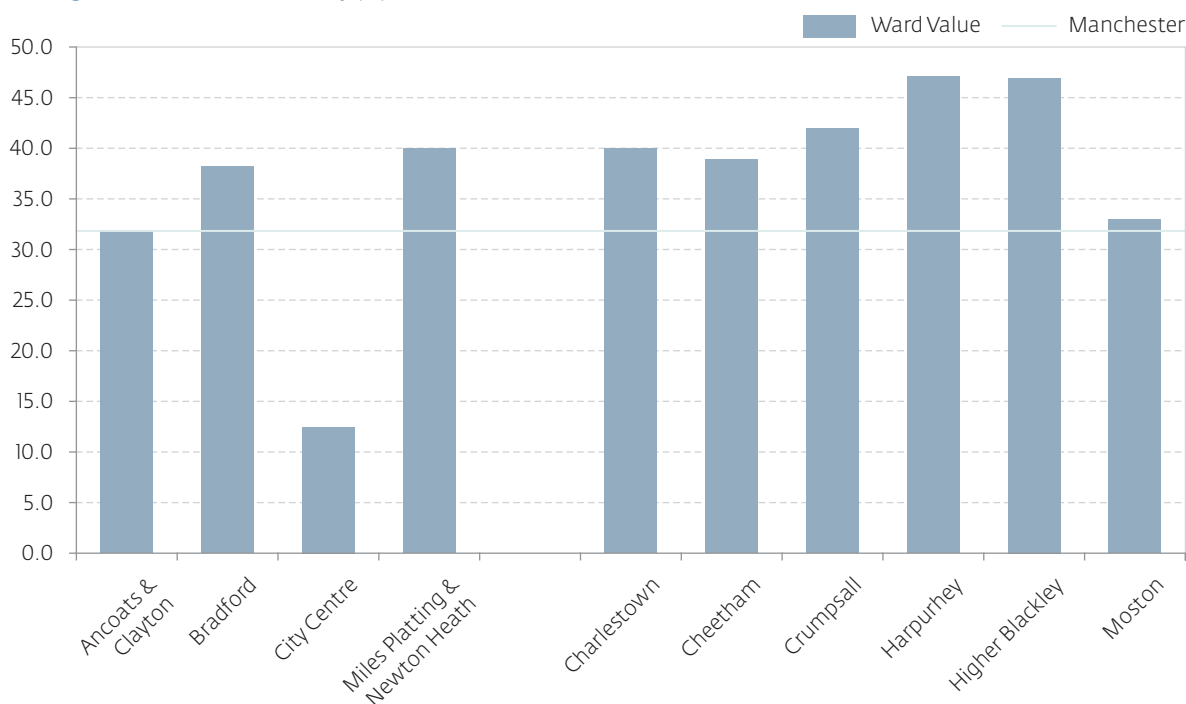
### Headlines

- North Manchester wards report above-average levels of long-term illness or disability. Residents in North West Manchester wards are more likely to report having a long-term illness or disability than North East residents.
- All Age All Cause Mortality rates are higher in North East Manchester wards than North West wards; the highest rates can be seen in Harpurhey (1,088.2 per 100,000) and Miles Platting & Newton Heath (991.2 per 100,000).
- Nearly all wards in North East Manchester have higher-than-average rates of cancer mortality, with the exception of City Centre. In the North West only Harpurhey is above average.

This section considers the impact of changes in long-term conditions, chronic disease and disability on health and social care services in North Manchester. Long-term conditions refer to those conditions that cannot currently be cured but can be controlled by medication and other therapies.

- Living with a long-term condition can severely limit people's ability to cope with day-to-day activities, particularly for older people, those living in disadvantaged circumstances or for whom English is not their first language.
- Ill health among the working population has a significant effect on the local economy, in terms of days of work lost and reduced household income.
- Long-term conditions, such as coronary heart disease, stroke and cancer, are among the leading causes of premature mortality in the city and make a major contribution to the life expectancy gap between Manchester and England as a whole.
- People with long-term conditions are the most intensive users of the most expensive services, not only in terms of primary and specific acute services but also social care and community services, urgent and emergency care.
- On average, 32% of adults living in wards within Manchester report that they suffer from a long-term illness or disability.

Figure 20. Long-term illness or disability (%), 2007



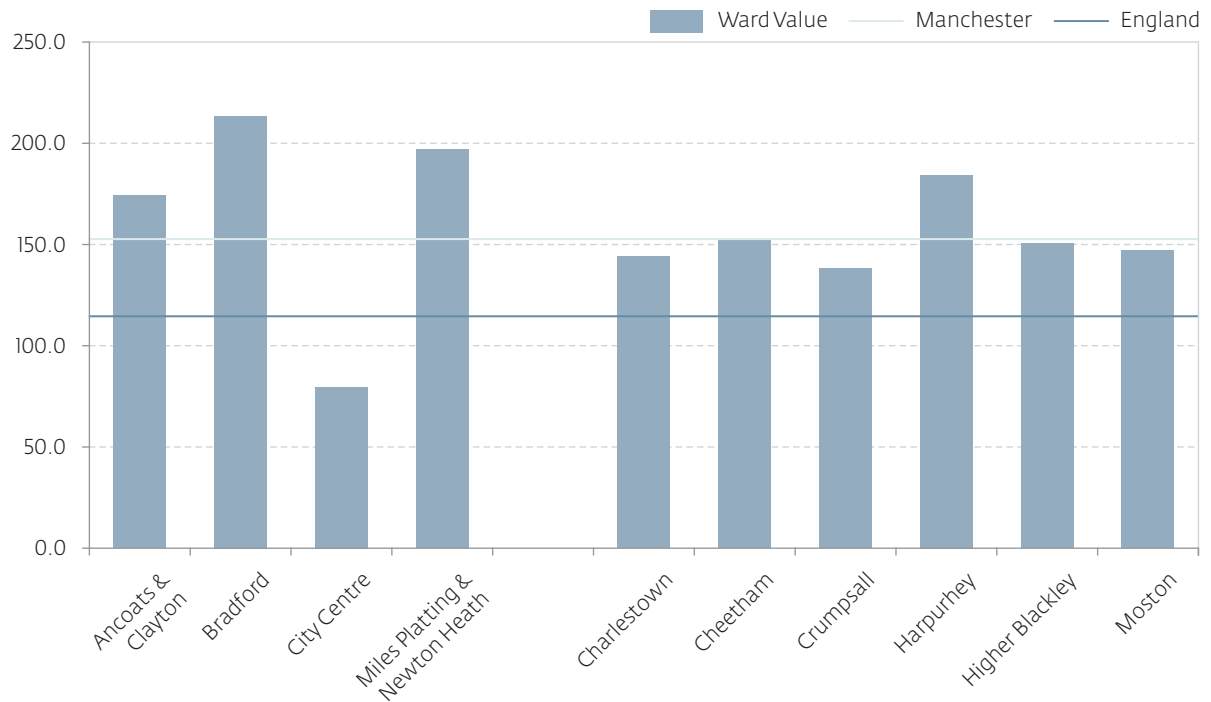
Source: Manchester Residents Survey 2007

On average, 32% of adults living in wards within Manchester report that they suffer from a long-term illness or disability. North Manchester wards have high proportions of residents with long-term illness or disability; City Centre (12%) is the only ward below the city average. North West wards have higher ratios of residents with long-term illnesses or disabilities than North East; Harpurhey and Higher Blackley are highest with 47%.

North East Manchester wards have higher mortality rates than North West; the highest rates can be seen in Harpurhey (1,088.2 per 100,000) and Miles Platting & Newton Heath (991.2 per 100,000).

The mortality rate for all cancers in North Manchester is in general below the average rate for Manchester (153.5 per 100,000). Cancer mortality rates in North East are higher than rates in North West. Bradford (212.9 per 100,000), Miles Platting & Newton Heath (185.8 per 100,000 persons) and Harpurhey (182.6 per 100,000 persons) have the highest mortality from cancer in 0-74 years.

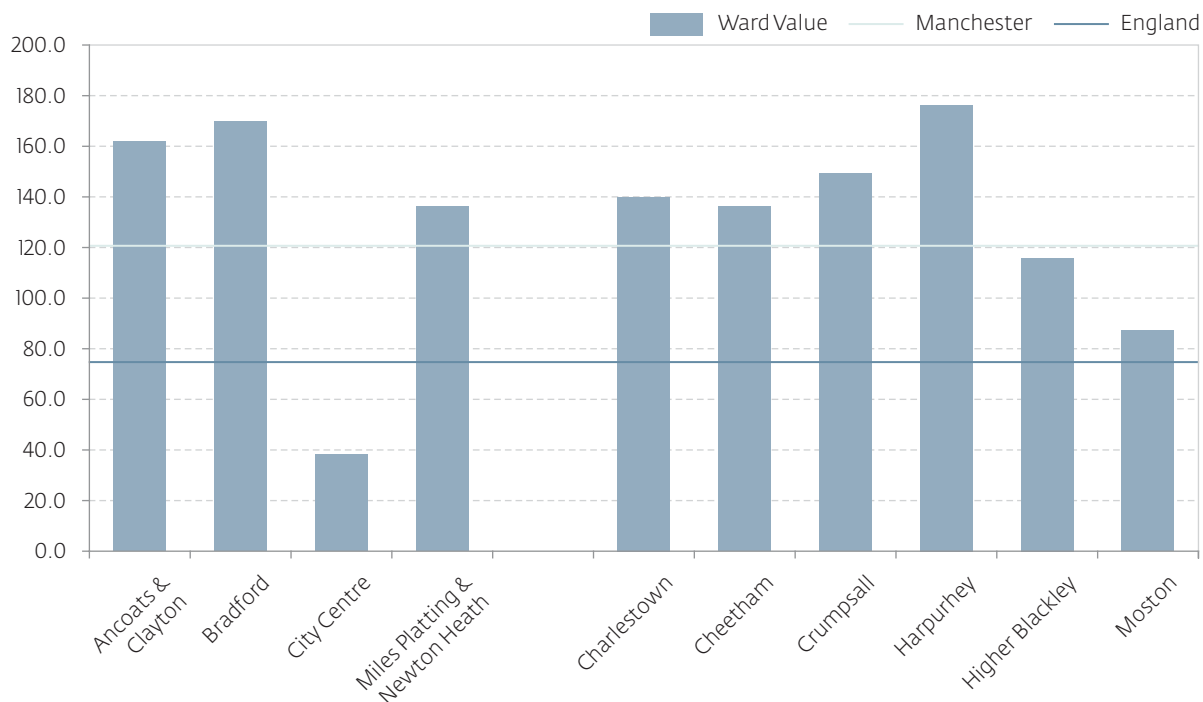
Figure 21. Mortality rate from all cancers (0–74 years) 2006–08



Source: Manchester Joint Health Unit/ONS 2006–08

Coronary heart disease (CHD) is the biggest killer in the country, accounting for more than 110,000 people in England every year. More than 1.4million people suffer from angina and 275,000 people have a heart attack annually. CHD accounts for about 3% of all hospital admissions in England.

Figure 22. Mortality rate from circulatory diseases (0–74 years) 2006–08



Source: Manchester Joint Health Unit ONS 2006–08

All wards in North Manchester apart from Moston, City Centre and Higher Blackley are above the city average mortality rates for circulatory disease in 0 to 74-year-olds. The highest mortality rates for circulatory diseases in North Manchester can be found in Bradford (168.8 per 100,000), Ancoats & Clayton (161.3 per 100,000) and Harpurhey (175.3 per 100,000).

## Part F: Access to services

### Headlines

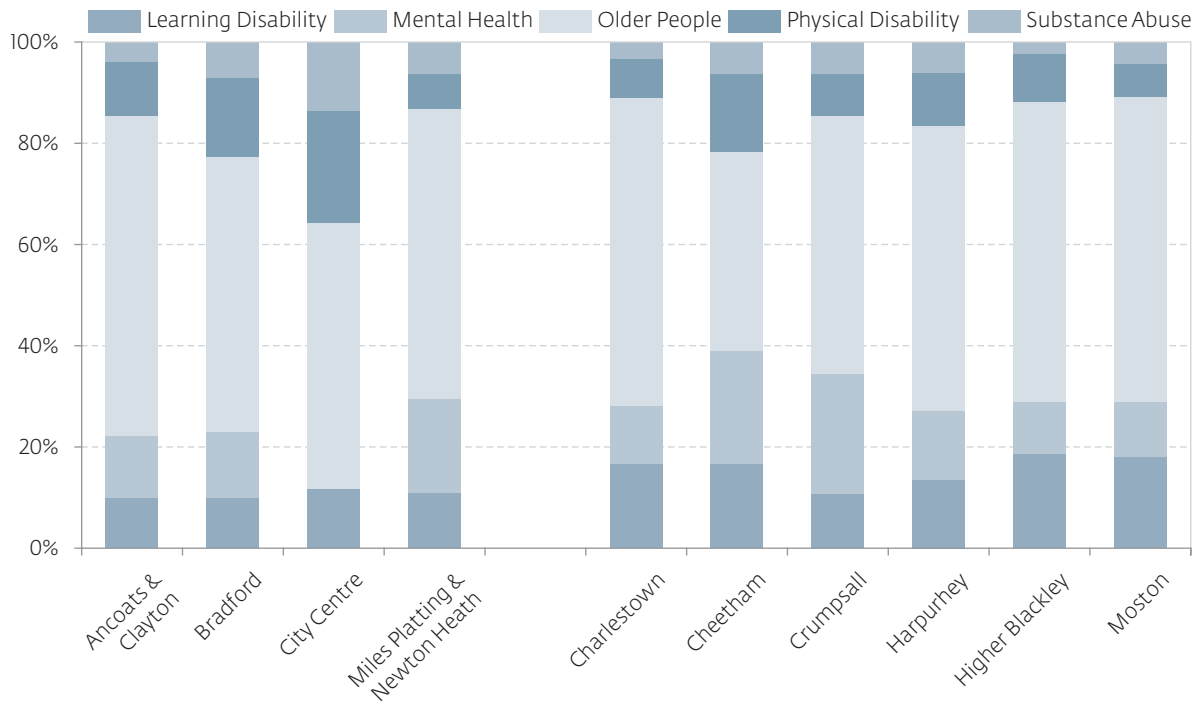
- Older people form the largest proportion of people accessing social care services.
- People living in the North West wards are more likely to access learning disability services than those in the North East. A potential gender inequality may be seen in some wards where the proportion of the total number of users reaches as high as 70% male (30% female).
- Most wards in North Manchester have lower-than-average proportions of people accessing mental health services.
- North Manchester wards have above-average levels of emergency hospital admissions: Miles Platting & Newton Heath, Charlestown and Harpurhey are the highest.
- Alcohol-specific hospital admission rates are higher in North East Manchester than North West with the exception of Harpurhey, which is significantly higher than any other North Manchester ward.
- The highest proportions of over-64-year-olds referred to mental health services can be found in Miles Platting & Newton Heath, Crumpsall and Harpurhey.

## Directorate for Adults

The graph below shows the breakdown of services used by people living in each ward. Services for older people make up the largest percentage of individuals using Directorate for Adults services in every ward in North Manchester. Substance misuse and physical disability services tend to have the smallest proportion of users in each ward.

North Manchester wards are generally below the city-wide average (15.9%) in terms of the proportion of non-white ethnic groups accessing community services. There are three wards that have higher proportions of non-white users: City Centre (58.3%), Cheetham (36.2%) and Crumpsall (18.5%).

Figure 23. Use of Directorate for Adults by service type, 2009



Source: Manchester City Council Directorate for Adults

The table below summarises some of the characteristics of Directorate for Adults customers living within the wards in North Manchester.

**Table 4: Patterns of use of services provided by the Directorate for Adults**

<b>Learning disability (LD)</b>	Directorate for Adults customers in the North West wards are more likely to access LD services than those in the North East; Higher Blackley and Moston have the highest proportions, with nearly 20% of the customers accessing LD services. In most wards there are more men than women accessing services but this is reversed for Higher Blackley and Charlestown. A potential gender inequality can be seen in Moston and Bradford, where almost 70% of all users are male. In relation to this statistic, housing provision for LD persons is much higher in North West Manchester than in North East; Cheetham and City Centre have no housing provision for LD persons. North East Manchester wards have higher proportions of LD service users living at home with family.
<b>Mental health</b>	Most wards in North Manchester are below the city-wide average (17%) for the proportion of Directorate for Adults customers accessing MH services. The only wards above this average are Cheetham (23.1%), Crumpsall (23.1%) and Miles Platting & Newton Heath (18.5%).
<b>Older persons</b>	There is a relatively even spread of customers across North Manchester. Ancoats & Clayton (63.2%), Charlestown (60.5%) and Moston (60.9%) have the highest proportion of Directorate for Adults customers accessing older people's services; Cheetham has the lowest with 39.4%.
<b>Physical disability</b>	North East wards have a higher proportion of customers accessing physical disability services than those in the North West, with City Centre 22.2%, Bradford 15.1% and Ancoats & Clayton 11% all above the Manchester average (10.5%). In the North West only Cheetham is higher than the average with 15.6%; Moston is the lowest with 5.9%.
<b>Substance misuse</b>	The Manchester average is 5.1% of community service users accessing substance-misuse services. Most wards in North Manchester exceed this with the City Centre reaching 13.9%. No other ward goes above 8% and Charlestown, Higher Blackley and Ancoats & Clayton are all below 4%.

## Nursing and care homes

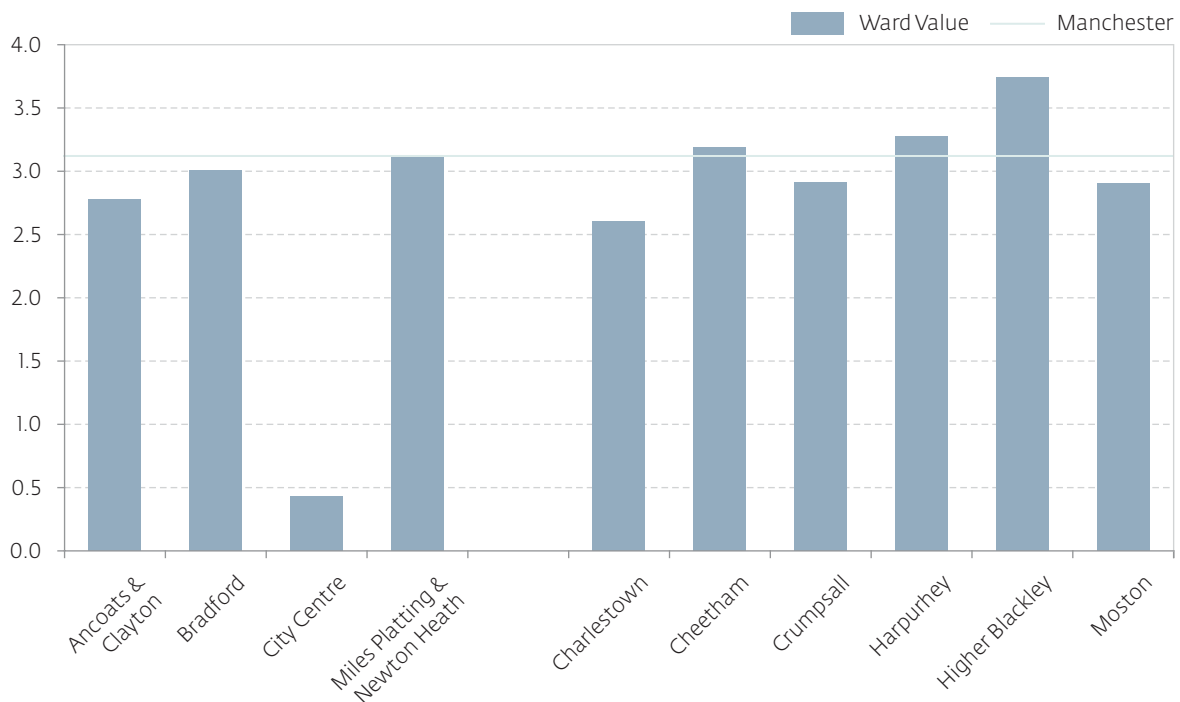
The number of care home places available affects the numbers of customers living in different areas of the city. Ancoats & Clayton, Charlestown and Crumpsall have the highest number of care home places in North Manchester while Moston and Higher Blackley have the least. In terms of nursing home places Miles Platting & Newton Heath is the only ward in North East Manchester to have any nursing home places. The North West wards in comparison have a relatively even distribution of places.

## Individual Budgets

Individual Budgets enable customers to select the services they want as part of their care/recovery plan. They are already used by MMHSCT and Directorate for Adults and are seen as the best way to personalise services to meet the needs of the customers. Maximising the number of customers receiving Individual Budgets is a key LAA indicator. Allowing people to personalise the services they receive provides them with opportunities to choose to non-traditional services, such as cultural and leisure activities, libraries and art etc. These help people to shape their care in a way that cannot be achieved with a top-down approach.

The graph below shows the distribution of Manchester's Individual Budgets to wards in North Manchester. Higher Blackley has the highest proportion with 3.7% of Manchester's total allocated Individual Budgets, while North West wards generally have higher proportions than North East wards.

Figure 24. Percentage of city-wide Individual Budgets allocated (%), 2009



Source: Manchester City Council Directorate for Adults

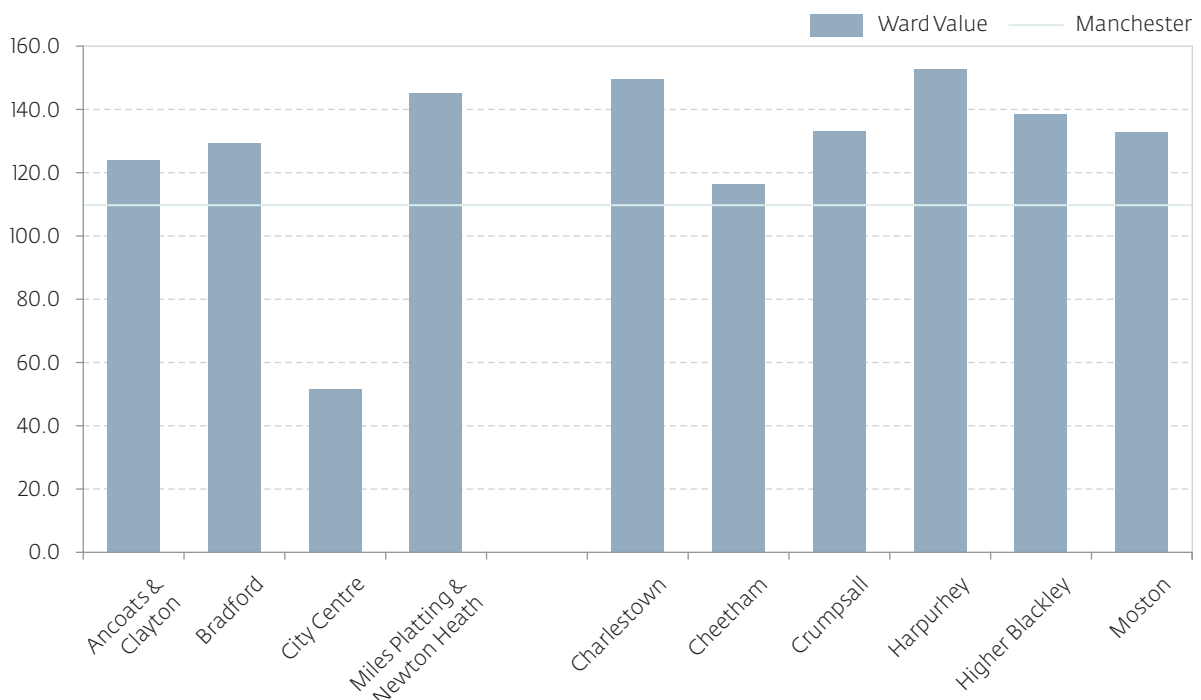
## Distance to health services

It is important to take distance to services into account when considering whether distribution of health and social care services, such as GP practices, pharmacies, social care and hospital services, is fair and equitable.

Most wards in North Manchester have a less-than-average (0.32 miles) distance to travel to the nearest GP. There are four wards that are more than half a mile away from their nearest GP: Ancoats & Clayton (0.6 miles), Miles Platting & Newton Heath (0.6 miles), Charlestown (0.8 miles) and Higher Blackley (0.8 miles).

People living in North East wards are further away from hospitals than people in the North West, with those in most wards in North Manchester needing to travel over a mile and a half to the nearest NHS hospital; only the City Centre is below the city-wide average distance of 1.1 miles to the nearest NHS hospital. In North West wards, Cheetham, Harpurhey and Higher Blackley are all slightly above the city-wide average. Charlestown and Crumpsall are both less than 0.5 miles to the nearest GP services.

Figure 25. Standardised hospital admission rate (emergency), 2008/09



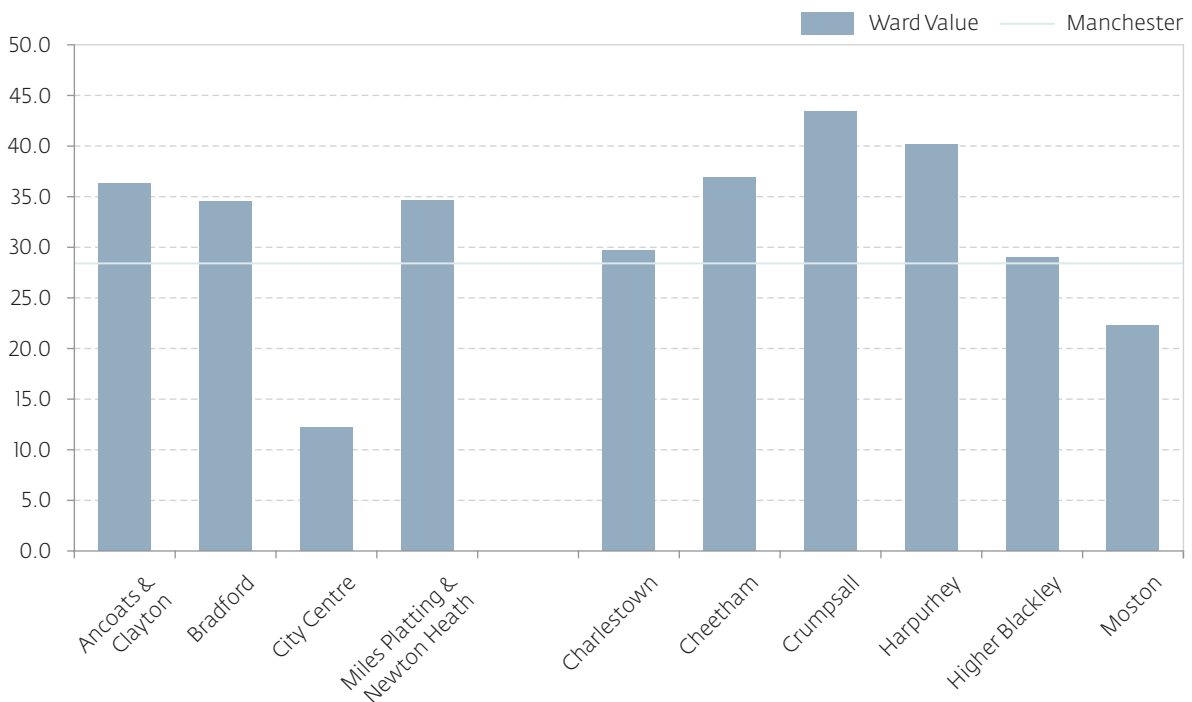
Source: Admitted Patient Care SUS CDS 2008/09

## Hospital admissions

Hospital admission rates can give an insight to service use in relation to different types of admissions. All rates are standardised to take into account the age structure of the population in different areas. The data is split into several types of admissions: elective (planned), emergency (not planned), maternity, and alcohol-specific. For elective hospital admissions, North Manchester wards tend to have above-average admissions for Manchester (166.2%) and North West wards have higher admission rates than North East. Most wards in the North West have rates above 195 per 100,000; only Cheetham falls below Manchester's average. Emergency hospital admission rates are high across North Manchester but slightly higher in the North West; the City Centre is the only ward with below-average emergency admissions. Miles Platting & Newton Heath (144.7 per 100,000), Charlestown (149.4 per 100,000) and Harpurhey (151.6 per 100,000) have the highest rates.

North Manchester also records high rates of maternity admissions; only the City Centre (11.7 per 100,000) and Moston (22 per 100,000) show lower rates of maternity admissions. Crumpsall, Harpurhey and Cheetham have the highest.

Figure 26. Standardised hospital admission rate (maternity), 2008/09



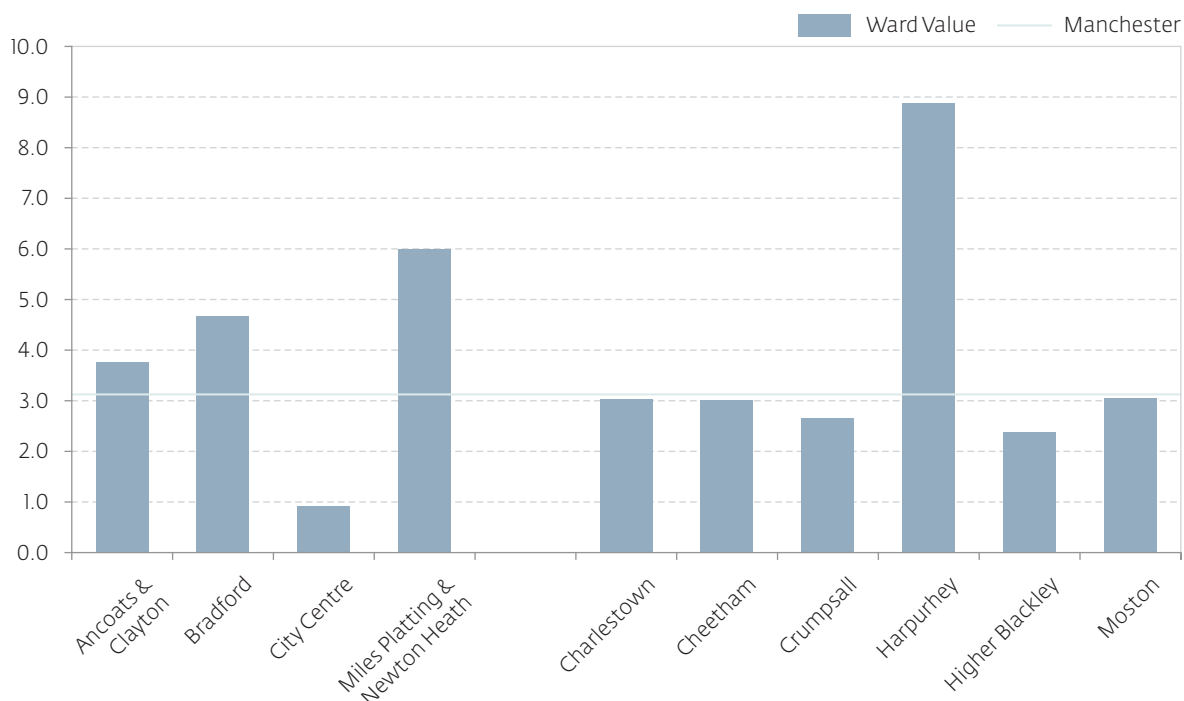
Source: Admitted Patient Care SUS CDS 2008/09

## Alcohol-specific admissions

Nationally, alcohol-related illness or injury accounts for nearly a million hospital admissions per year. This indicator is presented in this document as a percentage of overall alcohol-specific hospital admissions in Manchester.

Alcohol-specific admission rates (admissions directly related to alcohol) show a striking contrast between wards in the North East and North West. Ancoats & Clayton, Bradford and Miles Platting & Newton Heath are all above 3.5% of all Manchester's alcohol-specific hospital admissions. Wards in North West Manchester in contrast are all below 3.5% with the exception of Harpurhey, where 8.8% of all alcohol-specific hospital admissions in Manchester originate.

Figure 27. Percentage of all city-wide alcohol-specific hospital admissions (%), 2008/09



Source: Admitted Patient Care SUS CDS 2008/09

## Mental health

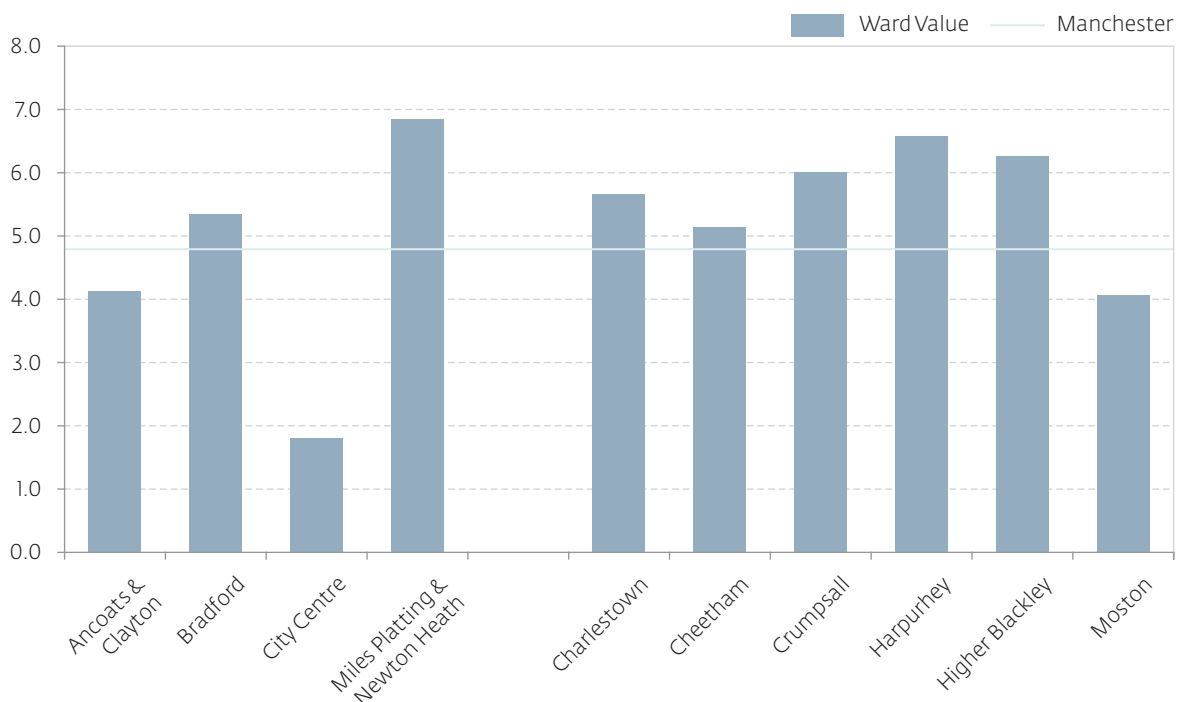
### Referrals:

#### Referrals to Manchester Mental Health and Social Care Trust:

Measuring the referrals to secondary mental health services is one of the ways of demonstrating the level of demand for the services; however, this only provides an indicator of the needs of people with severe and enduring mental health needs. People with less severe needs are either referred to Primary Care Mental Health Services or one of a range of third sector providers in the city; therefore these figures are not included in the data below. Miles Platting & Newton Heath has the highest referral rate (6.8% of the local population) for all persons to secondary mental health services. North Manchester as a whole has referral rates above the Manchester average (4.8% of the local population) and North West has more referrals than North East. The City Centre, Ancoats & Clayton and Moston have

lower than Manchester-average referral rates. When looking at referrals of persons from certain age groups, for the over-64s the highest referral rates are in Miles Platting & Newton Heath (9.5% of the local population), then Crumpsall (8.3% of the local population) and Harpurhey (8.1% of the local population). For the working-age population of North Manchester nearly all wards have above the city-wide average (4.1% of the local population); again Miles Platting & Newton Heath and Harpurhey have the highest referral rates.

Figure 28. % of all mental health referrals 2008/09

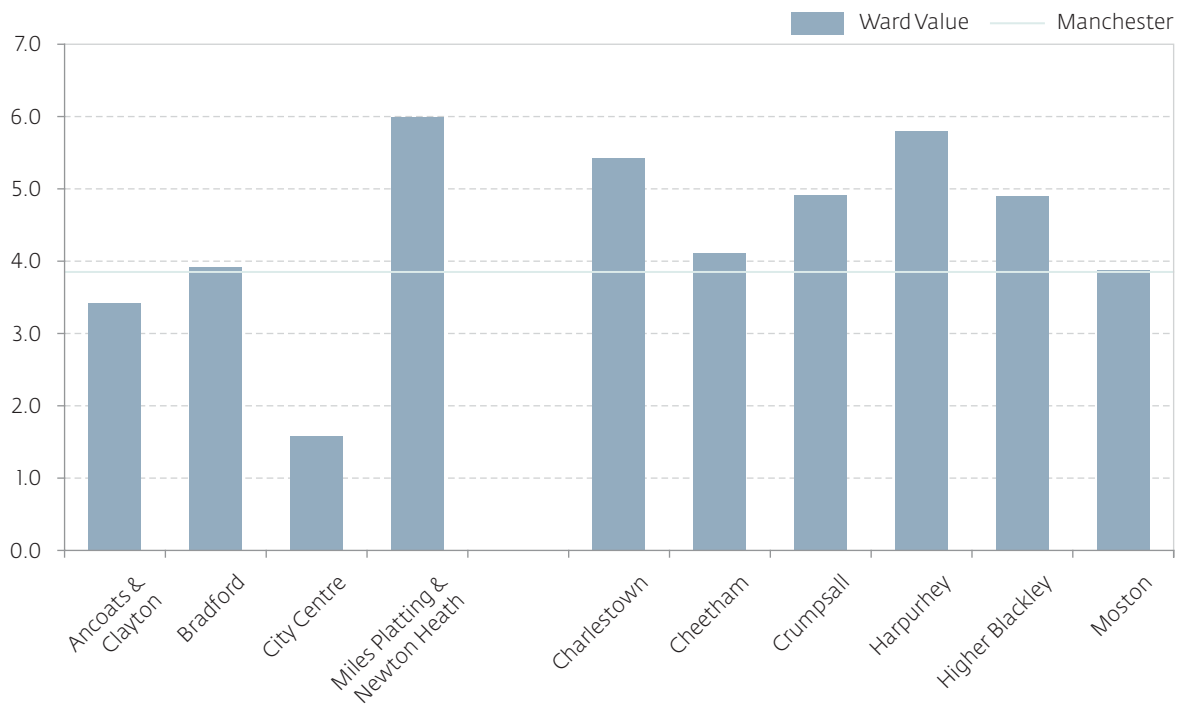


Source: Manchester Mental Health and Social Care Trust 2008/09

### Patients seen

Manchester averages 3.8% (of its population) that is seen by Manchester Mental Health and Social Care Trust services. Miles Platting & Newton Heath (5.9% of the local population), Harpurhey (5.7% of the local population) and Charlestown (5.4% of the local population) are high above this average. North West wards are higher than North East in terms of patients seen.

Figure 29. Patients seen (persons %) 2008/09



Source: Manchester Mental Health and Social Care Trust 2008/09

# Chapter 4:

## Local priorities

This chapter summarises the outputs of the prioritisation work that has been undertaken by the Locality JSNA Working Group in North Manchester. It attempts to identify those themes that commonly underpin the work of the main agencies working in the locality, ie. the Directorate for Adults, Children's Services, NHS Manchester, Manchester Mental Health and Social Care Trust (MMHSCT) and the Regeneration Teams. Summarising the individual priorities of each agency in this manner is designed to highlight those issues that connect the partners and hence form the basis for joint working.

An example of where priorities coincide can be seen in the 'Think Family' approach, which all agencies incorporate into their working agendas. This approach is the method by which services expect their staff to adopt a whole-family holistic approach to all their customers. The 'Think Family' approach is linked to the Every Child Matters: Change for Children document produced by the Government in 2004. This document sets out the framework for local change programmes to build services around the needs of children and young people. This strategy is relevant to a number of themes identified in the priorities of the agencies consulted for this document (more information in Chapter 5).

The prioritisation work has highlighted five priority themes in North Manchester. These are:

- Personalisation
- Improving access to high-quality, appropriate services
- Employment and worklessness
- Prevention
- Children, young people and families.

The work also identified a number of local issues that are specific to the population of North Manchester.

Each theme is linked with a set of key indicators drawn from the Locality JSNA Core Dataset and described in Chapter 3. These indicators are listed in a table in an Appendix to this document.

## Personalisation

The personalisation of services is a common priority among agencies working in North Manchester. The aim is to ensure that the delivery of services is built around the individual needs and circumstances of patients, customers and their families. Doing this will help to improve outcomes, allow people to function on a more independent basis and, in doing so, build resilience and raise aspirations among Manchester's most vulnerable people and families.

A key element of this is recognised as being a stable and secure home environment that is suitable for the specific needs of each individual. In this regard, it is important that all health and social care professionals understand the importance of obtaining and maintaining suitable residence and that the customer needs to be happy living there. There is also a need to run campaigns promoting health alongside local businesses, especially in areas of high deprivation.

Key priorities for agencies working in North Manchester are:

- Increasing specialised housing and support for the most vulnerable groups in society, including older people with conditions such as dementia, autism and physical disabilities, as well as individuals with 'chaotic lives', eg. as a result of alcohol or drug misuse. Specialised housing will offer a base from which individuals may be taught new practical and social life skills that will in turn facilitate a move into their own homes in the community. Helping individuals to remain in their own home will also reduce demand on public services, increase independence and autonomy and promote a greater sense of wellbeing. Housing advice and support is particularly important in helping prevent 'chronically excluded' individuals from becoming homeless.
- Reablement – providing short-term support, at home or in the local community, to help individuals get back on their feet after a period of illness, a spell in hospital or the onset of a disability. Helping people to regain their daily living skills, confidence and independence within their own home hastens recovery and helps avoid readmission or relapse. This approach is consistent with the 'Recovery Model' being supported by NHS Manchester.

- Providing long-term support where required, ranging from specialist health care to more basic support, such as help with daily routines or encouraging physical exercise.
- Ensuring that residents and customers have the practical and social skills to secure employment and realise their full potential. This is an important factor in maintaining physical and mental wellbeing and increasing independence and self-worth.
- The Points 4 Life initiative is an example of a healthy lifestyle campaign. It focuses on promoting healthy eating for residents. For projects like this to be most effective in areas where they are most needed, help is required from local partners and services. Points 4 Life, for example, benefits from personalising its message to the community through local businesses. It is through networking and multi-agency approaches that the scheme can maximise uptake.

Individual Budgets enable customers to select the services they want as part of their care/recovery plan. They are already used by Manchester Mental Health and Social Care Trust and Directorate for Adults and are seen as the best way to personalise services to meet the needs of the customers. Individual budgets are a key LAA indicator and are important to the personalisation of services as more people choose to use non-traditional services. These services include cultural activities such as leisure activities, libraries, art, etc that help people to shape their care in a way that cannot be achieved with a top-down approach.

Assistive Technology is another important part of the personalisation of services for individual needs, eg. fall sensors, bed sensors, movement sensors, etc.

Personalisation is also a key element of the 'think family' approach adopted by Children's Services, Directorate for Adults and Manchester Mental Health and Social Care Trust.

**Table 5: Personalisation priorities in North Manchester**

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> <li>• Promoting independence</li> <li>• Providing specialist housing for young adults with autism and people with dementia and alcohol/drug problems</li> <li>• Increasing customer choice and control over services through the further expansion of Individual Budgets</li> <li>• Improving outcomes for customers with mental health problems</li> <li>• Increasing provision of short-term and specialist support at home</li> <li>• Supporting customers of social care services to develop the practical and social skills needed to find employment</li> </ul>	<p>24, 36, 43 and 47 44</p> <p>Core Dataset 21</p>
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> <li>• Promoting physical fitness among users of mental health services</li> <li>• Building resilience and raising aspirations</li> <li>• Ensuring that users of mental health services have access to good-quality accommodation and housing support</li> <li>• Helping users of mental health services to find secure employment</li> <li>• Staff training to reinforce importance of housing on patient outcomes</li> </ul>	<p>36 and 43 27–31 48</p> <p>21 and 48 24</p>
Regeneration teams	<ul style="list-style-type: none"> <li>• Points 4 Life, target deprived neighbourhood, specifically Gorton</li> </ul>	<p>19 and 36</p>
NHS Manchester (North PBC Hub and Manchester PCT)	<ul style="list-style-type: none"> <li>• Access to mental health services</li> <li>• Housing support for vulnerable adults, especially those at risk of becoming homeless</li> <li>• Adopting a multi-agency approach to tackle homelessness, including mental health needs, housing advice, data sharing and early intervention</li> <li>• Reablement short-term support at home</li> <li>• Specialist care at home</li> <li>• Find work and raise aspirations</li> </ul>	<p>48 24 27 44 19–22 and 31–34</p>

## Improving access to high-quality, appropriate services

Ensuring that all residents have fair and equitable access to health and social care services that are appropriate to their needs is a key priority for all agencies working in North Manchester. Addressing inequities in access to services, particularly among the most vulnerable groups in the population, is a crucial element of work to reduce health inequalities and improve outcomes among people with long-term conditions and other needs. Ensuring that new and existing services are targeting their work in the most appropriate manner can help commissioners to manage the levels of demand on services and improve the cost-effectiveness and efficiency of service provision.

Key priorities for agencies working in North Manchester are:

- Increasing access to services for vulnerable and hard-to-reach elements of the population (such as BME groups, older people and people with disabilities) by removing some of the barriers that may prevent them from accessing services, including language, transport, location, opening hours and information.
- Improving access to high-quality primary care by increasing the number of GP practices in the locality, extending opening hours and ensuring that residents have access to appropriate evidence-based prevention, treatment and care.
- Increasing uptake of intervention services, such

as smoking cessation and weight management, in areas that experience higher prevalence of smoking and obesity.

- Improving access to family support services to strengthen the ability of families to take care of children with specific or complex needs by providing them with support at the earliest opportunity and allowing carers rest when it's needed.
- Identifying and supporting young people who are carers for members of their family to maintain their wellbeing.
- Improving access to more personalised services that give customers and their families the opportunities to make decisions on how their Individual Budget is spent, including spending on non-traditional social care services.
- Co-locating a range of new and existing community facilities, eg. information points in libraries, in order to better promote existing services and increase engagement of individuals who might not otherwise be aware of them.
- Improving opportunities for residents and customers to feed back their views and experiences in order to measure whether local services are delivering high-quality outcomes.

**Table 6: Priorities for improving access to high-quality, appropriate services in North Manchester**

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> <li>• Further expand the reach of individual budgets to allow greater flexibility and choice over services</li> <li>• Improve access to and uptake of non-traditional social care services</li> <li>• Promote Assistive Technology to encourage independence and safety</li> </ul>	44
		45
		45
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> <li>• Improve speed and ease of access to mental health services</li> <li>• Increase availability of suitable accommodation at time of discharge to preserve individual autonomy and promote recovery and self-reliance</li> <li>• Improve collection of data on patient experience as a means of improving quality</li> </ul>	24
Regeneration teams	<ul style="list-style-type: none"> <li>• Promote a joined up approach to delivery of prevention services and opportunities</li> </ul>	44
Children's Services	<ul style="list-style-type: none"> <li>• Identify and support young carers</li> <li>• Improve co-ordination of service delivery</li> <li>• Short-breaks programme to support carers and their families</li> </ul>	Core Dataset
		Core Dataset
NHS Manchester (North PBC hub and Manchester PCT)	<ul style="list-style-type: none"> <li>• Increase delivery and uptake of evidence-based interventions in primary care, including statin prescribing, respiratory aids/inhalers and lower cost generic drugs where appropriate</li> <li>• Improve management of long-term conditions in primary care in order to better manage demand for urgent care</li> <li>• Increase access to palliative care, including support for those who wish to die at home</li> <li>• Reduce length of stay and facilitate early discharge from hospital</li> <li>• Ensure availability and access to community services, particularly around intermediate care</li> <li>• Increase capacity and quality of primary care by extending GP and dental practice opening hours and encouraging more providers to set up, particularly in areas with high levels of deprivation and health needs</li> <li>• Implement the Manchester Standard as a tool for monitoring the performance of GP practices in improving access to and delivery of high-quality primary care</li> <li>• Increase access to Clinical Assessment Treatment and Support Services – CATS</li> <li>• Increase role of primary and community care in reducing demand for hospital care by developing referral gateways in primary care and single points of access for urgent care and increasing the capacity of community health services</li> <li>• Improve equality of distribution of housing advice for users of homelessness services</li> </ul>	40
		40
		19 and 45
		45
		26

## Employment and worklessness

There are strong links between unemployment and poorer health outcomes. Being out of work can have a negative effect on people's living conditions and, through that, on their lifestyle choices, access to services and mental wellbeing. Increasing employment opportunities for those of working age (particularly those with pre-existing health conditions) and raising aspirations among schoolchildren from more deprived backgrounds in order to narrow the gap in educational attainment are key elements of work to improve health and tackle health inequalities.

Key priorities for agencies working in North Manchester are:

- Adopting a multi-agency approach to working closely with members of the community and businesses in areas of high deprivation in order to improve employment opportunities for local people.
- Helping those whose health needs may present barriers to obtaining employment, including the greater use of employment support officers to help customers of mental health services find work through offering Individual Placement and Support (IPS) tailored to individual needs.
- Increasing educational attainment and reducing levels of persistent absence from schools among children and young people in order to improve their aspirations and increase their chance of employment in later life. As part of this it is important to improve the safety and appearance of more deprived areas as well as the infrastructure within schools.

**Table 7: Employment and worklessness priorities in North Manchester**

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> <li>• Build on the success of the Residents Wages Project in engaging with employers to increase participation in education, training and employment</li> <li>• Further enhance a family-based approach to improving employment by targeting the community through home visits</li> <li>• Increase awareness of the need to wrap support around the family</li> <li>• Identify and support young carers</li> </ul>	<p>19 and 31</p> <p>21</p> <p>Core Dataset</p>
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> <li>• Increase capacity of service to deliver Individual Placement and Support (IPS) to users of mental health services</li> <li>• Map out all mental health and employment services in Manchester across all agencies to increase understanding among customers of the services available for them</li> </ul>	48
Regeneration teams	<ul style="list-style-type: none"> <li>• Support young people in education, improve employment opportunities, make area safer and more attractive</li> <li>• New infrastructure in schools</li> </ul>	<p>31</p> <p>18 and 23</p>
Children's Services	<ul style="list-style-type: none"> <li>• Narrow attainment gap in schools</li> <li>• Improve literacy levels for children and adults with the help of voluntary and community sectors</li> <li>• Reduce persistent absence through CAFs and incentive schemes such as free leisure passes</li> <li>• Offer support to young carers to stay in education</li> </ul>	<p>31–34</p> <p>31–34</p>
NHS Manchester (North PBC hub and Manchester PCT)	<ul style="list-style-type: none"> <li>• Oversee delivery of the Condition Management Programme on behalf of NHS Manchester, Salford and Trafford, to support Incapacity Benefit claimants to manage long term health conditions</li> <li>• Work in partnership with the Invest to Save Pathfinder to develop opportunities to deliver public health interventions to those who are engaged in the pilot in areas of highest deprivation</li> </ul>	<p>22</p> <p>19</p>

## Prevention

Preventing the onset of ill health, and the consequent use of health and social care services, by promoting healthy lifestyle choices, detecting diseases at an earlier stage and providing support to assist recovery and prevent relapse is a shared aim of all the agencies working in North Manchester. For vulnerable groups, such as children and older people, or people with long-term conditions, such as dementia and complex mental health problems, health and social care services and their partners in the third sector play a vital role in supporting people at home and avoiding the need for acute services.

Key priorities for agencies working in North Manchester are:

- Delivering interventions to promote healthy lifestyles and healthy habits, especially among children and their families, in order to give people the best possible opportunity for positive health outcomes.
- Promoting healthy diets within the community and at school to help reduce obesity by improving access to community nutrition services and weight management programmes.
- Increasing the opportunities to engage in accessible and safe exercise through improving and maintaining public spaces, such as parks and cycle routes, and raising the quality of the environment.
- Providing short-term support, at home or in the local community, to help individuals get back on their feet after a period of illness or the onset of a disability in order to prevent further spells in hospital and aid recovery.
- Improving the early detection of mental health problems through anti-stigma campaigns.
- Improving data recording and sharing across agencies to produce early 'trigger points' for individuals at risk of becoming homeless. This will lead to early intervention points and referral protocols.
- Increasing use of the Common Assessment Framework (CAF) to identify the additional needs of a child at the earliest opportunity, and offering appropriate support to reduce risk and prevent harm.
- Increasing provision of alcohol interventions and brief advice in A&E departments and other settings, eg. GP practices, pharmacies, to prevent hospital admissions and provide greater support for harmful and hazardous drinkers and their families.

**Table 8: Prevention priorities in North Manchester**

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> <li>• Ensure that mental health services are tailored to the needs of customers</li> <li>• Address needs of vulnerable groups, including young people, people who are new to services, and those with dementia and complex (short-term or ongoing) needs</li> <li>• Promote use of the Recovery Star model</li> </ul>	44
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> <li>• Promote antistigma message relating to mental ill health through Time to Change, Get Fit, Get Well and other campaigns</li> <li>• Increase role of mental health services in promoting recovery and helping people to realise their potential</li> <li>• Support customers of mental health services to develop their own care plan and manage their individual budgets</li> <li>• Focus on patient recovery in everything we do</li> </ul>	48    44
Regeneration teams	<ul style="list-style-type: none"> <li>• 'Healthy living' to be introduced across Gorton</li> <li>• Target alcohol misuse among parents; give support to affected families</li> <li>• Maintain the Healthy Living Network and effective transfer of Healthy Living Network to NHS and continue service delivery</li> </ul>	35 and 36 36 and 47
Children's Services	<ul style="list-style-type: none"> <li>• Promote use of Common Assessment Framework to identify additional needs as early as possible</li> <li>• Develop a multi-agency approach towards prevention</li> </ul>	27
NHS Manchester (North PBC hub and Manchester PCT)	<ul style="list-style-type: none"> <li>• Prevent untoward incidents by encouraging a 'first do no harm' approach to improving patient safety</li> <li>• Increase role of Community Infection Control Teams and specialist nurses to prevent spread of communicable diseases</li> <li>• Strengthen delivery of Alcohol Identification and Brief Advice in A&amp;E departments and other settings</li> <li>• Prevent readmissions by increasing support for people leading chaotic lives</li> <li>• Improve early diagnosis and management of cardiovascular disease in primary and secondary care</li> <li>• Increase uptake of immunisations: neonatal BCG, MMR, third primary dose, Men C and Hib booster.</li> <li>• Support mothers from pregnancy to birth encouraging healthy behaviours, ie. quit smoking, breastfeeding, etc.</li> </ul>	36 and 47  36 41  37  27

## Children, young people and families

Raising aspirations and improving opportunities and outcomes for children, young people and their families is a key priority for agencies in North Manchester. Achieving this objective is essential in improving health, reducing health and social inequalities, improving educational attainment and expanding training and job opportunities. Intervening at an early stage with those young people who are most at risk or exposed to 'risky' behaviours will be essential in tackling gang activity, youth crime and high levels of teenage pregnancy. Key to all this work is the need to support families in order to provide them with the capability to protect the health of children and young people.

Key priorities for agencies working in North Manchester are:

- Increasing access to information and sexual health services, such as free contraception, screening and relationship advice, to avoid unplanned teenage pregnancies and reduce subsequent conceptions in young women aged 18 and under.
- Working closely with families providing care at home for people with learning disabilities to ensure that services 'wrap support' around their individual needs, for example, by increasing the provision of short-break services.
- Supporting families to help reduce childhood obesity by targeting children at an early age through breastfeeding peer support, provision of physical activity programmes aimed at 7 to 13-year-olds, and increased access to nutritional services and weight management programmes in the community.

- Reducing the number of young people not in education, employment or training (NEET) by enabling services to reach young people at an early stage in formal settings, such as high schools and Sure Start centres, and by increasing the involvement of a range of agencies and businesses to reflect the diverse types of employment opportunities available in the local area.
- Improving links with other agencies that work with young people and families, such as Youth Offending Teams, Stepping Stones, Greater Manchester Police, Housing and Connexions.
- Improving community cohesion by the 'think family' multi-agency approach. It is hoped that collaborative working can reach families and young people not otherwise engaged with services.
- Safely reducing the number of Looked After Children and children on the child protection register by using a joined-up approach from The First Response Team and the Common Assessment Framework to offer a more appropriate and improved response from partner agencies to the child and families.

Sure Start centres are aimed at families with 0 to 5-year-olds. Customers are provided with a variety of services, such as health screenings, integrated early education, employment advice and access to specialist services where necessary. Sure Start centres provide a single point of contact for the customer where their specific needs can be identified and supported through a joined-up service approach. Among others, some of the key partners include parents, the private, voluntary and independent sectors, Primary Care Trusts and Jobcentre Plus. This is consistent with the 'think family' approach outlined by the Government's 'Every Child Matters: Change for Children' paper.

**Table 9: Priorities for children, young people and families in North Manchester**

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> <li>• Take a family-based approach to improving employment through expanding the Residents Wages Project</li> <li>• Target the community through home visits</li> <li>• Support families providing care for adults with learning disabilities through delivery of short-break services to ensure they can stay at home</li> </ul>	21  Core Dataset
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> <li>• A multi-agency approach to identifying young people with mental health needs as early as possible</li> <li>• Provide appropriate support for families with complex needs</li> </ul>	49
Regeneration teams	<ul style="list-style-type: none"> <li>• Under-5s pilot programme to work with families from hard-to-reach groups</li> </ul>	
Children's Services	<ul style="list-style-type: none"> <li>• CAF to be offered to families with additional /complex needs</li> <li>• Multi-agency approach to work with families with complex needs</li> <li>• Identify and support families that depend on young carers</li> <li>• Safeguarding</li> </ul>	22 and Core Dataset
NHS Manchester (North PBC hub and Manchester PCT)	<ul style="list-style-type: none"> <li>• Take a family and community-based approach to tackling childhood obesity</li> <li>• Provide breastfeeding peer support</li> <li>• Support for family-based programmes targeting families with children, such as MEND (Mind, Exercise, Nutrition, do it!)</li> <li>• Develop Community Nutrition Service</li> <li>• Increase provision of weight management services in primary care</li> <li>• Reduce teenage conception rates by improving access to education and other services for 'at risk' groups (hot spots)</li> <li>• Increase support for pregnant teenagers and mothers</li> </ul>	19 29 and 31 37  37 31 31

## Future areas for joined-up commissioning

In the course of developing this Locality JSNA, a number of issues have been identified as being a particular priority for the area. These issues are all challenging areas of work in which additional value can be gained from all the partners in the locality working together in a closer, more integrated manner.

The priority areas for North Manchester are listed in the box below.

### Identified priorities for joint working

Upon the first presentation of this document to the working group for North Manchester, the following priorities have been identified as areas with the greatest potential for joint working:

1. *Supporting people into work*, especially younger people recently leaving education. All agencies recognise the importance of residents obtaining and maintaining work, and support must be given to those who struggle to achieve this.
2. *Improving school attendance*. It is recognised that the implications of success in this would be wide ranging and are at the root of several priorities, particularly those relating to employment and aspirations in the local community.
3. *Tackling the effects of alcohol and its impact on children and crime*. Alcohol is deemed to be the root cause of many undesirable behaviours and outcomes and can seriously affect younger people and children's wellbeing.
4. *Joint commissioning of Mental Health and Adult services*. Members of the working group felt that newly established lines of communication between the two agencies should be strengthened.

It is acknowledged that a Think Family approach should be used across care services. Communication between existing agencies needs to be strong to encourage sharing of data, tools and knowledge. Maximising communication will allow for an intelligence-based, targeted approach to modelling risk and demand pathways.

# Chapter 5: Where to find out more

This Locality JSNA is part of a wider series of information reports, plans and strategies relating to the locality. These provide additional context and supporting material about the area and should be read alongside the Locality JSNA itself.

This chapter describes some of these additional resources and how they can be accessed.

## Additional data resources

### Locality JSNA Core Dataset

Chapter 3 of this Locality JSNA contains a profile of the area based on a selection of data drawn from a range of different sources. Users wishing to obtain a copy of these and other data items for their own further analysis can do so by downloading a copy of the Locality JSNA Core Dataset.

The Core Dataset is an Excel spreadsheet containing more than 100 separate indicators grouped within 15 topic areas. All the data has been drawn from existing national and local datasets and supplemented with data supplied by partner agencies where possible. The information in the dataset is consistent with that presented in the Manchester Partnership's State of the Wards Report. The information is all presented at electoral ward level but has been cross-referenced with districts, PBC hubs and Strategic Regeneration Framework (SRF) areas. The spreadsheet also has a simple in-built charting functionality.

### Ward Factsheets

The locality profile in Chapter 3 provides a high-level summary of the area as a whole and aims to highlight significant differences between the districts and wards within the locality. The chapter does not seek to look at individual wards in detail. Users looking for more information about individual wards can find this in the Ward Factsheets that have been produced alongside the JSNA.

### Key indicators contained within the Ward Factsheets

- Resident population estimate by age and gender
- Population density
- Resident population projections
- Resident population estimate by ethnic group
- Deprivation indices
- Unemployment rates
- Benefit claimant rates
- Educational attainment (GCSE level)
- Live birth rate
- Under-18 conception rate
- Lifestyle data from Residents' Survey
- Mortality rates by cause.

The Ward Factsheets summarise a number of key health indicators used within the Locality JSNA in a small, self-contained report. The latest data for each ward is compared with that for Manchester as a whole and the England average. A detailed glossary containing the definitions for each indicator is also included. The Locality JSNA Core Dataset and Ward Factsheets can be accessed at [www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna)

The Market Intelligence Team within the Directorate for Adults have also been collating a series of Ward Reports, which give a snapshot of services delivered in each of the wards in the city. In addition to this, a more detailed picture about Directorate for Adults services, performance information and customers can be found in a series of reports that are available in locality-specific and city-wide formats. These are available on request from Zoë Robertson, Head of Market Intelligence.

## Local plans and strategies

### Directorate for Adults

The Directorate for Adults encompasses a broader agenda that moves beyond the traditional social care, and it will deliver a more holistic, joined-up vision for adults in Manchester. The vision is ambitious and includes:

- Independent healthy adults who are socially and economically included in the community
- Adults who know and enjoy the benefits of employment
- Adults who are able to parent well and provide good role models for children in early years
- Recognition that mental wellbeing is as important as physical wellbeing
- Adults who choose a healthy lifestyle that includes regular exercise and a healthy diet
- People reaching their full potential and whose quality of life extends into their later years.

We are committed to the strategic priority to reduce reliance and dependency on public services, through a focus on early intervention, in particular, mental health outcomes, and we want to, wherever possible, align more of our services with health to achieve better services for Manchester residents and obtain increased value for money. We are redesigning our services in the Directorate to better focus on strategies such as Think Family, worklessness and resident wages as well as health and wellbeing initiatives.

To support this strategic vision, the Directorate for Adults Business Plan contains key priorities, actions and performance measures grouped under sections around Quality of Life, Choice and Control, Inclusion and Contribution, Health and Wellbeing, Dignity and Safety and Transforming Services.

The 2010/2011 Business Planning process has adopted a revitalised approach and the full Business Plan has been published alongside a public summary and evaluation questionnaire, an easy-read summary and a Directorate Road Map. These have been evaluated by staff, members of the public and the voluntary sector organisations at events organised by the Directorate for Adults, and feedback will be used to improve future iterations of the process.

The Business Plan, public summary and easy-read version are all available on [www.manchester.gov.uk/adultsplan](http://www.manchester.gov.uk/adultsplan)

## Children and Young People's (CYPP) 2010–12

The Children Act 2004 mandates that every Children's Trust area should have a Children and Young People's Plan (CYPP). The CYPP is the single, strategic, overarching plan for all local services for children and young people, including health services, police, local authority and voluntary organisations. It sets out a vision for children and young people and identifies how outcomes for children and young people can be best improved. The Plan brings together in one place the top priorities for everyone working in Children's Services and sets out the actions required to improve outcomes and life chances for children in Manchester.

A key element of the CYPP is the requirement to carry out a comprehensive needs assessment, in partnership with all those involved in the planning process. National guidance on JSNAs (December 2007) makes it clear that the CYPP, with its focus on outcomes, partnership working and consultation, is fully consistent with that of JSNA. Strategic alignment of the CYPP and JSNA, using consistent and identical datasets, will encourage the planning of services that consider children in the wider context, as part of families, schools and communities (a 'think family' approach).

The full Children and Young People's Strategic Plan for Manchester can be found at [www.manchester.gov.uk/info/500002/council\\_policies\\_and\\_strategies/1360/manchesters\\_children\\_and\\_young\\_peoples\\_strategic\\_plan](http://www.manchester.gov.uk/info/500002/council_policies_and_strategies/1360/manchesters_children_and_young_peoples_strategic_plan)

An Executive Summary of the plan is also available.

## NHS Manchester Commissioning Strategic Plan (CSP) 2010–2014

The third edition of NHS Manchester's Commissioning Strategic Plan (CSP) was produced in January 2010. It describes the PCT's vision for improving health in Manchester and explains how the PCT will lead improvements in the local NHS between 2010 and 2014. The CSP contains an overview of the city's population and its health needs, which is based on information drawn primarily from the Manchester JSNA.

The PCT is also required to draw up an annual Operational Plan that sets out what it plans to achieve in the following 12 months and how it plans to achieve it. The content of the plan is focused upon delivering national Government policy and statutory targets, but also on those actions required to deliver services that meet the needs of the local population, as set out within the CSP.

A copy of the Operational Plan and Commissioning Strategic Plan can be found at [www.manchester.nhs.uk/aboutus/commissioning/operational%20plan.html](http://www.manchester.nhs.uk/aboutus/commissioning/operational%20plan.html)

## Manchester Mental Health and Social Care Trust Integrated Business Plan

The Trust's Integrated Business Plan (IBP) is being developed as part of the application process for Foundation Trust status. It provides a high-level overview of the Trust, our strategy, the market the Trust operates within, performance (both historic and projected), and how the Trust will deliver on the proposed achievements in the future.

Within the life of this IBP, the Trust will provide services across primary and secondary care and create an integrated mental health and social care system. The Trust will develop its core delivery around community 'patches' to improve the capabilities of these communities and improve access, recovery outcomes and efficiency. The Trust believes that these aims are deliverable for the benefit of Manchester residents.

## Regeneration

More information about the Strategic Regeneration Framework (SRF) areas in Manchester can be found at [www.manchester.gov.uk/info/200079/regeneration](http://www.manchester.gov.uk/info/200079/regeneration)

The table below contains links to each of the individual plans and strategies referred to in this chapter.

**Table 10: Links to plans and strategies for North Manchester**

Name	Description	URL
Locality JSNA Core Dataset	Excel spreadsheet containing more than 100 indicators at ward level produced to support the Locality JSNA process	<a href="http://www.manchester.gov.uk/jsna">www.manchester.gov.uk/jsna</a>
Ward Factsheets	Summary of key health indicators for each ward in the city	<a href="http://www.manchester.gov.uk/jsna">www.manchester.gov.uk/jsna</a>
Children and Young People's Plan	Overarching strategic plan for all local services for children and young people in Manchester	<a href="http://www.manchester.gov.uk/info/500002/council_policies_and_strategies/1360/manchesters_children_and_young_peoples_strategic_plan">www.manchester.gov.uk/info/500002/council_policies_and_strategies/1360/manchesters_children_and_young_peoples_strategic_plan</a>
NHS Manchester Commissioning Strategic Plan for 2010–2014	NHS Manchester's vision for improving health and raising the standard of local NHS services	<a href="http://www.manchester.nhs.uk/aboutus/commissioning/operational%20plan.html">www.manchester.nhs.uk/aboutus/commissioning/operational%20plan.html</a>
Strategic Regeneration Frameworks	Regeneration strategy documents for different areas of Manchester	<a href="http://www.manchester.gov.uk/info/200079/regeneration">www.manchester.gov.uk/info/200079/regeneration</a>
Every Child Matters	Government document, Framework for improving outcomes for children and young people	<a href="http://www.dcsf.gov.uk/everychildmatters/about/">www.dcsf.gov.uk/everychildmatters/about/</a>
Think Family Strategy	A whole-family, holistic approach to all customers from all services, linked to Every Child Matters	<a href="http://www.dcsf.gov.uk/everychildmatters/strategy/parents/ID91askclient/thinkfamily/tf/">www.dcsf.gov.uk/everychildmatters/strategy/parents/ID91askclient/thinkfamily/tf/</a>
Common Assessment Framework	Framework for assessing additional needs of children and young people, linked to Every Child Matters	<a href="http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices/caf/cafframework/">www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices/caf/cafframework/</a>

# Chapter 6: Next steps

As with the full JSNA, it is important that this Locality JSNA continues to be a 'living' document that is of practical use to commissioners and other professionals working at a locality level. This final chapter outlines some of the actions that need to be taken forward in order to achieve this objective.

## Taking forward the joint priorities

The joint priorities identified in Chapter 4 provide a starting point for all agencies working in the locality to begin to discuss how they can work together in a more-effective manner in order to address these issues and to identify and implement cost-efficiencies where appropriate. This is consistent with the thinking behind the Ardwick Statutory City Region (SCR) pilot and other similar work taking place across Greater Manchester, as well as with the Think Family approach referred to throughout this document.

The work that has been undertaken to develop this Locality JSNA has already started to bring together some of these agencies and has helped to improve communication and raise awareness of individual priorities and commissioning approaches. It is important that local agencies build on this work and identify mechanisms to build on the good work that has already taken place. It is recommended that the existing Locality JSNA Working Groups should be maintained and strengthened in order to provide a forum for taking forward some of these discussions. The current membership of these groups is described in Appendix 1 of this document.

## Linking outputs with existing strategy development

There are a range of strategies that would benefit from being informed by the data and priorities contained within the Locality JSNA.

## Children's Services

The Children and Young People's Plan (CYPP) is the single, strategic, overarching plan for all local services for children and young people, including health services, police, local authority and voluntary organisations. It sets out a vision for children and young people and identifies how outcomes for children and young people can be best improved. The most recent plan covers the period 2010 to 2012. It is important that there are, and continue to be, strong links between the CYPP and the JSNA.

## Directorate for Adults

The Directorate for Adults (formerly Adult Social Care) now encompasses a broader agenda for the adult population and an ambitious vision for the city. The Locality JSNA will greatly assist in this new wider remit as it provides further clarification on our strategic priorities around:

- The worklessness agenda and helping people sustain employment, looking specifically at a range of mental health needs and delivering better outcomes for Manchester residents through a greater focus on employment opportunities.
- Working better at a collaborative level with Council and health colleagues to support specific cross-cutting initiatives such as the Think Family strategy.
- Exploiting and maximising opportunities for health and social care integration.
- Developing an integrated commissioning framework with health and wider partners to achieve mutual priorities and objectives, together with a stronger focus on VFM.

The introduction of Individual Budgets provides an opportunity for customers to exercise greater choice and control in the types of services they prefer and this requires the Directorate to develop stronger links with our colleagues in leisure, libraries and education in order to develop universal services for our customers. This is part of the Putting People First agenda and underpins the transformational work the Directorate is currently developing in order to put customers at the heart of their social care aspirations.

## Manchester Mental Health and Social Care Trust

The Locality JSNA is an important document in terms of drawing together data sources and highlighting areas of common priority across providers and commissioners within Manchester. This document will be one of the key source documents that the Trust will use to inform market assessment and resultant IBP. It will help to ensure that the Trust develops and delivers services that meet the needs of the community patches they are based in by working collaboratively with other agencies on shared priorities, which build on the natural strengths within communities.

## NHS Manchester

The Manchester JSNA has been a key element in the development of NHS Manchester's Commissioning Strategic Plan (CSP) and has been central to its aspiration to become a world-class commissioner. The Government's stated objective to delegate responsibility for commissioning health services to new GP consortia makes it even more important that commissioners have a robust understanding of the needs of the population at a more local level. Any future revision to the CSP will need to take account of the requirements of these proposed GP consortia and is likely to draw heavily on the analysis contained within the Locality JSNAs.

The National Health Service (Pharmaceutical Services) Regulations that came into force on 1 April 2010 require PCTs to develop and publish pharmaceutical needs assessments (PNAs), with the first to be published by 1 February 2011. These are intended to form the basis for determining market entry to NHS pharmaceutical services provision. National guidance states that the PNA should take account of the JSNA. The Manchester PNA (currently in preparation) will be based on the geographies used for the Locality JSNAs and will draw heavily on the analysis contained in this document. This will help to prevent duplication of work and avoid multiple consultations.

## Revision of full Manchester JSNA

There is a continuing statutory duty on the Director of Public Health, Strategic Director for Adults and Director of Children's Services to produce a JSNA for Manchester. The existing city-wide JSNA Working Group, currently chaired by the Head of Health Intelligence at NHS Manchester, will be tasked with ensuring that the priorities identified in the Locality JSNA are fed into the process for refreshing the full Manchester JSNA. This will establish a cycle of updating the city-wide and locality JSNAs on an alternate basis.

## Maintenance of Locality JSNA Core Dataset

A Locality JSNA Core Dataset has been produced to support the production of the Locality JSNA and inform the identification of priorities. It contains information relating to each of the sections of the Locality JSNA, as well as a number of additional indicators that it was not possible to cover as part of the brief analysis provided in Chapter 4. The dataset has strong links with the data published in the Manchester Partnership's State of the Wards report and provides a quick source of information for commissioners, service providers, public health professionals and other individuals requiring intelligence on a particular area. It can also be used as a starting point for further analyses of historical trends and future demand for services.

Part of the process of making sure that the Locality JSNA becomes a 'live' document will be to ensure that the Core Dataset is maintained and developed. The aim is to make the full dataset available online and to update it on a regular basis. Work is currently underway to investigate the use of more interactive web-based tools for making this and other sources of ward level information available in a more user-friendly format. In order to ensure that optimum use is made of the Core Dataset, and of the Locality JSNA more generally, it will be important that agencies promote both of these products within their respective organisations.

## Evaluation

There is a continuing need to evaluate the outcomes of the JSNA and Locality JSNA work in Manchester from the perspective of both process and impact. An initial SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis among members of the city-wide JSNA Working Group found that the JSNA was perceived as having had a positive impact in terms of greater collaboration and partnership working but that there were ongoing issues in terms of community engagement, levels of awareness and lack of capacity to sustain the JSNA process. The SWOT analysis is discussed in more depth in the JSNA Supplement for 2009/10, which is available on the JSNA website (see [www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna)).

The SWOT analysis also identified a weakness in terms of the lack of evaluation of the impact of the JSNA on commissioning decisions. The city-wide JSNA Working Group will work with the Research Officer at the Manchester Joint Health Unit to develop and implement a framework for evaluating this aspect of the JSNA.

## Contributing to JSNA evidence base

The work to produce the Locality JSNAs has been funded through Manchester's involvement in the National JSNA Dataset Project. This was designed to analyse the different elements of what constitutes a strong JSNA (in particular, identifying what has worked well), understand gaps in terms of data, tools, guidance and expertise, and develop innovative local best practice focusing on the effective use of data. The outputs of the Locality JSNA, together with the findings from any associated evaluation work, will therefore help to contribute to the wider national evidence base around JSNAs.

# Appendix 1: Membership of working group

Name	Organisation	Role	Email
Janet Dexter	Children's Services	District Partnership Co-ordinator (NW District)	Janet.dexter@manchester.gov.uk
Janet Mantle	NHS Manchester	Consultant in Public Health	Janet.Mantle@manchester.nhs.uk
Julian Palfreyman	NHS Manchester	Engagement Manager	Julian.Palfreyman@manchester.nhs.uk
Margaret Gardner	NHS Manchester	Service Improvement Manager – Planned Care	Margaret.gardner@manchester.nhs.uk
James Williams	Directorate for Adults	Lead Commissioner (Mental Health)	j.williams4@manchester.gov.uk
Mike Gorman	Directorate for Adults	Lead Commissioner (Prevention and Advice)	mike.gorman@manchester.gov.uk
Laura Humber	New East Manchester	Policy and Evaluation Officer	l.humber@manchester.gov.uk
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Neil Bendel	Joint Health Unit	Head of Intelligence/ NHS Manchester	Neil.Bendel@manchester.nhs.uk
Andrew Chase	Directorate for Adults	Policy and Performance Research Officer	a.chase@manchester.gov.uk
Gemma Wright	Joint Health Unit	Specialist Project Assistant	g.wright1@manchester.gov.uk
Patricia Campbell	Children's Services	District Partnership Co-ordinator	p.campbell2@manchester.gov.uk
Zoe Robertson	Directorate for Adults	Head of Market Intelligence	z.robertson@manchester.gov.uk
Richard Jones	North Manchester Regeneration	Regeneration Co-ordinator	r.jones3@manchester.gov.uk
Anna Bax	Manchester Mental Health and Social Care Trust	Business Development Manager	anna.bax@mhsc.nhs.uk
Jill Meredith	Directorate for Adults	Principal Manager Quality and Performance	jill.meredith@manchester.gov.uk
Lesley Spencer	New East Manchester Limited	Regeneration Co-ordinator and Bradford Ward Co-ordinator	l.spencer@manchester.gov.uk
Ruth Enright	Directorate for Adults	Policy and Performance Team	ruth.enright@manchester.gov.uk
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Phil Lyons	Joint Health Unit	LJSNA Writer and Support Officer	p.lyons@manchester.gov.uk

# Appendix 2:

## List of indicators in Locality JSNA Core Dataset

Theme	Indicator	Time period	Source
Our Population	Mid-year population estimate by broad age group	Mid-2007	Office for National Statistics (ONS)
	Subnational population projection	2006-based	
	Mid-year population estimate by ethnic group	Mid-2007	
	Derived population projections by ethnic group	2007–15	
	Life expectancy at birth	2006–08	
Employment and Environment	Index of Multiple Deprivation (IMD) score	2007	Department of Communities and Local Government
	Income Deprivation Affecting Children Index (IDACI) score	2007	
	Working age benefit claimants	Nov 2009	Department of Work and Pensions (DWP)
	Unemployment rate	May 2010	Office for National Statistics (ONS)
	Mean Income (£)	2009	CACI (Paycheck)
	Vacant property rate	Dec 2009	Manchester City Council Housing Department
	Housing tenure by type	2009	
	Private sector housing complaints by type	2009/10	
	Private dwellings below 'decent homes' standard	2007	
	% overcrowding in private sector dwellings	2007	
	Number of reported crimes by type	2008/09	GMAC data hub
	Fear of crime – day/night-time	2008/09	Place Survey
	Satisfaction with police and local services	2008/09	
	Killed or seriously injured in road traffic accidents	2005–08	Manchester Collision Investigation Unit
	Sense of belonging to local area	2008/09	Place Survey
	Satisfaction with local area as a place to live (%)	2008/09	
	Percentage happy (%)	2008/09	
	Satisfaction with life (%)	2008/09	
A Good Start in Life	Educational attainment – Key Stage 2	2009	Manchester Children's Services Department
	Educational attainment – GCSE level	2009	
	Attendance – primary and secondary school	2009	
	Persistent absence – primary and secondary school	2009	
	School pupils whose first language is not English	2009	
	16 to 18-year-olds not in education, employment or training (NEET)	2009	
	Infant mortality rate	2007	Manchester Joint Health Unit/ONS
	Live birth rate	2007	
	Rate of low birthweight births	2006–08	
	Births to lone mothers	2006–08	
	Childhood immunisation uptake at two years	Jan 2009	NHS Manchester Child Health Department
	Under-18 conception rate	2005–07	Teenage Pregnancy Unit/ONS

Theme	Indicator	Time period	Source
Prevention	Four-week smoking quitters	2008/09	Manchester Stop Smoking Service
	Residents not in good health	2007	Manchester Residents Survey
	Current smokers	2007	
	Current drinkers (at least once a week)	2007	
	Consumption of at least five portions of fruit and vegetables a day	2007	
	Undertaking moderate exercise at least five times a week	2007	
	Spend on alcohol and tobacco per head of population	2008	CACI (Community Insights)
Personalisation	Long-term illness or disability (%)	2007	Manchester Residents Survey
	All age all cause mortality (AAACM) rate	2006–08	Manchester Joint Health Unit/ONS
	Mortality rate from all cancers 0–74 years	2006–08	
	Mortality rate from all circulatory diseases 0–74 years	2006–08	
Access to Services	Distance to nearest GP (miles)	2008	CACI (Community Insights)
	Distance to nearest pharmacy (miles)	2008	
	Distance to nearest NHS hospital (miles)	2008	
	Distance to nearest supermarket (miles)	2008	
	Standardised hospital admission rate by admission type	2008/09	Admitted Patient Care SUS CDS
	Users of Directorate for adult customers by service area	2009	Directorate for Adults
	Users of Directorate for adult customers by broad age group	2009	
	Users of Directorate for adult customers by ethnic group	2009	
	Carers in receipt of a grant-funded service	2009	
	Number of individuals being cared for by area of residence	2009	
	Recipients of Individual Budgets by care group	2009	
	Number of nursing and care home places	2009	
	Housing provision for users of learning disability services	2009	
	Users of learning disability services by gender	2009	
	Users of learning disability services living with their family	2009	
	Users of learning disability services by health condition	2009	
	Referrals to Short Term Team (STT)	2009	
	Number of registered blind and partially sighted	2009	
	Referrals to mental health services by gender and broad age band	2008/09	Manchester Mental Health and Social Care Trust
	Recipients of mental health services by gender and broad age band	2007/08	

# Appendix 3: Prioritisation matrices

## Themed matrices of strategic priorities

This section contains the original prioritisation matrices used for gathering the information presented in Chapter 4. The matrices contain all the strategic priorities identified by the partners in each locality. The themes within which each of the priorities has been grouped were agreed collectively by members of the Locality JSNA Working Groups. Although the themes used in each locality are broadly similar, there are some differences between the matrices. These reflect the outcomes of the discussions held by the different working groups.

A separate matrix has been produced for each of the priority themes. In the matrix each box represents one particular priority issue. The colour of the box identifies which partner submitted that issue as a priority (ie. NHS Manchester, Directorate for Adults, Children's Services etc.). The wording used in the matrix has not been changed from that submitted by each partner agency and subsequently agreed by the working groups. Note that the order in which the issues are listed is entirely random and does not represent any ranking of the issues in order of importance.

## Personalisation matrices

Improve disease prevalence modelling by ethnicity in order to commission services that meet population need.	Autism: analysis to inform strategy in partnership with mental health; development of supported accommodation for young autistic women in transition.	Support independent living of disabled people: provision of Individual Budgets and review commissioning needs of the community.
Carry out a needs analysis of Korsakoff's syndrome and develop subsequent accommodation and support services.	Continue to implement the Manchester Dementia Strategy: encourage early diagnosis; increase provision of community services. Develop an end-of-life social care service.	NEM: local promotion of Points 4 Life initiative with residents, businesses and services.
Work with ASC market intelligence and other five Lead Commissioners to carry out a market/gap analysis of the providers and groups on a locality basis.	Develop a new five-year Supporting People Strategy. This also includes commissioning of a needs analysis across each Supporting People's (SP) 21 client group; full sector reviews for each of the client groups.	Develop relationships with housing providers to develop innovative and secured tenancies for mental health services users.
Review current provision of supported housing accommodation for people with a physical disability across the city, linked to a needs/gap analysis to predict future need.	Commission the development of the CAP Gemini Cost Benefit Tool to review performance.	Improve housing choice and local environments; address poor housing conditions.
Develop and sustain the residents' wages project in priority areas.	Enhance the improvement of open space via Irk Valley Local Plan.	

Key:	PBC hub	NHS Manchester	Adult Social Care
	MMHSCT	Regeneration	Children's Services

## Access to Appropriate Services matrices

Develop a mental health recovery model for use by mental health services across the city.	Develop a Joint Commissioning strategy for HIV services with NHS Manchester, to include the development of a Care Pathway for people with HIV.	Local care providers to ensure that there is greater capacity to support people at home with care packages.	Work to improve Palliative Care Pathway within the NE sector.
Identifying young carers	Commission a review/validation of the North West needs analysis for Manchester.	Support early discharge from in-patient care across Pennine Acute Trust Hospitals.	Extra care schemes to keep people in the area.
Carry out a review of mental health accommodation and support service to inform customer outcomes. Review current provision of supported housing accommodation for people accessing mental health services across the city, linked to a needs/gap analysis to predict future need.	Broaden the range of services offered by the Trust to complement traditional clinical services by focusing on social community and personal development needs, not solely on clinical/diagnostic need.	Develop a planned approach to increase supported accommodation to young disabled people and people with long-term neurological conditions across the city, with social housing providers and MEAP.	Improve financial independence of its residents: advice service to maximise income; inform commissioning; the need for independent financial advisory service.
Healthy Futures reconfiguration of services has minimal impact in terms of the service delivery model in specialism such as haematology, trauma and orthopaedics.	Forensic: needs analysis of current population; development of reablement services for learning disabled people who have offended or who are at risk of offending.	Services for older people with mental health problems, including dementia.	Advice provision: to jointly procure community legal services in partnership with legal services commission in three hubs across the city, based on needs analysis of 08/09 activity data.
Improve the experience of, and timely access to, all Trust services and with particular emphasis on in-patient services by making modifications to the process and systems in place.	Complete and agree the patch-based model of service delivery, which delivers integrated mental health services close to home and focuses on the client as principal.	Support and encourage the clustering and promotion of health services with other community facilities.	

## Employment and Worklessness matrices

Improve school attendance across the district in line with or exceeding the national average.	Employment: increase the number of learning disabled people in employment.	Develop employment partnerships with other agencies/employers to sustain service users in employment and to improve the employment opportunities for mental health service users.
School attainment (including Foundation) and improve literacy levels for children and adults against national levels.	Improve employment opportunities: work with other agencies within the district to provide advice and support services for families with worklessness.	Support the improvement of school infrastructure and the improvement of attendance and attainment levels within all schools.
Reduce the number of NEET 14 to 19-year-olds.	NEM: target of 40% of school leavers achieving 5 A*-C GCSEs including English and maths in 2010.	Improve the employment and volunteering opportunities for disabled people across the city by offering access to a number of different types of employment/training/access/ placement schemes that also target particular groups (including people who are sensory impaired, drug and alcohol etc) on a locality basis and city-wide. Carry out a needs analysis of people with HIV.
Improve the employment and volunteering opportunities for disabled people across the city by offering access to a number of different types of employment/training/access/ placement schemes that also target particular groups (including people who are sensory impaired, drug and alcohol etc) on a locality basis and city-wide. Carry out a needs analysis of people with HIV.	Reduce worklessness via a range of partnership working mechanisms that will improve local knowledge and improve responses to local job opportunities. Maintain clarity on advice and guidance to clients. Establish better links with local employers. Support and assist with a range of projects to improve economic options for local people, ie. residents' wages.	

<b>Key:</b>	PBC hub	NHS Manchester	Adult Social Care
	MMHSCT	Regeneration	Children's Services

## Prevention matrices

NEM: Partnership initiative targeting alcohol misuse among parents focusing on harm reduction support to families.	Dementia: needs analysis on learning disabled adults with early onset dementia.	NEM: continued delivery of Healthy Living Network.
The PCT commissioning strategic plan identifies priorities related to prevention: health inequalities/life expectancy (CVD, smoking prevalence, cancer, infant mortality, childhood obesity, alcohol-related admissions) and service development – reducing avoidable harm, improving access, personalising mental health services and improving primary care.	Prevention services: to develop community prevention hub offering support to prevention providers in the recruit, induction and ongoing training of volunteers; audit of preventative services across customer service groups currently not in receipt of ASC or health funding.	Carry out a sector review of mental health training provided across the local mental health economy and establish a co-ordinated multi-agency resource training catalogue.
Improve access to primary care performance data, eg. GP surgeries to improve quality of services and identify areas for joint working.	Reduce antisocial behaviour by addressing issues relating to substance misuse, including education, training and employment, housing and integration into community.	Develop and agree the recovery model to direct all mental health service and support activity in Manchester Mental Health and Social Care Trust.
Develop and commence a local anti-stigma campaign and strategy and work programme, linked to national initiatives.	Improve life expectancy by supporting the continued delivery of the Healthy Living Network. Improve mental health of residents by increasing access to employment, training and volunteering opportunities.	

## A Healthy Start in Life matrices

Safeguarding children	Transition: audit on health needs of children aged 9+.	Improve and support co-ordination between service providers to meet the needs of vulnerable children and support the introduction of CAF.
Mental health and emotional wellbeing (target families, re social, economic and emotional wellbeing)	NEM: contribute to introduction of CAF.	

## Adult Health (mental and physical) matrices

Mental health: prevalence. Service use/access. We also need to do some work on mental health outcomes.	Community cohesion. Deliver a range of events and cultural activities to improve cohesion within communities/neighbourhoods. Improve awareness of services available within North Manchester. Work with local people to achieve these aims.
Improve disease prevalence modelling at locality/neighbourhood level to support the commissioning of services that meet local need.	Improving and maintaining a co-ordinated approach to addressing neighbourhood management issues.
Improve urgent care data, including A&E attendance by category to support commissioning of services to prevent urgent care use and admissions.	Tackle crime and disorder issues through partnership working at the area-based level.

<b>Key:</b>	PBC hub	NHS Manchester	Adult Social Care
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# Appendix 4: Template for narratives

## Locality Joint Strategic Needs Assessment Narrative Template

Subject:
Box number:
Key documents:
Comparative data (if required):
Attendance data:
Target data (if required):
Summary:



