

Manchester
Locality Joint Strategic
Needs Assessment

Central



MANCHESTER
CITY COUNCIL



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 of this document to begin in autumn 2010.

Signed



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Introduction

Portrait of Central Manchester

Central Manchester is made up of 11 wards stretching from Chorlton in the west to Gorton North in the east. It is an area of contrast and diversity, containing both highly sought after residential locations, such as Chorlton, and neighbourhoods with concentrations of deprivation, such as Ardwick. It contains a wealth of physical assets, transport provision, parks, cultural facilities and open space.

The area is largely residential and includes traditional terraces, interwar estates, Edwardian semis and inner city social housing estates. Housing is in high demand from students, young professionals and families, and contains a number of purpose-built student accommodation blocks. The condition of social rented housing varies in standard, with some estates in need of radical remodelling and modernisation. There are a high number of supported housing units, particularly in the east of the area, which is reflected in the numbers of people requiring drug and alcohol treatment and support.

To the north of the area, the Oxford Road Corridor stretches from the city centre to Rusholme and contains the universities, the hospitals, the BBC, theatres and Whitworth Park Gallery. The Oxford Road Corridor provides 37,000 jobs and is planned to increase in future years. It also provides employment for a significant proportion of Central residents. However, one of the challenges in the Central area is the high concentration of unemployment and poor health, which means that many residents are not currently benefiting from these economic opportunities.

There are a number of distinctive neighbourhoods and districts within the area, reflecting their individual sense of identity and community. Some parts of the Central Manchester area are characterised by ethnically diverse populations with high proportions of under-25-year-olds, and these populations are increasing at a faster rate than the Manchester average. However, Gorton is characterised by a falling population due to large-scale demolition and the decline of the manufacturing industry.



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).

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).

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).

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

- Central West wards have a higher proportion of young people than Central East wards due to the high number of students residing in these wards.
- Central West wards have a greater proportion of BME groups than Central East.
- Those living in Central West Manchester wards have a higher life expectancy than residents of Central East.
- On average, wards in Central Manchester are set to increase in size by 10–20% by 2015.
- On the whole, residents in Central East wards report less satisfaction with their area as a 'good place to live' than Central West wards.

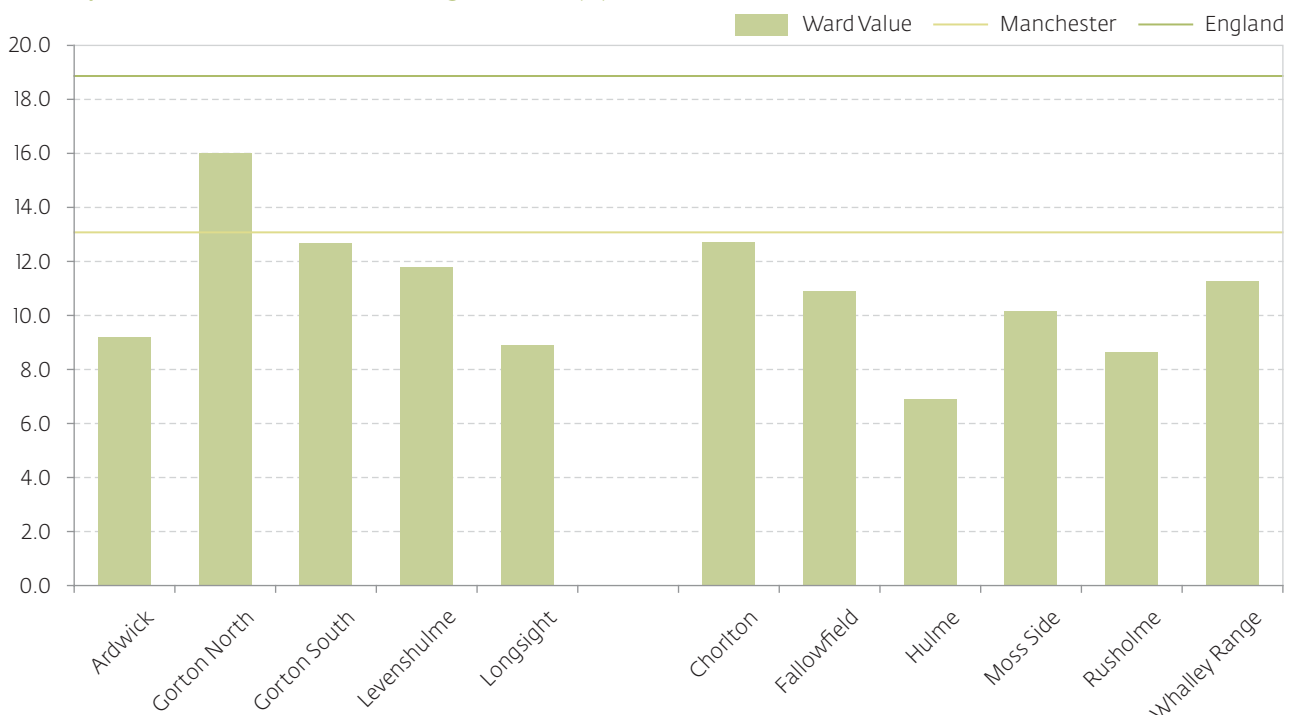
It is important to look at population demographics when assessing the health needs of any area, as age, gender and ethnicity can all affect the need for different services.

Population size and structure

The resident populations of wards in Central Manchester vary in size from approximately 12,000 people in Chorlton to 18,000 people in Gorton South. The wards containing the highest proportions of young people are Moss Side, Longsight, Gorton North and Gorton South. In Moss Side and Longsight, almost a quarter of the total population is below the age of 16. The wards in Central West generally have a younger population than those in Central East. This possibly reflects the large student population living in this area of the city.

The graph below illustrates the proportion of adults in each ward that is of retirement age and over. It shows that Central Manchester as a whole is below the national average and the average for Manchester as a whole.

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



Source: ONS Mid-2007 Resident Population Estimates

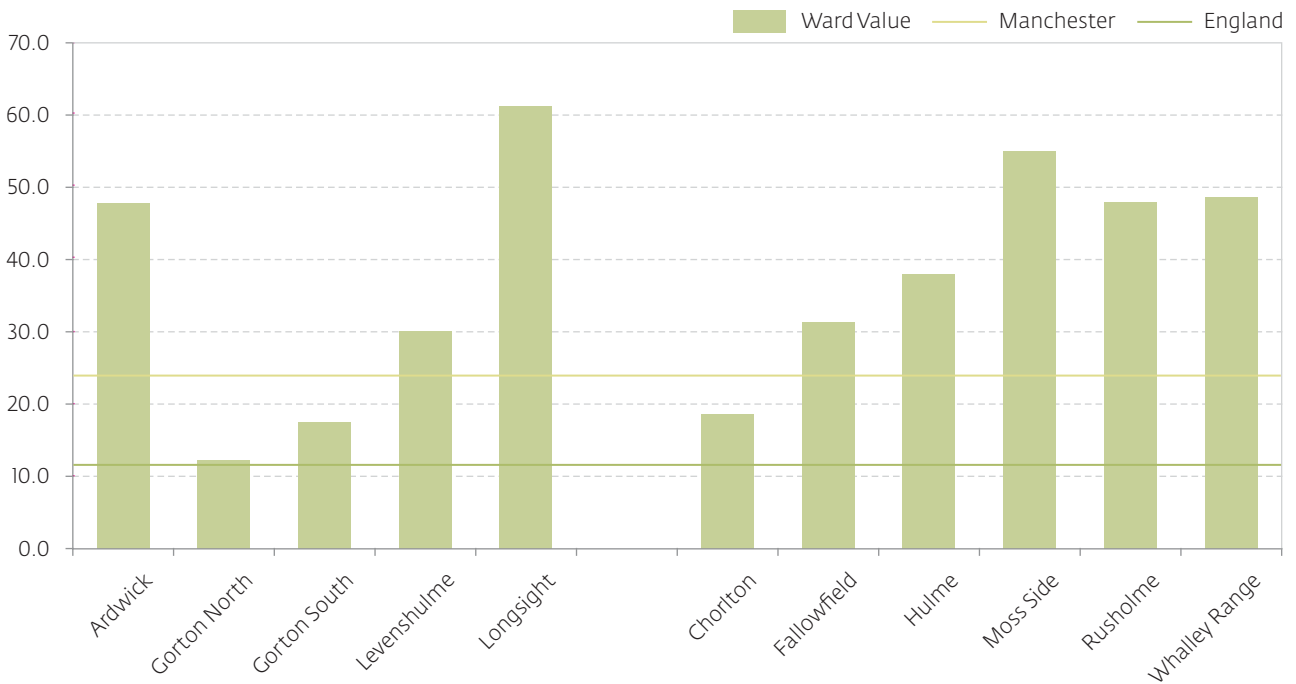
Ethnicity

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.

In Central Manchester, the proportion of people from non-white ethnic groups (including those from mixed backgrounds) ranges from 61.3% of the population in Longsight to 12.3% of the population in Gorton North.

Overall, most wards in Central Manchester have a non-white ethnic group population of at least 30%. Black groups are most likely to live in Moss Side (27.2% of the population), Hulme (16%) and Ardwick (15.8%). Asian groups tend to live largely in Longsight (42.3% of the population), Whalley Range (28.4%) and Rusholme (26.7%).

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. Population projections for 2015 suggest that the wards in Central Manchester most likely to be affected are Moss Side and Ardwick, with an estimated population increase of 66% and 59% respectively. On average, the population of other wards in Central Manchester is projected to increase by between 10% and 20% over this period. Only Rusholme is projected to see a decrease in its population.

Life expectancy

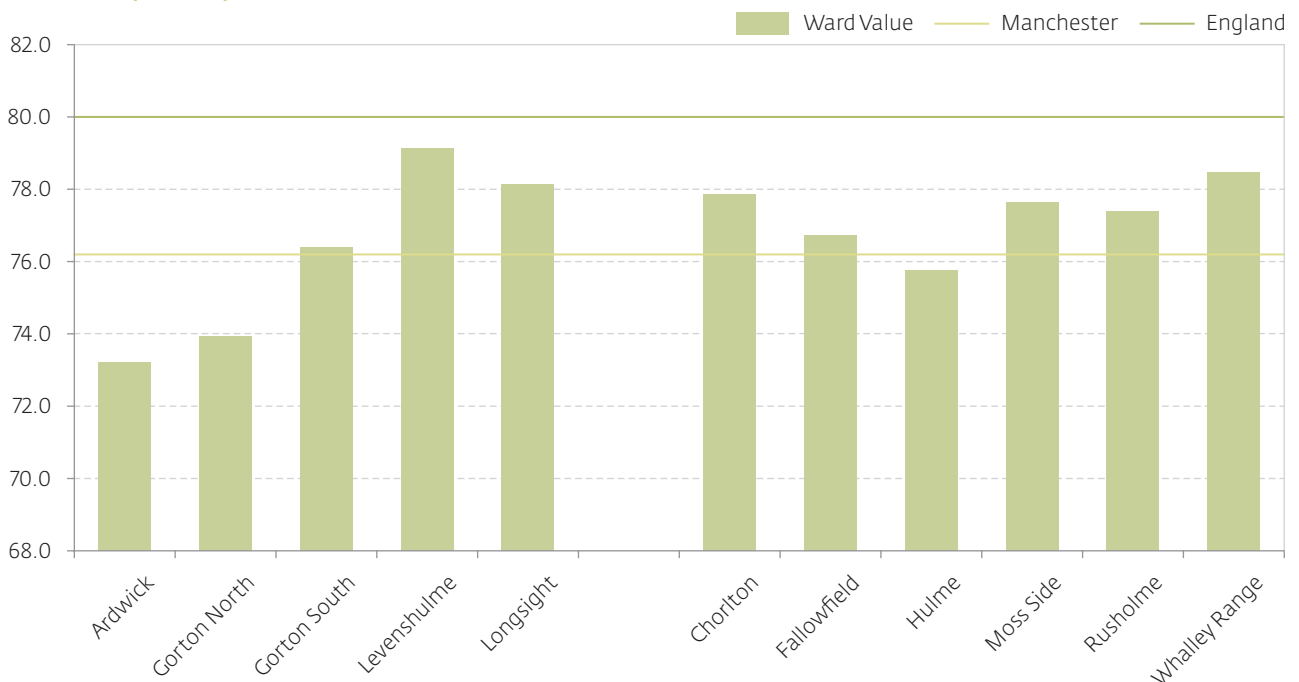
During the period 2006–08, life expectancy at birth in Manchester was estimated to be 76.2 years. This is four years below the national average. In Central Manchester, there are three wards that fall short of the city-wide average: Ardwick (73.2 years), Gorton North (74 years)

and Hulme (75.8 years). Overall, people living in wards in Central West have a higher life expectancy than those living in wards in Central East.

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. Results for people living in wards within Central Manchester show no clear pattern, with people living in half of the wards reporting above average levels of belonging and half reporting below average levels. In Hulme, only 25.2% of residents reported a sense of belonging. However, this may be related to the recent regeneration of the area and the fact that residents may not have lived there long enough to develop a sense of belonging.

Figure 3: Life expectancy at birth in Central Manchester, 2006–08



Source: Manchester Joint Health Unit/ONS 2006–08

There are three wards in Central Manchester (Hulme, Chorlton and Whalley Range) in which the proportion of people reporting that they are satisfied with their local area as a place to live is above the national average (80%). Overall, people living in wards in the Central East district appear to be less satisfied on the whole than those living in the Central West district. In Central East district, Levenshulme is the only ward that is above the Manchester average for this measure (79%). Reported satisfaction with the local area is lowest in Gorton North and Gorton South wards (47.7% and 56.6% respectively).

Part B: Socioeconomic and environmental factors

Headlines

- On the whole, Central West wards are less deprived than Central East wards, although there are some wards such as Moss Side that have much higher levels of deprivation than surrounding wards.
- Households in Central East wards have lower incomes and higher unemployment than Central West wards.
- More residents of Central East than Central West wards claim income support, incapacity benefits and severe disablement allowance.
- Both antisocial behaviour and fear of crime is more prevalent in Central East wards than Central West.
- Ardwick, Moss Side and Hulme have the highest proportions of social housing. Overcrowding is considerably higher in Central East wards than Central West.

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

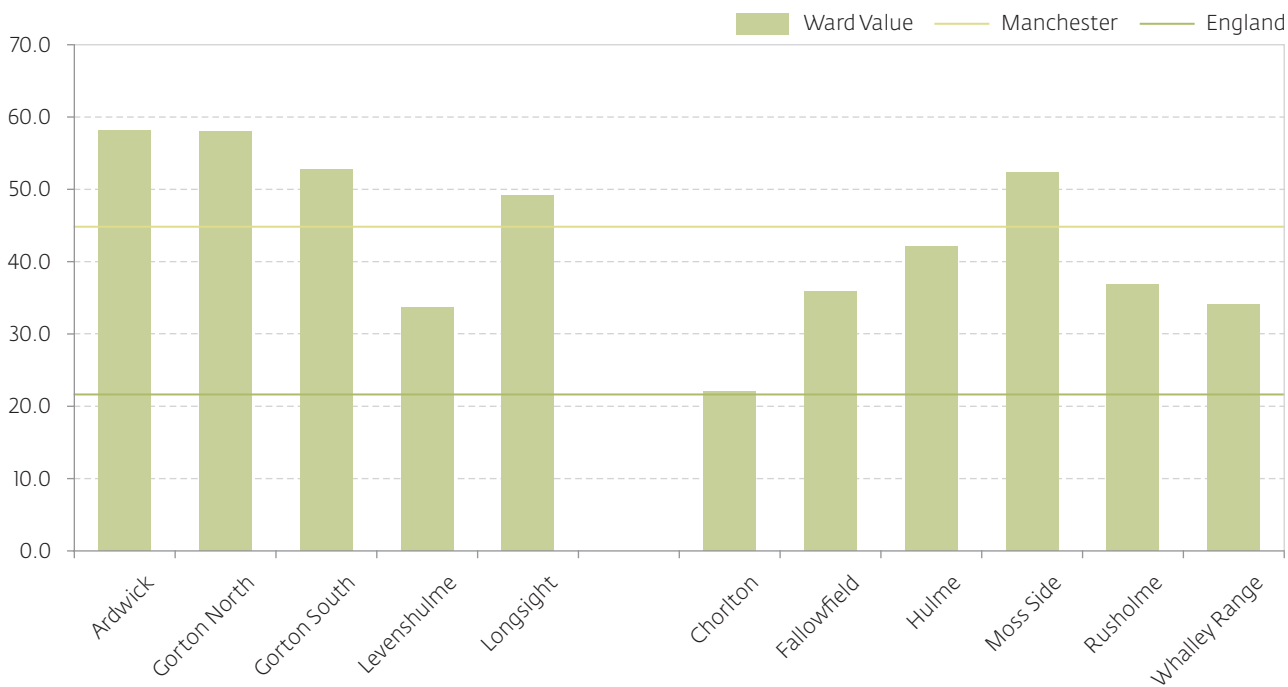
- Require more complex treatment and experience poorer outcomes from health and social care services
- Have difficulties with accessing health and social care services and are more likely to come into contact with services at a later stage of their condition and fail to engage with health promotion and 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 indicative deprivation scores for wards in Central Manchester. A higher score indicates greater deprivation. Nearly all the wards in Central East have a higher deprivation score than the Manchester average (44.5). The wards of Ardwick, Gorton North and South Gorton all have an IMD score in excess of 50. Although deprivation scores are generally lower in Central West district, levels of deprivation in Moss Side are more than double the national average. In contrast, Chorlton has an IMD score that is close to the national average (21.7).

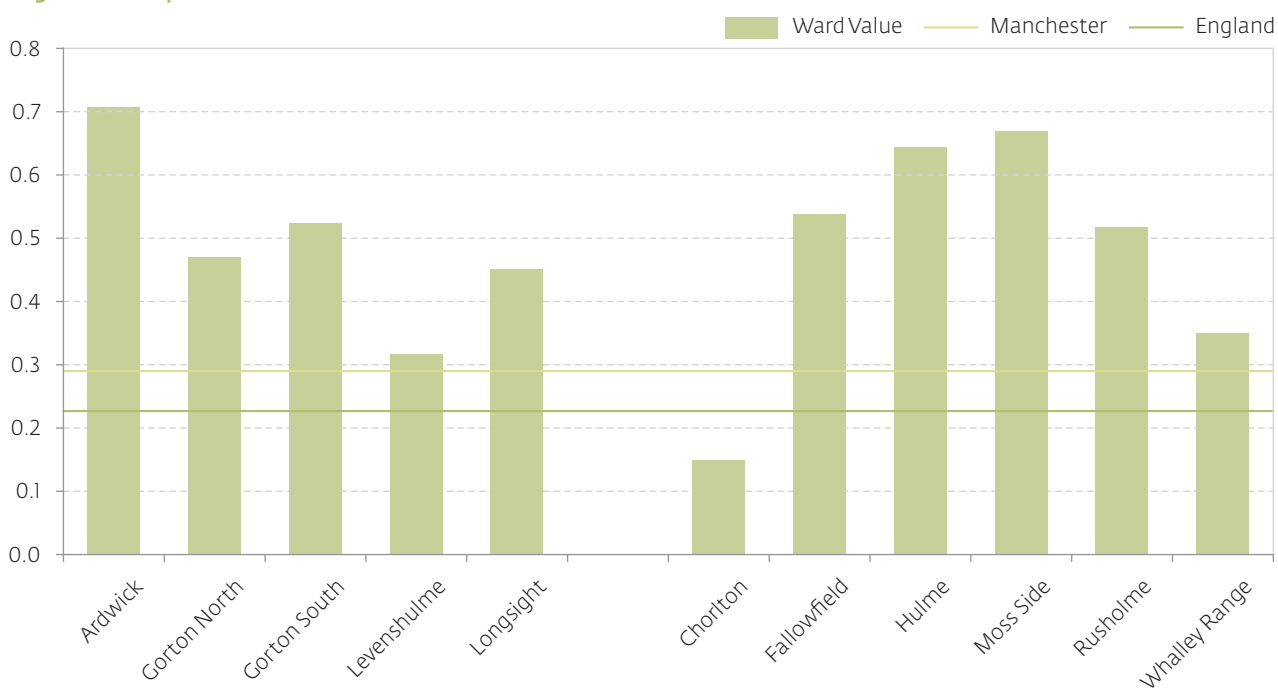
The importance of early years is well documented in the Manchester Public Health Annual Report and the Marmot report 'Fair society, Healthy lives'. The Income Deprivation Affecting Children Index (IDACI) shows the percentage of 0 to 15-year-old children in an area that live in families that are income deprived, ie. in receipt of income support, income-based Jobseeker's Allowance and working families tax credit). With the exception of Chorlton, all the wards in Central Manchester have an IDACI score above both the Manchester average of 0.3 (ie. 30%) and the national average of 0.2. Within the Central West district, the wards with the highest levels of childhood deprivation are Fallowfield, Hulme and Moss Side. In Central East district, they are Ardwick, Gorton South and Longsight.

Figure 4: IMD 2007 score



Source: Department of Communities and Local Government 2007

Figure 5: IDACI 2007 score

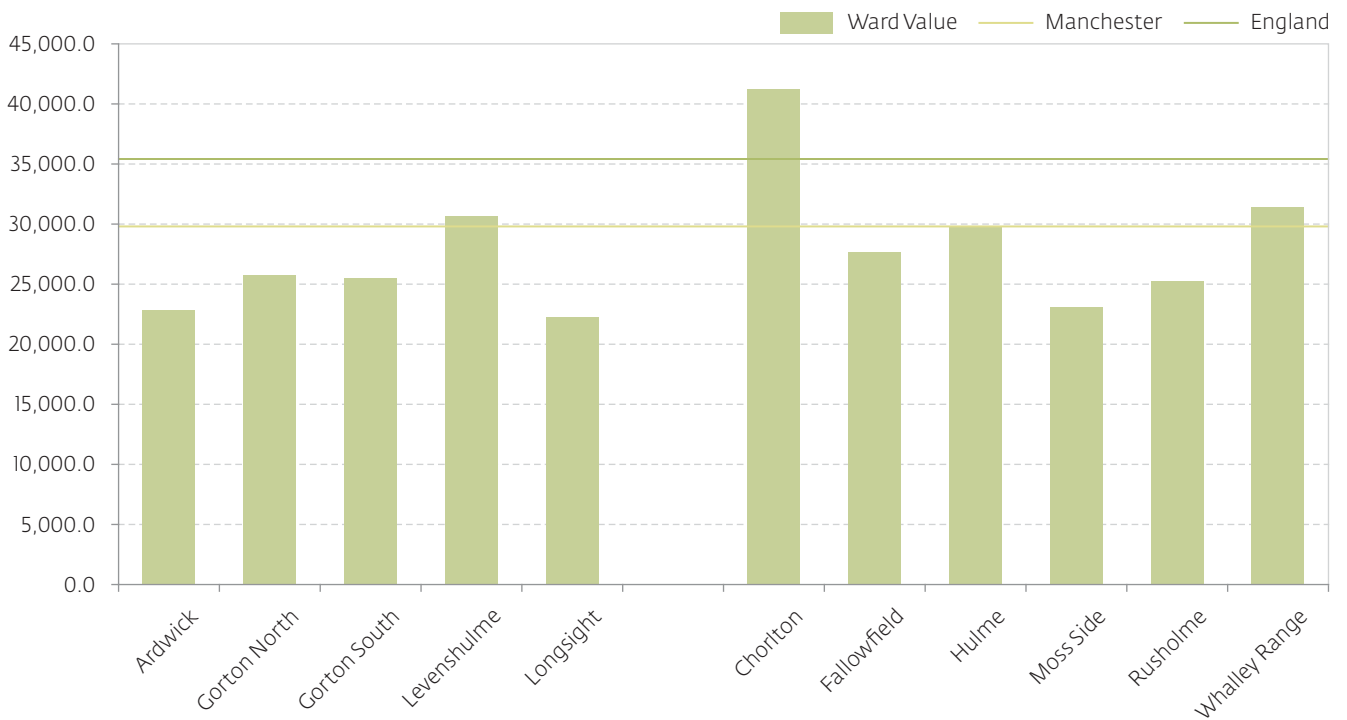


Source: Department of Communities and Local Government 2007

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. There are four wards in Central Manchester that achieve or exceed the average income for a Manchester household: Levenshulme, Chorlton, Hulme and Whalley Range. Wards in Central East district generally have lower income levels overall than wards in Central West.

Figure 6: Mean income (£), 2009



Source: CACI (Paycheck) 2009

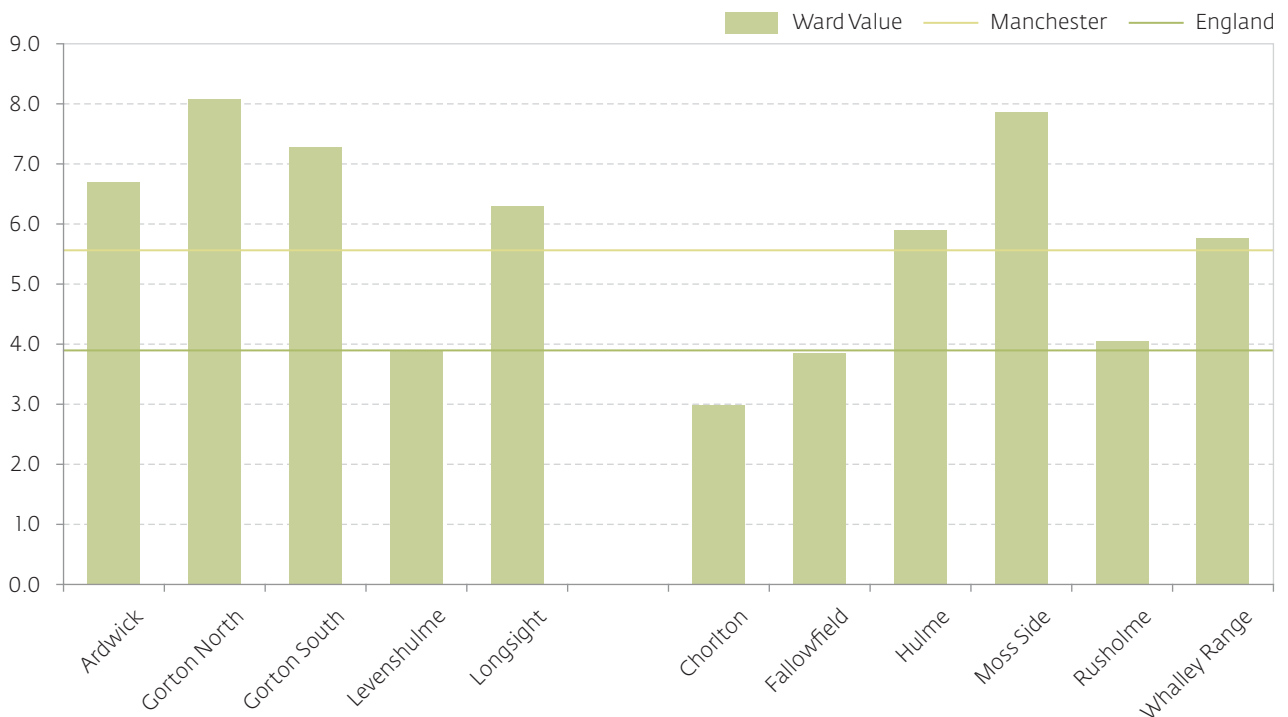
Unemployment

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. The wards of Levenshulme, Chorlton, Fallowfield and Rusholme all have unemployment rates close to the national average (3.9%). All other wards in Central Manchester have an unemployment rate higher than the Manchester average of 5.6%. Within Central East district, Gorton North (8.1%) and Gorton South (7.3%) have the highest unemployment rate. Central West wards tend to have lower unemployment than Central East. Moss Side has the highest with 7.9%.

Figure 7: Unemployment rate (%), May 2010



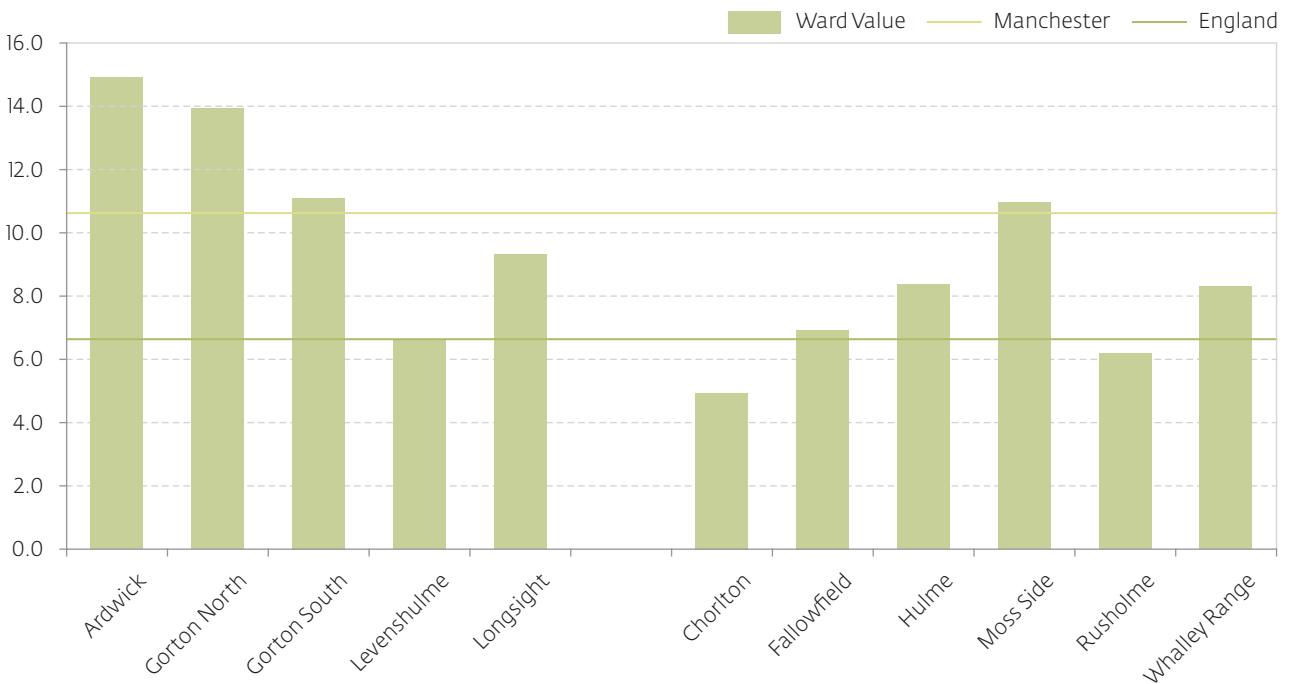
Source: ONS (May 2010)

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).

At November 2008, the wards in Central East district contained a higher proportion of benefit claimants than those in Central West district. Ardwick, Gorton North and Gorton South all exceed the city average for people claiming IS and IB/SDA. In Central West district, Moss Side also exceeds the Manchester average in terms of IS and IB/SDA claimants. Around 6.9% of lone parents in Moss Side are claiming Income Support. In Central East district, Gorton South contains the highest proportions of lone parents Income Support (5%).

Figure 8: Incapacity Benefit/Severe Disablement Allowance, 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 Central East district report that they feel less safe during daylight hours than those in Central West district. The proportion of residents in Central Manchester wards who report that they feel safe at night-time is lower than the Manchester average (51%). There are five wards (Ardwick, Gorton North, Gorton South, Moss Side and Rusholme) where less than a quarter of the population report feeling safe at night. People living in wards in Central East district are less likely to report feeling safe than wards in Central West district.

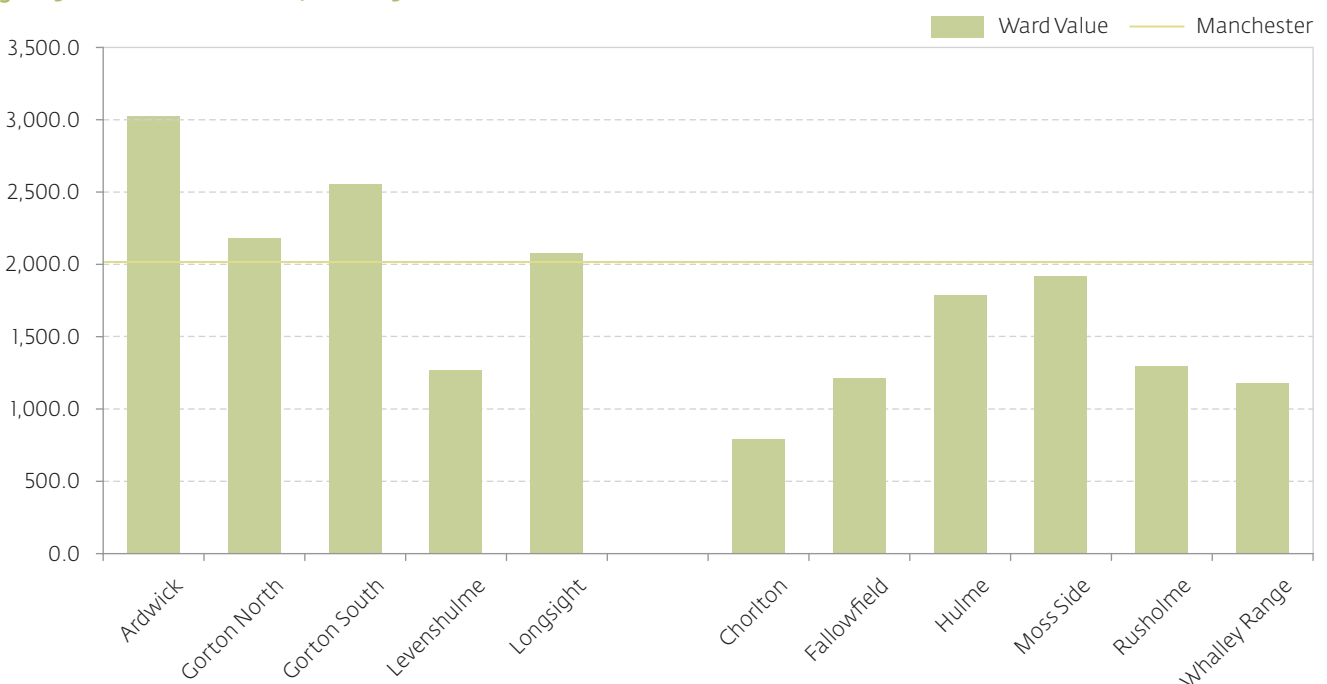
The average number of reported motor vehicle thefts in wards in Central Manchester is around 150 but this rises to over 230 in Ardwick and Hulme. In contrast, Longsight and Whalley Range have a low number of reported thefts: only

102 in each ward. Gorton North and Gorton South have the highest number of serious acquisitive crimes (738 and 797 respectively). Wards in Central East district have higher numbers of this crime than those in Central West district.

The numbers of incidents of antisocial behaviour are higher in Central East district than in Central West, with four out of the five wards reporting over 2,000 incidents of antisocial behaviour. Only Levenshulme has a lower number (1,269). Chorlton has the lowest number of incidents of antisocial behaviour (791) in Central Manchester.

The numbers of domestic burglaries in Central East district are generally higher than in Central West. The highest numbers are seen in Gorton North (403) and Gorton South (280) wards. In Central West district, the highest numbers of domestic burglaries occur in Chorlton (334) and Fallowfield (244) wards.

Figure 9: Antisocial behaviour, 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. In Central Manchester, Ardwick, Moss Side and Hulme have relatively high levels of Social Housing. Levenshulme, Rusholme and Whalley Range have the highest rates of private renting. Residents in Central West are more likely to rent than Central East wards. Chorlton and Levenshulme have the highest rates of home ownership in north Manchester, while Ardwick, Moss Side and Hulme have the lowest.

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.

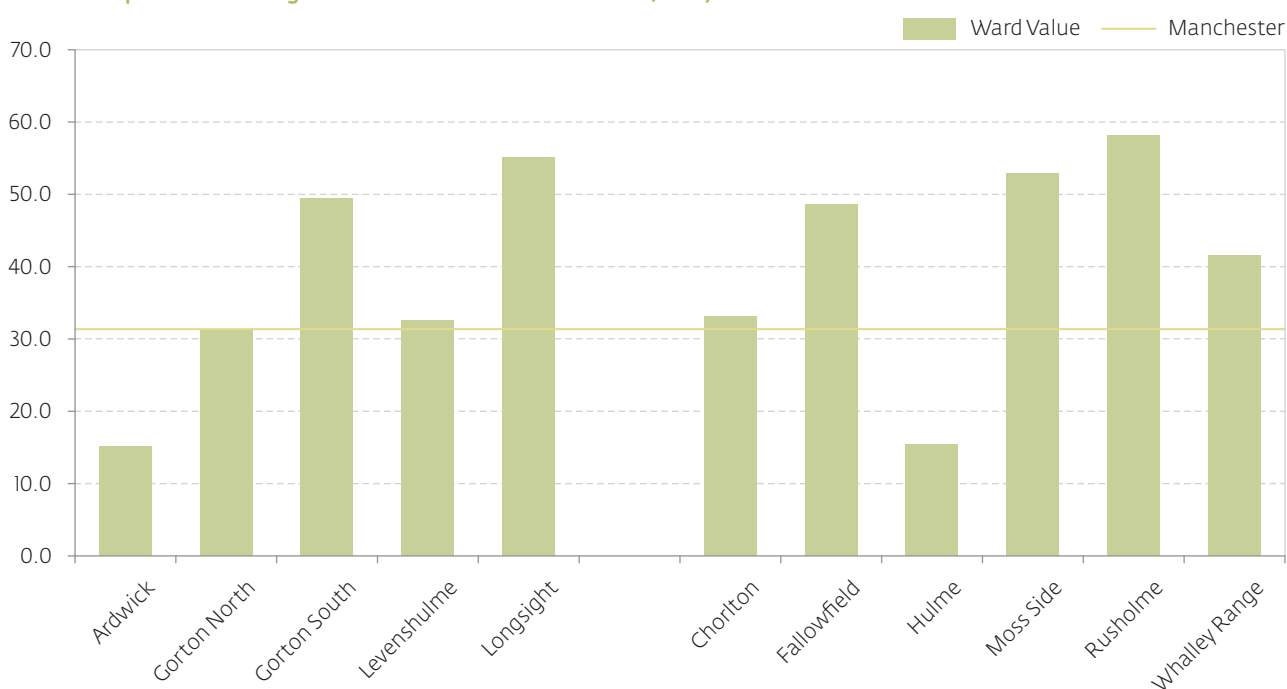
In terms of private sector housing, overcrowding is defined as a household with one or more bedrooms short of the Bedroom Standard¹. Overcrowding has a detrimental effect on health; communicable diseases are easily passed on and individuals' mental health can be affected, ie. lack of privacy, living 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. Wards in Central East district have considerably higher rates of overcrowding than those in Central West. The highest rates of overcrowding are in the wards of Ardwick (13%), Gorton South (16%) and Longsight (18%). In comparison, Chorlton is the only ward in Central West in which the rate of overcrowding (6%) is above the Manchester average of 5%.

Wards in the Central West district contain a higher proportion of homes falling below the 'decent homes' standard than those in the Central East district, although even these wards are above the Manchester average in terms of having high levels of low-quality housing. The wards of Rusholme (58.2%), Longsight (54.8%) and Moss Side (52.9%) have the highest proportions of low-quality housing. Note that the House Condition Survey only records data for private sector housing. Social housing is estimated to have lower rates of overcrowding, as where overcrowding occurs efforts are made to rehouse residents.

People living in private housing in Central West wards record a higher rate of complaints for disrepair and/or dampness. In Chorlton and Hulme, complaint rates are in excess of 80% of private sector housing. Most other wards are close to the city average of 57%.

Vacant properties are classed as those that have been vacant for more than two years. Overall, the proportion of properties in Central Manchester classed as vacant is below the city average of 1.5%. However, Longsight and Moss Side both have above average rates of vacant properties (2.2% and 2.7% respectively). Residents of Moss Side, Gorton South and Gorton North are most likely to report problems with empty dwellings.

Figure 10: % of private dwellings below 'decent homes' standard, 2007



Source: PSH House Condition Survey

¹ 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.

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 Central 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

- In comparison to the city-wide average, Central East wards have high live birth rates, while Central West wards tend to have below average rates.
- There are above average proportions of births registered to lone mothers in Central East Manchester wards. They also have high infant mortality rates in comparison to the rest of the city.
- Teenage pregnancy in Central Manchester is generally lower than the city-wide average, with only two hot spots: Gorton South and Moss Side. On the whole, women under 18 years living in Central East Manchester wards are more likely to conceive than women in Central West wards.
- Attendance rates at secondary school are close to or above the city-wide average but there are higher than average numbers of young people leaving school with no GCSE qualifications in wards in both Central East and Central West. Gorton North and Gorton South score poorly on both of these indicators.

This section considers the impact of changes in the number and type of maternities occurring in young women in Central 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 Central Manchester. This section also gives a brief insight to educational performance and attendance for young people in Central Manchester.

Early years

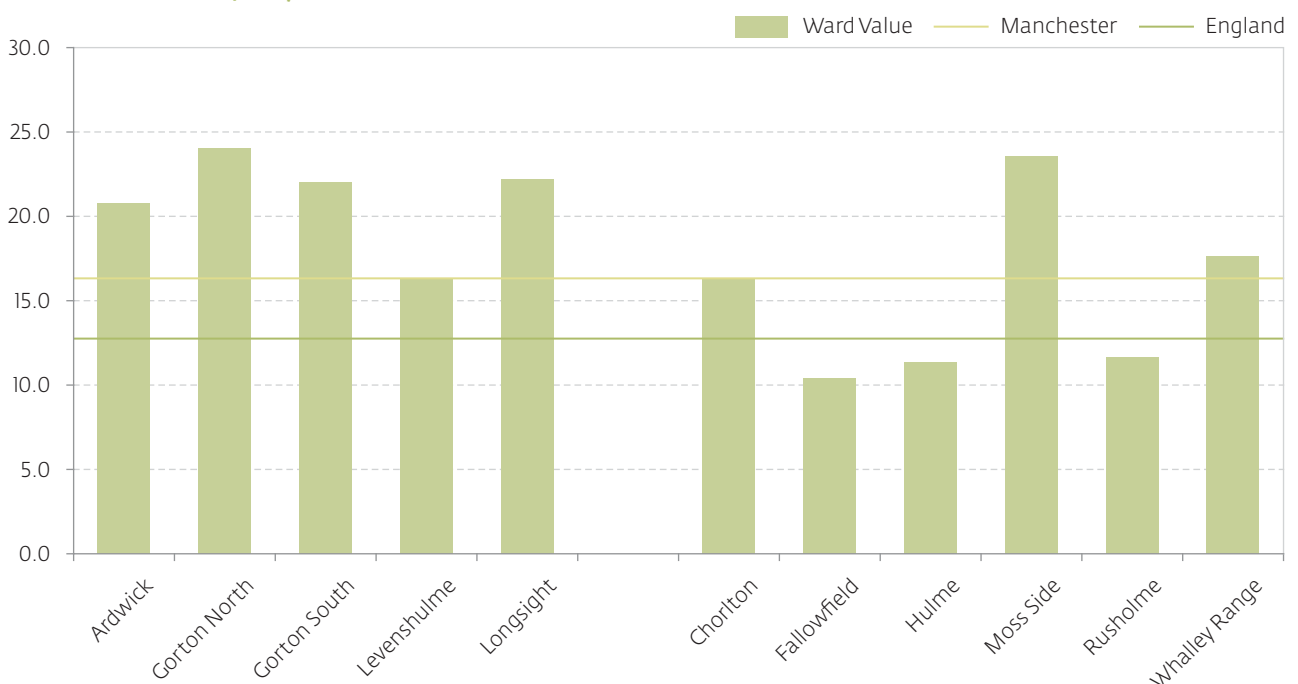
On average, wards in Central East district have significantly higher birth rates than those in Central West district. In Central East district, all the wards have live birth rates that are at or above the Manchester average of 16.4 births per 1,000 persons. All are higher than the national average of 12.8 births per 1,000. In contrast, Moss Side and Whalley Range are the only wards in Central West district to experience a live birth rate that is above the average for Manchester as a whole.

The proportion of low birthweight babies (ie. babies born weighing less than 2,500g) in wards within Central Manchester is above the national average. In general, mothers living in wards in the Central East district have higher rates of low birthweight babies than those living in wards in Central West. Over 11% of babies born to mothers living in Gorton North, Fallowfield and Rusholme are of low birthweight compared with the Manchester average of 9.7%. In contrast, the lowest rates of low birthweight babies are found in Levenshulme and Chorlton (8.6% and 6.6% respectively).

Death rates for infants under the age of one vary across Central Manchester. The highest infant mortality rates are found in Ardwick, Levenshulme, Whalley Range and Gorton South. The lowest rates are found in Chorlton and Rusholme. Note that in many cases the number of infant deaths in each ward is low and the infant mortality rates presented in the graph should be treated with caution.

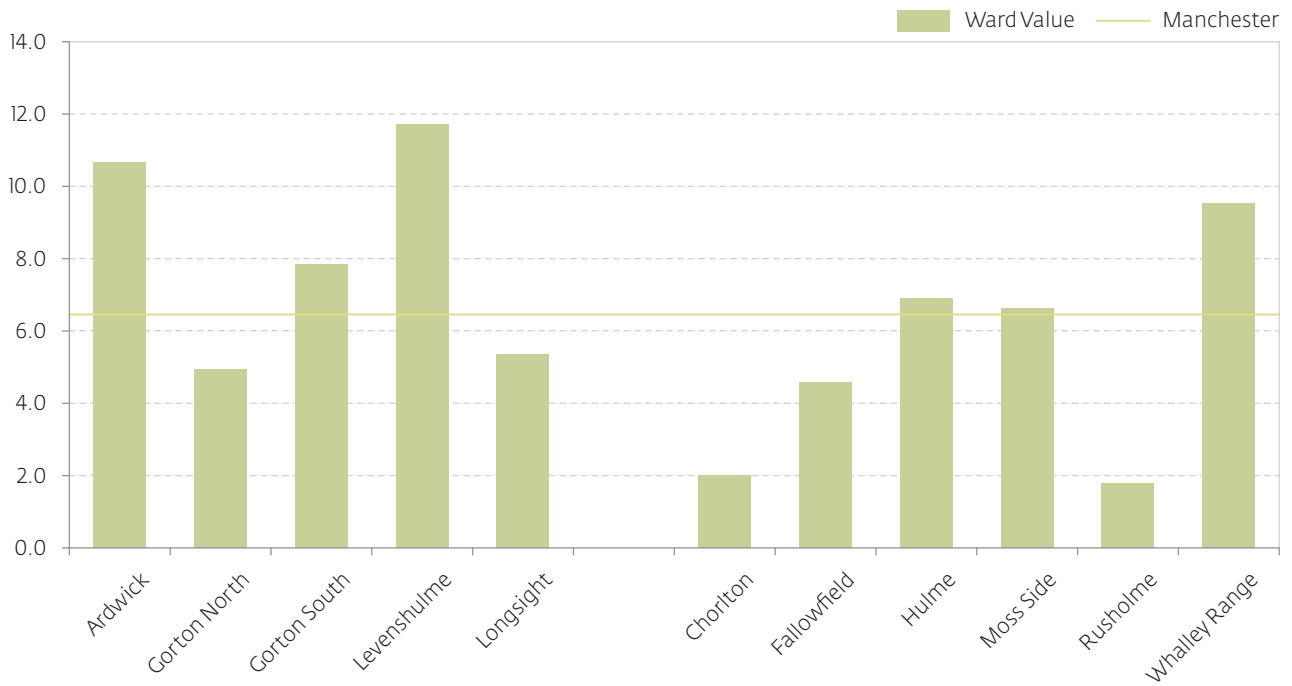
In Ardwick, Gorton North and Gorton South over a quarter of all births registered are to lone mothers. This rate is higher than the city average. In Central West district, only Hulme (31.1%) and Moss Side (27.2%) are above the city-wide average.

Figure 11: Live birth rates, 2007



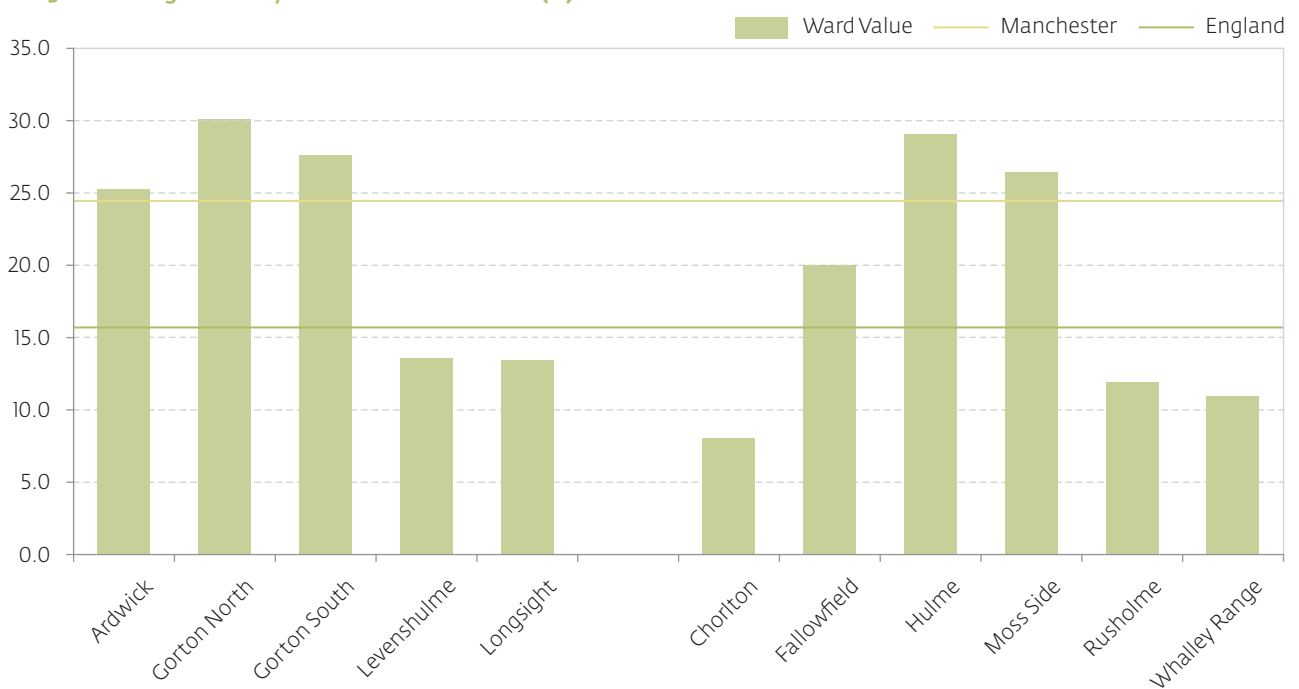
Source: Manchester Joint Health Unit/ONS 2005–07

Figure 12: Infant mortality per 1,000 live births by ward 2005–07



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

Figure 13: Births registered by lone mothers 2006–08 (%)



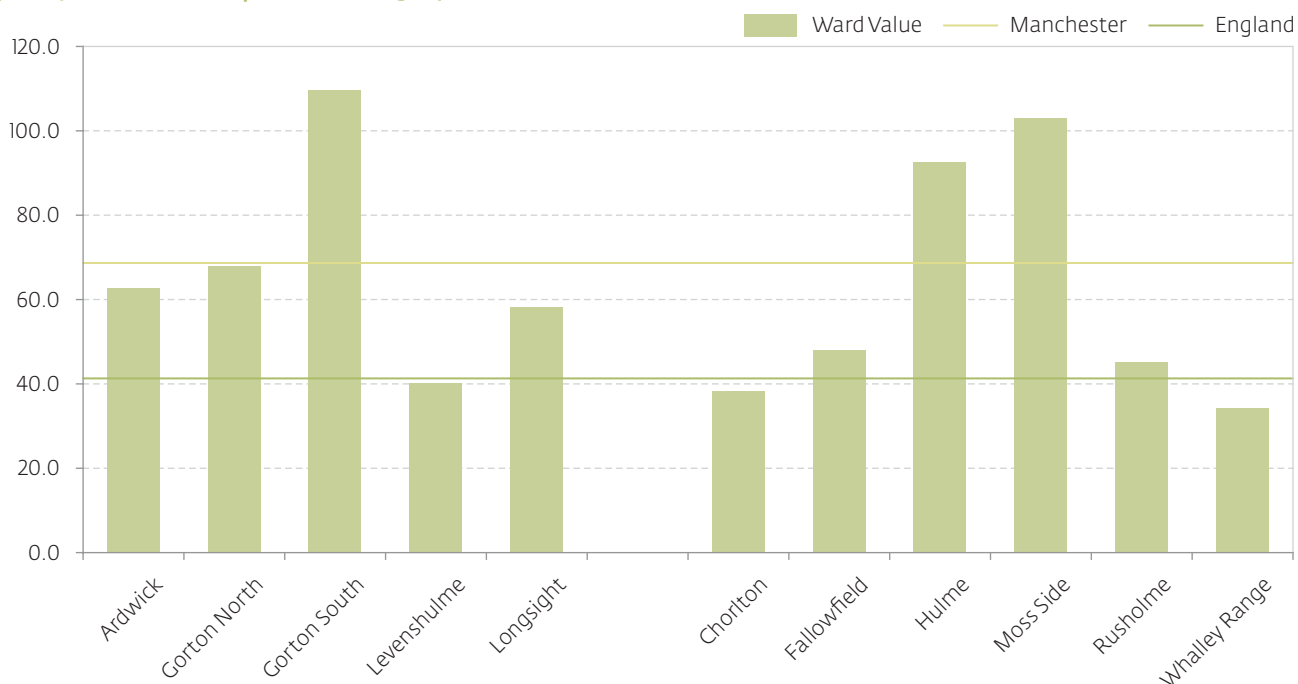
Source: Manchester Joint Health Unit/ONS 2006–08

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.

Central Manchester in general, has lower rates of teenage conceptions (defined as the number of births and legal abortions to women aged under 18 per 1,000 women aged 15–17 years of age) than the city-wide average of 68.6 per 1,000. Moss Side, Hulme and Gorton South are the only two wards exceeding the Manchester average, with rates of over 90 per 1,000. Old ward boundaries have been used for this graph due to the nature of data collection for this indicator.

Figure 14: Under-18 conception rate 2005–07



Source: Teenage Pregnancy Unit/ONS 2005–07

Educational attainment

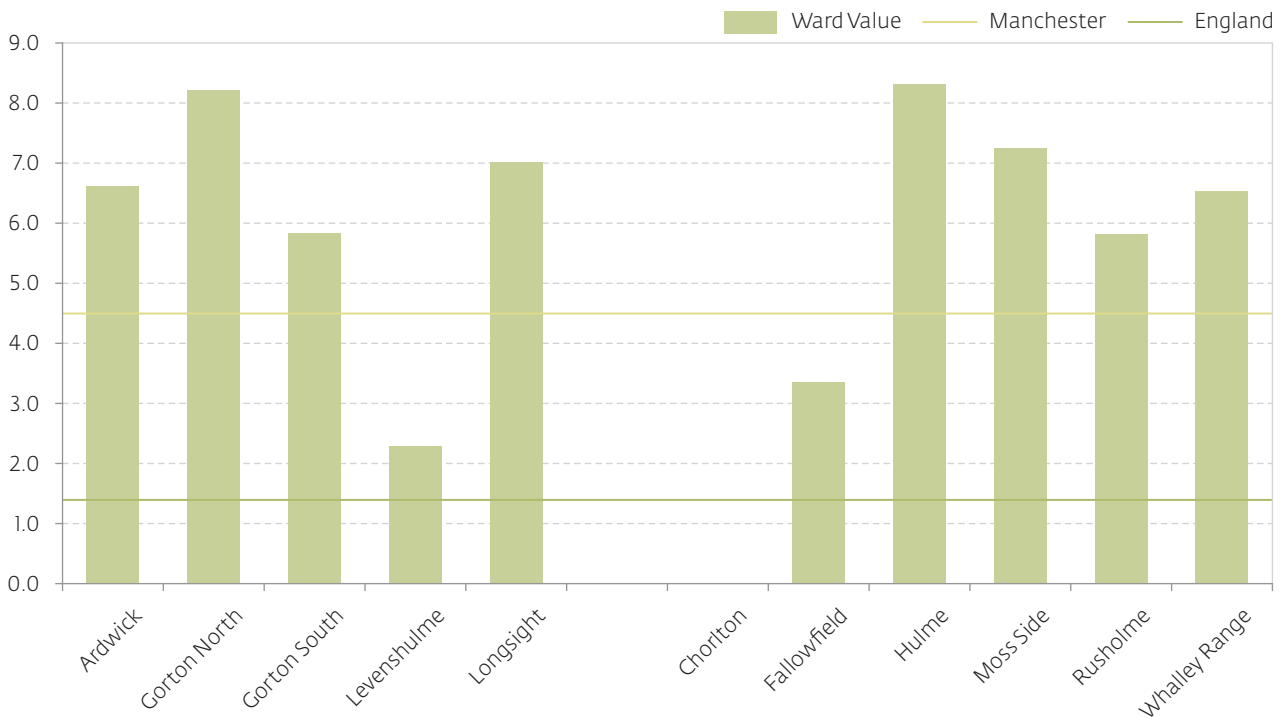
Educational attainment can be linked to health on several levels. Not only does it have the benefits of improved employment opportunities and social mobility, but a higher educational attainment can be linked to healthier lifestyle choices and attitudes.

Key Stage 2 tests in English, Maths and Science are taken by schoolchildren when they reach the age of 11. Most wards (seven out of 11) in Central Manchester fall short of the city average in terms of the proportion achieving satisfactory levels in these tests. Wards in Central West have higher Key Stage 2 attainment than Central East.

There are five wards that achieve above Manchester’s average for 5+ GCSEs including Maths and English: Levenshulme, Longsight, Chorlton, Rusholme and Whalley Range.

The proportion of young people leaving school with no GCSE qualifications at levels A*–G in Manchester is 4.5% compared with the national average of 1.4%. In Central Manchester, eight out of 11 wards are above the Manchester average and in around half of wards at least 7% of pupils leave school with no qualifications.

Figure 15: % of young people leaving school with no GCSE qualifications, 2009



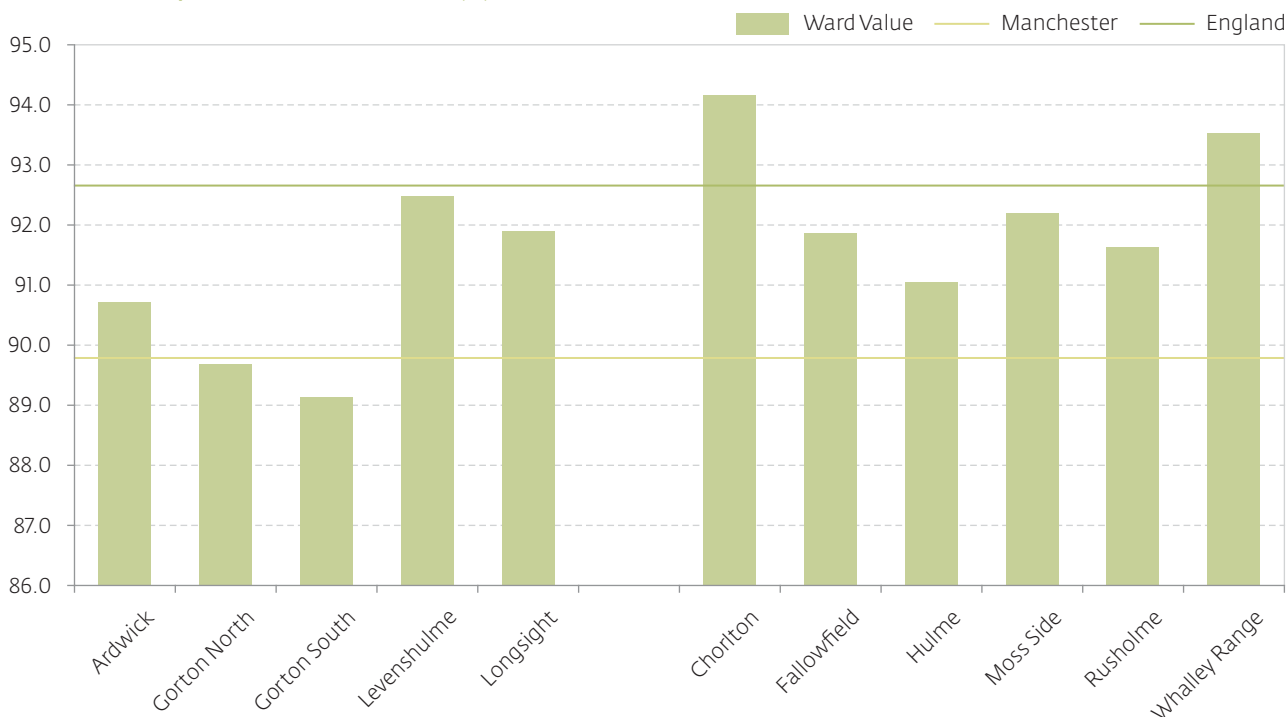
Source: Manchester Children’s Services Department 2009

School attendance and absence

Primary school attendance in Central Manchester is poor, with only five wards close to the city-wide average. Only Chorlton exceeds both city-wide and national average attendance. Gorton South, Longsight, Rusholme, Fallowfield and Whalley Range are all below average. However, levels of persistent absence in Central Manchester (defined as being absent for 20% or more of school time) are below average. Only Gorton South, Levenshulme and Fallowfield have rates of persistent absence above the Manchester average of 3.2%. While primary attendance does not vary greatly, the wards in Central East Manchester have higher persistent absence rates in primary schools than Central West wards.

Attendance and persistent absence among secondary school children in wards within Central Manchester follows a different pattern from that among primary school children. All but two wards in Central Manchester have rates of attendance that are at or above the average for Manchester as a whole (89.8%). The three wards with the lowest attendance rates and highest persistent absence rates (Ardwick, Gorton North and Gorton South) are in Central East district. In comparison, all other wards in Central Manchester have persistent absence rates below 7.5% and four of these wards are below the national average absence rates of 5.6%.

Figure 16: Secondary school attendance rates (%), 2009

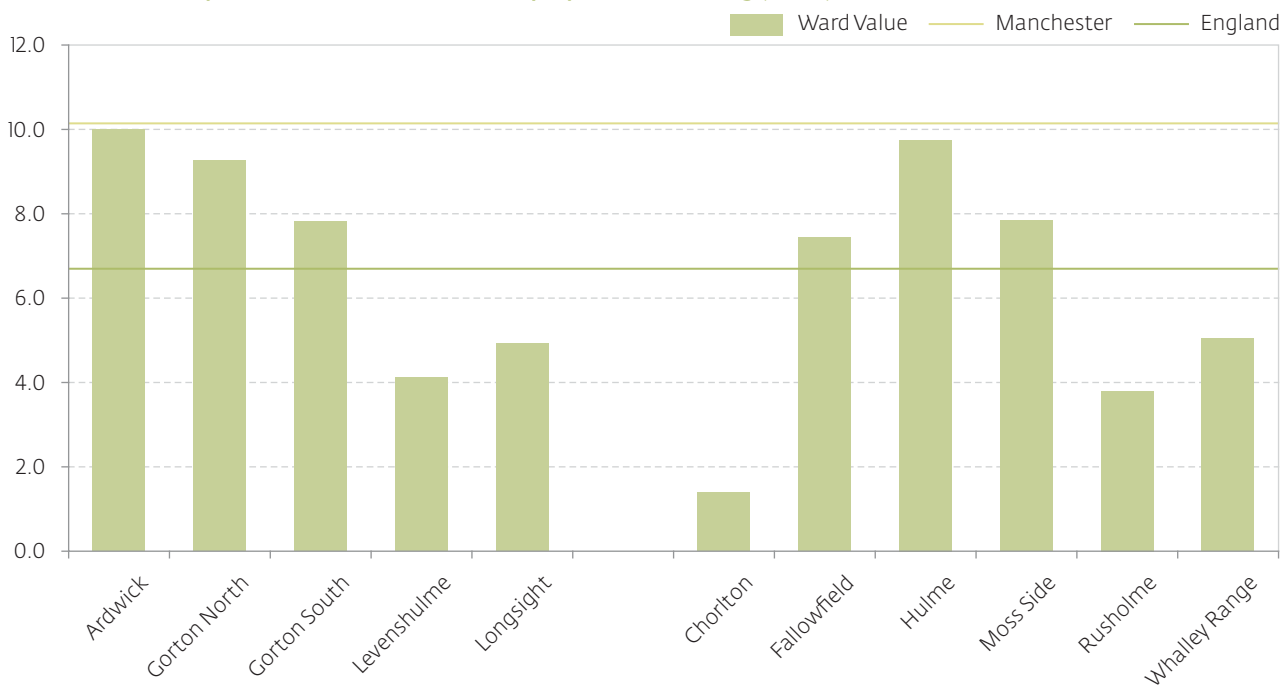


Source: Manchester Children's Services Department 2009

Central Manchester as a whole has lower rates of 16 to 18-year-olds not in education, employment or training (NEET) compared with the Manchester average (10.2%). Wards in Central East district have higher rates than those in Central West.

Within each district, there are three wards that have particularly high rates of NEET. In Central East, these wards are Ardwick, Gorton North and Gorton South, and in Central West they are Fallowfield, Hulme and Moss Side. These same six wards also perform poorly on secondary school attendance as mentioned above.

Figure 17: % of 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 Central East wards report lower alcohol consumption than Central West wards. Residents of Chorlton, Fallowfield, Whalley Range and Levenshulme are reported to be the biggest drinkers.
- According to Residents Survey, diet in Manchester is poor, with only 21% of adults eating the recommended five fruit or vegetables per day. Central East Manchester wards tend to be below average and Central West wards tend to be above.
- There are lower proportions of people taking part in regular exercise in Central West wards than in Central East, where most wards exceed the city-wide average.
- Immunisation rates for BCG, MMR and Men C and Hib booster are good across Central Manchester wards when compared to the city-wide averages. However, uptake of the third primary dose is below average in Central West wards.

This section looks at local patterns of lifestyle and behavioural risk factors in Central 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 Central Manchester is low in comparison to the rest of the city, with the highest rates reported in Fallowfield (29%) and Hulme (30%). In terms of smoking quit rates, most of the wards in Central Manchester are above the city average of 43.9%. Chorlton and Fallowfield have a higher smoking quit rate than the national average. Only Hulme and Gorton South have below average rates of smoking quitters, although these are still above 40%.

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%. Overall, people living in Central Manchester are more likely to report that their levels of alcohol consumption are low. However, there are four wards that exceed the city average for alcohol consumption. These are Chorlton (66%), Fallowfield (53%), Levenshulme (53%) and Whalley Range (46%). Residents of Central East district are more likely than those living in Central West to report that their alcohol consumption is low. With the exception of Levenshulme,

all wards in Central East are below 35%. In comparison, all wards in Central West are above 35%. 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 pattern of alcohol-related hospital admissions.

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 Central Manchester are less likely than average (21%) to report that they eat at least five portions of fruit or vegetables a day. In Central West district, Moss Side is the only ward where fewer than 20% of residents report that they eat at least five portions of fruit or vegetables a day. In Central East district, fewer than 20% of residents in four out of five wards report that they eat at least five portions of fruit or vegetables a day.

Figure 18: Diet at least 5 fruit or vegetables per day (%), 2007

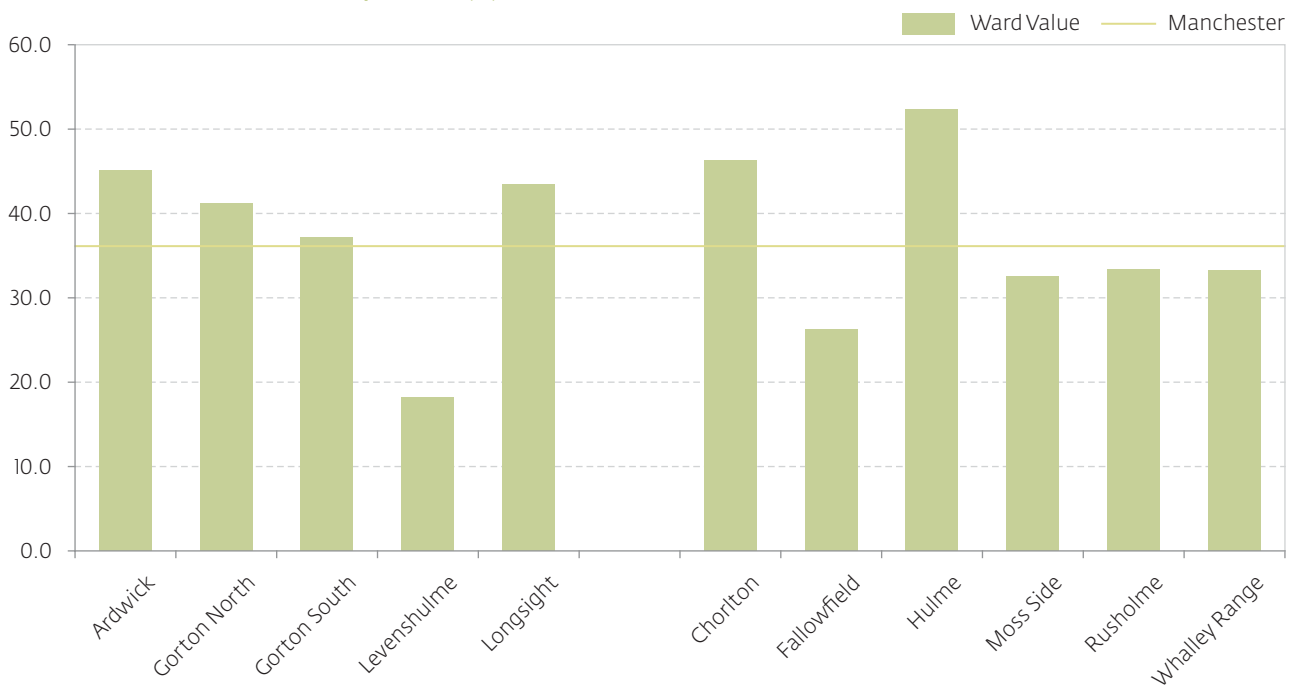


Source: Manchester Residents Survey 2007

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. Central East outperforms Central West as four out of five wards are above the Manchester average of 36%. Levenshulme scores much lower than all other wards in Central Manchester with 18%.

Figure 19: Exercise at least five times per week (%), 2007



Source: Manchester Residents Survey 2007

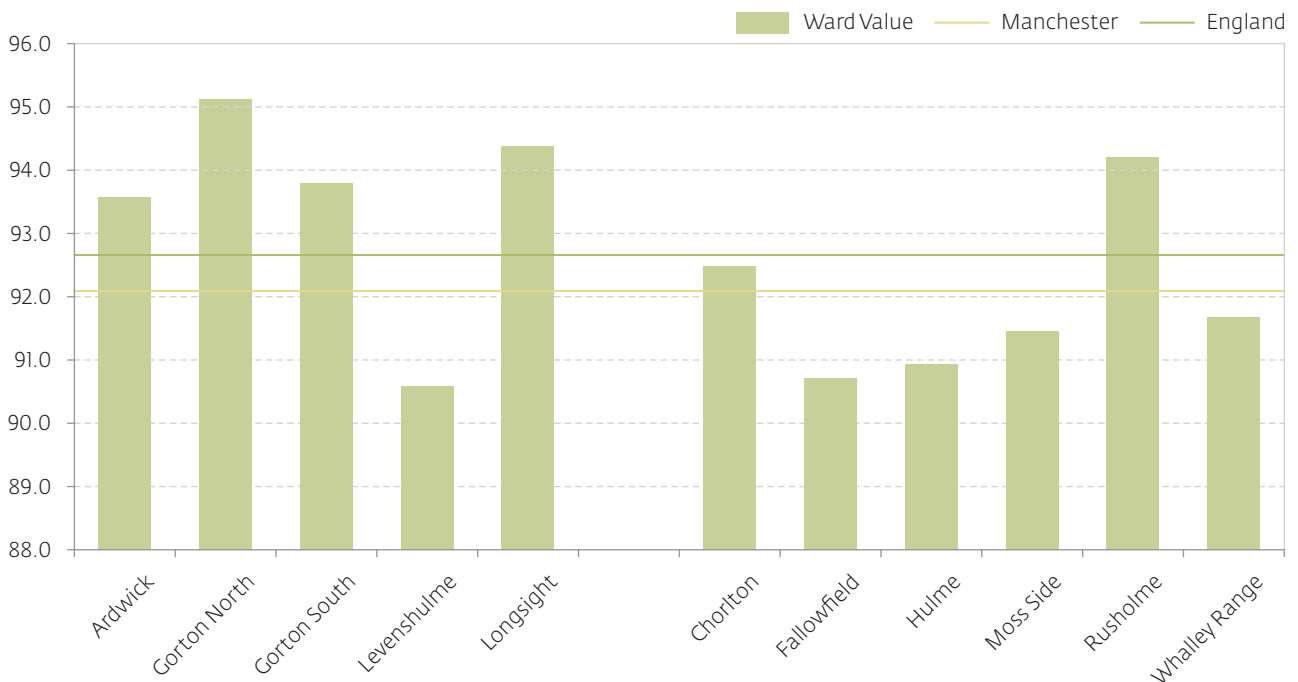
Prevention of infectious diseases

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.

Uptake of childhood immunisation for neonatal BCG, MMR, and Men C and Hib booster at two years of age is good across Central Manchester, with most wards close to or above the city average². However, there are some notable exceptions to this pattern. In Hulme and Moss Side, uptake of the Men C and Hib booster is below the city average and in Fallowfield the same is true for the MMR vaccination. Overall, uptake of the third primary dose of childhood vaccinations is not as high. In Central West district, only Chorlton and Rusholme have immunisation rates that are above the Manchester average of 92%. In Central East, only Levenshulme has below average rates of childhood immunisation (90.6%).

² Children are routinely scheduled for a series of immunisations from the age of two months, for three 'primary' immunisations against the following diseases: diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenza B (Hib), and Meningitis C. (Men C) and Pneumococcal. A single dose of MMR (measles mumps and rubella) is offered from 13 months of age.

Figure 20 – Uptake of 3rd primary dose of childhood immunisation (%), January 2009



Source: NHS Manchester Child Health Department (January 2009)

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

Headlines

- Residents in Central East Manchester wards are more likely to report having a long-term illness or disability than Central West residents.
- All age all cause mortality rates are higher in Central East wards than Central West, with Ardwick and Gorton North having considerably higher mortality rates than the city-wide average.
- Wards in Central West have higher than average rates of mortality due to circulatory diseases with the exception of Chorlton and Fallowfield.

This section considers the impact of changes in long-term conditions, chronic disease and disability on health and social care services in Central 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. In Central Manchester, the highest rates of long-term illness or disability are found in Gorton South (41%) and Gorton North (38%). On average, people living in wards in Central West district are less likely to report having a long-term illness or disability than those living in Central East.

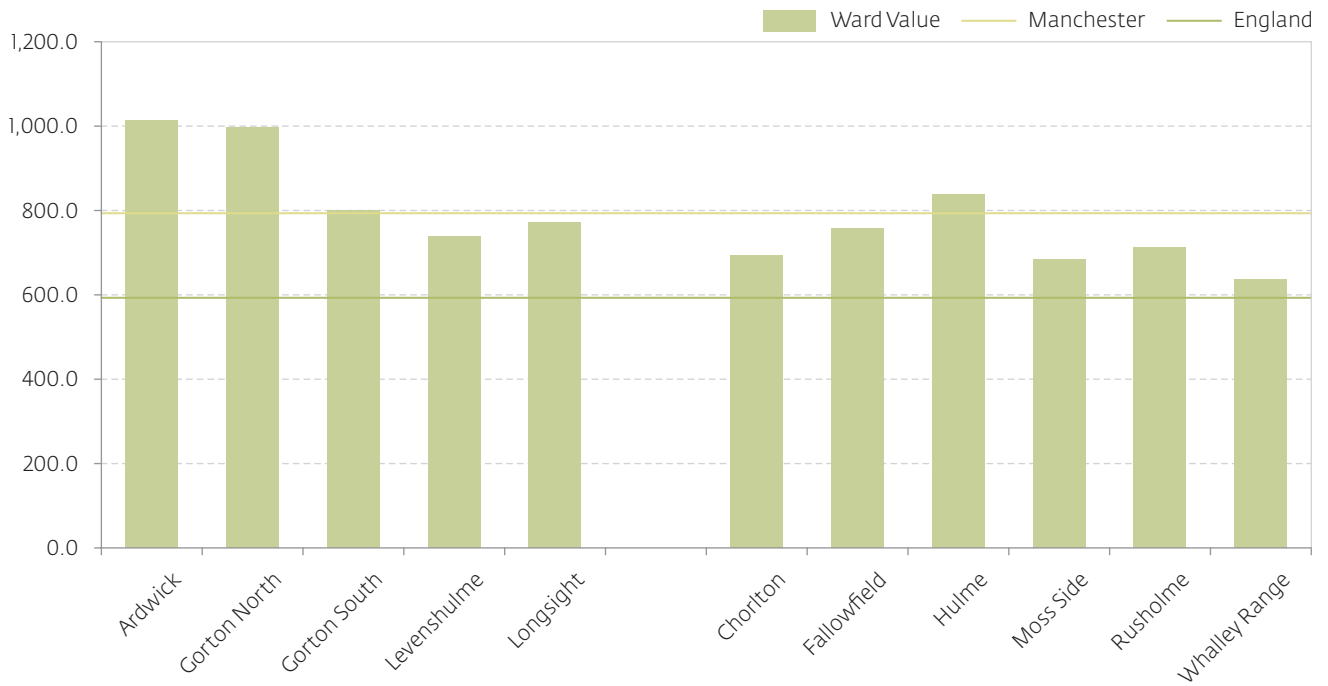
Wards in Central East district have higher all age all cause mortality rates than those in Central West district. The highest rates can be seen in Ardwick (948.4 per 100,000) and Gorton North (957 per 100,000), both of which are over 25% higher than the average for wards in Central Manchester as a whole.

The mortality rate for all cancers in persons aged 0–74 years in Central Manchester wards tends to be below the average for Manchester as a whole (153.5 deaths per 100,000). However, there is variation within the area. In Central East district, three wards have above average rates of mortality from cancer (Ardwick 153.9, Gorton South 175.5 and Gorton North 160.4). Mortality from cancer in Central West is slightly lower than Central East: Chorlton (159.4 per 100,000), Fallowfield (164.7 per 100,000) and Hulme (154.2 per 100,000) are above average and other wards are below.

In Central Manchester, the areas with the highest mortality rates from all circulatory diseases in persons aged 0–74 years are Hulme (155.7 per 100,000), Whalley Range (143.7 per 100,000) and Gorton North (140 per 100,000). Central West wards generally have higher mortality than Central East wards.

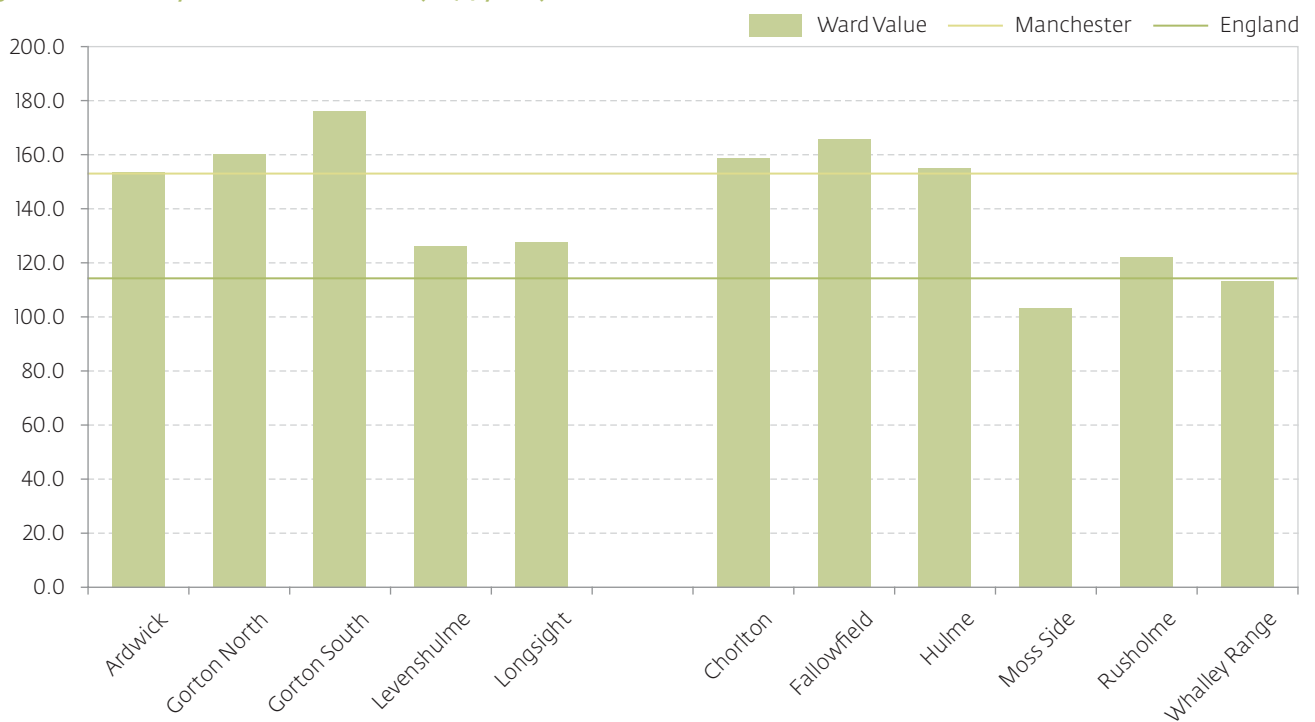
The percentage of people killed or seriously injured (KSI) in road traffic accidents in Central Manchester is relatively low compared with both city and national averages. The highest rates of KSI are in Gorton North (14.6% of all KSI in Manchester), Gorton South (8.9% of all KSI in Manchester), Levenshulme (12.6% of all KSI in Manchester) and Whalley Range (9.4% of all KSI in Manchester). Overall, wards in Central East district have higher rates of KSI than wards in Central West, where only Longsight shows a below average rate of KSI.

Figure 21: All age all cause mortality (AAACM) 2006–08



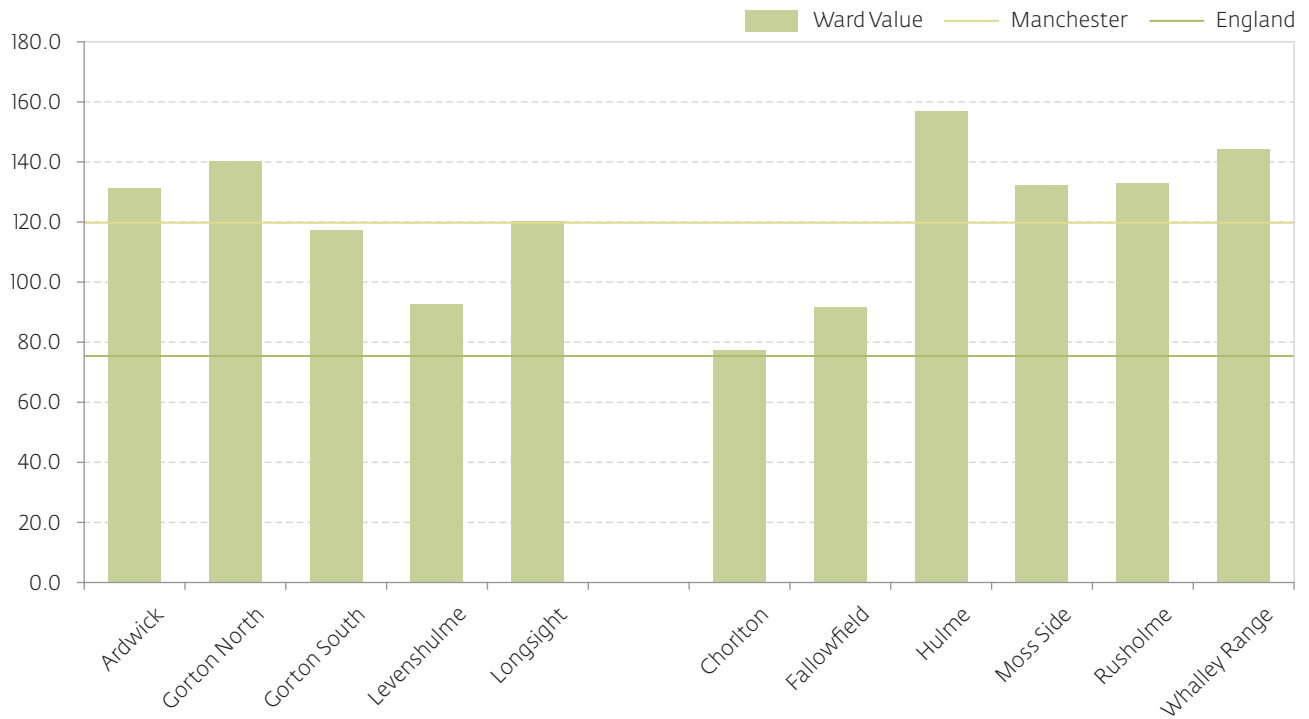
Source: Manchester Joint Health Unit/ONS 2006–08

Figure 22: Mortality rate from all cancers (0–74 years) 2006–08



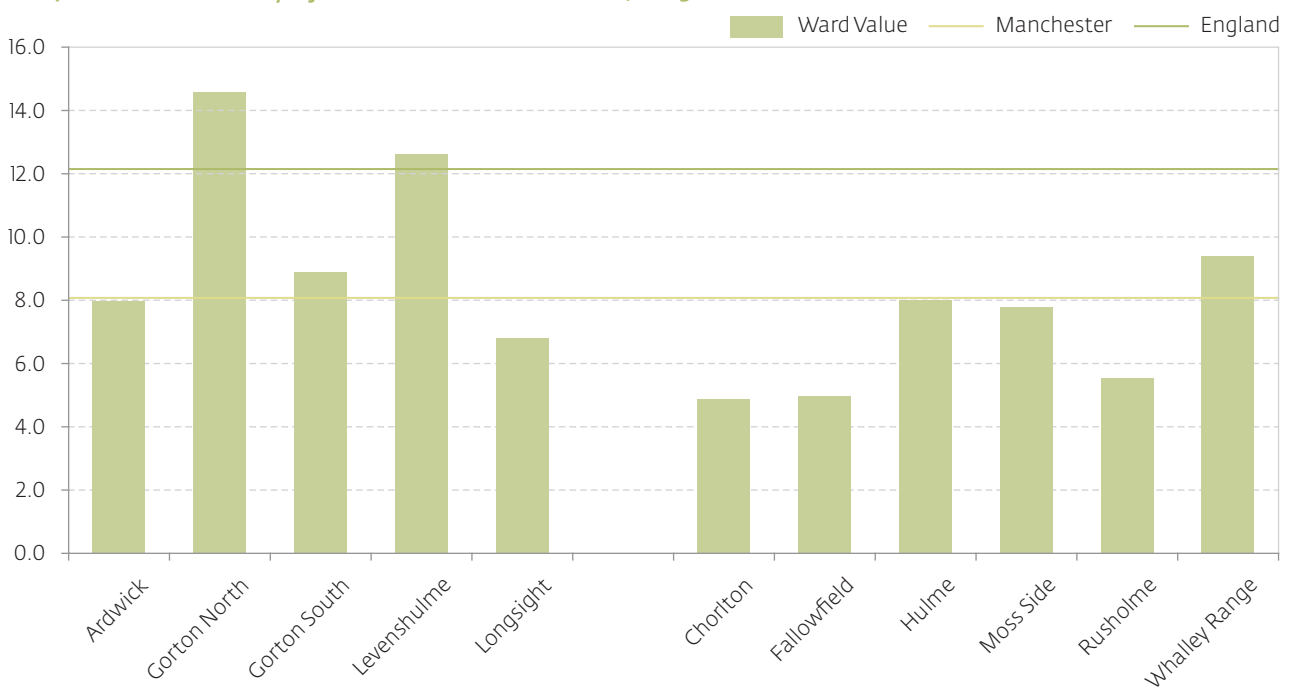
Source: Manchester Joint Health Unit/ONS 2006–08

Figure 23: Mortality rate from circulatory diseases (0-74 years) 2006-08



Source: Manchester Joint Health Unit/ONS 2006-08

Figure 24: % killed or seriously injured in road traffic accidents, 2005-08



Source: Manchester Collision Investigation Unit 2008/09

Part F: Access to services

Headlines

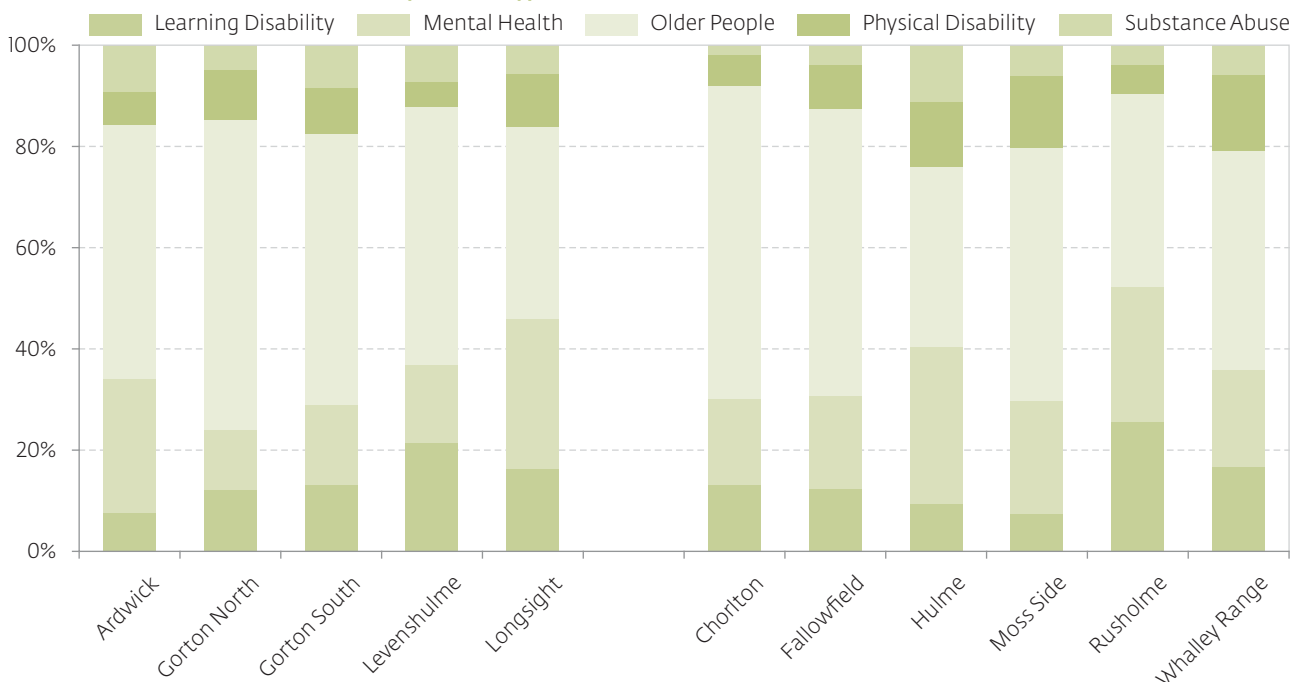
- Older people form the largest proportion of people accessing social care services.
- Housing provision for people with learning disability is higher for Central West wards than for Central East.
- Central West Manchester wards have higher than average proportions of people accessing mental health services.
- Maternity hospital admission rates are above average in Central East; rates are especially high in Gorton South and Longsight.
- Alcohol-specific hospital admission rates are significantly higher in Central East than Central West, with particularly high rates in Ardwick, Gorton North and Gorton South wards.
- The highest proportions of over-64-year-olds referred to mental health services can be found in Ardwick, Gorton North and Moss Side.

Directorate for Adults

The graph below shows the breakdown of Directorate for Adults customers. Older people make up the largest percentage of individuals using Directorate for Adults services in every ward in Central Manchester. Substance misuse and physical disability services tend to have the smallest proportion of customers in each ward.

Wards in Central Manchester are generally above the city average (15.9%) in terms of the proportion of non-white ethnic groups accessing Directorate for Adults services. Wards in Central West district contain a higher proportion of customers from non-white ethnic groups than Central East. Rusholme, Hulme, Whalley Range and Moss Side all contain proportions above 40%.

Figure 25: Use of Directorate for Adults by service type, 2009



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

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

Learning disability	The wards with the largest number of customers of learning disability services are Rusholme and Levenshulme. In most wards, men are more likely than women to access these services. In Ardwick, Gorton South, Levenshulme, Rusholme and Whalley Range more than 70% of all customers are male. Housing provision for people with a learning disability is relatively high in Central West district and low in Central East district, with the exception of Levenshulme. Ardwick and Hulme are shown to have no housing provision for people with a learning disability.
Mental health	All the wards in Central West are above the city average in terms of the proportion of customers accessing mental health services. Use of these services is lower in wards within Central East districts than it is in those in Central West district. The wards with the highest proportions are Hulme (31.3%), Rusholme (26.3), Longsight (29.2%) and Ardwick (26.1%).
Older persons	Wards in Central East district tend to have a higher proportion of customers accessing services for older people than those living in Central West district. The only wards that are above the Manchester average (54.1%) are Gorton North (61.4%), Chorlton (62.3%) and Fallowfield (56.9%).
Physical disability	Wards in Central West district contain a higher proportion of customers of services for people with a physical disability than wards in Central East. The proportions of physical disability customers in Hulme (13%), Moss Side (14%) and Whalley Range (15.1%) are all above the Manchester average (10.5%). Gorton North has a high number of residents accessing services for people with a physical disability, although this does not make up a large proportion of the total number accessing Directorate for Adults services.
Substance misuse	On average, 5.1% of people accessing Directorate for Adults services in Manchester are using services for substance misuse. Most wards in Central Manchester exceed this rate. People living in wards in Central East district are more likely to be customers of these services than those living in wards in Central West. Hulme and Ardwick contain the highest percentage of Directorate for Adults customers using these services (10.9% and 9.2% respectively).

Nursing and care homes

The number of nursing care home places available affects the numbers of customers living in different areas of the city. In terms of nursing home places, Moss Side, Hulme, Gorton South and Levenshulme have none. Ardwick, Gorton North and Fallowfield have the highest number of places in Central Manchester. Chorlton and Whalley Range have the highest number of care home places in Central Manchester while Moss Side, Hulme and Gorton South have none.

Individual Budgets

Individual Budgets enable customers to select the services they want as part of their care/recovery plan. They are already used by MMHSC 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 Central Manchester. Gorton North and Gorton South have the highest proportion with 4.1% and 4.4% respectively of Manchester's total allocated Individual Budgets. In Central East Manchester wards, only Levenshulme is below the city average (3.1%). In Central West wards, only Fallowfield (3.4%) and Moss Side (3.8) are above the city average.

Figure 26: Percentage of city-wide Individual Budgets allocated (%), 2009



Source: Manchester City Council Directorate for Adults

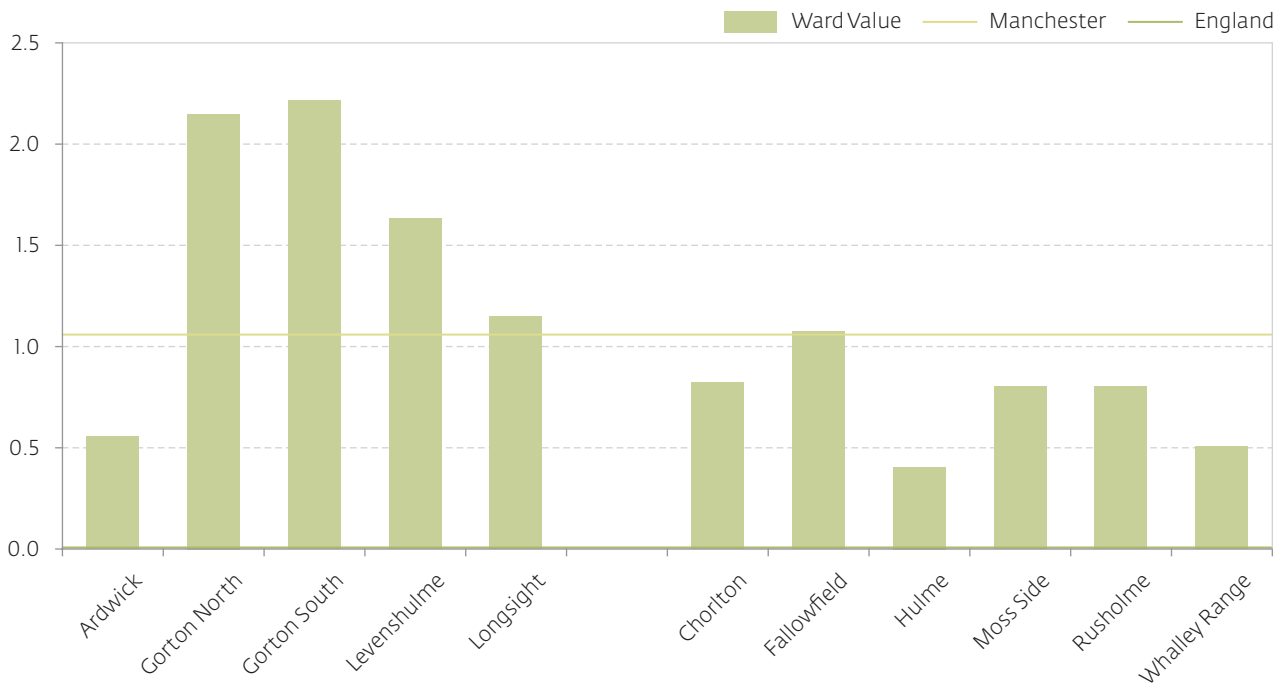
Distance to health services

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.

The population living in wards in Central Manchester generally have a less than average (0.32 miles) distance to travel to the nearest GP, and Longsight has an average below 0.1 miles. In Central East Manchester, Ardwick (0.4 miles), Gorton South (0.6 miles) and Levenshulme (0.4 miles) all exceed the city-wide average distance to the nearest GP. In Central West Manchester only Moss Side and Whalley range are further than the Manchester average for distance to the nearest GP.

People in Central East wards have further to travel to their nearest NHS hospital than people in Central West wards. People in Gorton North (2.1 miles), Gorton South (2.2 miles) and Levenshulme (1.6 miles) have the furthest to travel. All wards in Central West are below the Manchester average distance (1.1 miles) to the nearest NHS hospital. Note that this data collection method measures distances 'as the crow flies' and actual travelling distances (and times) may be greater.

Figure 27: Distance to nearest NHS hospital (miles), 2008

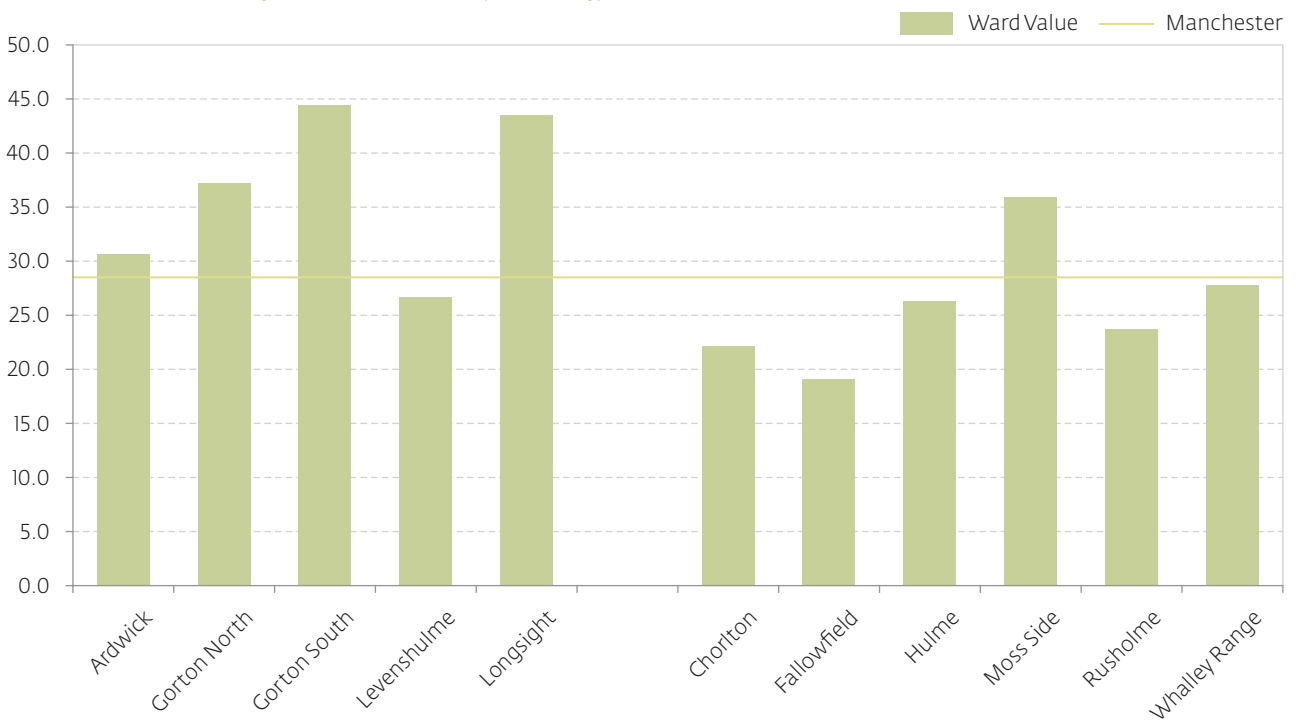


Source: CACI (Community Insights) 2008

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 and emergency hospital admissions, wards in Central Manchester tend to have a lower admission rate than that for Manchester as a whole. Gorton North and Gorton South are the only two wards that exceed the city-wide average for elective admissions (166.2 per 1,000) and emergency (110.6 per 1,000). However, admissions to hospitals for maternity among wards in Central East are higher than those in Central West, with only Levenshulme dipping below the Manchester average (28.5 per 1,000). In Central West, only Moss Side (35.7 per 1,000) is above the Manchester average.

Figure 28: Standardised hospital admission rate (maternity), 2008/09



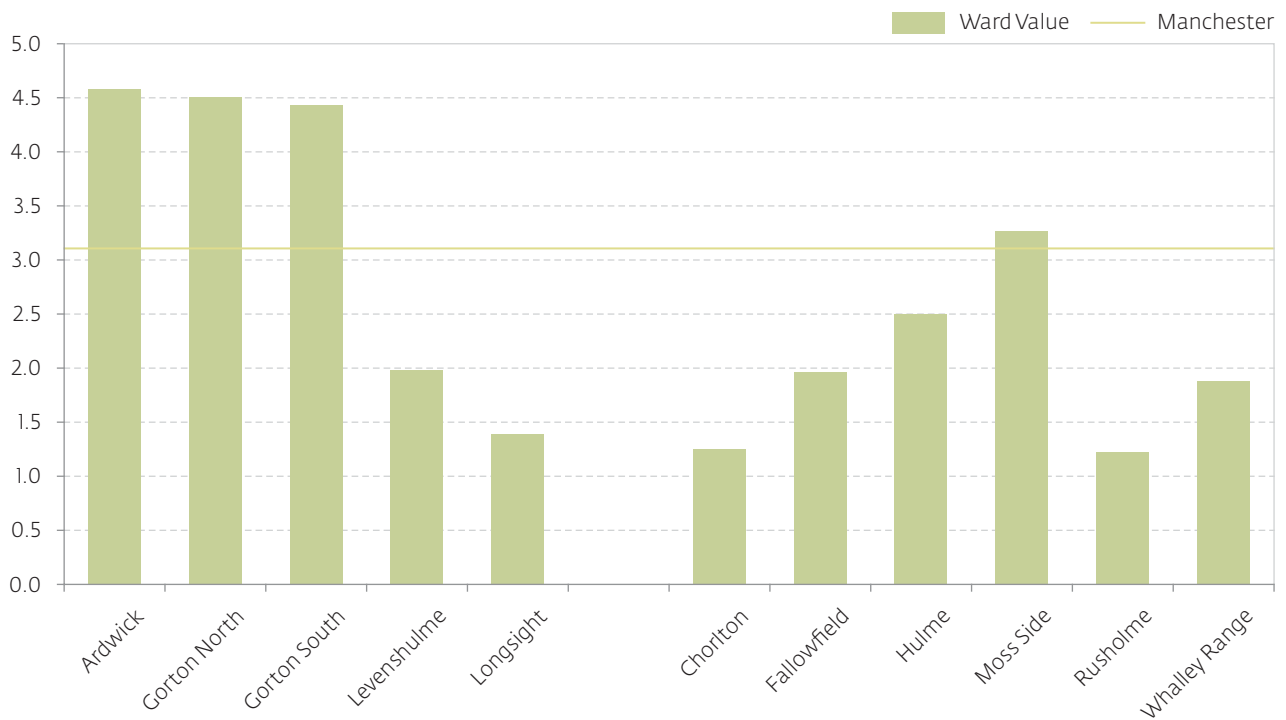
Source: Admitted Patient Care SUS CDS 2008/09

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 Central East and Central West districts. Ardwick (4.6% of all admissions), Gorton North (4.5% of all admissions) and Gorton South (4.4 of all admissions) have relatively high admission rates, compared with Moss Side (3.2% of all admissions) and Hulme (2.5% of all admissions). In Central West districts, the majority of the wards have an alcohol-specific admission rate of less than 2% of all alcohol-specific hospital admissions.

Figure 29: 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

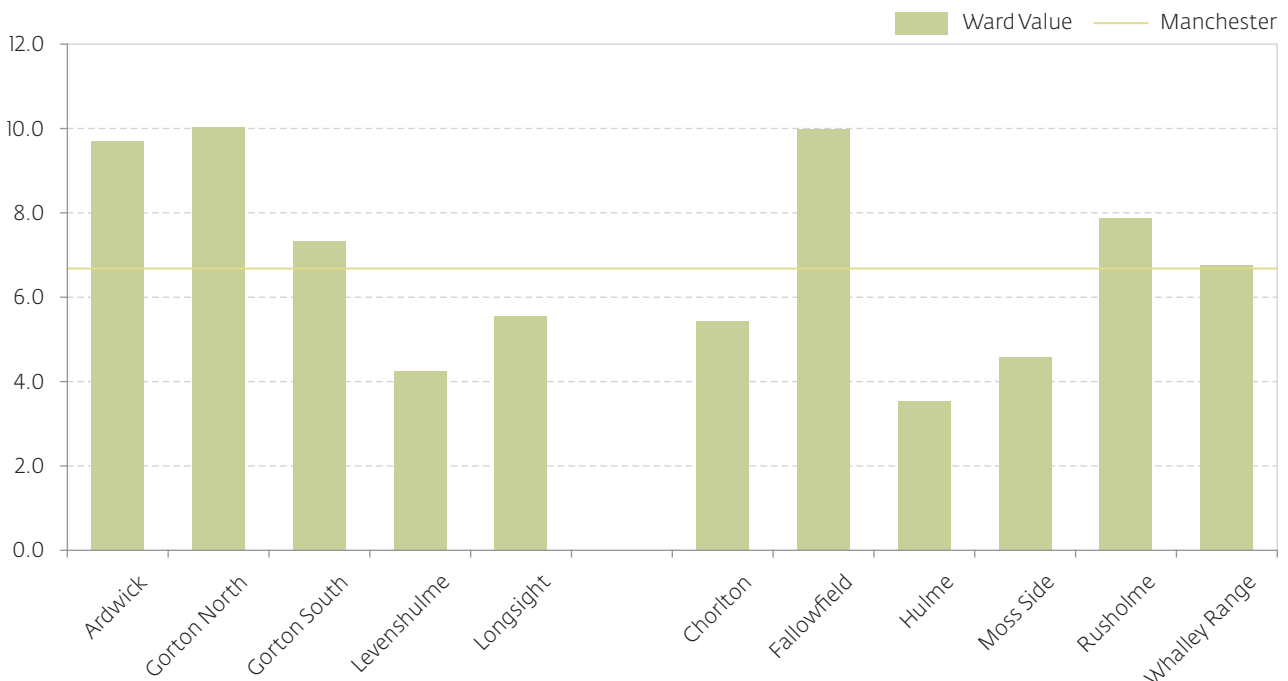
Measuring the referrals to secondary mental health services is one of the ways of demonstrating the level of demand for the services; however, this only provides an indicator of the needs of people with severe and enduring mental health needs. People with less severe needs are either referred to Primary 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. Ardwick has the highest rate of referrals (6.8% of the local population) to secondary mental health services. No other ward in Central Manchester reaches the city average of 4.8%. When looking at referrals of persons from certain age groups, the highest referral rates for people aged over 64 are in Ardwick (9.6% of the local population), Gorton North (10% of the local population) and Moss Side (10% of the local population). For people of working age (16–64 years for

men and 16–59 years for women), wards in Central Manchester all have rates that are close to or below the city-wide average (4.1% of the local population). Only Ardwick does not follow this trend, with a rate of 6.4% of the local population.

Patients seen

On average, 3.8% of the population of Manchester has been seen by Manchester Mental Health and Social Care Trust services. In Ardwick this rises to 5.9% of the population that has been seen by these services. However, most wards in Central Manchester are below the city average, ranging from Levenshulme at 2.9% to Gorton North at 4.5% of the local population.

Figure 30: % of mental health referrals to people aged over 64, 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 Central 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 Central Manchester. These are:

- Personalisation
- Improving access to appropriate high-quality 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 Central 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 Central 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.

Key priorities for agencies working in Central 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.

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 Central Manchester

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> Promoting independence Providing specialist housing for young adults with autism and people with dementia and alcohol/drug problems Increasing customer choice and control over services through the further expansion of Individual Budgets Improving outcomes for customers with mental health problems Increasing provision of short-term and specialist support at home Supporting customers of social care services to develop the practical and social skills needed to find employment 	<p>25, 46 and 50</p> <p>47</p> <p>51</p> <p>Core Dataset</p> <p>22</p>
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> Promoting physical fitness among users of mental health services Building resilience and raising aspirations Ensuring that users of mental health services have access to good-quality accommodation and housing support Helping users of mental health services to find secure employment Staff training to reinforce importance of housing on patient outcomes 	<p>51</p> <p>21, 29 and 32</p> <p>25 and 51</p> <p>21 and 51</p> <p>25</p>
Regeneration teams	<ul style="list-style-type: none"> Improve housing quality Reduce overcrowding Family housing Raise aspirations 	<p>25</p> <p>21, 29 and 32</p>
NHS Manchester (Central PBC Hub and Manchester PCT)	<ul style="list-style-type: none"> Access to mental health services Housing support Reablement through short-term support at home Housing support for vulnerable adults especially those at risk of becoming homeless Adopt a multi-agency approach to tackle homelessness, including mental health needs, housing advice, data sharing and early intervention Specialist care at home Find work and raise aspirations 	<p>51</p> <p>25</p> <p>29</p> <p>29</p> <p>21, 29 and 32</p>

Improving access to appropriate high-quality 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 Central 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 Central 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.
 - Expanding the role of schools and community services in helping to break down cultural barriers.
 - 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.
 - Improving access to lifestyle opportunities, particularly for children and young people, by maximising health education in schools and making better use of green spaces to promote exercise and reduce the risk of heart disease and cancers and improve mental wellbeing.
 - 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.
 - 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 Central Manchester

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> • Further expand the reach of individual budgets to allow greater flexibility and choice over services • Improve access to and uptake of non-traditional social care services • Promote Assistive Technology to encourage independence and safety 	47 Core Dataset Core Dataset
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> • Improve speed and ease of access to mental health services • Increase availability of suitable accommodation at time of discharge to preserve individual autonomy and promote recovery and self-reliance • Improve collection of data on patient experience as a means of improving quality 	51 25
Regeneration teams	<ul style="list-style-type: none"> • Improve access to services for new and existing BME groups • Increase equity of access to services for people living in more deprived areas • Overcome barriers, linguistic, transport • Improve outreach of schools and other services into the community • Promote a joined-up approach to delivery of prevention services and opportunities 	17 and Core Dataset 19
Children's Services	<ul style="list-style-type: none"> • Improve and broaden access to services that enhance the quality of life for disabled children, young people and their families • Increase opportunities to consult parents about the range and quality of services • Increase support for the Family Information Service • Short breaks programme to support carers and their families 	29
NHS Manchester (Central PBC hub and Manchester PCT)	<ul style="list-style-type: none"> • Increase delivery and uptake of evidence-based interventions in primary care, including statin prescribing, respiratory aids/inhalers and lower cost generic drugs where appropriate • Improve management of long-term conditions in primary care in order to better manage demand for urgent care • Increase access to palliative care, including support for those who wish to die at home • Reduce length of stay and facilitate early discharge from hospital • Ensure availability and access to community services, particularly around intermediate care • 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 • 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 • Increase access to Clinical Assessment Treatment and Support Services – CATS • 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 • Improve equality of distribution of housing advice for users of homelessness services 	41 and Core Dataset 49 19 and 48 27

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 Central 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. The Residents Wages project has been a good example of this work.
- 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.

The Residents Wages project takes a whole-family approach with integrated multi-agency working to increase participation in education, training and employment. The project engages with employers in the city to maximise opportunities for Manchester residents in entry-level jobs to gain skills and move into higher paid posts.

Table 7: Employment and worklessness priorities in Central Manchester

Agency	Priorities	Pages of interest
Directorate for Adults	• Build on the success of the Residents Wages Project in engaging with employers to increase participation in education, training and employment	22 and 32
	• Further enhance a family-based approach to improving employment by targeting the community through home visits	22
	• Increase awareness of the need to wrap support around the family	29
Manchester Mental Health and Social Care Trust (MMHSCT)	• Increase capacity of service to deliver Individual Placement and Support (IPS) to users of mental health services	22 and 51
	• Map out all mental health and employment services in Manchester across all agencies to increase understanding among customers of the services available for them	22 and 51
Regeneration teams	• Tackle mental ill health and improve wellbeing in order to remove barriers to employment	22 and 51
Children's Services	• Narrow attainment gap in schools	32
	• Reduce persistent absence through development of an Attendance Strategy to direct work at localised level and align effort of parents, schools and other partners	33
	• Develop the role of School Effectiveness Officers in helping schools to plan methods of reducing persistent absence through aligning efforts with parents and partners	33
	• To reduce the number of young people NEET by supporting them to gain the skills and training required to prepare them for employment	34
NHS Manchester (Central PBC hub and Manchester PCT)	• 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	23 and 41
	• 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	19

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 Central 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 Central 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.
 - Improve the early detection of mental health problems through anti-stigma campaigns and use of the Common Assessment Framework (CAF) to identify the additional needs of a child at the earliest opportunity and offer appropriate support to reduce risk and prevent harm.
- Improve 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.
 - Increase 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 Central Manchester

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> • Ensure that mental health services are tailored to the needs of customers • 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 • Promote use of the Recovery Star model 	47 and 51 15, 27 and 47
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> • Promote antistigma message relating to mental ill health through Time to Change, Get Fit, Get Well and other campaigns • Increase role of mental health services in promoting recovery and helping people to realise their potential • Support customers of mental health services to develop their own care plan and manage their individual budgets • Focus on patient recovery in everything we do 	51 47
Regeneration teams	<ul style="list-style-type: none"> • Support people in making lifestyle changes to reduce risk of CHD, cancer and respiratory diseases, including smoking, diet and physical activity • Increase access to and uptake of stop smoking and weight management services 	19 and 36 36 and 43
Children's Services	<ul style="list-style-type: none"> • Promote use of Common Assessment Framework to identify additional needs as early as possible • Increase the awareness of the prevention agenda among practitioners and service managers through improved training • Develop a multi-agency approach towards prevention 	19 and 45
NHS Manchester (Central PBC hub and Manchester PCT)	<ul style="list-style-type: none"> • Prevent untoward incidents by encouraging a 'first do no harm' approach to improving patient safety • Increase role of Community Infection Control Teams and specialist nurses to prevent spread of communicable diseases • Strengthen delivery of Alcohol Identification and Brief Advice in A&E departments and other settings • Prevent readmissions by increasing support for people leading chaotic lives • Improve early diagnosis and management of cardiovascular disease in primary and secondary care • Increase uptake of immunisations: neonatal BCG, MMR, third primary dose, Men C and Hib booster • Support mothers from pregnancy to birth encouraging healthy behaviours, ie. quit smoking, breastfeeding, etc 	50 49 43 39 30–32

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 Central 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 Central Manchester are:

- Working in partnership with agencies such as Greater Manchester Police, Manchester Youth Offending Team (YOT) and probation services to prevent young people from becoming involved in gang activity, gun crime and violent crime and encouraging them away from gang pursuits.
- 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 and Connexions.

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 Central Manchester

Agency	Priorities	Pages of interest
Directorate for Adults	<ul style="list-style-type: none"> • Take a family-based approach to improving employment through expanding the Residents Wages Project • Target the community through home visits • Support families providing care for adults with learning disabilities through delivery of short-break services to ensure they can stay at home 	21–23 46
Manchester Mental Health and Social Care Trust (MMHSCT)	<ul style="list-style-type: none"> • A multi-agency approach to identifying young people with mental health needs as early as possible • Provide appropriate support for families with complex needs 	32 and 51
Regeneration teams	<ul style="list-style-type: none"> • Improve outreach of schools and other services into community • Improve quality of family housing • Reduce overcrowding 	25
Children's Services	<ul style="list-style-type: none"> • Provide interventions aimed at young people at high risk of gang involvement and gun crime, including the 8 'til late project, outreach work in the community, one-to-one mentoring and Youth Offending Service work with gang members • Work with Greater Manchester Police to enhance capacity of third sector • Reduce the number of young people NEET by supporting them to gain skills and training required to prepare them for employment • Work alongside ward team to improve links with other agencies, such as Connexions and the Youth Offending Team • Increase provision of life coaching and anger management through work with Stepping Stones 	19, 21, 24 and 33 32–35
NHS Manchester (Central PBC hub and Manchester PCT)	<ul style="list-style-type: none"> • Take a family and community-based approach to tackling childhood obesity • Provide breastfeeding peer support • Support for family-based programmes targeting families with children, such as MEND (Mind, Exercise, Nutrition, do it!) • Develop Community Nutrition Service • Increase provision of weight management services in primary care • Reduce teenage conception rates by improving access to education and other services for 'at risk' groups (hot spots) • Increase support for pregnant teenagers and mothers 	19 and 29 30–32 19 37 19 and 32–35 30–32

Local population issues

Each locality faces different challenges due to the many demographic differences in populations. Commissioners need to take into account instances where particular groups within wards affect the demand on services. When commissioning services it may be necessary to identify the BME proportions of wards and the extent to which the need may differ between ethnic groups.

One of the clearest examples of this in Central Manchester is the large student population. With much more than 64,000 students studying in Manchester, many wards in Central Manchester have high proportions of students. Ardwick, City Centre and Hulme have the three largest student populations. At least one in five members of the resident population in these areas is students. A health needs assessment of students found that the majority of students do not register with a GP, which leads to greater demand on A&E services. Also, those students who have registered often do not notify the relevant authority when they leave the area, which creates 'ghost patients'. The needs assessment identified sexual health and mental health among students as the key concerns.

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 Central Manchester are listed in the box below.

Identified priorities for joint working

Upon the first presentation of this document to the working group for Central 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; support must be given to those who struggle to achieve this.
2. The impact of transient populations, such as students, on Central District needs to be considered when analysing health statistics for Central wards.
3. Tackling gangs and weapons: gun crime and gang activity can have a substantial harmful effect on the young people exposed. Multi-agency approaches can help to provide guidance and alternatives for those involved or at risk of gang activities.

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 both be accessed at 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

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

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

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

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 Central 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	www.manchester.gov.uk/jsna
Ward factsheets	Summary of key health indicators for each ward in the city	www.manchester.gov.uk/jsna
Children and Young People's Plan	Overarching strategic plan for all local services for children and young people in Manchester	www.manchester.gov.uk/info/500002/council_policies_and_strategies/1360/manchesters_children_and_young_peoples_strategic_plan
NHS Manchester Commissioning Strategic Plan for 2010–2014	NHS Manchester's vision for improving health and raising the standard of local NHS services	www.manchester.nhs.uk/aboutus/commissioning/operational%20plan.html
Strategic Regeneration Frameworks	Regeneration strategy documents for different areas of Manchester	www.manchester.gov.uk/info/200079/regeneration
Every Child Matters	Government document, Framework for improving outcomes for children and young people	www.dcsf.gov.uk/everychildmatters/about/
Think Family Strategy	A whole-family, holistic approach to all customers from all services, linked to Every Child Matters	www.dcsf.gov.uk/everychildmatters/strategy/parents/ID9laskclient/thinkfamily/tf/
Common Assessment Framework	Framework for assessing additional needs of children and young people, linked to Every Child Matters	www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices/caf/cafframework/

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 the Appendix to 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) (Amendment) 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).

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
Anna Bax	Manchester Mental Health and Social Care Trust	Business Development Manager	anna.bax@mhsc.nhs.uk
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Ruth Billingham	Chief Executive's	South/Central Regeneration	r.billingham@manchester.gov.uk
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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	
	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

Autism: development of a supported housing model.	All residents with mental health problems will have permanent health plans.	Address and improve poor housing conditions in relation to existing stock and new build (also a preventative issue).
Joint working with pct for ict ensuring all those who are entitled receive it.	Develop specialist extra care housing for people with dementia.	Develop relationships with housing providers to develop innovative and secured tenancies for mental health service users.
Exploit new investment opportunities to provide health services within multiuse venues.	Improve services for vulnerable adults.	
Dedicated stroke specialist based at each acute hospital and each community team with stroke liaison workers.	Improve End of Life care – increase the ability for people who wish to die at home to be able to do so, through Gold Standards Framework and care planning.	

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

Access to Appropriate Services matrices

Development of short-break services for young people in transition with complex behaviours.	Improve quality and availability of primary care services.	Ensure that those living in hostel-type accommodation have equal access to health provision and other services.	Prescribing and medicines management – encourage cost-effective prescribing, specifically for statins, inhalers, and other cost-effective treatments.
Improve services for disabled children.	Improve access to urgent care.	Increase the number of 'respite beds'.	NEM: local promotion of Points 4 Life initiative with residents, businesses and services.
Equitable access to health services by maximising primary care provision.	Improve access to planned care.	To develop neighbourhood groups to increase engagement and community cohesion.	Develop the THINK family and Neighbourhood Focus methodology across all agencies (MCC, NHS, JCP, etc).
Integrated discharge team at MRI.	Work with other agencies to develop a programme of services to deliver improvements to wellbeing, contentment and physical health as well as mental health.	Reducing demand on acute services, via a) Referral gateways; b) Developing pathways for managing care outside hospital; c) Improving capacity in primary care locally and reducing variation; d) Introducing alternative services in primary care, or at intermediate level and reviewing existing alternative services to ensure effectiveness and adherence to pathway; e) Ensuring contracting with providers.	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.
Dedicated stroke specialist based at each acute hospital and each community team with stroke liaison workers (also under personalisation).	Promotion and development of safer pedestrian and cycle routes.	Complete and agree the patch-based model of service delivery that delivers integrated mental health services close to home and which focuses on the client as principal.	Improve the experience of, and timely access to, all Trust services, with particular emphasis on in-patient services, by making modifications to the process and systems in place.

Employment and Worklessness matrices

Raise attainment by improving school attendance.	Improve school attendance, specifically persistent absence.	Develop employment partnerships with other agencies/employers to sustain service users in employment and to improve the employment opportunities for mental health service users.
Improve the mental health and emotional wellbeing of residents.	NEM: target of 40% of school leavers achieving five A*–C GCSEs, including English and Maths in 2010.	
Increase the number of young people, including young offenders, who are in education, employment or training.	NEM: launch of West Gorton Deprived Communities pilot.	

Prevention matrices

Reduce numbers of teenage conceptions (preventing a number of later problems in terms of outcomes for parent and child).	Reduce alcohol-related hospital admissions.	NEM: Expand Healthy Living Network across Gorton.
Reduce levels of weapons crime among young people.	The Commissioning Strategic Plan (CSP) identifies ten priorities: help people live longer and reduce the gap in health between different communities (CVD, smoking prevalence, cancer, infant mortality).	NEM: partnership initiative targeting alcohol misuse among parents, focusing on harm-reduction support to families.
Increase life expectancy by addressing the major causes of premature mortality in Manchester.	Improve infection control.	Develop and agree the recovery model to direct all mental health service and support activity in Manchester Mental Health and Social Care Trust.
Increase use of Common Assessment Framework (CAF) by all agencies.	Improve support and intervention for young people at risk of becoming involved in gangs.	Develop and commence a local antistigma campaign and strategy and work programme, linked to national initiatives.

Children, Young People and Families matrices

Reduce childhood obesity.	Reduce numbers of LAC by increasing early intervention/family support where appropriate.	Improved safeguarding of children and young people – enhance services that can divert and prevent young people from high-risk activities and situations, eg. gangs, ASB, crime, sexual exploitation.
Reduce number of teenage conceptions (also listed under prevention).	Reduce child poverty	NEM: contribute to roll out of CAF.
Improve the emotional health and wellbeing of children and young people.	Encourage and support children and young people's participation in positive activities.	NEM: development of under-5s strategy as part of City Region pilot and Total Place initiative.

Local Populations matrices

Improve provision and access to services needed by large student population, eg. access to GPs, walk-in clinics, sexual health services.
NEM: delivery of Inspiring Communities initiative in Gorton.

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

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:

