Older People in Manchester

Profile of Manchester residents aged 66+

Jennifer Wall, Shared Intelligence, Core PRI

INDEX:

INTRODUCTION:

The purpose of this report is to identify the quantity and characteristics of older people living in Manchester. Manchester is a young City in terms of overall population, but the contribution and needs of the older residents that live within it are significant.

Older people have both a lot to gain from and contribute to Manchester, but in order to do so, an understanding of where this population lives, and under what health and societal circumstances is vital.

'Older age' can have multiple definitions, for example the ten-year Manchester Ageing Strategy (Manchester: A Great Place to Grow Older), published in 2009 and then updated in 2017, focused on those aged 50+. However, this report is concentrated on those aged 66+ based on the age at which people may be entitled to State Pension. Due to how some official statistics break down age groups, there are instances within this report where 65+ has had to be used. A separate profile of those aged 50 – 65 is available.

Please see Appendix for source details of all data presented.

SECTION ONE – POPULATION

There are multiple options for displaying population data, this report uses combinations of data from the Office of National Statistics (ONS) and an internal population forecasting model:

ONS Mid-Year Estimates (MYE): data produced by the ONS regarding the usually resident population of an area. Latest 2020 data released 2021.

ONS Subnational Population Projections (SNPP): the potential future population size for English local and health authorities, latest data released 2020, covering the period 2018 – 2043.

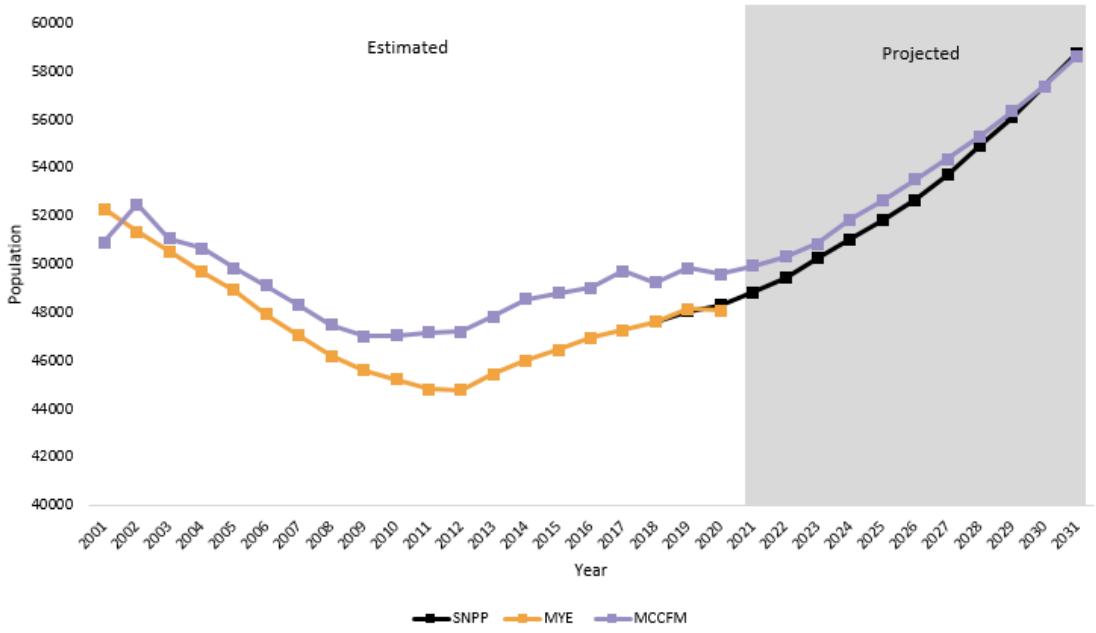
Manchester City Council Forecasting Model (MCCFM): developed by the Shared Intelligence team, in PRI, latest data released 2020, covering period 2001 – 2031. MCCFM uses a wide spectrum of data including (but not limited to) GP registrations, School Census, higher education data, National Insurance, child benefit, State Pension, Electoral Register, Council Tax, and expected residential completions.

Patients Registered at a GP Practice: number of patients registered at a GP Practice within the Manchester CCG / Manchester City Council boundary as published by NHS Digital on a monthly basis based on data extracted from the Primary Care Registration database within the NHAIS (National Health Application and Infrastructure Services) system .

Manchester's population was undercounted in the 2001 Census by at least 30,000 residents, these were subsequently added to the 2001 MYE, but led to a legacy of uncertainty across subsequent population estimates provided by the ONS, including the SNPP, exacerbated by changes in counting methodology in 2010, which led to perceived population undercounts and distribution errors to this day. MCCFM seeks to offset this and enhance the ONS' approach.

The older (age 66+) population of Manchester in 2021 is an estimated 49,932 (MCCFM) or 48,837 (SNPP) and has changed, and is projected to change, as below:

Figure 1: Manchester 66+ Population



Source: MCCFM / ONS SNPP / ONS MYE. Analysis by Shared Intelligence, PRI, October 2021.

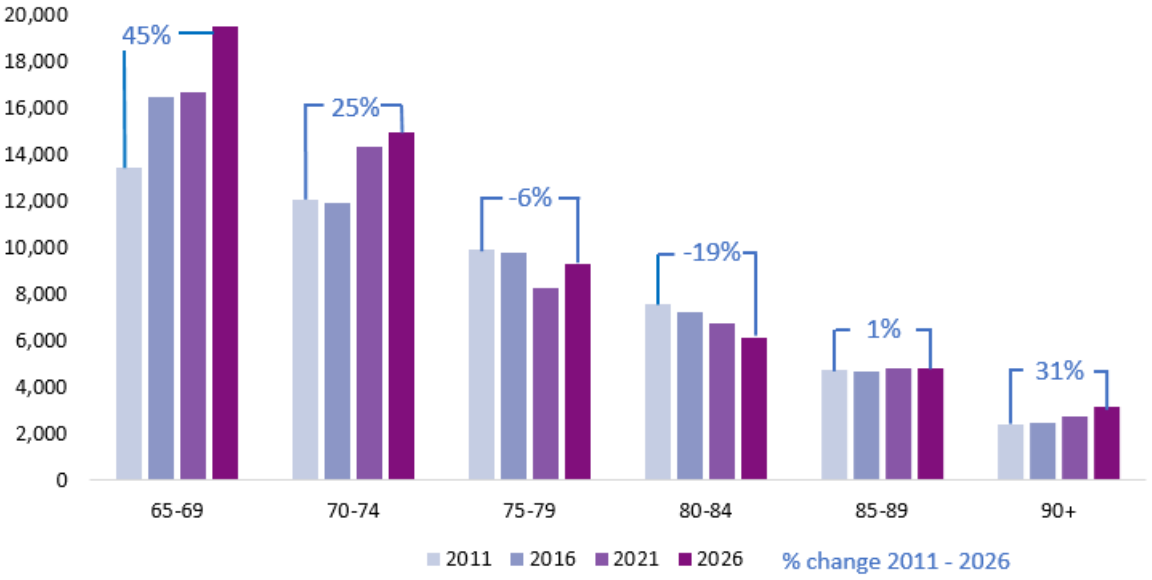
Both MCCFM and MYE/SNPP recorded a reduction in the older population between 2001 and 2011 but since 2011 there has been a steady rise as 'baby boomers' (large generation born end of WW2 to mid-1960s) reach this age group, this rise is projected to increase even higher by 2031:

Change between:	MCCFM		MYE / SNPP	
	Number	%	Number	%
2001 - 2011	-3752	-7%	-7467	-14%
2011 - 2021	2762	6%	4021	9%
2021 - 2031	8699	17%	9940	20%

Source: MCCFM / ONS SNPP / ONS MYE. Analysis by Shared Intelligence, PRI, October 2021.

At a smaller age group level, the change in the older population is estimated as below, with the biggest increases amongst the 65-69 year olds. This highlights that, unlike the national picture, the rising estimation of older people is not down to living longer but results from the rapid population growth in the City, with more residents staying as they get older:

Figure 2: Older People Manchester Population (estimated and projected)

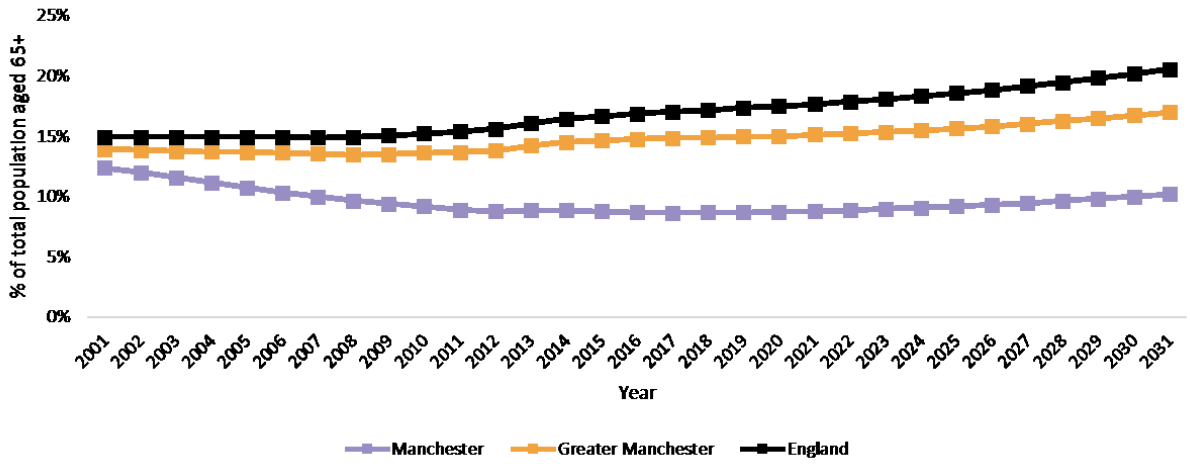


Source: MCCFM. Analysis by Shared Intelligence, PRI, October 2021.

As a proportion of the total population of Manchester, both MYE/SNPP and MCCFM predict that the proportion of residents aged 66+ has decreased slightly, from a high of 12% in 2001, before the rapid growth of younger adults lowered the proportion, down to 10% (SNPP) or 9% (MCCFM) in 2031, where it generally remains stable.

As a proportion of the total population, Manchester's older population (9% in 2020) is significantly smaller than both the England (18% in 2020) and Greater Manchester (15% in 2020) level, and is not set to increase as a proportion as significantly as predicted nationally:

Figure 3: Proportion of total population aged 66+



Source: ONS MYE / SNPP. Analysis by Shared Intelligence, PRI, October 2021.

In comparison to Core Cities, including Nottingham which, according to the ONS Area Classification is the 'most similar' to Manchester, a significantly smaller proportion on Manchester's population is aged 66+:

CORE CITIES Population 2020 (MYE)	All Ages	Age 66+	% 66+	Rate (per 1,000 population 66+)
Belfast	342,560	48,171	14%	141
Birmingham	1,140,525	140,650	12%	123
Bristol, City of	465,866	56,887	12%	122
Cardiff	369,202	49,693	13%	135
Glasgow City	635,640	79,813	13%	126
Leeds	798,786	117,244	15%	147
Liverpool	500,474	69,268	14%	138
Manchester	**555,741**	**48,077**	**9%**	**87**
Newcastle upon Tyne	306,824	41,558	14%	135
Nottingham	337,098	36,609	11%	109
Sheffield	589,214	89,621	15%	152

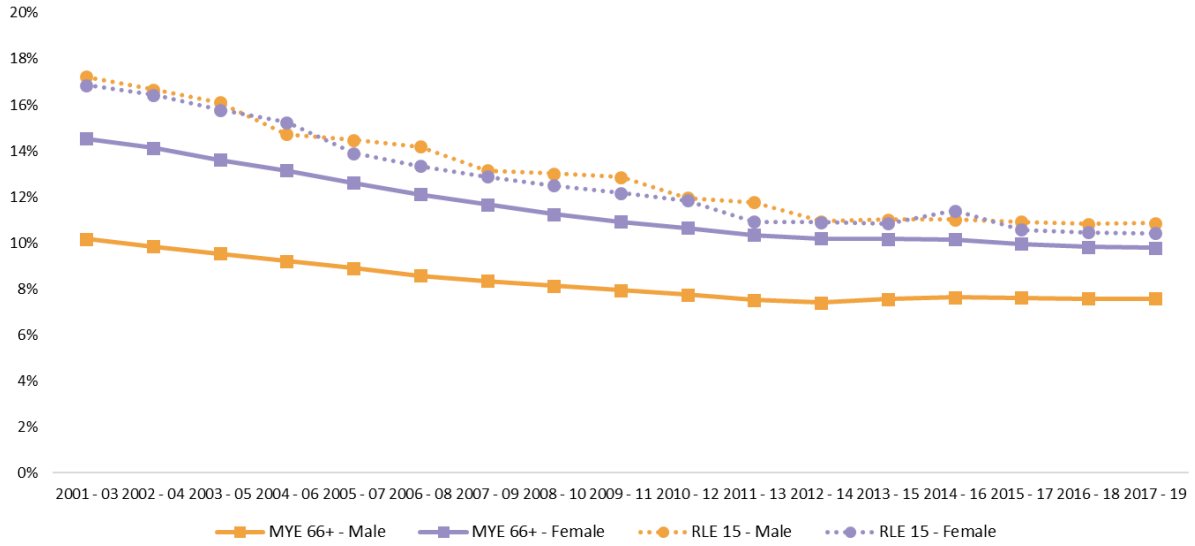
Source: ONS MYE / SNPP. Analysis by Shared Intelligence, PRI, October 2021.

An additional measurement of the 'older age' population is **Relative Life Expectancy** (RLE) that looks at prospective age as a measurement of older people, as opposed to a fixed age at which a person can be classified as such. The ONS (2020) have examined whether, due to there being no official retirement age, using age 66+ as the start of older age now is out of date.

The ONS, drawing from work by Sanderson and Scherbov (2007), have investigated the use of RLE at a fixed threshold of 15 years (the age at which a person can expect to live for a further 15 years). For example, men in Manchester have a life expectancy of 76 years old (2017-19), so an RLE definition of 'older people' will include all men aged 61+. For women, with a life expectancy of 80 years okld, the RLE 'older people' will include all women aged 65+. RLE is a prospective measure of ageing that changes over time in line with improvements in life expectancy.

Under the RLE 15 definition of 'older people', Manchester has a slightly higher older population than if measured by 66+ only; the difference is significantly more pronounced amongst males given their lower life expectancy:

Figure 4: 'Older People' as a % of total population (66+ and RLE 15)



Source: ONS MYE. Analysis by Shared Intelligence, PRI, October 2021.

Regardless of measurement, both the outward migration of people to neighbouring areas as they age, and low life expectancy are key contributing factors, alongside students and a rising young working population, towards Manchester being a 'young' City, with a median age of just below 31 years of age. By 2031, the 66+ population of Manchester is set to increase by more than 8,5000 residents over the decade, which is significantly higher than the 6% uplift in this population between 2011 and 2021.

Estimated and projected change in population 2011 – 2031:

Age range	Population 2011	Population 2021	*Population change 2011 - 2021*		Population 2031	*Population change 2021 - 2031*		Population 2011, 2021, 2031
0-4	36,742	36,427	- 315	-1%	41,445	5,018	14%	
5-9	29,131	38,156	9,025	31%	38,723	567	1%	
10-14	26,822	37,066	10,244	38%	35,137	- 1,929	-5%	
15-19	35,795	37,758	1,963	5%	46,280	8,522	23%	
20-24	67,671	66,146	- 1,525	-2%	76,420	10,274	16%	
25-29	56,775	67,364	10,589	19%	67,335	- 29	0%	
30-34	45,275	59,482	14,207	31%	60,069	587	1%	
35-39	34,064	47,087	13,023	38%	59,134	12,047	26%	
40-44	32,406	36,523	4,117	13%	51,858	15,335	42%	
45-49	28,824	31,070	2,246	8%	42,813	11,743	38%	
50-54	24,054	30,228	6,174	26%	34,303	4,075	13%	
55-59	19,775	26,564	6,789	34%	28,962	2,398	9%	
60-64	18,284	21,244	2,960	16%	27,354	6,110	29%	
65-69	13,378	16,652	3,274	24%	22,878	6,226	37%	
70-74	11,995	14,319	2,324	19%	17,188	2,869	20%	
75-79	9,876	8,240	- 1,636	-17%	9,402	1,162	14%	
80-84	7,532	6,746	- 786	-10%	6,488	- 258	-4%	
85-89	4,725	4,780	55	1%	4,488	- 292	-6%	
90+	2,370	2,729	359	15%	3,207	478	18%	
All under 66	49,877	53,465	3,588	7%	63,650	10,185	19%	
All over 66	47,170	49,932	2,762	6%	58,631	8,699	17%	
All ages	505,496	588,583	83,087	16%	673,484	84,901	14%	

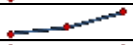
Source: MCCFM. Analysis by Shared Intelligence, PRI, October 2021.

The above highlights the biggest changes in the older population in the last ten years have been a significant increase in those aged 60 – 76. This is due to the rising number of working age residents seen in the previous decade who have settled in the City, reaching older age. Conversely, there are reductions in those aged 75 – 84 as the temporary rise in population from 'baby boomers' starts to move towards the top end of this age band and Manchester's low life expectancy reduces numbers. The following ten years, to 2013, portray a similar picture, but with an increase in the 75 – 79 age group, as the higher volume of the current 60 – 74 years olds reach the next age band.

At an individual ward level, the maps on page 7 highlight the continued concentration of older people in the South and North-East of the City. Moston, Sharston and Gorton & Abbey Hey contained the highest estimated numbers of people aged 66+ in 2021. Brooklands and East Didsbury had the highest concentration of older people, with 14% of the ward population aged 66+.

In contrast, in the City Centre wards of Piccadilly and Deansgate, only 2% of the population was age 66+, both wards are estimated to experience the largest percentage increase in older people by 2031 (153% increase in Deansgate, and 92% increase in Piccadilly), however, these increases are in line with the general increase in population in these wards, and are very small in terms of actual numbers (465 people in Deansgate, and 768 in Piccadilly).

By 2031, MCCFM estimates that the wards with the highest numbers of older people will be Chorlton Park (2,752 older people, 14% of total ward population, and an increase of 32% since 2021), Moston (2,705 older people, 13% of ward population, 10% increase since 2021), and Sharston (2,603 older people, 15% of ward population, 13% increase since 2021). MCCFM estimates that all wards will experience an increase in older people between 2021 and 2031.

66+ Population Estimate	2011		2021		2031		Change 2011 - 2021 - 2031
	Number	% of ward	Number	% of ward	Number	% of ward	
Piccadilly	264	3%	289	2%	556	2%	
Hulme	508	3%	604	3%	693	3%	
Deansgate	110	1%	303	2%	768	3%	
Fallowfield	973	6%	910	5%	974	5%	
Ancoats and Beswick	739	8%	806	5%	1089	5%	
Rusholme	930	5%	1066	5%	1140	5%	
Withington	1128	8%	1218	7%	1266	7%	
Ardwick	1077	5%	1079	4%	1400	5%	
Old Moat	1194	8%	1298	8%	1429	8%	
Whalley Range	1154	8%	1235	7%	1636	9%	
Moss Side	1265	7%	1396	6%	1658	6%	
Cheetham	1081	6%	1213	6%	1690	7%	
Crumpsall	1728	11%	1605	9%	1761	8%	
Levenshulme	1218	7%	1399	7%	1803	7%	
Longsight	1336	7%	1451	7%	1828	7%	
Woodhouse Park	1905	13%	1775	11%	1933	11%	
Clayton and Openshaw	1757	11%	1691	8%	1998	8%	
Higher Blackley	2154	14%	1931	12%	2012	11%	
Harpurhey	1704	10%	1767	8%	2026	8%	
Chorlton	1394	10%	1534	11%	2049	14%	
Miles Platting and Newton Heat	1968	12%	2058	11%	2209	11%	
Didsbury West	1470	10%	1787	11%	2215	14%	
Didsbury East	1968	14%	2092	14%	2294	15%	
Burnage	2037	11%	2091	11%	2316	11%	
Baguley	1906	13%	1932	12%	2324	14%	
Northenden	1902	13%	1909	12%	2324	14%	
Charlestown	2282	14%	2094	12%	2334	12%	
Brooklands	2146	15%	2261	14%	2376	14%	
Gorton and Abbey Hey	2144	12%	2293	11%	2470	11%	
Sharston	1699	11%	2295	13%	2603	15%	
Moston	2333	14%	2461	13%	2705	13%	
Chorlton Park	1694	10%	2085	12%	2752	14%	
Manchester Total	47170	9%	49929	8%	58630	9%	

Source: MCCFM. Analysis by Shared Intelligence, PRI, October 2021.

A final measurement of the older people population comes from GP registration data. Based on a snapshot taken on 1 November 2021, there were 62,661 patients aged 65 years and over registered with GP Practices in Manchester. This accounts for 9.1% of all patients registered with GP practices in the City:

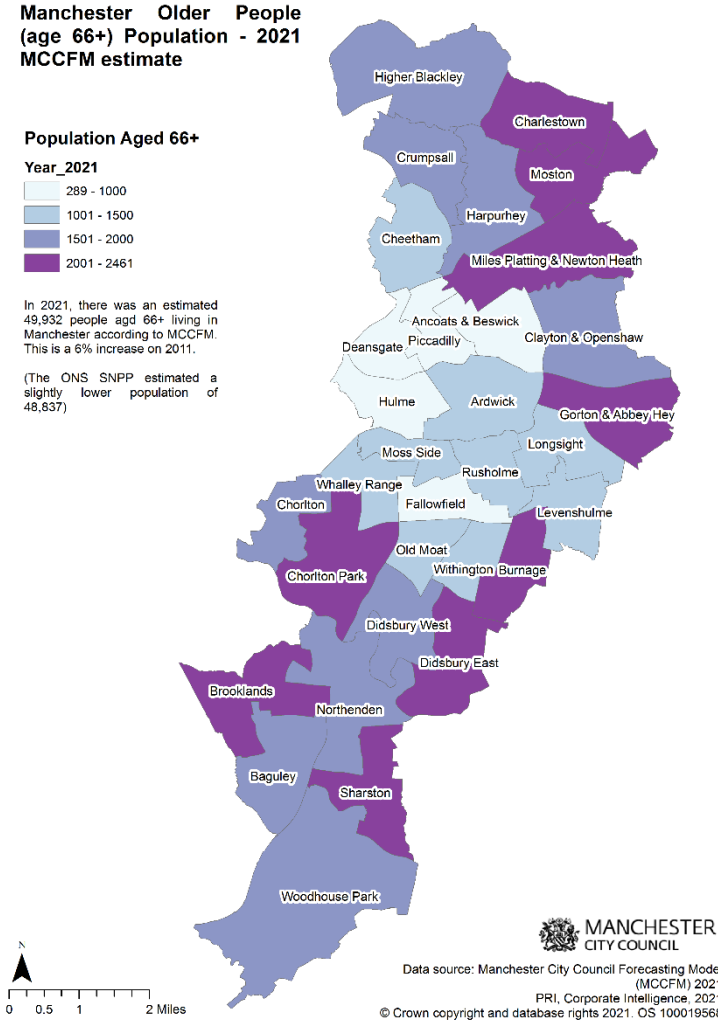
Age-Group	Males		Females		Persons	
	Number	%	Number	%	Number	%
65-69	10,486	2.9%	9,843	3.0%	20,329	2.9%
70-74	8,171	2.3%	8,194	2.5%	16,365	2.4%
75-79	5,211	1.5%	5,878	1.8%	11,089	1.6%
80-84	3,379	0.9%	4,388	1.3%	7,767	1.1%
85-89	1,824	0.5%	2,792	0.8%	4,616	0.7%
90-95	627	0.2%	1,240	0.4%	1,867	0.3%
95+	178	0.0%	450	0.1%	628	0.1%
All Ages	357,096		332,083		689,179	

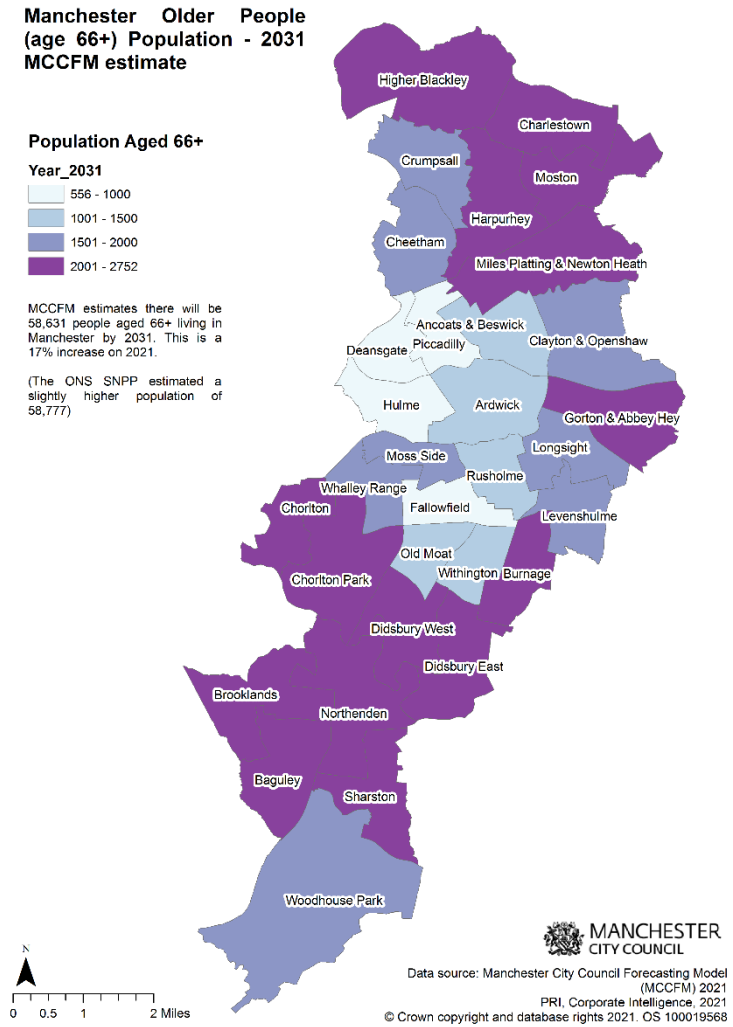
Source: NHS Digital. Analysis by Population Health, November 2021.

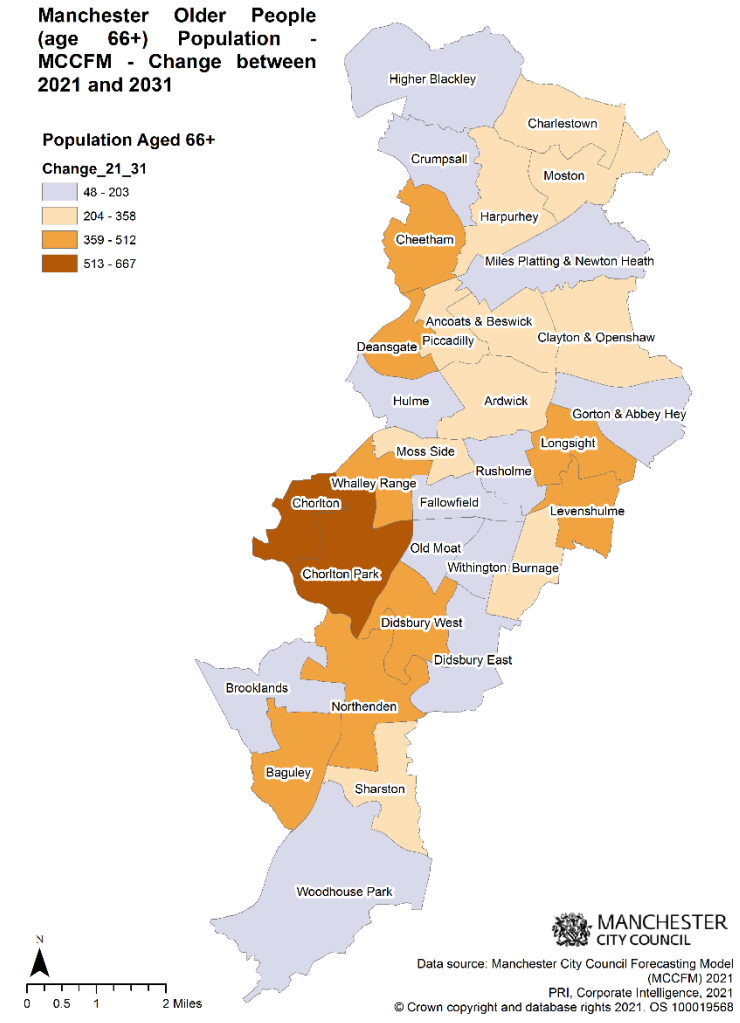
The number of GP registered patients aged 65 and over is higher than the estimated number of people of this age group living in the City because it includes patients who are registered with a GP Practice in Manchester but live outside of the boundary of the City. However, in relative (proportional) terms, the two different figures show a similar figure. This is because older people are more likely to be registered with a GP practice than younger people (who live more mobile lives and may not feel the need for the services provided by general practices).

Figure 5: Estimated older people population maps

MCCFM estimated older people population in 2021 and 2031, and the change between these years:







SECTION TWO - CHARACTERISTICS

MOSAIC, produced by Experian, is a consumer classification dataset that helps provide an understanding of the demographics, lifestyles and behaviour of households in Manchester.

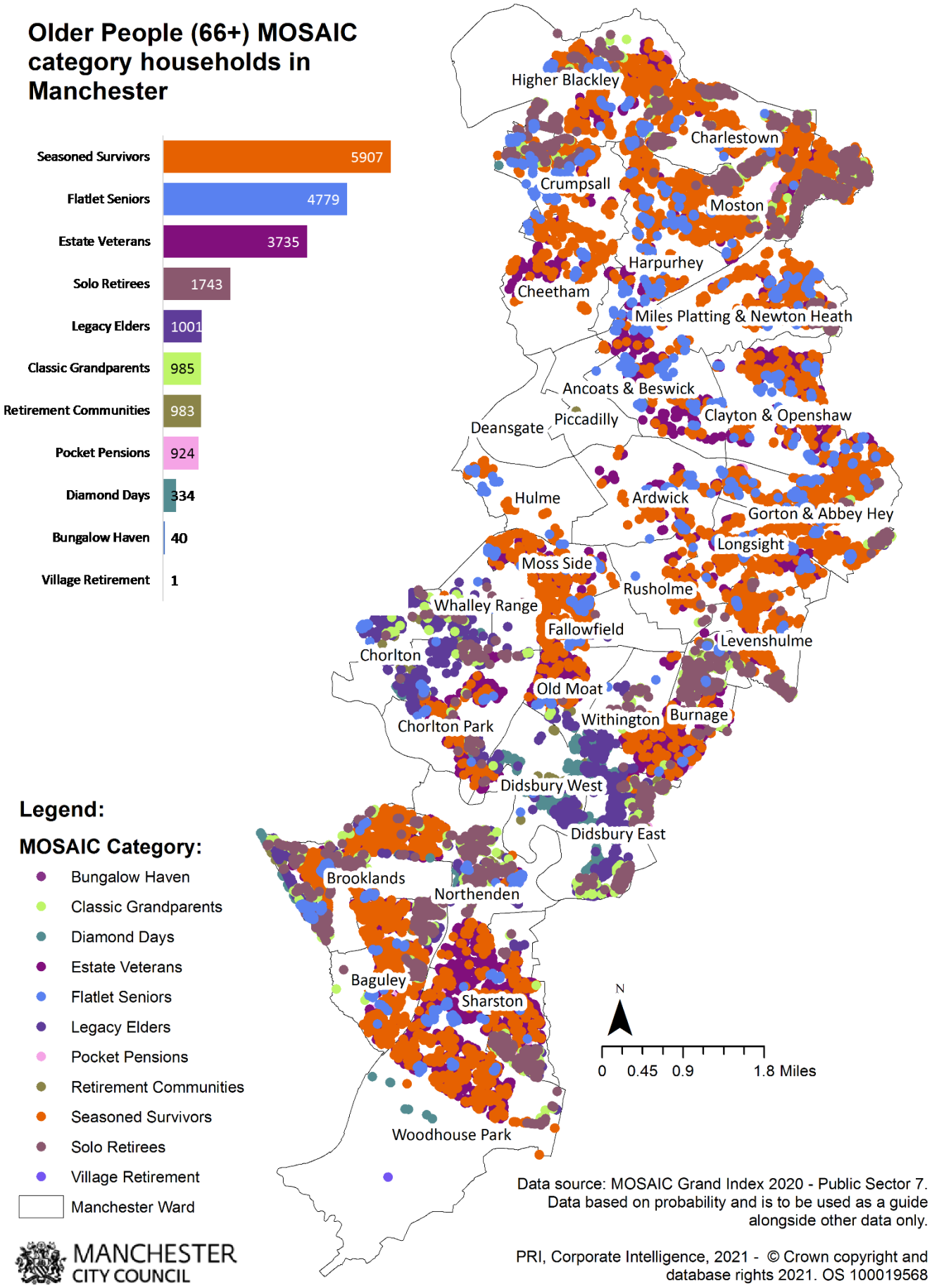
The following data relates to the 'older people' population and have been chosen based on the primary content 'one-line description' of the MOSAIC household category, and whether over 50% of that grouping are aged 66+. The categories chosen are:

MOSAIC Group	MOSAIC Group Name	One-Line Description	% aged 66+
E19	Bungalow Haven	Peace-seeking seniors appreciating the calm of bungalow estates designed for the older owners	79%
E20	Classic Grandparents	Lifelong couples in standard suburban homes, often enjoying retirement through grandchildren and gardening	87%
B06	Diamond Days	Retired residents in sizeable homes whose finances are secured by significant assets and generous pensions	76%
L52	Estate Veterans	Longstanding elderly renters of social homes who have seen neighbours change to a mix of owners and renters	77%
L49	Flatlet Seniors	Ageing singles with basic income renting small flats in centrally located developments	57%
E18	Legacy Elders	Financially secure elders on good pensions, now mostly living alone in comfortable suburban homes	89%
D16	Outlying Seniors	Pensioners living in inexpensive housing in out of the way locations	59%
L50	Pocket Pensions	Penny-wise elderly singles renting in developments of compact social homes	69%
L51	Retirement Communities	Elderly living in specialised accommodation including retirement homes, villages and complexes	85%
L53	Seasoned Survivors	Single elderly who are long-term owners of their low value properties which provide some financial security	87%
E21	Solo Retirees	Senior singles owning affordable but pleasant homes, whose reduced incomes are satisfactory	95%
C13	Village Retirement	Retirees enjoying pleasant village locations with amenities to service their social and practical needs	80%

The 2020 MOSAIC Household Extract for Manchester calculates that 20,432 households are within the older people categories outlined above. This equates to 8.7% of all Manchester households (compared to 18% of households Nationally).

The most prevalent older people household type in Manchester is 'Seasoned Survivors', at 2.5% of total Manchester households (1.8% Nationally) and 29% of all older people category households. Alongside 'Flatlet Seniors' and 'Estate Veterans' these are within the 'Vintage Value' sub-group of older people, who form 4.9% of total Manchester population (7.9% Nationally), and 57% of Manchester's total older households. At the other end of the spectrum is 'Senior Security', these represent 1.6% of the total Manchester population (compared to 4.9% Nationally) and 18% of the total Manchester older population and are less spread out across the City.

Figure 6: All Older People MOSAIC households



Older People (66+) MOSAIC category household sub-groups in Manchester highlights the prevalence of the more isolated and lower income older households in Manchester, with the 'Vintage Value' group representing 57% of all older category households, compared to only 18% being the more affluent 'Senior Security' group:

Figure 7: Group E – Senior Security

Elderly people with assets who are enjoying a comfortable retirement.

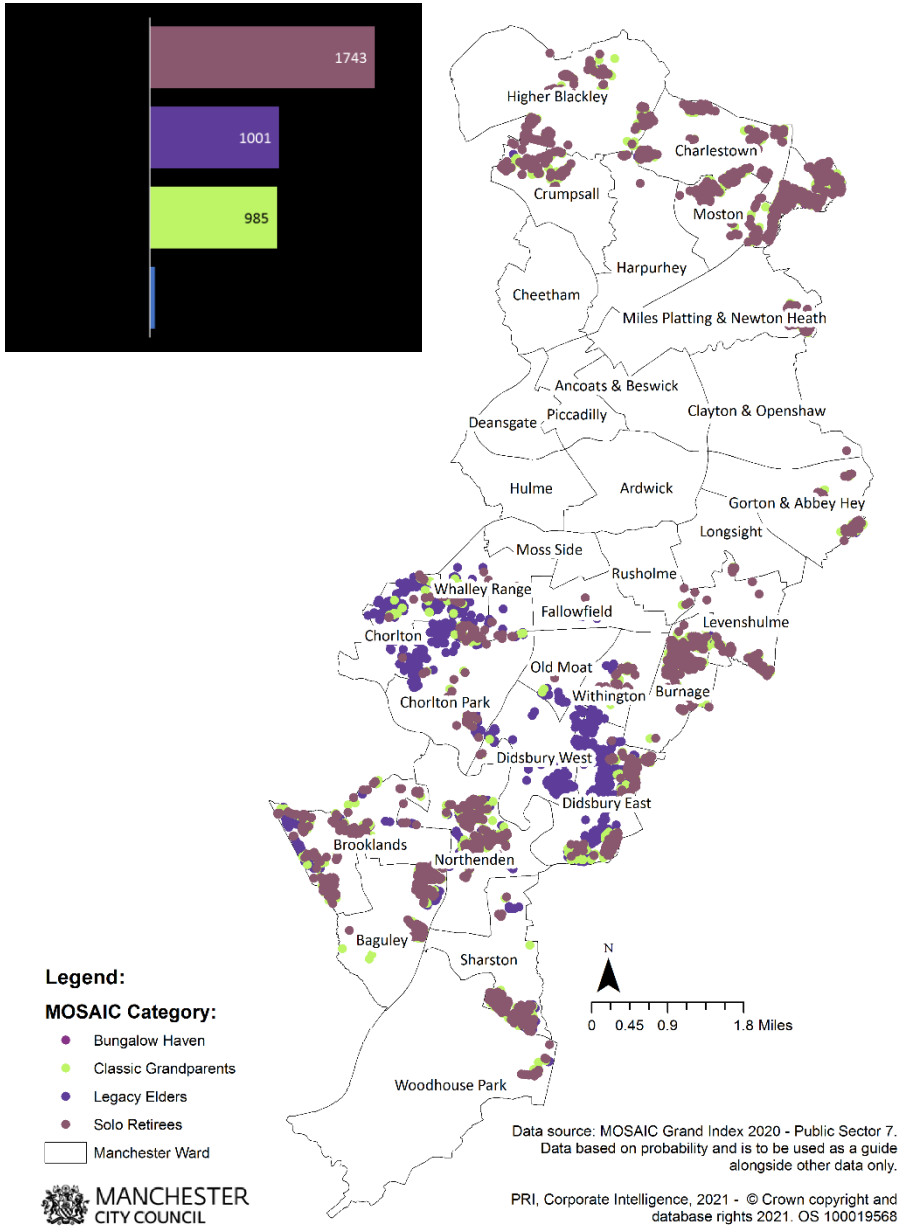
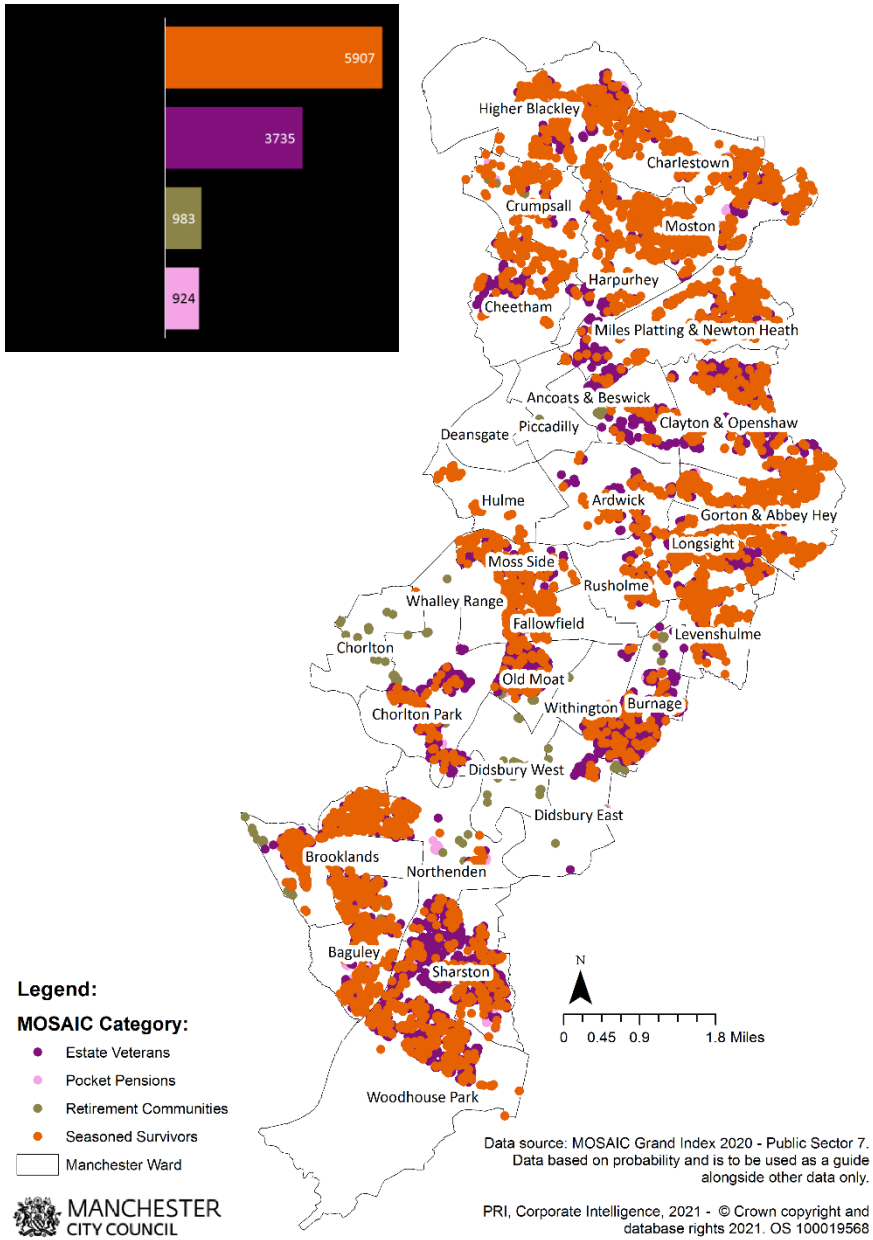


Figure 8: Group L – Vintage Value

Elderly people with limited pension income, mostly living alone.



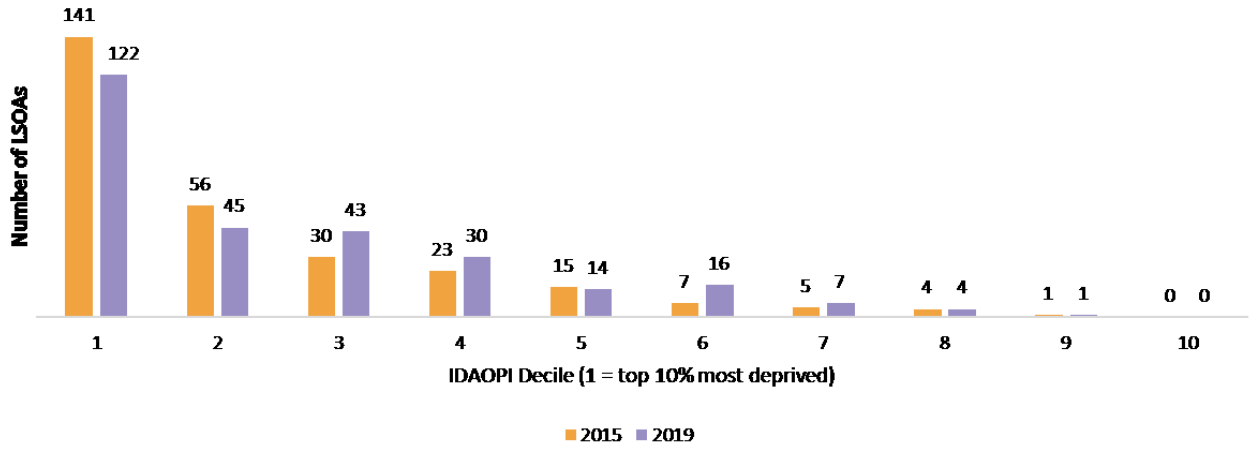
SECTION THREE – POVERTY AND DEPRIVATION

Income Deprivation Affecting Older People (IDAOPI)
IDAOPI is a supplementary index to the Index of Multiple Deprivation (IMD) that scores and ranks small local areas (Lower Super Output Areas, LSOAs) across England based on different domains of deprivation. IDAOPI is based on the percentage of the population aged 60 and over who receive Income Support, income-based Job Seekers Allowance, Pension Credit or Child Tax Credit claimants aged 60 and over and their partners (if also aged 60 or over). The latest Indices also include some Universal Credit claimants as Manchester had already started the rollout of the programme when the data was captured.

33.6% of Manchester's 60+ population are living in income deprived households according to IDAOPI, making it the fourth most deprived local authority in England (the top 2 are London boroughs), and the only Greater Manchester local authority within the top 20 most deprived. The proportion in older income deprived households has reduced since 2015, when it was 36.3%, but it's national ranking was still fourth. IDAOPI highlights that although Manchester has a smaller than national proportion of older people within its population, those that do live here, are more likely to be deprived.

122 Manchester LSOAs fall within the 10% most deprived in England (IDAOPI decile 1), this is 43% of all LSOAs, a decrease on 2015 when 50% (141 LSOAs) were in this decile. There were further reductions in the number of LSOAs in the most deprived 20% in England (decile 2) reducing from 20% of Manchester LSOAs to 16%. The number of LSOAs in the least deprived 30% in England remains unchanged, with no LSOAs in the least deprived 10%:

Figure 9: LSOA IDAOPI Deciles 2015 and 2019



Source: IDAOPI 2015 and 2019. Analysis by Shared Intelligence, PRI, October 2021.

[NB: any improvements in rankings should be viewed in the context of the IMD structure, that changes do not necessarily mean an area has become more/less deprived, but that it's ranking within total deprivation in England has changed, so it could be that other areas in the Country have got better/worse and thereby pushed Manchester LSOAs up/down the ranking]

The IDAOPI ranking are based on scores, whereby the higher an LSOA's score, the more deprived the area (and the higher its rank). The scores in IDAOPI and the other income-related indices represent the proportion of the relevant population experiencing that type of deprivation. For example, if an LSOA has a score of 0.38, this means that 38 per cent of the population is income deprived in that area. The maps overleaf (page 13), present the IDAOPI rank and score in 2019, and the change in score between 2015 and 2019

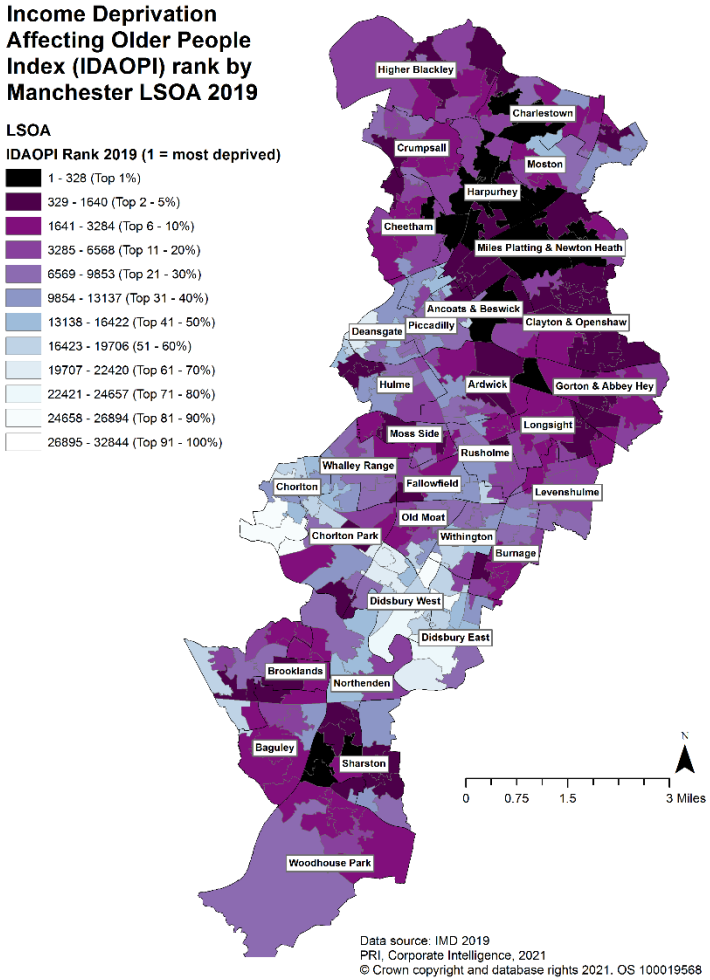
The Figure 10 maps, below, reveal the high concentrations of income deprived older people within the inner suburbs of Manchester, particularly around Ardwick, Cheetham, Harpurhey, Hulme, and Longsight. There are also areas of deprivation in the south of the city, in Brooklands, Sharston and Chorlton Park. The highest IDAOPI scoring LSOA in

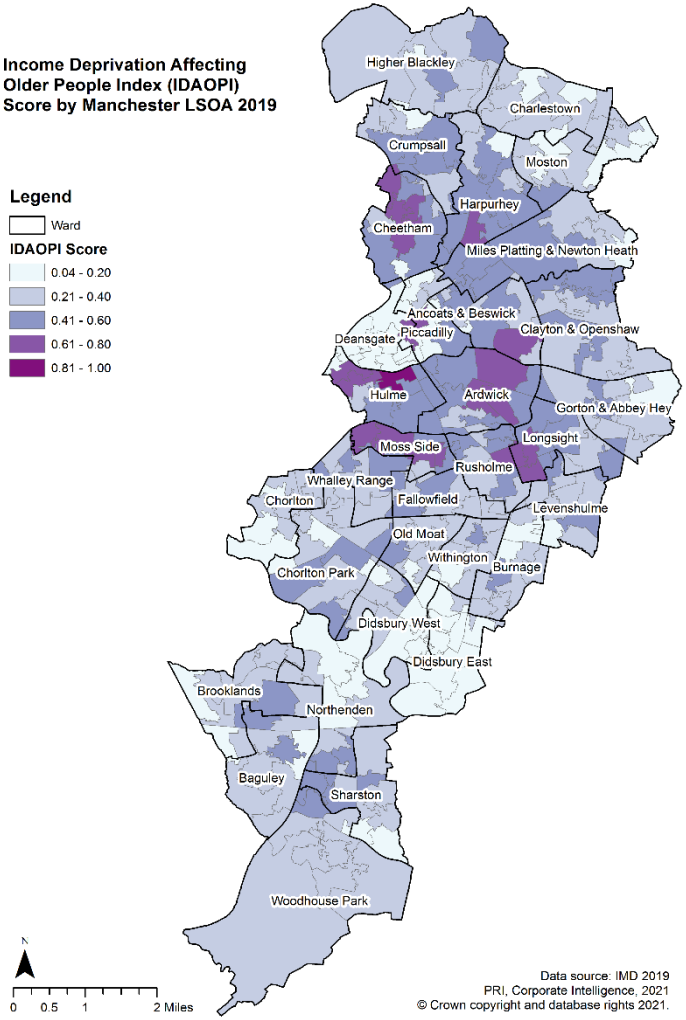
2019 was in Hulme, where 90% of the older people population were deprived, Cheetham, Piccadilly and Moss Side also contained LSOAs within the top 5 most deprived LSOAs in Manchester, with over 70% of the population deprived.

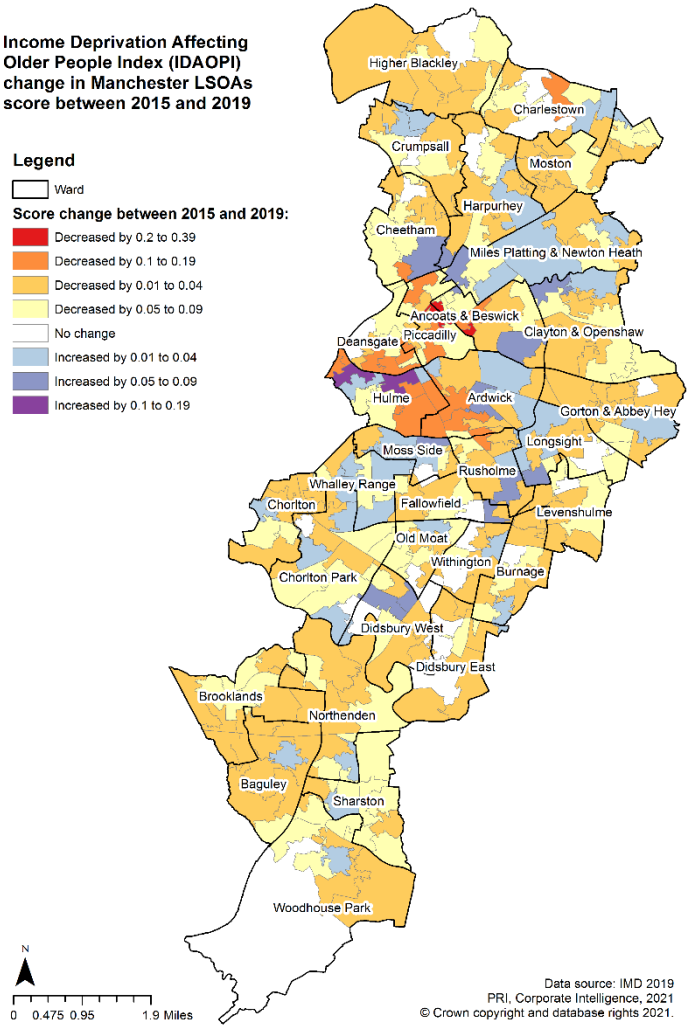
Between 2015 and 2019, 211 (75%) LSOAs saw a decrease in IDAOPI score, 48 (17%) an increase, and 23 (8%) experienced no or negligible change. Of the 48 LSOAs that saw an increase, 33 (69%) were in decile 1 (top 10% most deprived areas in England), indicating an entrenchment of deprivation in some areas. However, the overall decrease in both scores and rankings is positive, and of those LSOAs that experienced a decrease in score, 49% were in decile 1.

IDAOPI data correlates with that presented in MOSAIC in terms of the older population on low or basic income (e.g. 'Flat Let Seniors')clustering around the centre of Manchester, particularly Hulme and Moss Side, whereas, those with higher levels of financial security (e.g. 'Legacy Elders') are found in the South, particularly East Didsbury and Northenden

Figure 10: IDAOPI maps





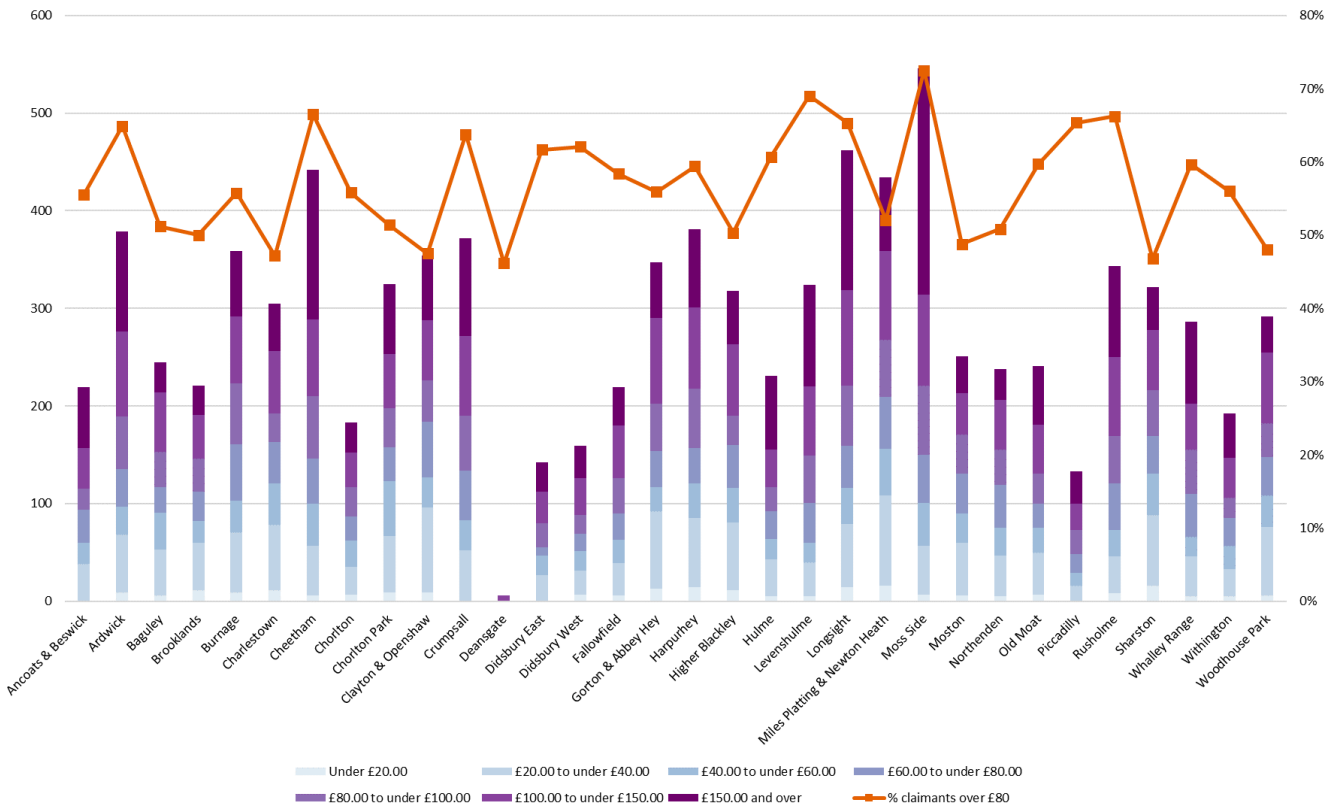


BENEFIT CLAIMANTS

Pension Credit (PC) can be made up of a combination of Guaranteed Credit (GC) and Savings Credit[1] (SC). Those able to claim savings credit are usually on a higher weekly income and have made some savings toward retirement. Everyone is entitled to Pension Credit, unlike State Pension which is based on National Insurance Contributions.

Across Manchester, 14,832 people were claiming PC in November 2020, and 62% were claiming the GC only element of the benefit. The graph below highlights the amount awarded by ward:

Figure 11: Pension Credit - Guaranteed Credit Amount



Source: Stat Xplore. Analysis by Shared Intelligence, PRI, October 2021.

58% of all GC claimants were awarded £80 and over per week, meaning that approximately half of their income comes from Pension Credit; this varies across wards ranging from 73% of claimants in Moss Side, down to 46% of claimants in Deansgate. 23% of all Manchester claimants were receiving the highest recorded amount of £150+ per week (42% in Moss Side down to 0% in Deansgate).

Compared to Core Cities, Manchester has a significantly higher rate of total claimants per 1,000 of the population. This data further highlights the large number of older people in Manchester who are living on very basic incomes with a high dependency on benefit payments to support them.

CORE: CITY:	Manchester	Liverpool	Birmingham	Nottingham	Newcastle	Sheffield	Bristol	Leeds	England
Total claimants per 1,000 of the 66+ population (2020 MYE)	309	266	229	214	197	164	154	142	126
% of claimants claiming GC only	62%	51%	60%	55%	49%	47%	53%	50%	52%

[1] **Guarantee Credit** tops up weekly income to a guaranteed minimum level (£177.10 for single people, and £270.30 for couples). **Savings Credit** was designed to reward those who saved towards their retirement. Only those who reached State Pension age before April 2016 may be eligible to claim. There are further qualifications, including a minimum income amount outside of this benefit (£153.70 single people, £244.12 couples).

SECTION FOUR – HEALTH

LIFE EXPECTANCY:

Life expectancy is a measure of the average number of years people will live beyond their current age. Estimates of life expectancy at birth are not projections or predictions of how long babies born in a particular time period can actually expect to live. Instead, they indicate the average number of years a new-born baby would live if they experienced the current age-specific mortality rates in the area in which they were born throughout their life.

In reality, individuals will move around and live in several different areas over the course of their lives and will be exposed to a range of different health determining risk factors. For that reason, the figures are not a forecast of future life expectancy but rather provide a snapshot of current mortality rates in a particular area.

To enable sufficiently reliable and accurate measurement of life expectancy for local areas, is necessary to pool data over three calendar years (e.g. 2016-2018, 2017-2019, 2018-2020). This is more reliable but has the effect of 'smoothing out' differences between individual years within the 3-year period and reduces the scope to measure significant change in an optimally timely .

Babies born in Manchester in the 3-year period 2018-2020 can expect to live 3-4 years less than the England average (3.9 years for males, 3.2 for females), and the extent to which that life will be in good health is also significantly lower:

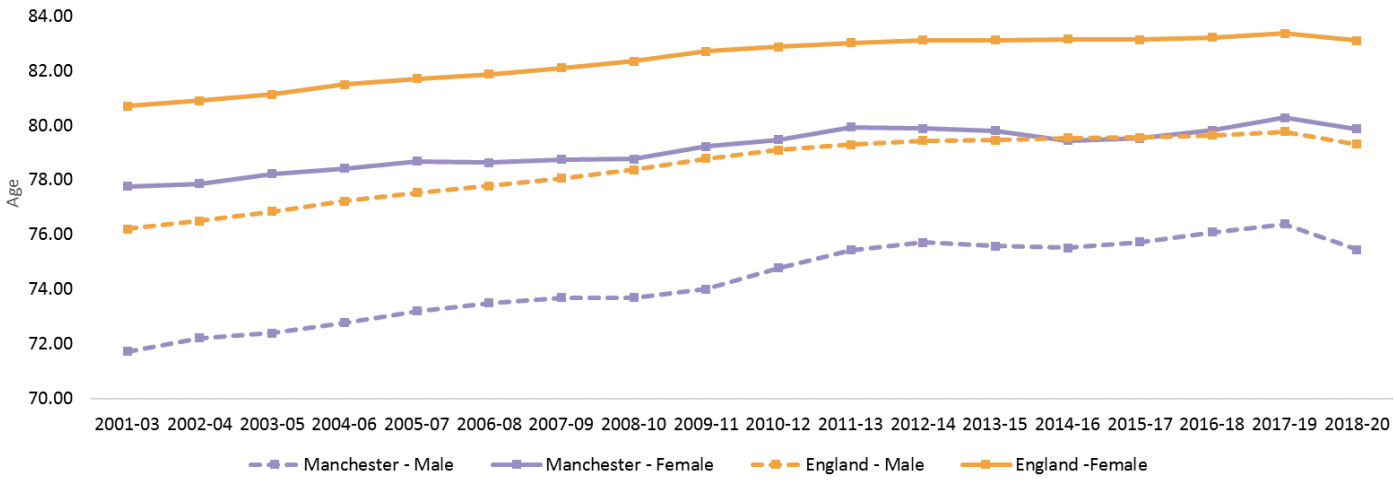
Figure 12: Life expectancy (2018-20)

Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

Life expectancy has been consistently lower (i.e. worse) in Manchester than Nationally, and over the last twenty years the gap between the City and the average for males has reduced by only 0.6 of a year, and for females has actually widened by 0.31.

Life expectancy had, however, been improving in Manchester, increasing by 5 years for males and 3 years for females between 2001-03 and 2017-19 until the COVID-19 pandemic. The latest figures represent the three-year average for 2018-20 and reveal it has fallen, reducing by 0.4% (0.27 years) for males between 2015-17 and 2018-20:

Figure 13: Change in Life Expectancy

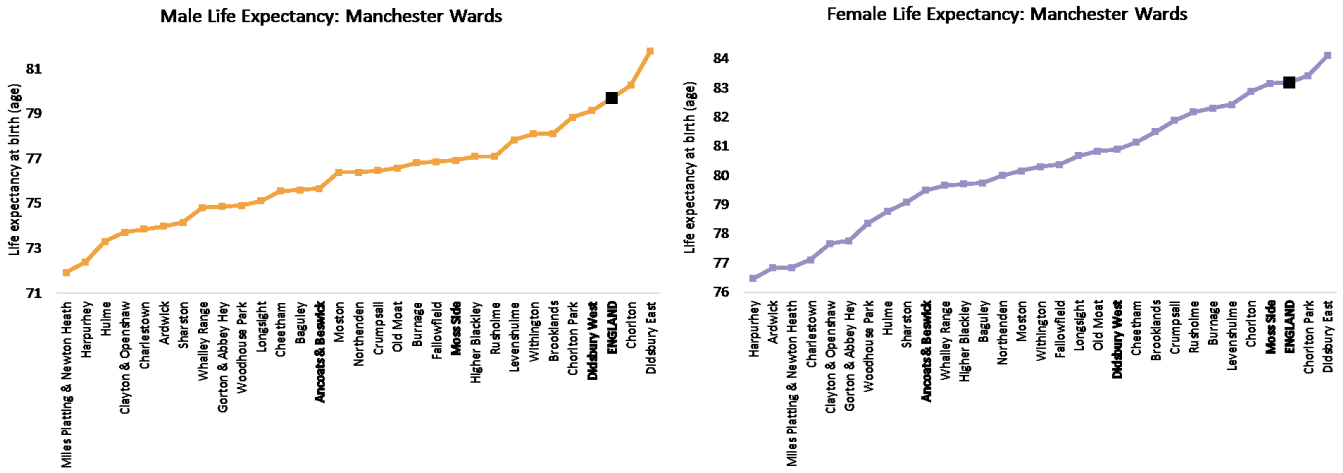


Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

This fall has been seen nationally to varying degrees, the first reduction in life expectancy seen in four decades and is a result of both the increased mortality rates due to the pandemic, but prior to this, the Government's austerity policies, which Marmot (2021) found to have widened social and economic inequalities and damaged public services and civil society.

Life expectancy differs markedly between wards across the City. In 2015-19, babies born to mothers resident in Didsbury East has the highest life expectancy for both men and women, whereas men in Miles Platting and Newton Heath have a life expectancy that is 10 years lower, and for women in Harpurhey it is 8 years lower. There are only three wards in Manchester that have a life expectancy that is equal to, or above the national level.

Figure 14: Life Expectancy by Ward

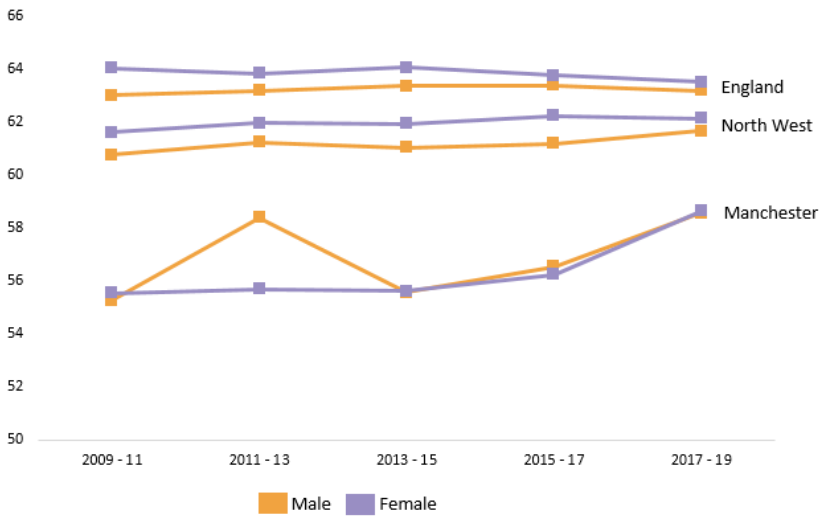


Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

Healthy Life Expectancy (HLE) at birth is defined by the ONS as *an estimate of lifetime spent in "very good" or "good" health, based on how individuals perceive their general health*. Manchester residents born in 2017-19 can expect to live in good health for 58.5 years (males) or 58.6 years (females). This is 5 years less than the England average, regardless of gender. As has previously been stated, this is not a prediction of how long a baby born at a particular point in time can actually expect to live in good health but is merely a estimate based on the current levels of ill health in a particular area at any one stage of a person's life.

Manchester's HLE has increased for both males and females between 2014/16 and 2017/19 (the latest non-overlapping periods used in estimating health state life by the ONS); there has been an increase of 4.3 years (8%) for males and 3.9 years (7%) for females. The gap between Manchester and England has decreased by 4.4 years for males (49%) and 4.2 for females (46%), this is predominately due to the increase in healthy life expectancy in Manchester, but also a minor decrease in the England average:

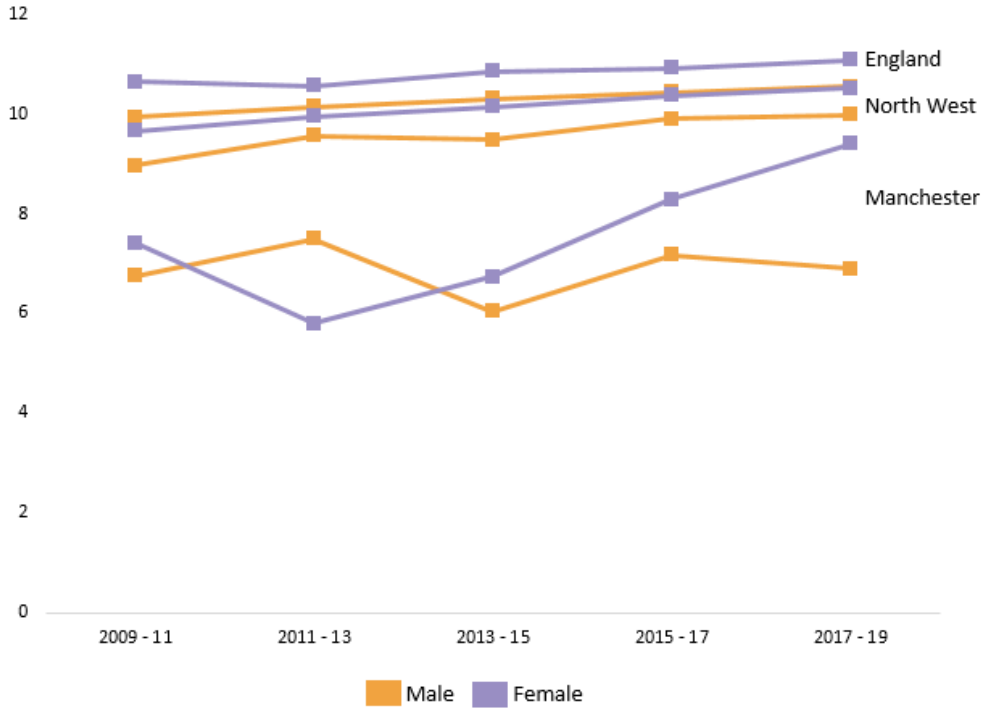
Figure 15: Healthy Life Expectancy at Birth



Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

In terms of **Healthy Life Expectancy (HLE) at the age of 65**, Manchester residents can expect to live in good health for a further 6.9 years (males) or 9.4 years (females), this is 3.7 years (males) or 1.7 (females) less than the England average. However, Manchester's HLE at age 65 has increased between the periods 2014-16 and 2017-19 by 1.8 years (34%) for males and 2.4 (36%) for females. HLE at age 65 has changed sporadically for males since 2011-13, but for females there has been a significant, steady, increase of 3.6 years (62%). The gap between Manchester and England has closed by 1.5 years for males (29%) and 2.3 for females (58%) since 2014-16:

Figure 16: Healthy Life Expectancy at 65



Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

Unlike HLE at birth, there is a clear difference between male and female HLE at 65. The gap in Manchester in 2017-19 was 2.5 years (36%) between men and women, this is significantly larger than the England and North West gap (0.5 years, 5%). This gap has widened due to Manchester females at retirement age extending their healthy life span since 2011-13, coupled with men seeing a decrease in the latest period.

Factors influencing the lower life expectancy and fewer years lived in good health in Manchester are presented in Figure 17.

MORTALITY:

In comparison to the England average, Manchester has significantly higher rates of mortality amongst those aged 65+, for all causes, and although some of these rates have fallen, they remain significantly higher than those of England, the North West and Greater Manchester:

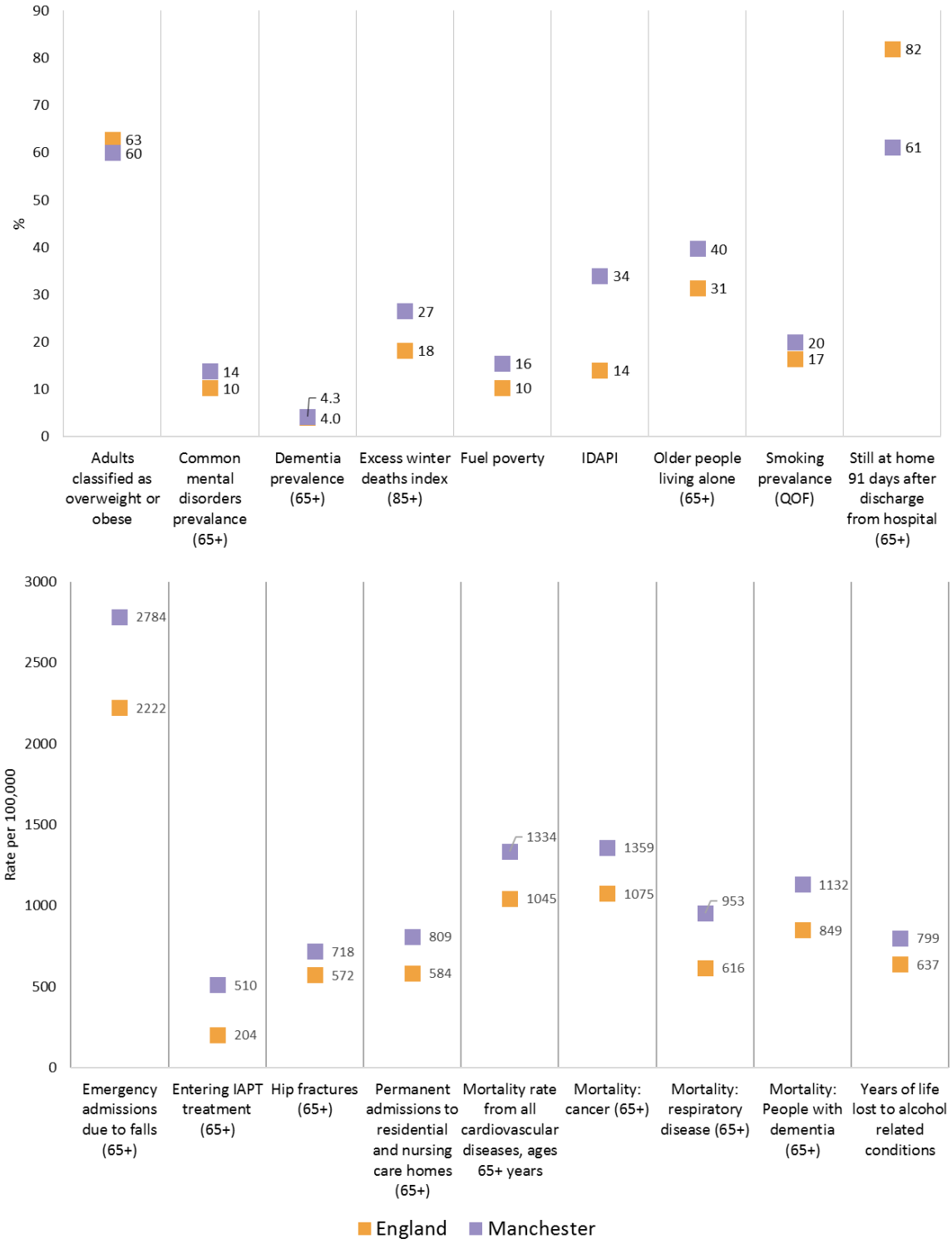
Mortality rates (age)	Rate in 2017-19	Rate compared to England	Rate compared North West	Position in GM	Change since 2014-16
Dementia (65+)	1,132	+25%	+19%	2nd highest	+10%
Cardiovascular diseases (65+)	1,334	+22%	+16%	Highest	-15%
Cancers (65+)	1,359	+21%	+16%	Highest	-7%
Respiratory disease (65+)	953	+35%	+22%	2nd highest	+1%

Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

In 2017-19, Manchester had the second highest premature mortality (under age 75) in England, at 495 per 100,000. The link between premature deaths and inequality is well established, with the Lancet Public Health study (2019) finding that a third of premature deaths in England are linked to social inequality. As established throughout this report, although Manchester may have a relatively small older population, the population it does have are experiencing high levels of poverty and deprivation.

Additional contributing factors to poor health and lower life expectancy include smoking prevalence (3% higher than England), alcohol (rate of hospital admissions 14% higher than England), and mental health (see next section).

Figure 17: Wider determinants of health indicators – Manchester and England



Source: PHE. Analysis by Shared Intelligence, PRI, October 2021. For the time period covered by each metric, please see Source List.

MENTAL HEALTH

Mental health problems are often seen as a younger person's problem, or a sign of dementia in older age, so older people are less likely to receive an accurate diagnosis or appropriate treatment. This attitude extends to the general nature of mental health policy with, what the Royal College of Psychiatrists (RCP) (2018) describes as, a long-standing bias towards age groups deemed more economically productive.

Not only does this bias impact on the life expectancy, quality of life and health outcomes of older people, it underestimates the extent to which an ageing society is driving the numbers of people requiring services. A report from the King's Fund (McCrone et al, 2008, cited in RCP 2018) suggests that by 2026 ageing will be the sole driver for increasing the numbers of people with any form of mental disorder. The Projecting Older People Population Information (POPPI) (2021) estimates that, if current prevalence rates stay the same, by 2030, we can expect significant increases in the Manchester older population being diagnosed with depression (+12%), severe depression (+10%), and dementia (+10%). Additionally, there is an expected 10% increase in the number of older people living alone; although not everyone who lives alone is lonely, loneliness should be a significant concern given that it increases the likelihood of mortality by 26% and is as bad for you as smoking 15 cigarettes a day (Holt-Lunstad, 2015). According to the 2011 Census, 40% of older people in Manchester were living alone, and the enforced isolation during the COVID-19 lockdown will have put these people at even greater risk. As outlined in Figure 17, Manchester currently has higher than national levels of:

- Estimated prevalence of common mental disorders (aged 65+): 14% (4 percentage points higher than England)
- Older people living alone: 40% (8 percentages points higher than England)
- Older people entering psychological therapies services: 510 per 100,000 (307 higher than England rate)

The mental health service needs of older people, beyond dementia, need to be taken seriously and the approach to diagnosis, treatment and de-stigmatisation needs to go beyond what the RCP (2018) describe as using labels such as 'elderly' and 'vulnerable' [as a] substitute for diagnosing and treating genuine mental health problems.

FALLS

Injuries resulting from falls are a significant cause of emergency hospital admissions for older people, in addition to being a key factor in people having to leave their own homes for long-term nursing or residential care. Manchester has significantly higher levels of emergency hospital admissions due to falls, compared to England, the North West and across Greater Manchester:

Emergency hospital admissions due to falls (2019/20)	**Manchester rate per 100,00 in 2019/20**	**Rate compared to England**	**Rate compared to North West**	**Position in GM**	**Rate change since 2014/15**
Age 65+	2784	+20%	+12%	2nd highest	+6%
Age 65 - 79	1577	+34%	+23%	Highest	-8%
Age 80+	6284	+10%	+5%	5th Highest	-3%

Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

Manchester's 65+ population were also significantly more likely to be readmitted following a stay in hospital, with only 61% still at home 91 days after initial discharge (for all causes), compared to 82% North West and England.

Research by the Centre for Ageing Better (2021) into the experiences of older people found a clear link between falls and inadequate or inappropriate housing, they also calculate that £1 spent on home improvement services to reduce falls is estimated to lead to savings of £7.50 to the health and care sector. Housing is a key determinant of the quality of life of older residents, and problems related to poor housing have been severely exacerbated by the COVID-19 pandemic. Section 5 explores this issue in detail.

SECTION FIVE – HOUSING

Having access to the right kind of housing is a key priority of the *Manchester: A Great Place to Grow Older* strategy (2017). The strategy aims to have successful 'age-friendly' neighbourhoods throughout Manchester, designed around the needs of the older population.

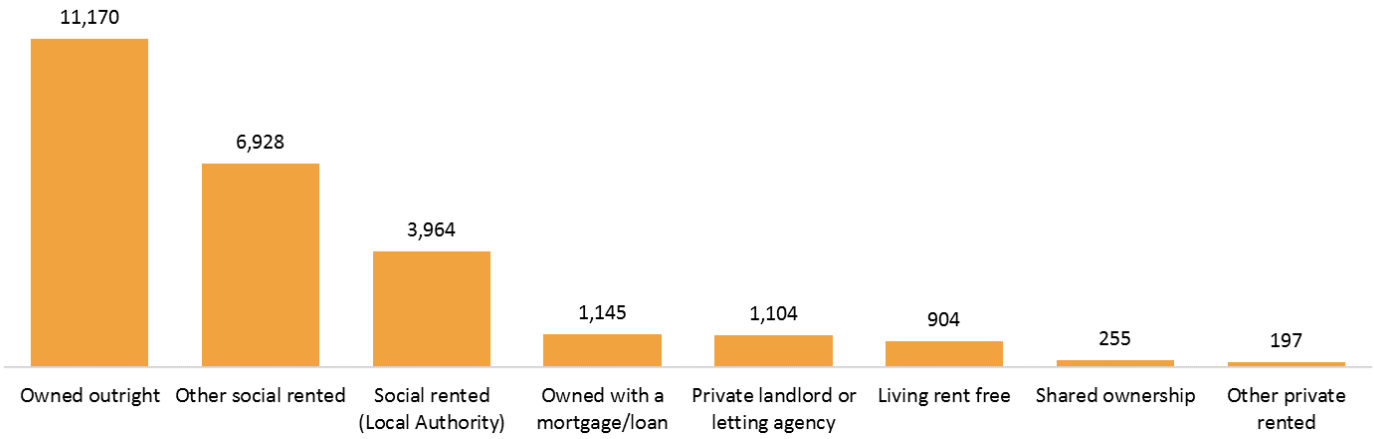
Housing is an important priority because poor or inappropriate housing has a severe impact on the health and wellbeing of the older population, and this has been exacerbated by the COVID-19 pandemic. The King's Fund (2020) found that:

> Cold, damp homes can cause or worsen a series of health conditions linked to coronavirus. Overcrowding reduces a household's ability to isolate those who are at particular risk or displaying symptoms. Trip hazards, little space, poor internet connection, a lack of access to green space – these and many other issues have consequences for people's health, heightened by a period of lockdown where many of us were forced to spend 23 hours of the day indoors.

TENURE

In Manchester, fewer than half (49%) of all households where all members are aged 65+ are owned outright or with a mortgage. This is significantly lower than the national (67%) and Greater Manchester (63%) home ownership rate for this age group, and is indicative of home ownership having been beyond the means of many of today's older residents:

Figure 18: Household tenure (age 65+)



Source: ONS Census 2011. Analysis by Shared Intelligence, PRI, October 2021.

The data above is from the 2011 Census, which is the latest available dataset for this metric, so likely to change following release of the 2021 results. In addition to refreshed data, the tenure trajectory of people is also highly likely to change. The ONS (2020) point out that future generations of older people are more likely to live in rented accommodation than today, because people in their 30s and 40s are now less likely to be homeowners than in the past. If these trends continue, it is expected that far more older people will be renting from private landlords in the future. In Manchester, the home ownership rate was 43% for those aged 35 to 49, with 24% renting privately in 2011.

Private renting amongst the older population is currently small (5%), as most older renters have lived long term in social housing, but it could be an area of concern should levels rise, with the King's Fund (2020) finding that households within the private rented sector are more likely to be in poor condition. Approximately 1.1m households in the private rented sector (25%) were in non-decent condition, compared to 17% of owner-occupied houses. The risk of poor housing is not limited to the private sector, The Good Home Inquiry (2021) found that 'over 4 million homes in the UK are in such poor condition that they threaten the health of their occupants, and over half of those occupants are over 55'.

One of the biggest dangers of poor housing for older people is the risk of falls (see page 20 for rates in Manchester). The ONS (2020) argues that although the private rented sector is more likely to be in poorer condition where renters are reliant on landlords to make or approve alterations to reduce this risk, owner occupation does not automatically equate to an adequately adapted home. Many owner occupiers are 'asset-rich and cash poor' with 'almost one in five (18%) households containing an older person that owns outright [falling] below the poverty line [which] could affect the ability to carry out property repairs and maintenance'. The English Housing Survey (2020) estimates that 20% of homes headed by occupants over the age of 65 contain none of the key accessibility features needed to ensure it is safe and accessible, in Manchester this would equate to approximately five thousand households.

FUEL POVERTY:

Fuel poverty is more likely to impact younger people, particularly those with dependent children, at a National level, lone parents have the highest proportion of households in fuel poverty

Household composition	**Fuel poor**
Lone parent with dependent child(ren)	28%
Other multi-person households	18%
One person under 60	17%
Couple with dependent child(ren)	17%
All households	13%
One person aged 60 or over	11%
Couple, no dependent child(ren) aged 60 or over	10%
Couple, no dependent child(ren) under 60	6%

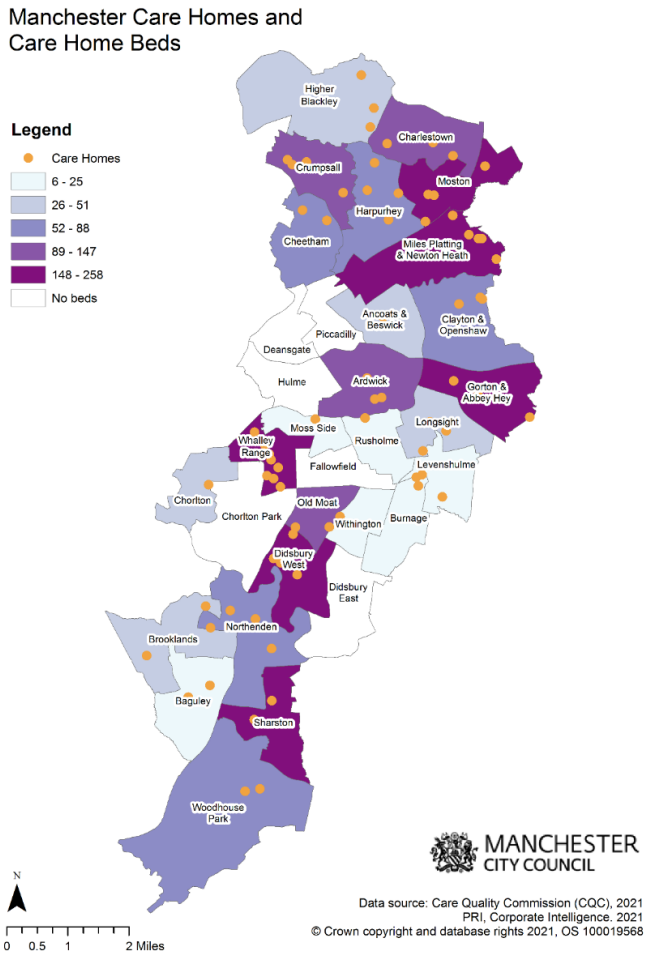
Source: Fuel Poverty Statistics, England 2019. Analysis by Shared Intelligence, PRI, October 2021.

In 2019, 19.8% of all Manchester households were in fuel poverty (using the Low Income High Costs indicator). The relatively low levels of fuel poverty amongst older people is due to the Winter Fuel Payment that those of State Pension age are eligible to receive in order to help with fuel payments. In Manchester, 93.8% of people aged 65+ were receiving winter fuel payments, this compares closely with that of Greater Manchester (94.6%) and England (94%).

CARE HOMES

As of August 2021, there were 81 Care Quality Commission (CQC) registered care homes in Manchester with 2,455 beds, spread across the City as below:

Figure 19: Care Home Map



In comparison to England and Greater Manchester, Manchester has a large amount of nursing home beds relative to people, and, despite a positive dip in rates between 2015 and 2016, Manchester has higher than national and GM rates of permanent admissions; avoiding permanent admissions is seen as a positive indicator of delaying dependency:

Figure 20: Care home beds per 100 people aged 75+

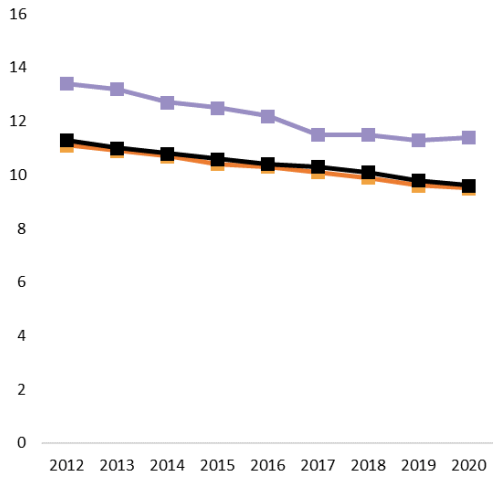


Figure 21: Nursing home beds per 100 people aged 75+

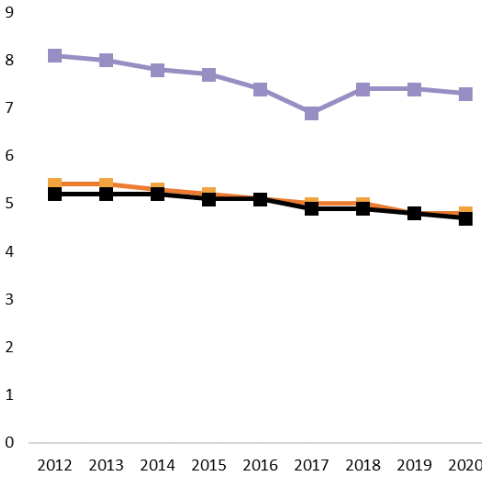
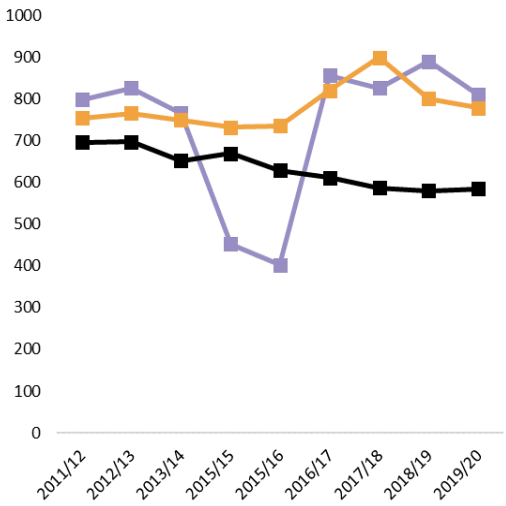


Figure 22: Permanent admissions to residential and nursing care homes per 100,000 aged 65+

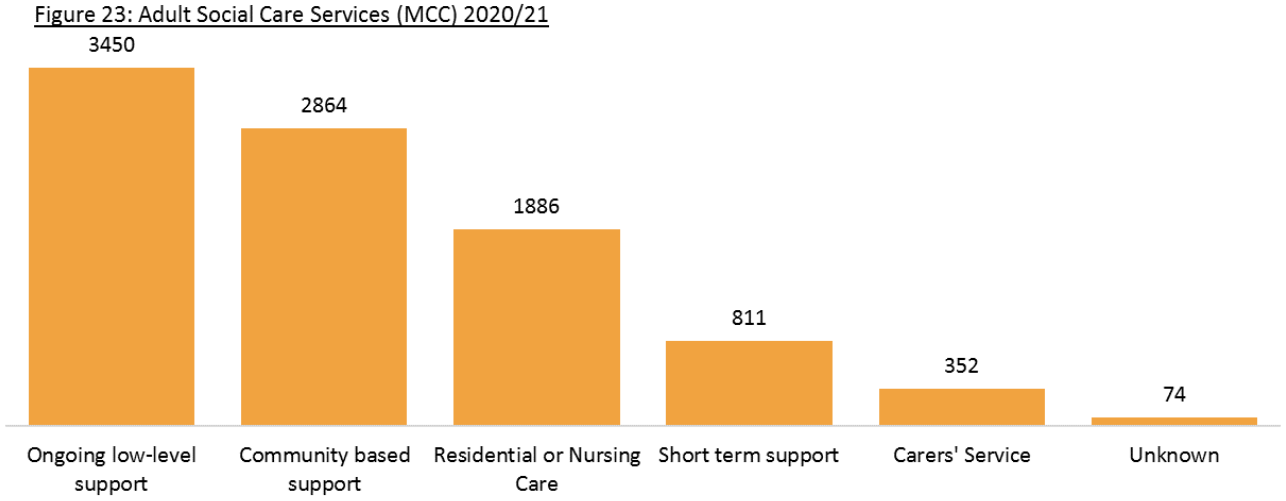


Source: PHE. Analysis by Shared Intelligence, PRI, October 2021.

FORMAL AND INFORMAL CARE:

In addition to high levels of permanent residential care, Manchester City Council (MCC) is also providing high levels of adult social care to those aged 66+. In the financial year 2020/21, 7,168 older people received a social care service from MCC:

Figure 23: Adult Social Care Services (MCC) 2020/21



Source: MCC. Analysis by Shared Intelligence, PRI, October 2021.

Outside of the formal care system, people are reliant on informal care from partners, family and friends. 13% of those aged 65 and over in Manchester provided unpaid care, half of whom provided 50 or more hours of care per week (ONS, 2011). Nationally, 14% of those aged 65+ provided unpaid care, but a lower proportion (38%) are providing 50+ hours, again highlighting the extent of high level need in Manchester's older residents.

Manchester is projected to see a 28% increase in older people (age 65+) providing informal care for someone else by 2040. The detrimental impact of providing care on the carers' health and wellbeing is well established, and without wider family to alleviate this need, people will be living with poor health and wellbeing for longer (POPPI).

AGEING WITHOUT CHILDREN:

Access to informal care may be limited by the family situations of older people; due to increases in life expectancy and declining fertility, there will be more childless older people in the future. This may significantly increase the demand for formal care provision, as the informal care that has traditionally been provided by children is not available. Those ageing without children are 25% more likely to go into residential care. This issue further impacts those living with a disability (85% of whom age without children), and those within the LGBTQ+ community (90% of whom age without children).

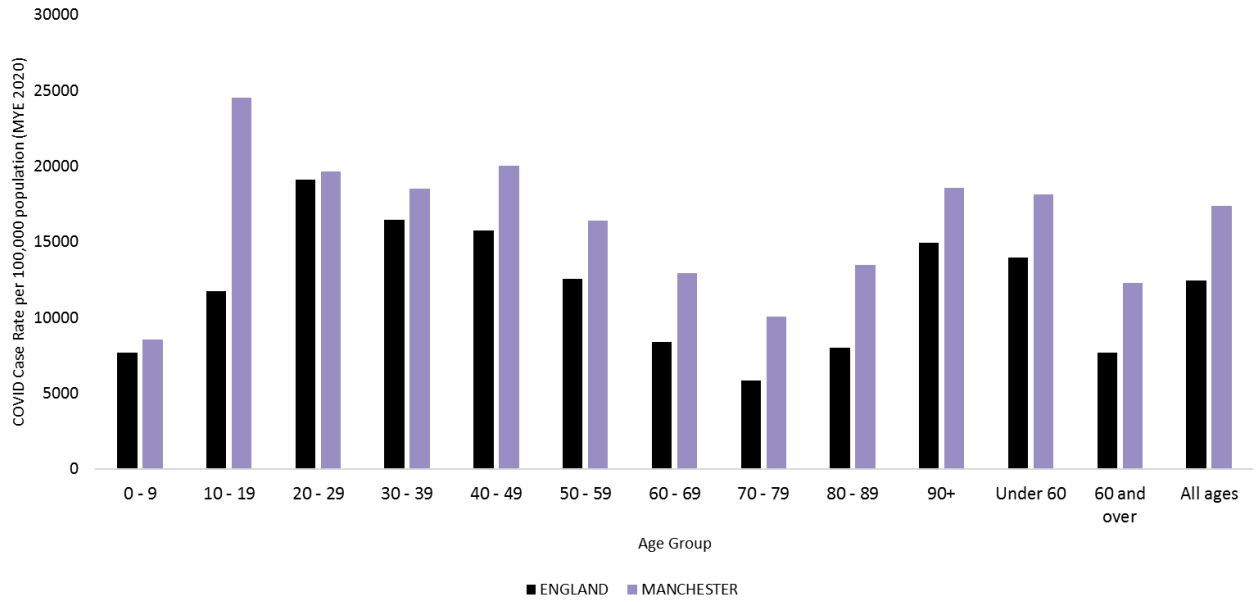
In Manchester, total fertility rates have reduced by 0.6 in the past ten years down to 1.4, which is lower than the national rate of 1.7 (ONS) and well below the replacement fertility rate of 2.1 children per women (this is the rate at which a population exactly replaces itself from one generation to the next without migration).The COVID-19 pandemic left those without children at even greater risk; a survey by Ageing Without Children (2021) found that 51% of respondents reported feeling more isolated than before the pandemic, and 33% more anxious or worried with a range of effects on personal mental health and emotional wellbeing.

COVID-19, originally called the 'great leveller' in terms of the near universal, unavoidable impact it had on everyone's lives, was not in fact a 'leveller' at all, with existing inequalities and vulnerabilities exacerbated. The impact on older people was particularly severe: high numbers of deaths, the largest level of risk, enforced isolation, and a nefarious national narrative around frailty, expendability and worth pervading.

SECTION SIX – COVID-19

Between March 2020 and October 2021, 96,602 Manchester residents had tested positive for COVID-19 and 1,143 had died. Manchester had significantly higher rates (per 100,000 population) of positive cases across all age groups than England. The rate of detected cases for those aged 60+ was 60% higher in Manchester:

Figure 24: Total COVID-19 case rates by age (March 2020 - October 2021)

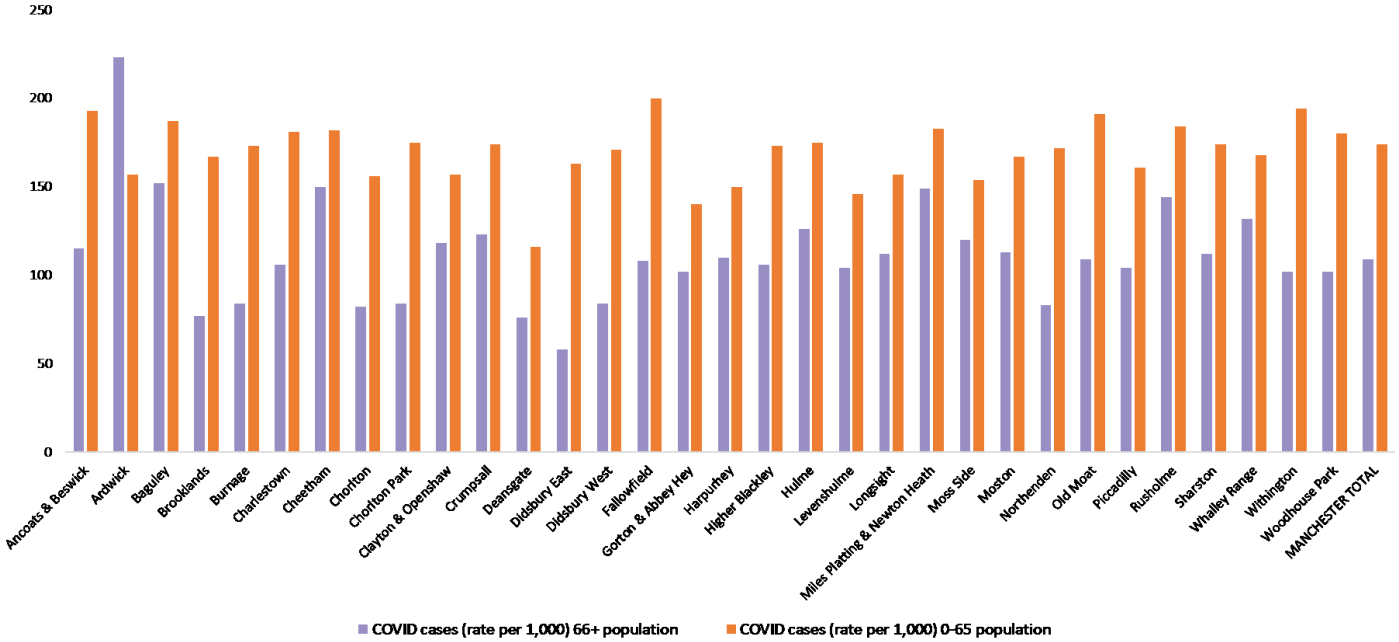


Source: PHE COVID-19 Situational Awareness Explorer, 2021. Analysis by Shared Intelligence, PRI, October 2021.

Case detection rates are very closely linked to the rate of testing in particular age groups and populations. Targeted, whole population testing in specific age groups, such as school age children, will boost case detection rates as they make it more likely that asymptomatic cases of the virus will be detected.

At an individual ward level, Ardwick was the only ward where the rate of detected cases was higher amongst those aged 66+, compared to those 0-65. Cheetham, Baguley and Miles Platting & Newton Heath also had high rates amongst the older people population. As identified in Section X, these areas also had high levels or deprivation, and lower life expectancy (pre-COVID):

Figure 25: Detected COVID-19 cases by age and ward – March 2020 – October 2021



Source: PHE COVID-19 Situational Awareness Explorer, 202. Analysis by Shared Intelligence, PRI, October 2021.

In terms of COVID-19 deaths, Manchester had lower rates overall, and lower rates of those that occurred in Care Homes, compared to the National and Greater Manchester level:

	Rate of all C19 deaths that occurred in Care Homes (per 1,000 beds)	% of all C19 deaths that occurred in Care Homes	Total C19 deaths per 1,000 population (all ages)
Manchester	51	11%	2.1
Greater Manchester	72	17%	2.8
England	75	22%	2.8

ONS, 2021

The high case rates that occurred in Manchester resulted in the City being placed in the highest tiers of lockdown for the majority of 2020 and early 2021. In addition to the direct impact of COVID-19 on the older population in terms of positive cases and deaths, it became clear that the consequences of the general lockdown and specific shielding advice for older residents may have long-term impacts on their health outcomes.

Public Health England (PHE) (2021) have highlighted the increased likelihood of deconditioning amongst older adults as a result of the lockdown. Deconditioning is the loss of physical, psychological, and functional capacity due to inactivity, and it can occur rapidly in older adults, resulting in increased risk of falls and worsening of pre-existing conditions. PHE found that before the pandemic there were high levels of physical inactivity in the older adult population with 21.5% of adults aged 65 to 74 inactive, rising to 34.4% aged 75 to 84 and 57.4% aged 85 and over. The lockdowns throughout the pandemic (of which Manchester was subject to the highest level of restrictions for elongated periods of time) led to a significant rise in inactivity, alongside decreased access to general healthcare. PHE found that around half of older adults with a worsening healthcare condition have not sought medical advice about it during the pandemic.

The impact of lockdown and shielding is not confined to a detriment on physical health. Manchester Urban Ageing Research Group's (MUARG) report (2021) on the experience of older people living in areas of multiple deprivation in Greater Manchester during COVID-19, found that many older people's mental health deteriorated throughout the pandemic, starting, for some, with the, initial shock of being asked to shield, with one participant in the research stating: 'I thought, Oh, God, I'm vulnerable and it was a bit of a shock because I don't see myself as being vulnerable'. The report argues that the advice to shield had a devastating effect on some older people who had not seen themselves as vulnerable, and increased awareness of the ageing process, in a negative way.

The ability of organisations and community support networks to respond to the increased needs of the older population was also limited following either a complete closure of services, or a move to online only; one organisation involved in the research stated that 'the term 'hard to reach' now seems to be true. Without workers in the communities the most vulnerable are hidden'. Additionally, the report 'underlines the extent to which COVID-19 has undermined neighbourhoods already damaged by austerity and the loss of social infrastructure (shops, day centres, libraries)'. Transient and gentrified neighbourhoods, of which Manchester has many, left older people at even higher risk of isolation.

DIGITAL EXCLUSION:

The pandemic brought into stark reality the need for digital inclusion throughout the population with the way we communicate, work, shop, bank and access healthcare shifting predominantly online during this time. Being digitally excluded, by means of access, digital literacy or both, left people further isolated. The Good Things Foundation (2020) found that:

> People more likely to be shielding and self-isolating have been among those more likely to be digitally excluded. People with no or limited internet access and low or limited digital skills are more likely to be over 70 years old, living in low income households, have lower literacy and educational attainment, and have a disability or long-term health condition. It has taken this pandemic for health and care sectors to recognise the scale, nature and significance of digital exclusion.

The Greater Manchester Digital Inclusion Strategy found that 1.2 million GM residents are digitally excluded, 56% of whom are aged 60+. Age is not the only risk factor in terms of likelihood of being digitally excluded, but it is a major one, alongside deprivation, educational attainment and ascribed social class, all of which contribute to the Manchester older population being at an increased risk.

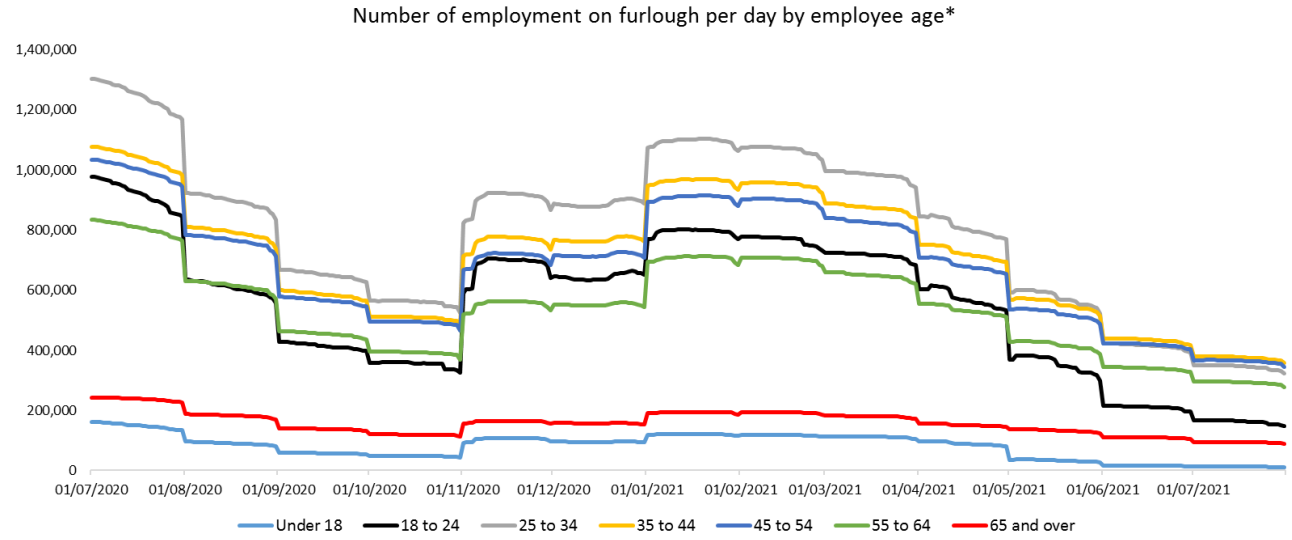
Although the risk of increased isolation, and the associated detriments to physical and mental health, are significant, the pandemic has also seen a positive increase in digital literacy as most services and social interactions were forced to move to digital by default. The Centre for Better Ageing (2020) found that amongst 50-70 year olds, 75% said they were making video calls more often in lockdown, 31% said they were emailing more, and Lloyds Bank (2020) found that three times more 70-year-olds registered for online banking during lockdown compared to the same time last year. Similarly, the MUARG research found that digital technology became a key coping mechanism for older adults, with many of those who were shielding using online connectivity to maintain social connections, including attending religious services.

Manchester City Council (MCC) have sought to alleviate digital exclusion throughout the pandemic via a device scheme for residents; between October 2020 and September 2021, MCC distributed 614 devices, such as phones and tablets, across the City, a quarter of which went to people aged 65+ (4% to those aged 75+).

FURLOUGH

The Coronavirus Job Retention Scheme (more commonly known as Furlough) was designed to cover wages for employees on temporary leave due to COVID-19 and ran from March 2020 to September 2021. The majority of recipients were younger people, but the older people population, or soon to be older population, should be of key concern given the established link between age and length of time it takes to return to work following job loss or redundancy. The number of employments on furlough per day by employee age reveals that those aged under 18 and 65+ had the lowest numbers, this is expected given the lower levels of economic activity amongst these age groups:

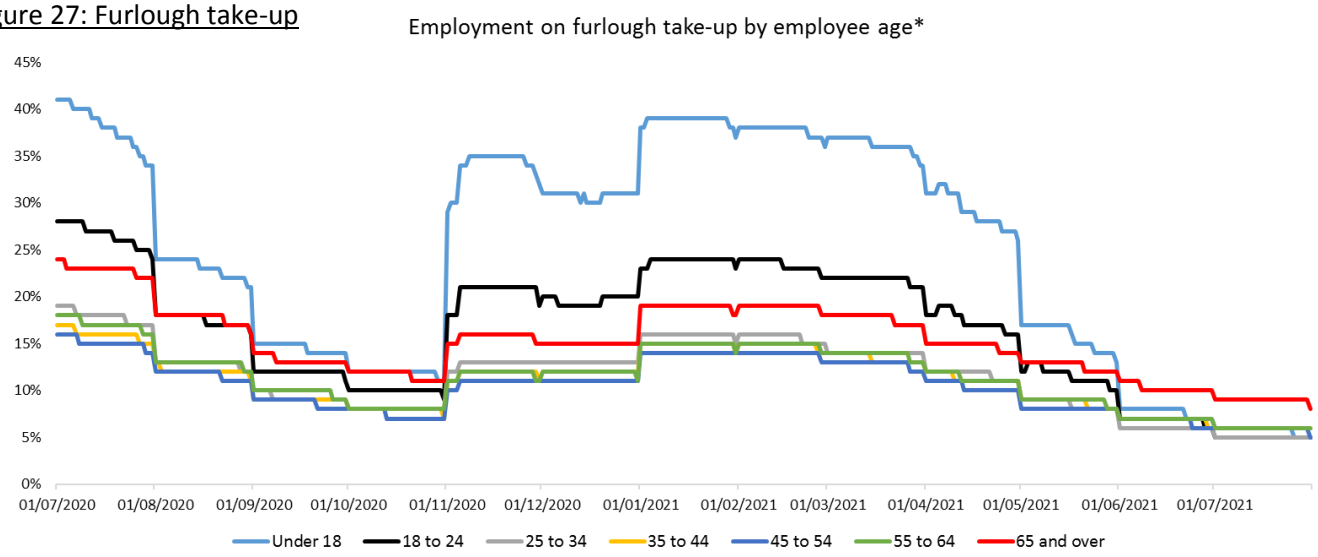
Figure 26: Furlough numbers



Source: CJRS Statistics. Analysis by Shared Intelligence, PRI, October 2021.

However, the take-up percentage by age band reveals that those aged 65+ were amongst the most impacted groups. By the end of June 2021, the 65+ age group had the highest take-up of all age groups, with a rate of 10% for both males and females, compared to 7% for males, and 6% for females overall:

Figure 27: Furlough take-up



*Excludes 'unknown' age. Data from 01/07/21 onwards is provisional.
Source: CJRS Statistics. Analysis by Shared Intelligence, PRI, October 2021.

EMPLOYMENT:

In addition to being mindful of the immediate impact of the older people currently on furlough, of which there were 1,250 aged 60+ in Manchester as of July 2021, attention needs to be focused on those aged in their 50s given the established long-term impact job loss has as people age. The State of Ageing (2021) report argues that 'people currently in their 50s and 60s who lose their jobs now are at risk of falling out of the labour market for good'. Those aged 50+ who are unemployed are twice as likely to be out of work for 12 or more months later than young workers, and the likelihood of returning to work is even lower for women and people with low level qualifications at this age. The danger is that increased long term unemployment as a result of the pandemic in those aged in their 50s may lead to a rise in pensioner poverty further down the line; in 2020/21 7.6% of Manchester residents aged 50-64 were unemployed, compared to 3.6% Nationally and 4.5% in Greater Manchester (Figure 27):

Figure 28: Unemployment rate

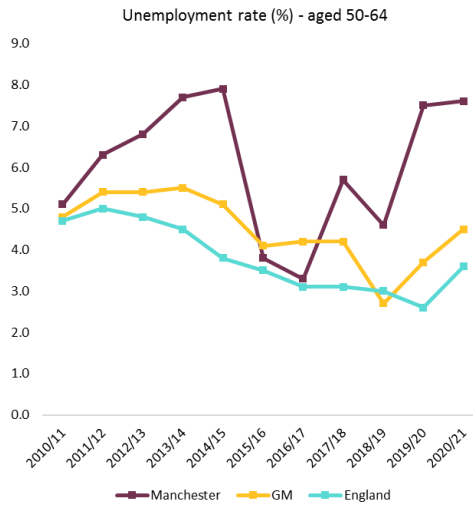


Figure 29: Employment rate

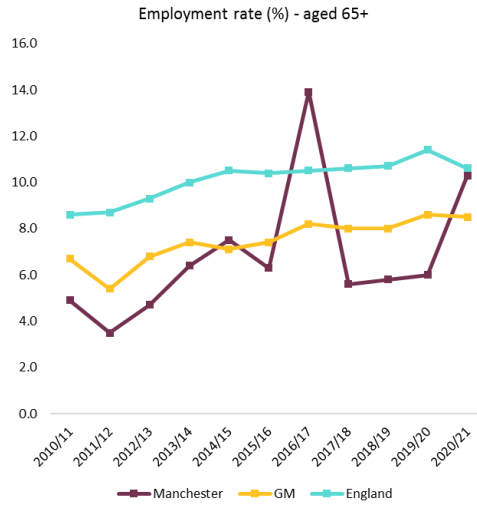
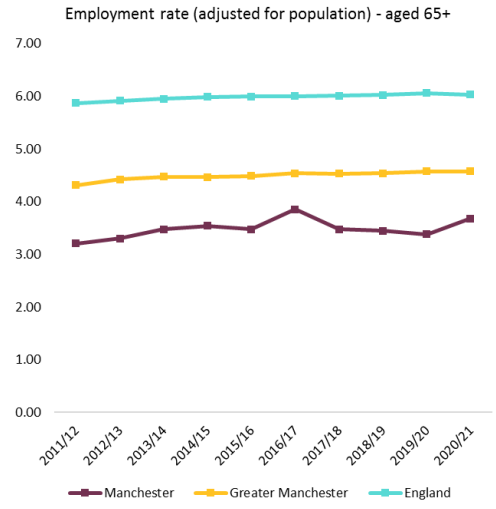


Figure 30: Employment rate (adjusted)



Source: ONS Annual Employment Survey, 2021. Analysis by Shared Intelligence, PRI, October 2021.

In 2020/21, 10.3% of Manchester residents aged 65+ were still in employment (compared to 10.6% in England, and 8.5% Greater Manchester). The employment rate for this age group is generally lower than the England or Greater Manchester level, but spikes during times of potential crisis, or reduced income, such as 2016/17 and 2020/21.

The significant spike in 2016/17 occurred at the same time as the change in State Pension (when the claimant age rose to 66). Similarly, the spike at the end of 2020/21 could be seen as a reflection of the pandemic and the economic insecurity related to it. The employment rate increasing at times of uncertainty indicates a level of economic vulnerability whereby more older people are remaining in work at an older age or are unable to retire until they qualify for State Pension (indicating a less secure financial position).

The older population in Manchester is relatively small (9% of the total Manchester population), therefore, changes in the economic activity of this group may appear more dramatic than the same numerical change within larger populations, such as at the National level. To investigate the validity of these changes that account for the different population sizes, a process of normalization of the data was undertaken and presented in Figure 28 using Log Transformation (log base 10). This process stabilizes variation in a group, thereby reducing or removing the skewness of the original data. The adjusted graph (Figure 29) reveals that although the spike in 2016/17 in Manchester is less dramatic than as presented in the raw data (Figure 28), it is still visible, and more pronounced than that experienced at the National and Greater Manchester level.

The COVID-19 pandemic has exacerbated existing inequalities across both health and deprivation, leaving not only the current older people population at risk, but those approaching later life.

SECTION SEVEN – CONCLUSION AND CHALLENGES

Manchester is a young City, and despite a projected increase in the number of older people who live here moving forward, as a proportion of the City's total population they remain relatively small. However, both the needs and the contribution of this population should not be dismissed as a result. As outlined in the Manchester: A Great Place to Grow Older Strategy (2017), Manchester's older people have a lot to offer and gain from the City.

The narrative portrayed in the media surrounding the COVID-19 pandemic, particularly that related to older people, was nefarious in terms of how entire age groups were labelled as vulnerable and frail at best, or expendable at worst. In identifying the challenges this age group face, this report is not calling these people a drain or threat to services, instead, it has sought to highlight where additional support and attention is needed to help people live the healthiest, most productive and longest lives possible. To do this, the following challenges need to be noted and addressed:

Challenges:

- Over a third of older people in Manchester are living in the most deprived households according to IDAOPI, and there are areas of entrenched deprivation that have not experienced the reduction in deprivation experienced across the majority of the City, specifically Hulme, Miles Platting and Newton Heath and Ardwick.
- Life expectancy, and healthy life expectancy (HLE), differ markedly across the City, with a gap of up to ten years between the highest (Didsbury East) and the lowest (Harpurhey). Older Manchester males are of significant risk, with HLE 36% lower than females, and the gap between genders widening.
- Manchester already has a large percentage of older people living alone, and the associated risk of poorer health outcomes and eventual permanent admission to residential care will only increase as a result of this. Future factors, such as an increase in people ageing without children, higher mortality due to COVID-19 and the unknown impact of 'long COVID', pose an increased demand on health and social care services moving forward that may lead to higher levels of dependency on formal care.
- Action to alleviate the risk of digital exclusion was successfully rolled out during the pandemic, but it is vital that efforts do not lose momentum as the City begins to open up again.
- The financial vulnerability inflicted on people due to the COVID-19 pandemic may have a significant impact on people entering the older age groups with less financial security than previously expected.
- Mental health needs to be taken seriously in the older people population and cannot be dismissed as an inevitable part of the ageing process. Loneliness, a significant contributor to poor mental and physical health (increasing the likelihood of mortality by 26%) is more likely to occur in Central areas of the City, such as Hulme, where older people are more isolated and are likely to be subject to loneliness to a greater degree than areas where there are established older communities such as Harpurhey and Didsbury East.
- A shift in housing tenure to higher levels of renting may result to an increased risk in older people living in homes that do not adequately meet their needs, increases the risk of ill-health due to poor housing standards, and puts them at increased risk of falls.
- The additional health and social care needs of the older population of Manchester have been brought into stark focus during the COVID-19, and the risk of deconditioning as a result of the prolonged lockdowns in Manchester will exacerbate these problems.

SOURCE LIST

Age-friendly Manchester (2017) *Manchester: a great place to grow older*. Available at: https://secure.manchester.gov.uk/downloads/download/6786/manchester_a_great_place_to_grow_older

Ageing well without children (July 2021) *"A lonely place to be" Ageing without children and the impact of the Covid-19 pandemic*. Available at: https://www.awwoc.org/about-3-1

Centre for Ageing Better (August 2020) *How has COVID-19 changed the landscape of digital inclusion?* Available at: https://ageing-better.org.uk/publications/how-has-covid-19-changed-landscape-digital-inclusion

Centre for Ageing Better (July 2020) *The experience of people approaching later life in lockdown: The impact of COVID-19 on 50-70-year olds in England*. Available at: https://ageing-better.org.uk/publications/experience-people-approaching-later-life-lockdown-impact-covid-19-50-70-year-olds

Centre for Ageing Better (August 2020) *A mid-life employment crisis: How COVID-19 will affect the job prospects of older workers*. Available at: https://ageing-better.org.uk/publications/mid-life-employment-crisis-how-covid-19-will-affect-job-prospects-older#:~:text=There%20is%20now%20a%20real,term%20unemployment%20for%20older%20workers.&text=There%20is%20a%20risk%20of,an%20end%20in%20October%202020.

Centre for Ageing Better (September 2020) *Homes, health and COVID-19: How poor-quality homes have contributed to the pandemic*. Available at: https://ageing-better.org.uk/publications/homes-health-and-covid-19

Centre for Ageing Better (November 2020) *The State of Ageing in 2020*. Available at: https://ageing-better.org.uk/state-of-ageing-20

Centre for Ageing Better (March 2021) *Challenging unsuitable housing: Reflections from research with twenty 50-70 year olds living in homes which do not fully meet their needs 2020*. Available at: https://ageing-better.org.uk/publications/getting-our-homes-order-how-englands-homes-are-failing-us

The Good Home Inquiry (August 2021) *The Good Home Dialogue: The home we have and the homes we want*. Available at: https://ageing-better.org.uk/sites/default/files/2021-08/Good-Home-Dialogue-full-report.pdf

Healthwatch (June 2021) *Locked out: Digitally excluded people's experiences of remote GP appointments*. Available at: https://www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointments

Kaiser, P & Dykes, K (2020) *The Mental Health of Older People in Greater Manchester: Fact and Fiction*. Available at: https://www.boltoncvs.org.uk/sites/boltoncvs.org.uk/files/The%20Mental%20Health%20of%20Older%20People%20in%20Greater%20Manchester.pdf

The Lancet Public Health (2019) *Premature mortality attributable to socioeconomic inequality in England between 2003 and 2018: an observational study*. Available at: **https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30219-1/fulltext**

Lloyds Bank (2020) *Lloyds Bank UK Consumer Digital Index 2020*. Available at: https://www.lloydsbank.com/banking-with-us/whats-happening/consumer-digital-index.html

Manchester Urban Ageing Research Group (2020) *COVID-19 and Social Exclusion: Experiences of older people living in areas of multiple deprivation*. Available at: https://www.micra.manchester.ac.uk/muarg/research/publications/

Manchester City Council (2014) *Living Longer, Living Better: Housing for an age-friendly Manchester, Strategy Statement 2014–20*. Available at: https://www.manchester.gov.uk/downloads/download/6143/housing_for_an_age-friendly_manchester

Marmot, M. Institute of Health Equity (2021) *Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives*. Available at: https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives

ONS (November 2019) *Living longer: is age 70 the new age 65?* Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerisage70thenewage65/2019-11-19

ONS (March 2020) *Living longer: implications of housing tenure in later life*. Available at: https://www.ons.gov.uk/releases/livinglongerimplicationsofhousingtenureinlaterlife

ONS (August 2020) *Living longer: implications of childlessness among tomorrow's older population*. Available at: https://www.ons.gov.uk/releases/livinglongerimplicationsofchildlessnessamongtomorrowsolderpopulation

ONS (May 2021) *Living longer: older workers during the coronavirus (COVID-19) pandemic*. https://www.ons.gov.uk/releases/livinglongerolderworkersduringthecovid19pandemic

Public Health England (2021) *Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1010501/HEMT_Wider_Impacts_Falls.pdf

Royal College of Psychiatrists (2018) *Suffering in silence: age inequality in older people's mental health care*. Available at: https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2018-college-reports/cr221

Figure 17 source list:

Indicator Name	Age	Measurement	Time period
Adults classified as overweight or obese	18+	%	2019/20
Estimated prevalence of common mental disorders	65+ yrs	%	2017
Dementia recorded prevalence	65+ yrs	%	2020
Excess winter deaths index	85+	%	Aug-18
Fuel poverty	All	%	2018
Older people living alone	65+	%	2011
Smoking prevalence (QOF)	18+	%	2019/20
Still at home 91 days after discharge from hospital	65+	%	2019/20
Emergency admissions due to falls	65+	Rate per 100,000 population	2019/20
Entering IAPT treatment	65+	Rate (quarterly) per 100,000 population	2017
Hip fractures	65+	Rate per 100,000 population	2019/20
Permanent admissions to residential and nursing care homes	65+	Rate per 100,000 population	2019/20
Mortality rate from all cardiovascular diseases	65+	Rate per 100,000 population	2017-19
Mortality cancer	65+	Rate per 100,000 population	2017-19
Mortality respiratory disease	65+	Rate per 100,000 population	2017-19
Mortality: people with dementia	65+	Rate per 100,000 population	2019
Years of life lost to alcohol related conditions	All	Rate per 100,000 population	2019/20