Chapter 4: A progressive and equitable city

Strategic overview

The Council's aim is for everyone in the city to have the same opportunities and life chances, and the potential to lead safe, healthy, happy and fulfilled lives, no matter where they were born or where they live. This means reducing the disparities between different areas of the city.

As Manchester citizens, we all need to recognise the responsibilities we have to ourselves, our families, our communities and the city, and be committed to taking an Our Manchester, strengths-based approach, starting from understanding the needs of the individual, and connecting people to draw on the strengths of the communities in which they live.

Manchester has made real progress towards achieving this aim, including improvements in education and housing, better access to jobs, and reducing the number of young people not in employment, education or training. This has mostly come from the strength of the collaboration between organisations, businesses and residents.

Despite these gains, there are still areas of deprivation in the city, with Manchester ranked the sixth most-deprived local authority area in England.[1] These areas of deprivation are far less widespread than they were ten years ago, but exist nonetheless, and we must continue to address them. In addition, the COVID-19 pandemic has deepened existing inequalities in the city, particularly for our more deprived communities, ethnic minorities, women, migrants, those living in poverty, and older people, meaning our focus on reducing inequalities is more important than ever. Black, Asian and ethnic minority households as well as those on a low income have been impacted the most in terms of their health and unemployment. There has been a large increase in unemployment across the city: the claimant count almost doubled from March to May 2020, with significant job losses, particularly in the foundational economy.

Manchester's older people have been disproportionately affected by COVID-19 and the impacts of the lockdown, and many have reported feeling marginalised. Older people are keen to play a part in Manchester's recovery and want to be able to fully benefit from opportunities as more things open up. They also want to be part of the process of finding solutions to a range of key issues that are adversely affecting residents in mid to later life from the age of 50.

As a city we are in the process of radically transforming public services so they are focused around people and communities rather than organisational silos. We are working across traditional boundaries with the voluntary sector to bring innovation and new ways of working to the fore. We are bringing together health providers, the Council, voluntary sector, education providers and communities in ways that will target the specific challenges we have in Manchester.

Integration of health and social care has the potential to transform the experience and outcomes of people who need help by putting them at the heart of the joined-up service. There is a focus on public health and preventing illness, as well as transforming care for older people so that they can stay independent for longer. As a city we have world-leading

1 Indices of Multiple Deprivation 2019

strengths in health-related research. We will use our research strengths and our capability to test new drugs and therapies to benefit our residents and radically improve the city's health outcomes.

We have modernised services for children and their families. The vision is for our teams to work closer with health, schools, police and other colleagues in neighbourhoods and localities. This will place a greater focus on prevention and early support to avoid problems starting in the first place for children or families, wherever possible. It will prevent problems occurring and unnecessarily escalating by ensuring that people can access the help they need early and that they are equipped to take care of themselves, increasing the life chances of our children and supporting their future independence. It will support people to find work, stay in work and progress at work, so that all residents can take advantage of the opportunities of economic growth and are able to provide for their children. There is a comprehensive programme of work in place to oversee and guide the planned changes.

Our approach is reflective of Manchester's Locality Plan and aligns with the Bring People Together in Places programme, which is part of the delivery plan for Our Manchester. In addition, we continue to increase our collaborative work across Greater Manchester, scaling up the programmes that work, and designing new programmes with the voluntary sector and other partners that address the challenges we have as a city.

The next phase of reform needs to connect more residents to the opportunities available in the economy, reducing dependency, and helping to build an effective recovery from COVID-19, while recognising that the pandemic has had significant greater impacts on those residents with the poorest outcomes.

Analysis of progress

Ensuring that shelter and support is available for homeless people who want and need it

The number of individuals and households experiencing homelessness in Manchester has remained high, and there remain significant pressures on services that are working to prevent and tackle homelessness in the city.

The significant changes introduced by the Homelessness Reduction Act in 2018 have been implemented across the service; however, the number of households presenting to the homelessness service has increased by 22% in 2019/20 from the previous year. The main reasons that people present to the homelessness service for assistance are set out in Table 4.1, which shows an increase across all reasons between 2018/19 and 2019/20, with the biggest recorded increase due to Domestic Violence and Abuse. The loss of a tenancy in the private-rented sector remains the largest recorded reason for homelessness in Manchester.

Table 4.1:
Top six reasons for loss of settled home

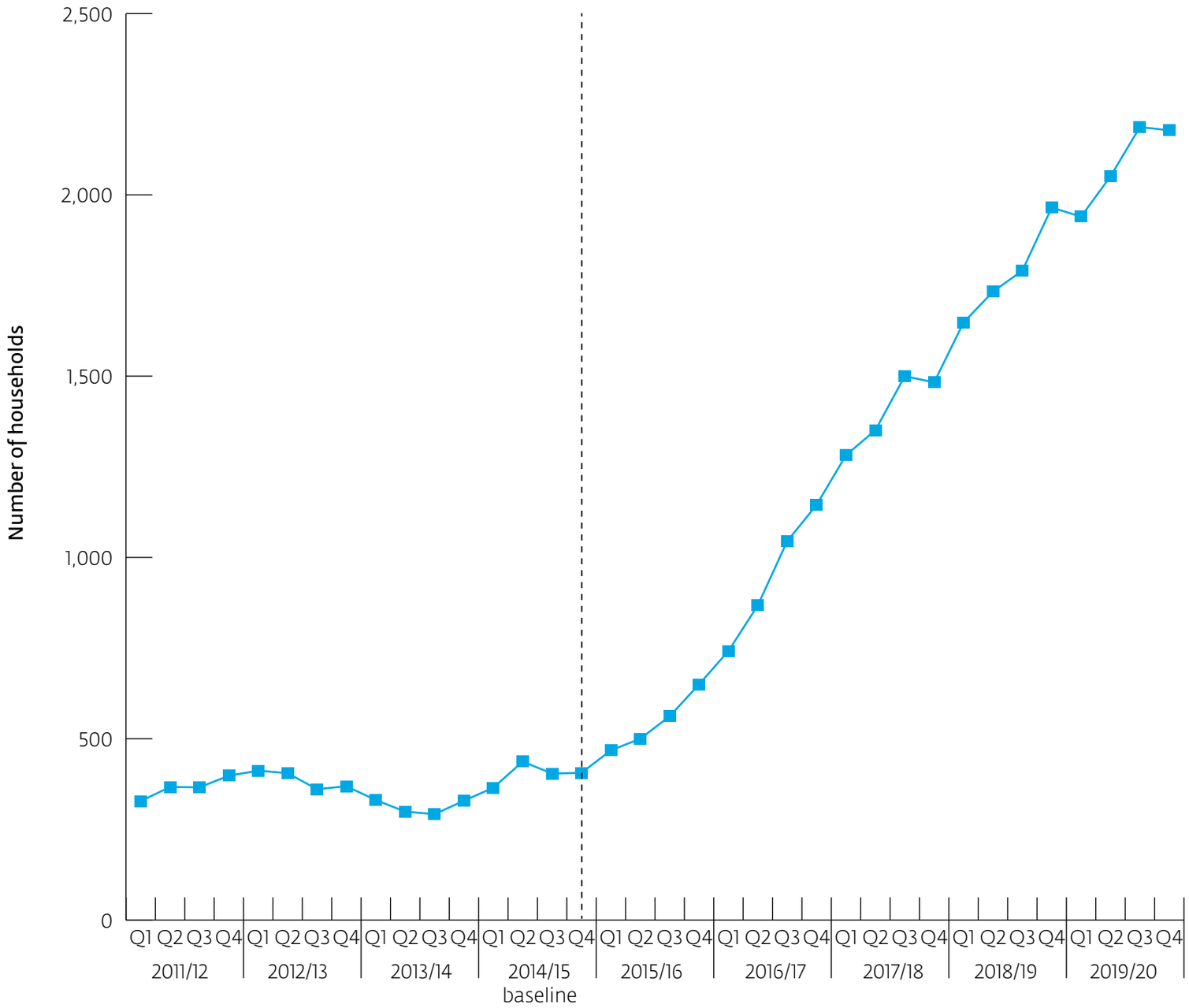
Main reasons for loss of settled home	2018/19	2019/20
End of private rented tenancy – assured shorthold tenancy	972	1,116
Family no longer willing or able to accommodate	922	1,057
Other	827	824
Domestic abuse	366	536
Friends no longer willing or able to accommodate	382	417
Relationship with partner ended (non-violent breakdown)	255	325

Source: HPA2, Locata

Figure 4.1 shows the number of households residing in temporary accommodation has increased significantly over the past five years: from 406 households at the end of March 2015, to 2,193 at the end of March 2020. There is an 11% year-on-year increase in the use of temporary accommodation, but the increase is significantly lower than the 22% increase in the number of households presenting to the homelessness service. This indicates that the increased focus on preventing homelessness is realising some positive outcomes.

The Council, working in partnership with its voluntary, statutory and business partners in the city, continues to work to prevent and tackle all forms of homelessness and has developed some new interventions to help meet this challenge.

Figure 4.1:
Total number of households residing in temporary accommodation at the end of the quarter



Source: Ministry of Housing, Communities and Local Government (P1e and H-CLIC statutory return)

Manchester's **Homelessness Strategy (2018–2023)** is key to tackling this challenge, and sets out three aims for reducing homelessness:

- Making homelessness a rare occurrence: increasing prevention and earlier intervention at a neighbourhood level
- Making homelessness as brief as possible: improving temporary and supported accommodation so it becomes a positive experience
- Making homelessness a one-off occurrence: increasing access to settled homes.

Making homelessness a rare occurrence

The introduction of the Homelessness Reduction Act in April 2018 placed new legal duties on local authorities to ensure that everyone who is homeless or at risk of becoming homeless has access to meaningful help and support. Central to the Act is an increased focus on the prevention and relief of homelessness, which includes an enhanced advice and support offer. In Manchester, the response to the Act has seen a continued expansion of the Council's Housing Solutions service and increased volumes of people being identified as needing advice, assistance and support. The Housing Solutions service dealt with 9,606 new applications in 2019/20; demand for the service was fuelled by loss of accommodation in the private-rented sector and increasing difficulties in finding affordable housing. Presentations from people who are in employment are increasing, particularly from people who are on zero-hour contracts, have irregular hours, or are working part-time.

In November 2019, the opportunity arose to take over managing a newly developed self-contained accommodation unit comprising ten flats, six of which are wheelchair-accessible. The accommodation supports the Hospital Discharge Team, which was established last year, and provides step-down accommodation for patients who are discharged from hospital. The scheme has provided accommodation for 22 residents, and the average length of stay before moving on to longer-term accommodation is ten weeks. Residents have been supported to secure accommodation in social housing, the private-rented sector, or specialist long-term accommodation.

The Housing Solutions service has also established a Prison Discharge Service, which provides telephone assessments, prevention advice and support for prisoners who are due to be released from custody. It was initially envisaged that staff would go into the prisons to take face-to-face assessments, but due to the COVID-19 pandemic this has had to be put on hold, and a remote service was established. Prior to this team being in place, prisoners could often be released without accommodation and simply advised to present at the Housing Solutions Service on the same day, meaning staff had no opportunity to do any meaningful prevention work and had to rush to find emergency accommodation. The team is now able to work with people who are being released from prison at an earlier stage, giving them the opportunity to develop accommodation and support plans prior to release, make referrals to specialist supported accommodation schemes, and register people for rehousing.

In 2019/20, the Housing Solutions Service successfully prevented 1,174 individuals and families from becoming homeless through a variety of interventions. These included financial advice and income maximisation, applying for Discretionary Housing Payments, negotiating with landlords, securing housing within the private-rental sector before a household becomes homeless, and referring to specialist floating support services that can work with households to help them maintain their tenancies where these may be at risk.

To enhance homelessness-prevention options, and with the intention of increasing access to specialist advice, an advice forum was inaugurated in 2019/20. The intention of the forum was to increase access to advice, particularly for those people and communities that can sometimes struggle to access it, and to ensure that the quality of advice is consistent throughout the city. The Council's commissioned advice providers attend the forum, along with a range of other advice agencies that operate in Manchester. The forum has already helped to develop partnerships across the sector and build the capacity of advice provision within the city.

Making homelessness as brief as possible

An online gateway system for access to Housing Related Support (HRS) services has now been in operation for a year, and new partner agencies continue to come on board to use the system. This has worked to streamline access to HRS services in the city, improving people's experiences of accessing and engaging with specialist accommodation and resettlement and floating support. The HRS accommodation and floating support and resettlement services for young people have been recommissioned, and a new provider model was launched in April 2020. Work has continued to improve the experience of people who reside in the Council's temporary accommodation schemes.

A property Inspection Team has been established to independently assess and review all private-rented sector properties used in the Dispersed Accommodation contract. This ensures the service has improved oversight of property condition and enables a robust approach to safety and condition of all properties.

An additional Welfare Contact Team has been established in dispersed temporary accommodation for families to ensure households new to the service are linked to a support contact while waiting for their case to be allocated to a dedicated Support Worker. This enables the prompt tackling of any housing benefit claim issues, ensures rent is paid without unnecessary arrears developing, and that a strong supportive oversight for families is in place from the outset of their time in temporary accommodation.

There is an increased likelihood of an individual experiencing homelessness as an adult if they have been subject to adverse childhood experiences. To develop a more trauma-informed and empathetic approach to the delivery of support to people in temporary accommodation, the homelessness directorate has implemented learning for all staff to enable better understanding of the impact of adverse childhood experiences.

Making homelessness a one-off occurrence

There is a continued focus on working with partners to increase access to settled homes in the social and private-rented sectors for people moving on from homelessness. The work to review Manchester's Social Housing Allocations Policy has been completed, and the new policy is due to come into force in autumn 2020. The new policy will increase the opportunity for people who are moving on from homelessness to access social housing, while continuing to ensure that the scheme continues to meet the housing needs of Manchester residents.

The resettlement and floating support service linked to the young person's pathway has been recommissioned, with a remit to provide short-term resettlement and floating support for young people who are moving on from homelessness. The service will work in partnership to deliver a range of resettlement and support activities to ensure that young people will be able to manage and sustain their new home and not experience homelessness again.

Initiatives within the private-rented sector have seen a dedicated move-on team established to work with the PRS access team to secure new tenancies for households that approach the Council for assistance. The PRS team ensures that properties are suitable for residents, including carrying out inspections and completing affordability assessments. The team also offers a range of incentives for landlords and tenants to facilitate access to tenancies in the sector. These incentives have been expanded, and now include specialist resettlement support and a tenancy training package for tenants, as well as the financial assistance and guarantees.

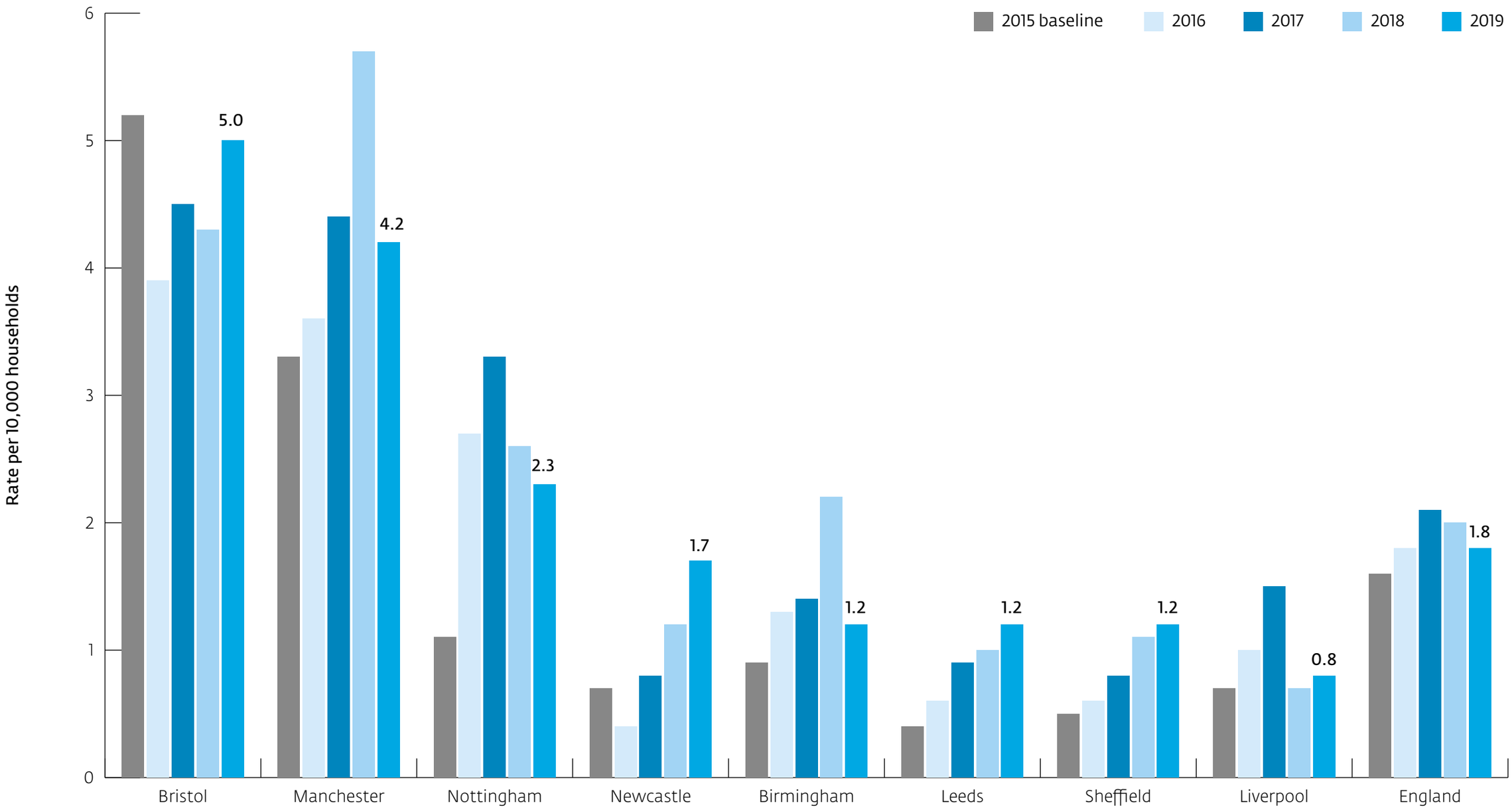
The PRS and move-on teams have successfully helped to move 515 households into private-rented sector properties in 2019/20, and they continue to work across Greater Manchester to secure good-quality affordable properties in the private-rented sector, with the intention of supporting at least 720 households into new PRS tenancies in 2020/21. The recent increase in the value of the Local Housing Allowance, implemented in April 2020, should also help to increase the amount of properties that are affordable to let in the private-rented sector for people who are moving on from homelessness or threatened with homelessness.

A landlord insurance product is being adopted as a means of incentivising landlords to work with homelessness services. The Help2Rent scheme provides insurance that will offer a landlord reassurance of a rent guarantee and damage policy. Manchester has procured an initial 50 policies, with an offer of 300+ additional policies available to use by local authorities across Greater Manchester. A partnership is also being developed with the Ethical Lettings Agency, which will increase the amount of affordable and suitable accommodation the Council will be able to use to tackle and prevent homelessness.

Tackling rough sleeping

The 2019 single-night snapshot of people sleeping rough counted 91 people in Manchester, compared to 123 in 2018. This represents a decrease of 26% and provides some evidence of positive outcomes from the ongoing work of the homelessness service and partners in the city to tackle rough sleeping and move people away from a street lifestyle. Although the figures are moving in the right direction, rates of people who are sleeping rough remain high; Figure 4.2 shows that Manchester has the second-highest rate of people sleeping rough per 10,000 households when compared to other English Core Cities.

Figure 4.2:
Single-night snapshot of the number of people sleeping rough per 10,000 households



Source: Ministry of Housing, Communities and Local Government

The range of responses that have been developed to respond to and tackle rough sleeping in the city have been increased in 2019/20. The Council's Outreach Service has grown, and now includes a dedicated Navigator Team, which provides an intensive wrap-around support structure and single point of contact for people who are sleeping rough. The Navigator Team's focus is to work with people who are entrenched in or have repeated episodes of sleeping rough, and who have complex or health-related support needs. It provides personalised and creative support options and works to develop a trusting relationship over time that empowers the homeless person to achieve positive outcomes, and ultimately move away from rough sleeping.

The rough-sleeping social-impact bond continued to deliver a high-quality service, and up to March 2020 118 people were accommodated following assistance from the scheme. The Housing First service provided a bespoke response for people who had experienced multiple and repeated episodes of homelessness and rough sleeping, and accommodated 28 people in new homes with intensive wrap-around support. The process for referrals and allocation of properties with the Manchester Housing First scheme has been refreshed, and a panel now meets monthly to allocate available properties to individuals who are referred to the scheme. The funding from the Ministry of Housing, Communities and Local Government (MHCLG) for the Rough Sleeper Initiative (RSI) was extended for an additional year, some services funded via the initiative being refreshed and reviewed. Through working closely in partnership with accommodation and support providers in the city, 1,278 people were relieved from rough sleeping in 2019/20, and a further 525 prevented from rough sleeping in the same period using the funding from the RSI.

Additional accommodation schemes for people who sleep rough have been developed to support Greater Manchester's 'A Bed Every Night' initiative, and these continued to be delivered by the Council's partners across the city.

The Council's Outreach Service expanded its partnership with the Mental Health and Homeless Team within the Greater Manchester Mental Health (GMMH) Trust by implementing a Psychologically Informed Team. They work with people individually and systematically across Manchester, and have trained and supported more than 250 people delivering front-line accommodation and support services to people who are experiencing homelessness and rough sleeping.

Everyone In

In response to the public-health emergency effected by the COVID-19 pandemic, the Council rapidly responded to the Government's call to bring 'Everyone In' and provide accommodation for all people who were sleeping rough in the city. The Council worked with partners in the city and across Greater Manchester to rapidly source and secure a range of emergency accommodation schemes to safely house and support those who were sleeping rough or who had been made homeless as a result of the emergency. New accommodation was also secured for those people who previously occupied shared spaces in temporary or emergency accommodation schemes, ensuring that all people had an offer of somewhere safe they could stay where they could self-isolate.

This initiative succeeded in providing safe and supported accommodation for over 330 people who had been sleeping rough in the city, or living in shared spaces in emergency accommodation. Alongside the provision of accommodation for some of the most complex and vulnerable people in the city, partners working in health services, substance-misuse, and drug and alcohol support provided holistic wrap-around services for any person who needed it. This resulted in some of the most hard-to-reach

people accepting and engaging with support services for the first time. Accommodation support workers worked closely with every person who was accommodated, to plan appropriate move-on options and secure suitable accommodation to ensure that no-one needed to return to the streets.

Supporting people to find work, stay in work, and progress at work

Access to good-quality work is key to reducing health inequalities and improving health and wellbeing. Getting back into employment increases the likelihood of reporting good health and boosts quality of life. However, at the time of writing, we know we will be embarking on an economic recession due to COVID-19, and there will be a marked increase in the numbers of people newly unemployed or furloughed. The key challenge will be to prevent or mitigate the impact of increased levels of worklessness on the health of residents, given that Manchester's high rates of health-related economic inactivity have persisted and remained constant over the past decade, despite periods of growth and recession.

In Manchester, the gap in the employment rate between those with a long-term health condition and the overall employment rate was 15.7 percentage points in 2018/19 – a much wider gap than the 11.5 percentage points reported for England.[2]

Employment Support Allowance (ESA), Incapacity Benefits (IB), and Severe Disablement Allowance (SDA) are benefits designed to provide financial support for people who are unable to work to their full capacity due to ill health or disability. The most common clinical reasons for claiming sickness-related out-of-work benefits in Manchester are behavioural and mental-health disorders, musculoskeletal disorders, and substance-misuse issues.

In February 2020, 23,968 Manchester residents were claiming ESA/IB/SDA, a modest reduction of 7,790 claimants since November 2015. However, the introduction of Universal Credit for all new claimants across the city within this timeframe, including those with long-term health conditions, should be considered when reviewing recent trends. Work as a health outcome continues to be a priority within the city's Population Health plan and is recognised as one of the social determinants that impact upon health within the Marmot review. This has been reflected in the governance arrangements for the city, which include the strong representation on the Work and Skills Board from Manchester Health and Care Commissioning, including a clinical lead (a GP) and the Director of Population Health and Wellbeing.

The Manchester Fit for Work and Healthy Manchester programmes were designed in collaboration with Public Health and primary care providers to test a health-led model of employment support. The delivery model for both services included developing self-care and self-efficacy, rapid access to counselling and musculoskeletal support, biopsychosocial assessment, and connections to local community assets. Now incorporated into the Public Health-commissioned social-prescribing service, this model is now known as Be Well.

The GM Working Well Early Help is being delivered by Maximus Healthworks in partnership with Pathways CiC in Manchester. The delivery model is based on key learning from other comparable contracts, ie. Fit For Work, Manchester Fit for Work, and Access to Work Mental Health Support Service.

2 Public Health Outcomes Framework: ONS Annual Population Survey

The programme intends to test whether the right early help and intervention can prevent employees from falling out of work if absent due to sickness, and support those newly unemployed with ill health or a disability back into work.

Maximus will engage directly with SMEs to offer support where these small organisations may have a gap in terms of occupational health services, and take referrals of those less than six months unemployed from Jobcentre Plus. Key features of the programme include community-based Partnership and Engagement Consultants to ensure that referral levels can be achieved from GPs, SMEs, Jobcentre Plus and self-referrals; Vocational Rehabilitation Caseworkers (VRCs) to provide personalised holistic support to address all participant needs; and embedded Health Practitioners to deliver health interventions.

By the end of May 2020, 48 referrals had been made from Jobcentre Plus, with 39 starting on programme (81%); eight referrals had been made from employers and four from GPs. Maximus have developed an action plan for employer engagement in Manchester given the number of SMEs in the city, and will work with the Council to ensure marketing is directed through the most appropriate channels.

The Working Well offer is continuing to evolve and inform further service provision. Greater Manchester and London are the only two areas where the Department for Work and Pensions has devolved the commissioning for the new Work and Health programme. This programme focuses on support for people with health problems and disabilities, along with people who are long-term unemployed. The programme, being delivered by the Growth Company in Manchester, was launched at the beginning of March 2018. The programme builds on the Working Well programme by taking a holistic approach to supporting people into good-quality employment, offering a range of skills support, work experience and employment support. Alongside this, support is provided for a range of issues, including housing, debt and health, to enable participants to sustain this work.

Referrals come predominantly from Jobcentre Plus, with the programme introducing an Integration Co-ordinator, who works closely with Jobcentre Plus to ensure high volumes of referrals onto the programme. Rather than providing all services in-house, the core Working Well value of integration with local offers is adhered to, and Integration Co-ordinators work closely with the Council and local services to ensure a broad range of support is available for participants. By the end of March 2020, Manchester had 2,091 starts on the programme, with 98% actively engaged. Of that number, 627 have started a job. While the various Working Well and Be Well services provide support for some people in the city who are disabled or who have long-term health conditions, it has to be acknowledged that they alone cannot address the scale of health-related worklessness in the city. Generally, they have supported people with less complex health issues, although Healthy Manchester effectively engaged people within the Employment Support Allowance support group. In recognition of this, other initiatives have been developed in addition to a range of neighbourhood and citywide support services, such as work clubs.

As we now move into the recovery stage of responding to the impact of COVID-19, it will become even more important to ensure the good practice and learning from these programmes and support services are scaled up to target those groups that are more vulnerable to the effects of COVID-19 economically, geographically, and in relation to mental and physical health.

Family poverty

The **Manchester Family Poverty Strategy (2017–2022)** was developed to address child poverty in Manchester, which is a major challenge affecting many of the city's families. The Strategy, developed using the Our Manchester approach, seeks to reduce the number of children and families living in poverty in the city, and support them to be more resilient so they can reach their full potential and take advantage of the many opportunities Manchester has to offer.

The onset of COVID-19 has been unprecedented. While the full scale of the economic impact of COVID-19 is still unknown, what is increasingly apparent is that the impact of welfare reform together with the economic impact will have an immeasurable impact on some of the city's poorest families, and poverty will remain a significant issue in Manchester. The Council and its partners will continue to work hard to try and reduce the risks and mitigate the impact where possible.

Implementing the Family Poverty Strategy

Prior to the onset of COVID-19, much work was undertaken to implement the Family Poverty Strategy. The Strategy, launched in October 2017, is now in its third year of implementation, and over the past three years good overall progress has been made in delivering its objectives. The key themes, together with progress in relation to the priorities for each of the working groups, is as follows:

Sustainable work as a route out of poverty

The working group focused on understanding and analysing some of the challenges for working parents, which was identified as a major issue affecting a family's income.

The Manchester's Childcare Sufficiency Assessment for 2018/19, which sets out the suitability of the childcare offer in the city for working parents and those entitled to free childcare funding, was undertaken. Analysis of the survey highlighted that there are 12 areas in the city where there is an undersupply of childcare. Cheetham, Longsight and Moss Side are the areas of most concern; as well as being some of the most diverse wards in the city, these three wards also have the highest population of 0 to 4-year-olds. The take-up of childcare in these areas has been an issue.

One of the reasons the undersupply of high-quality childcare has been a challenge is because of inconsistent demand for places. As a result, childcare providers have been less inclined to set up in the more deprived areas of the city where demand is variable. This has meant that families in more deprived areas of the city find they have less choice when they are looking for childcare.

In terms of the take-up of childcare, Early Years Locality Leads have attributed this to a number of factors. As well as a general lack of awareness of some funding streams, tax-free childcare and their entitlement to it, many families in these areas are dealing with multiple economic and social challenges, including poor housing as well as poverty. Outreach workers in localities are now engaging with parents and grandparents (who are often caring for young children) during Stay, Play and Learn sessions to promote the benefits of early learning. A communications strategy is also being developed to promote the importance of early years and to encourage take-up of childcare provision and awareness-raising with key partners, including schools, social workers, health visitors and housing associations.

Flexible childcare – approximately a third of parent/carer respondents to the online survey reported that they needed more 'before and after' school childcare, greater provision during school holidays, and greater flexibility to reflect shift patterns and weekend working. This is a significant logistical challenge for childcare providers. To address this, the working group has recruited a number of anchor institutions as well as the Greater Manchester Centre for Voluntary Organisation (GMCVO) and Manchester University NHS Foundation Trust's Head of Widening Participation to focus the group's work on supporting residents to access employment opportunities and to identify and promote good practice.

COVID-19 response – childcare for key workers and vulnerable children has been a critical issue since the social-distancing measures were announced by the Government. Daily monitoring highlighted that an average of 30 daycare settings were open each day (Monday to Friday) and some 40 childminders provided childcare for key worker children, with an average of 330 key worker and vulnerable children cared for each day. Guaranteed summer-term funding and access to the COVID-19 Job Retention scheme offered some support for settings, as did the small business rates relief grant and the promise of zero business rates for 2020/21. Manchester City Council officers have provided childcare for key workers and vulnerable children referred to them by colleagues and the Council's COVID-19 helpline. They have also undertaken regular consultations with daycare providers to understand the impact of COVID-19 on the childcare sector, so plans can be made to support it.

Focusing on the basics – raising and protecting family incomes

The working group has focused on food, fuel and financial inclusion, and has made considerable progress in these areas.

Food poverty – the group commissioned a piece of work to map out food deserts across Manchester, which has been helpful in identifying gaps in food provision. In addition, the Group supported the expansion of **The Bread and Butter Thing** (TBBT) into two new locations in Manchester, providing low-income families in the city's key areas of deprivation with good-quality supplies at a heavily discounted rate. The group also formed new partnerships, expanding the food offer and providing residents with advice around food and fuel, as well as other support. This provides a more holistic support offer to residents experiencing poverty.

Holiday hunger was identified as a major issue for children in the city. In collaboration with Young Manchester, a network of organisations was brought together to co-ordinate, organise and deliver educational activities. This included providing nutritional meals for schoolchildren over the summer holidays as a way of tackling holiday hunger. As a result of key partnerships between Kellogg's, Young Manchester and the Council, the offer was extended to include all school holidays for the year 2020/21, providing the city's children with much-needed support.

COVID-19 has had a significant impact on food poverty. There have been issues with the supply and delivery of food, partly as a result of panic-buying and Government guidance requiring community delivery hubs to be closed. Volunteering capacity has been reduced due to social distancing, and this has inevitably had an impact on the delivery of food items to vulnerable families. The working group has worked with the voluntary and community sector, including The Bread and Butter Thing, to support the provision of food supplies for vulnerable families.

Poverty Premium – work was undertaken by the Homeless Partnership to allow homeless people to open bank accounts. The offer by Lloyds and HSBC was extended to low-income families. Northwards Housing have also trialled low-rental offers on white goods with their tenants.

Fuel poverty continues to be a significant challenge for families living in poverty. The biggest challenge is in the owner-occupied and private-rented sector, where the local authority has no direct control over the energy-efficiency of these homes. Some private-rented homes are poorly insulated or not well maintained, which means they are more expensive for tenants to heat. The group is working closely with the Citizens Advice Bureau, which has arrangements with some of the utility companies to identify low-income families to ensure their supplies are not cut off.

Given the environmental and economic drivers for families living in low-income households to be more energy-efficient, it may be that resources that deliver low-carbon heat sources, such as heat pumps, are installed in homes in the areas with the highest levels of fuel poverty. Northwards Housing piloted this approach, which resulted in a significant reduction in energy bills. Extending this approach to the private-rented sector would require significant upfront funding from landlords with effective incentivisation.

In July 2019, the Council declared a Climate Emergency, therefore requiring all housing providers to consider how they will meet the challenge of becoming zero-carbon by 2038. This will, inevitably, mean a shift from gas to renewable heat sources. There is a danger that unless properties are properly insulated this could lead to increasing energy costs, which will impact disproportionately on low-income households. The Council is working with registered housing providers to understand the impact of moving away from gas-fired heating, and is involved in a number of pilot projects to try to identify the best solutions for the future.

To address fuel poverty across the private-rented sectors and for homeowners, Manchester City Council is part of the Greater Manchester Warm Homes Fund and Retrofit group. The role of the group is to work collaboratively with partners from the private sector to promote and deliver a number of programmes and initiatives to support the reduction of fuel poverty. These measures include new boilers, electric storage heater replacement and insulation measures, along with energy and debt advice. The schemes are aimed at vulnerable residents who are on benefits, are elderly or terminally ill, and who mainly live in the properties that have low EPC ratings.

Boosting resilience and building on strengths

Poverty Proofing – A 'Poverty Proofing the School Day' audit was commissioned by Cedar Mount School and delivered by Children's North East (CNE), which is a nationally recognised provider. The audit examined the whole school day, identifying where poverty would have the greatest impact on pupils and how this could be mitigated. As a result of the audit, Cedar Mount improved some of its practices and procedures, and improved the representation of its students' voices.

While it has been recognised that the ongoing commissioning of such an intensive and expensive intervention from CNE is not sustainable, or appropriate for all Manchester schools, the learning from Cedar Mount has been taken forward to scope and design a programme of work with key partners, including Cedar Mount and Early Help, to look at issues of poverty within schools as part of the wider support offer.

Information portal – A working group looking specifically at information provision within the public and voluntary sector in Manchester has been set up. The group is chaired by the Council's Director of Policy and Research, and includes representatives from across the Council, as well as partners in Leisure, Housing, and Help and Support Manchester. It seeks to develop a comprehensive information tool to meet the information needs of a range of service users, including residents as well as businesses.

Measuring child poverty in Manchester

For a number of years, child poverty has been defined as 'a household with children under 16 where income is less than 60% of the UK median'; however, the way this is measured has been changing recently. When the Family Poverty Strategy was developed, the most widely accepted metric was produced by HMRC, but this did not adequately account for in-work poverty or include Universal Credit. To address this, the End Child Poverty Coalition started producing modelled estimates that built in these elements, and Manchester City Council has used these estimates since.

In March 2020, HMRC started collaborating with DWP to produce Children in Low Income Families local area statistics,[3] which replace all earlier official child-poverty statistics published by DWP and HMRC. As this new dataset addresses the missing elements in previous statistics and is based on actual numbers rather than the modelled estimates, it should now be the best metric; however, the statistics do not take into account housing costs. The End Child Poverty Coalition (ECP) are now using this new dataset and combining it with housing-cost information from the Valuation Office and the Understanding Society survey,[4] and this will be adopted by Manchester City Council to measure progress. It should be noted that the statistics have not yet been recognised as official, so are classified as experimental, and they are a measure of children in families rather than households. It should also be noted that this metric excludes those aged 16–19 due to the difficulty in identifying 16 to 19-year-olds defined as child dependants. The new statistics from ECP and the HMRC/DWP dataset it is based on are not backwardly compatible with other child-poverty figures, so should not be compared with them to identify change over time; to address this, DWP have released comparable figures from 2014 onwards.

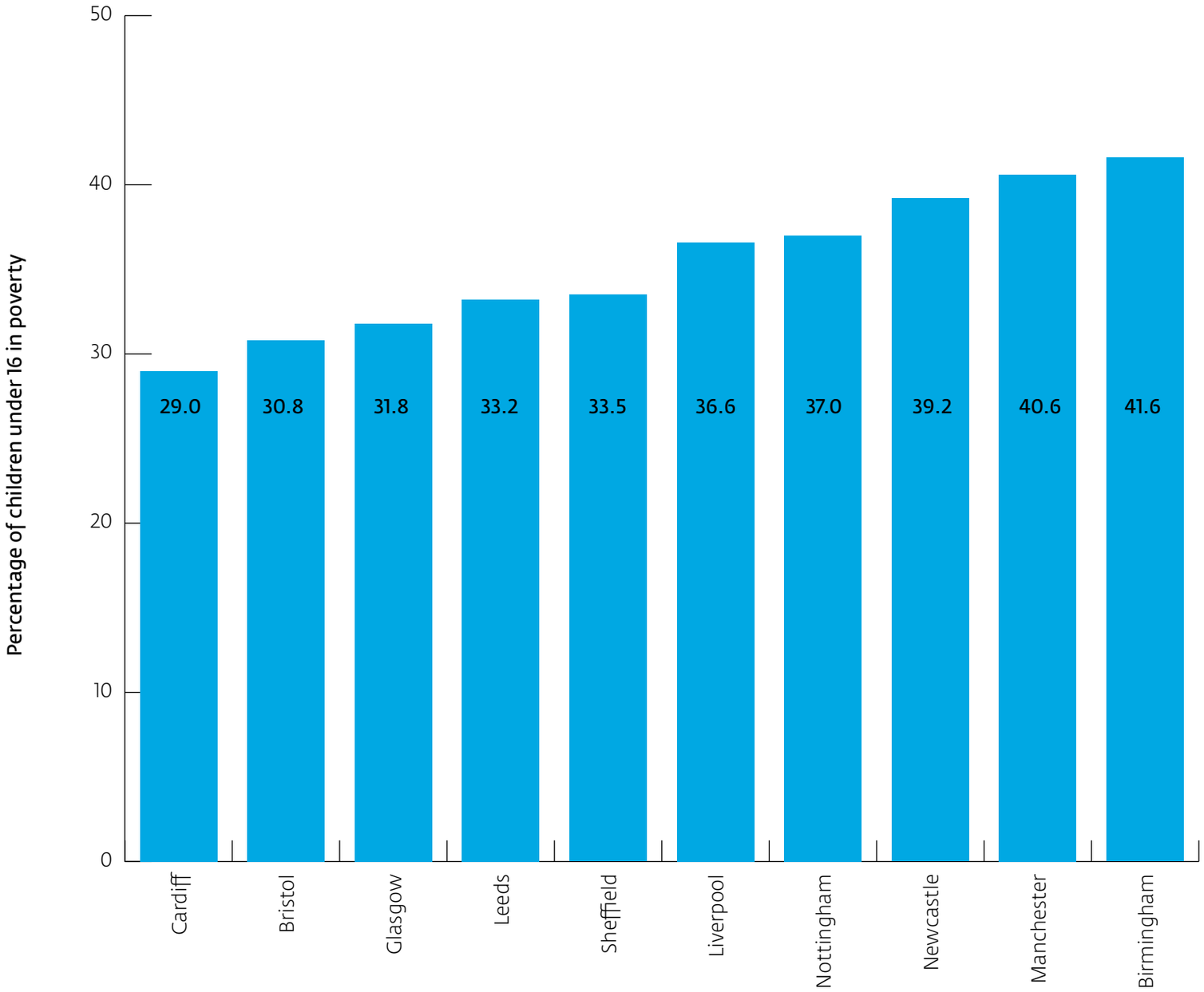
Using these new statistics, around 45,150[5] children in Manchester were estimated to be living in poverty (after housing costs were taken into consideration) at the end of March 2019. This is 40.6% of those aged under 16 living in Manchester, based on ONS population estimates, and a significantly higher proportion than the UK average of 30%. Of the local authorities in England, Manchester has the 17th-highest rate of child poverty. It has the highest rate within Greater Manchester local authorities, and the second-highest rate within the Core Cities, after Birmingham at 41.6% (Figure 4.3).

3 Source: Children in Low Income Families – local area statistics, Great Britain: 2014/15 to 2018/19 (Experimental) DWP, Stat-Xplore

4 Research by the Centre for Research in Social Policy at Loughborough University for the End Child Poverty Coalition, 2020

5 Provisional

Figure 4.3:
Percentage of children under 16 estimated to be living in poverty (after housing costs) in the UK Core Cities 2018/19



Source: Research by the Centre for Research in Social Policy at Loughborough University for the End Child Poverty Coalition, 2020

At the end of March 2019, 10,292 more children were estimated to be living in poverty than at the same point in 2015, and the relative proportion of children living in poverty had increased. The percentage of children living in poverty grew steadily each year from 33.6% in 2015 (revised figure), but this is very much in line with other local authorities and most likely driven by changes to the welfare system.[6] However, since the Family Poverty Strategy was introduced, the rate of this growth has been slowing in Manchester, and has actually reduced over the year to March 2019 by 160 children. This has been one of the key priorities in the strategy.

As well as delivering key priorities as set out in the strategy, a number of activities have been progressed that will also support the city's response to eradicating poverty.

6 Including the freeze on working-age benefits and tax credits over this period and Universal Credit issues

Manchester's Poverty Truth Commission (MPTC)

The Manchester Poverty Truth Commission was officially launched in June 2019, comprising 12 grassroots commissioners and 14 civic/business commissioners from a range of sectors across Manchester. Since the launch, the full commission has met on a monthly basis to examine the realities of living in poverty and to identify key areas of change to eradicate it. The Commission has identified the following areas of focus:

- Child poverty
- Exploitation
- The benefits system and council tax.

The Commission will be looking at how these priority areas can be addressed. To date, the work of the Commission has already seen some positive outcomes, eg. Home Theatre now provides care leavers with £1 theatre tickets. The Commission is due to conclude and report its findings later in the year.

Anchor institutions

Anchor institutions have a key role to play in helping the city to meet the priorities of the Family Poverty Strategy. As well as being key stakeholders in the economy, they create and sustain a significant number of jobs, spend billions through procurement processes, and are rooted in the city. Therefore, they are well placed to improve outcomes for the city's poorest families and their children.

To harness the role of anchor institutions in tackling poverty, over an 18-month period a number of seminars were organised that aimed to promote social inclusion. This included progressive procurement, and supporting young people living in poverty by giving them careers advice and guidance to help them secure good-quality employment, and in doing so breaking the poverty cycle.

On the whole, anchors from across sectors have been engaged and committed to social value. While the impact of COVID-19 is not fully understood at present, it will no doubt have an immeasurable impact on businesses as well as anchor institutions in the city. Therefore, the Council will continue to work with its partners and anchors to identify the full impact and how it can be mitigated in order to lessen the repercussions on the city's most vulnerable communities as far as possible.

Ensuring the best outcomes for vulnerable children

The Our Manchester Strategy sets out the city's vision for Manchester to be in the top flight of world-class cities by 2025. Critical to the delivery of the vision is supporting the citizens of Manchester, which includes its children, young people and their families, to achieve their potential and benefit from the city's improving economic, cultural, and social capital.

The Children and Young People's Plan: Our Manchester, Our Children (2020–2024), due to be published later this year, will translate the Our Manchester priorities and the 64 'we wills' into a vision for 'building a safe, happy, healthy and successful future for children and young people'. This means:

- All children and young people feel **safe**, their welfare promoted and safeguarded from harm within their homes, schools and communities.
- All children and young people grow up **happy** – having fun, having opportunities to take part in leisure and culture activities, and having good social, emotional, and mental wellbeing. It also means all children and young people feeling they have a voice and influence as active Manchester citizens.

- The physical and mental **health** of all children and young people is maximised, enabling them to lead healthy, active lives, and to have the resilience to overcome emotional and behavioural challenges.
- All children and young people have the opportunity to thrive and achieve individual **success** in a way that is meaningful to them. This may be in their education, or in their emotional or personal lives.

The plan also highlights particular areas that Manchester is 'passionate' about achieving: ensuring children and young people live in safe, stable and loving homes; reducing the number of children and young people in care; ensuring children and young people have the best start in the first years of life; and ensuring children and young people fulfil their potential, attend a good school, and take advantage of the city's opportunities.

The delivery of Our Manchester, Our Children Plan can only be achieved through strong partnerships, and by effective leadership and management at a locality level; and across the city there is a clear commitment to achieving positive outcomes for our children. The strength of the partnership in respect of Children's Services was recognised within Ofsted's Inspection of Children's Services in 2017, and again in a recent Peer Review undertaken by the Local Government Association in May 2019.

Impacts of COVID-19

Manchester is still assessing the full impact of COVID-19 and the resulting period of lockdown on the city, its children and young people. Our children and young people have shown incredible resilience during this time. Early feedback indicated that while only 12% of our school-age population had returned to school before September 2020, they were eager to get back to restore their routines and learning. Some also reported they enjoyed accessing online learning. However, we know many did not return to school, college or a setting. Manchester's educational institutions continue to work hard to ensure our young people can access education, with schools successfully reopening in September 2020. We anticipate that there are likely to be long-lasting changes to how we require children to learn, play and interact with one another as a result of disruption to their schooling due to risk of localised infections. The full impact of these changes on how we expect children to learn as well as the long-term effects of COVID-19 on this generation are unknown. However, we do know that it is likely that children and young people, in particular those from disadvantaged families, will have been disproportionately impacted, and the opportunities for young people post-education will be reduced. It is anticipated that:

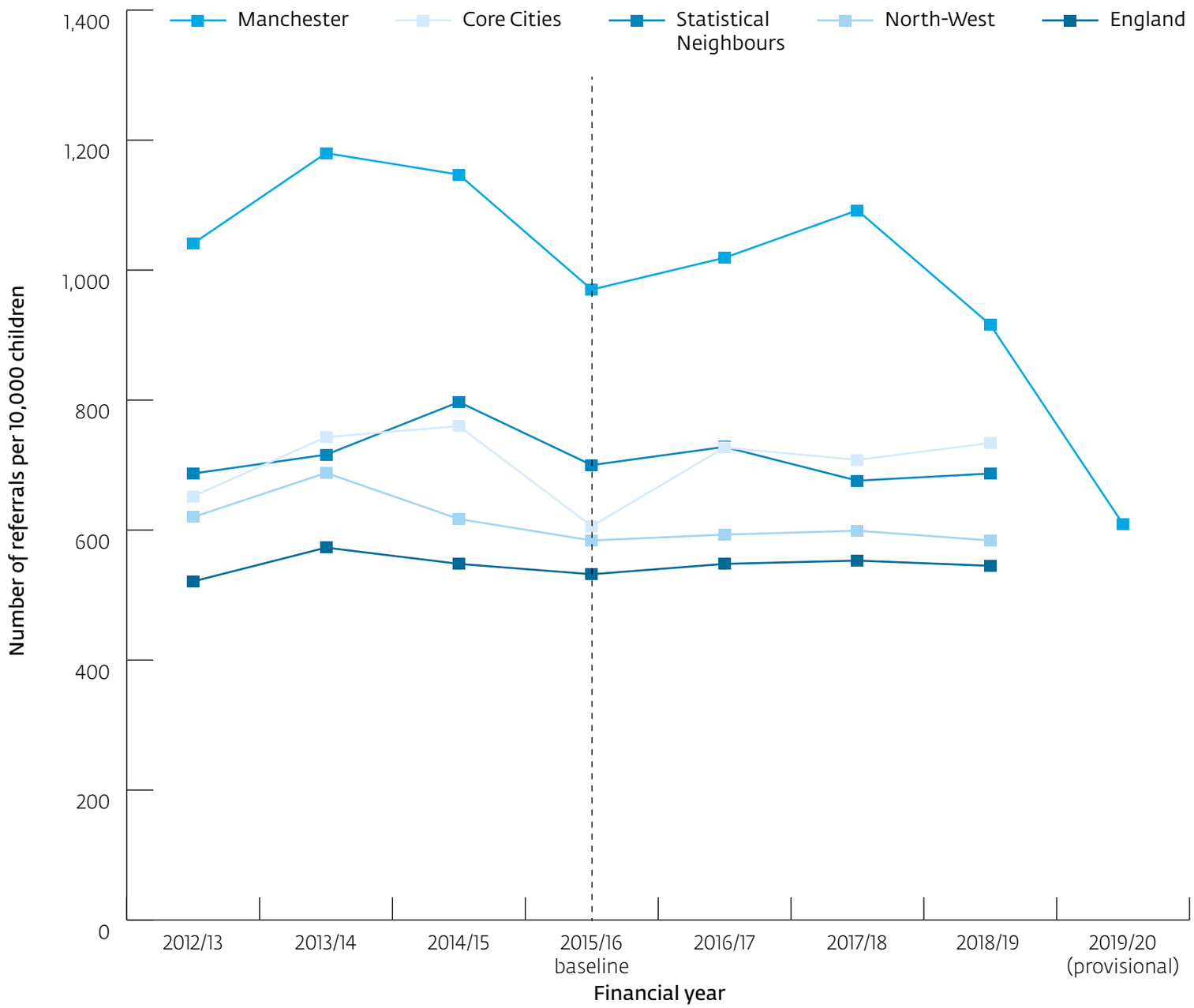
- the education gap between those who are disadvantaged and other children will have widened significantly
- there could be high levels of anxiety and mental-health issues as time goes on
- there could be an impact on school attendance, as children have not been required to attend school for some time
- there could be higher levels of school exclusions, as some young people struggle to return to routine and boundaries
- there could be a lack of opportunities for young people post-school, and increased levels of NEET.

The future delivery of the Children and Young People's Plan will therefore be considered within the context of COVID-19 and the anticipated impact on children, in addition to issues of race, disadvantage and discrimination.

Referrals to Children's Services

The provisional 2019/20 rate of referrals of 609 per 10,000 children is the lowest rate for a number of years, reflecting our strategic ambition to increase the accessibility to social-care expertise. Figure 4.4 shows that this rate compares favourably to the national (545), regional (584), Core City (734) and statistical neighbour (687) averages for 2018/19.

Figure 4.4:
Rate of referrals per 10,000 of the child population aged under 18

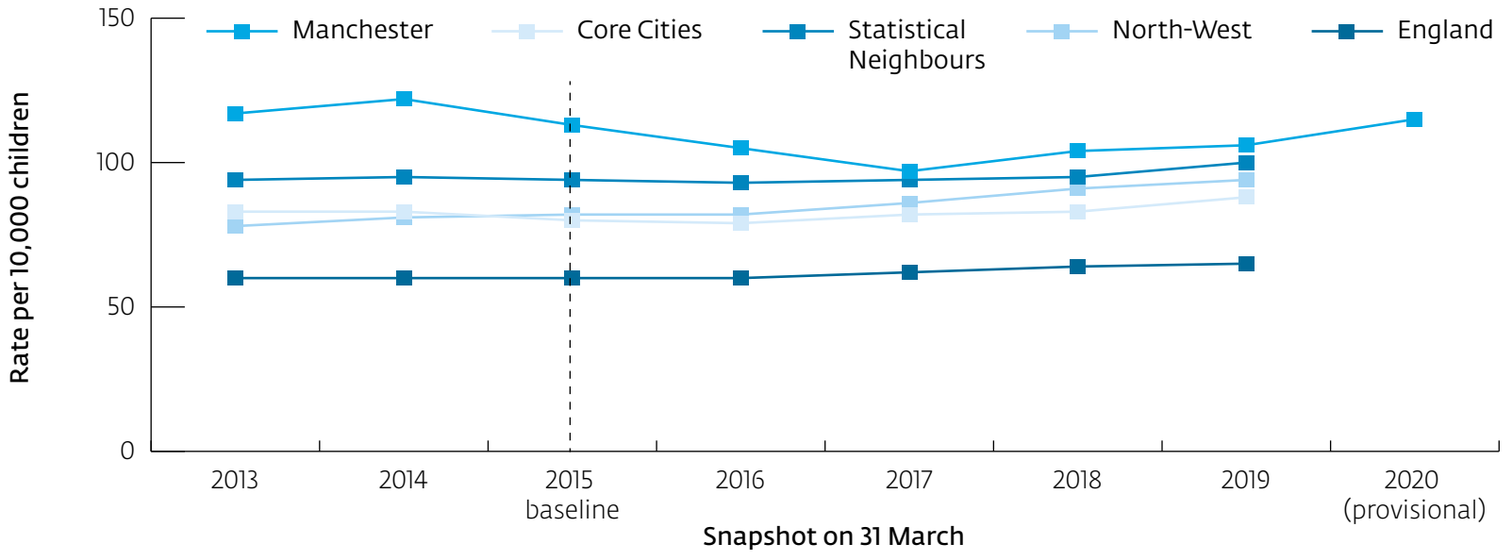


Source: Department for Education / MiCare

Looked After Children (LAC)

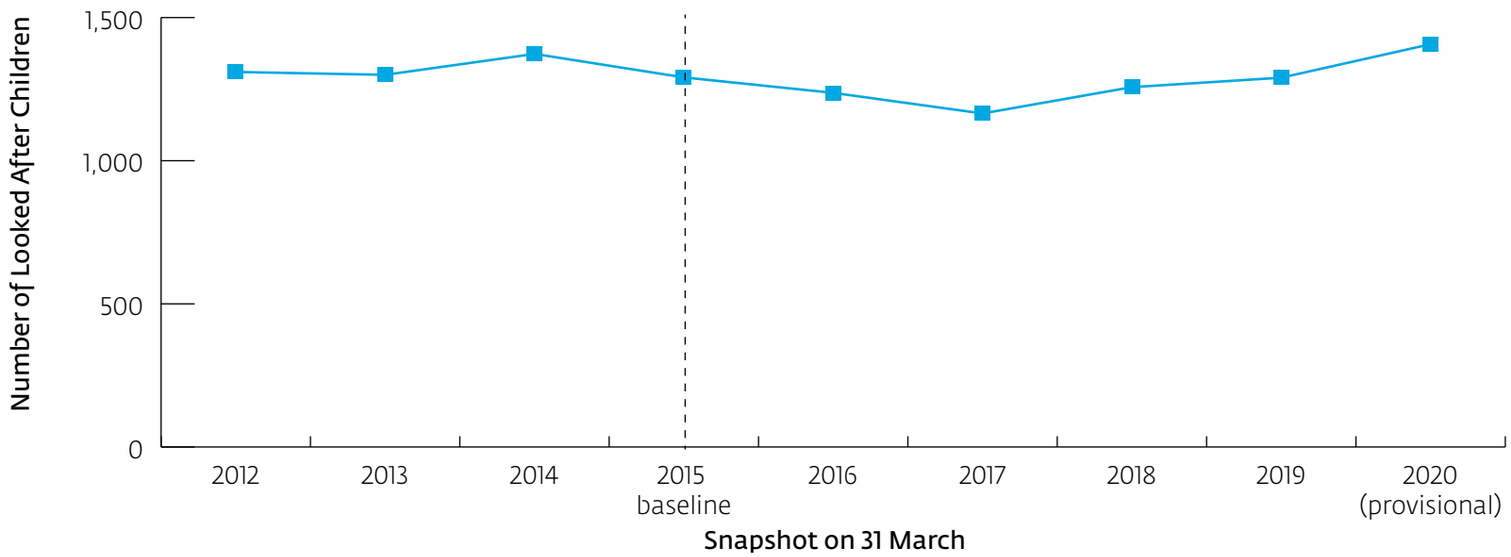
Figures 4.5 and 4.6 show that following a decrease between 2014 and 2017, the provisional number and rate of children looked after by the Council has continued to increase to 115 per 10,000 children in 2019/20, and remains above the national (65), regional (94), Core City (88) and statistical neighbour (100) averages for 2018/19. There were 1,407 Looked After Children at the end of March 2020. Although the rate of Looked After Children is consistently above comparator authorities, the increases are reflective of a national and regional trend.

Figure 4.5:
Rate of Looked After Children per 10,000 of the child population aged under 18 as at 31 March



Source: Department for Education

Figure 4.6:
Number of Looked After Children



Source: Department for Education

Essentially, the service takes a threefold approach to reduce the number of entrants into the care system and the length of time children spend in local authority care:

- Continuing and developing edge-of-care and rehabilitation interventions
- Improvements to care planning and practice
- Shifting and accelerating the approach to permanence earlier in the child's journey through the social-care system.

Edge of care

Children's Services employs a range of evidence-based interventions aimed at supporting families to remain together and where possible prevent the need for children to go into care, or where they do to ensure a timely return home. These include Multi-Systemic Therapy, Multi-Treatment Foster Care, No Wrong Door, and the Adolescent Support Unit – Alonzi House.

Care planning and practice

Fundamentally, the approach to reducing the number of children entering the care system is predicated on early intervention and high-quality practice that assesses risk, and issues and plans for sustainable change in families and individual behaviour. Children's Services has a well-developed workforce development strategy that is working to deliver improved practice in the key areas that will ultimately improve outcomes for all children, including those at risk of or in care, such as improvements in risk assessment and SMART planning.

Permanence

Planning for a permanent 'forever home' for children begins with supporting children to remain within their family and community from the very first interaction with social care services. This is the essence of reform being delivered by the service: to support children to remain within their family where it is 'safe' to do so, and for those who do become 'looked after', improve the timeliness in securing a permanent alternative arrangement. It is essential that practice and the framework of policy and process that underpins it is focused on planning for and securing alternative solutions outside of the looked after system as soon as possible. This includes placements with family or friends through special guardianship orders or adoption; for some this will also include a long-term fostering arrangement. The service refreshed its permanence policy and framework, alongside the ongoing workforce development strategy to promote this.

Percentage of children ceasing to be looked after during the year who were adopted

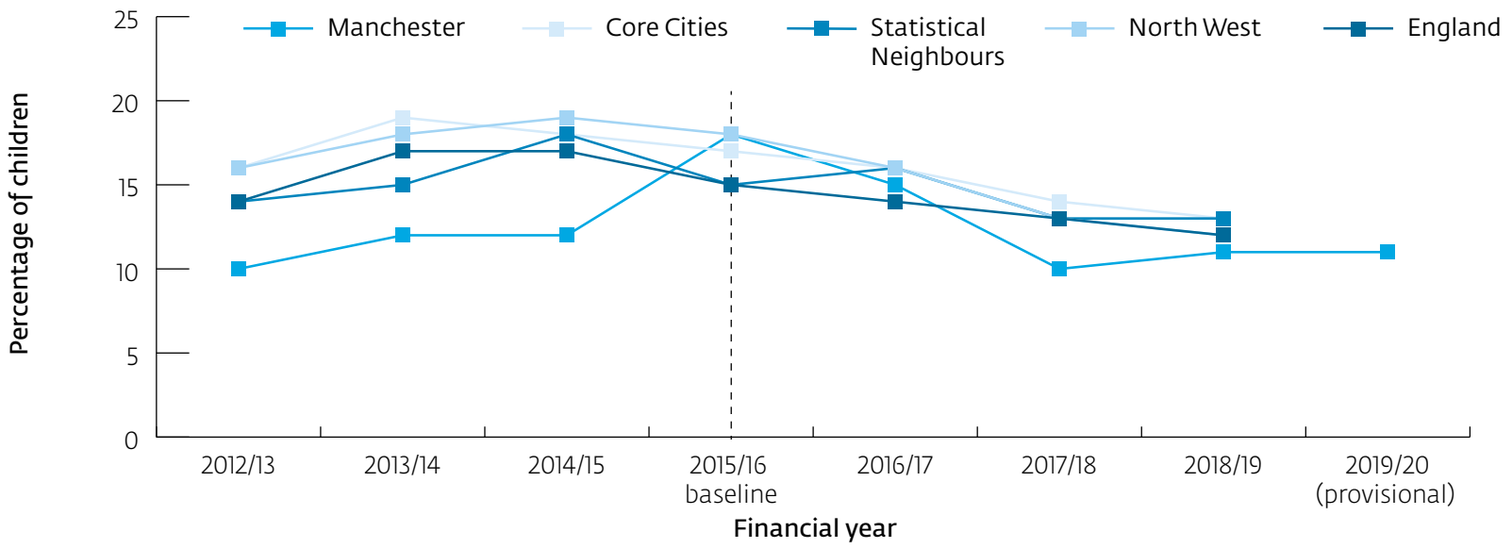
Figure 4.7 shows that the percentage of children ceasing to be LAC through adoption was 11% in 2019/20, the same percentage as the previous year. Although the latest comparator figures are not yet available, the most recent national, regional and Core City average figures indicate rates have been falling since 2014/15.

Percentage of care leavers aged 19–21 who were in unknown or unsuitable accommodation

Figure 4.8 shows that the percentage of care leavers aged 19–21 who were in unknown or unsuitable accommodation has fallen significantly over the past year, from 26% in 2018/19, to 17% in 2019/20, closing the gap to comparator groups.

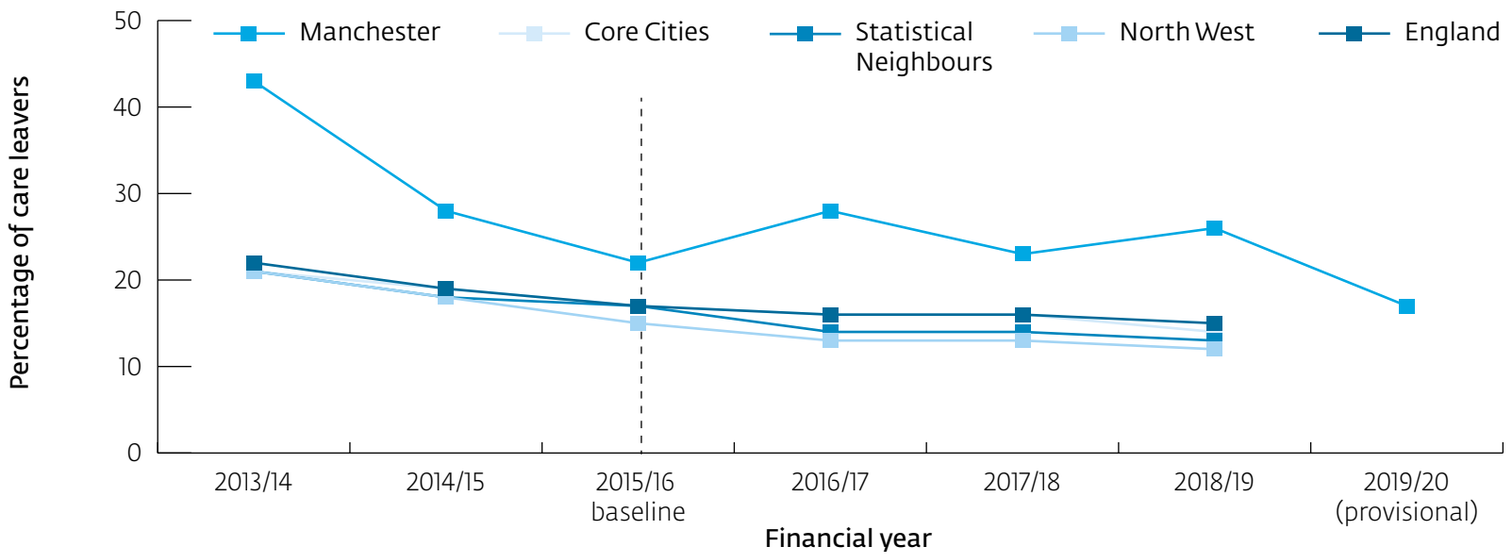
Like all local authorities, Manchester now has a duty to provide support for all care leavers who want it up to the age of 25. In line with this, the Council has reviewed its Care Leavers offer with a strong focus on having a positive relationship, and through this supporting young people to engage in education, employment and training, and ensuring that all Care Leavers have access to suitable accommodation. Significantly there have been no care leavers in emergency accommodation since 2018.

Figure 4.7:
Percentage of children ceasing to be looked after during the year who were adopted



Source: Department for Education

Figure 4.8:
Percentage of care leavers aged 19–21 who were in unknown or unsuitable accommodation



Source: Department for Education

Case study: Leaving Care service

Doing the best we can for our young people leaving care is a top priority for the Council. The Council's Leaving Care service came in-house in October 2019, and since then there has been significant progress in supporting young people into independence.

The Council has ended intentional homelessness for our young people, introduced council tax exemption until the age of 25, and worked as part of Greater Manchester to extend free travel. There has been a range of projects to support young people with education, employment, mentoring, finance and banking, and accommodation run in partnership with The Prince's Trust.

There has been a particular focus on preventing and supporting homelessness, with the Homelessness Prevention Service offering a holistic approach, focusing primarily on prevention and early intervention, with a range of different accommodation options including staying put, semi-independent accommodation, supported living and independent living on offer.

The Care Leavers Service has supported young people to make Housing Benefit claims, or to access local housing allowance if they are in private-rented accommodation. Care Leavers now have high-priority access to social housing in accordance with our housing-allocation policy. Eligible young people can also access a setting-up home grant of up to £2,000, which can be used to furnish their first property. This is to pay for the things they need to set up their own home, eg. a cooker, furniture, crockery and insurance.

Through these initiatives, more young people than ever have been able to either secure their own tenancies or have clear plans to progress to their tenancy from supported accommodation.

Autumn 2020 saw the opening of the Beehive. As well as being the new home of the Leaving Care Service, it also has six self-contained units that provide an accommodation option especially for Care Leavers in their transition to adulthood and independent living. With staff to help with living skills, such as budgeting and cooking, it is seen as a 'stepping stone', non-permanent provision to support Care Leavers on their way to securing their own tenancy.

Early Help

Manchester refreshed its strategic approach to Early Help in 2018. Our ambition, articulated in the Early Help Strategy (2018–2022), is that 'families, particularly those with multiple and complex needs, will have access to co-ordinated Early Help in accordance with need as soon as difficulties are identified. The offer is personalised, multi-agency and embedded within a whole-family approach. Children and young people in those families will live safe, happy, healthy and successful lives'.

A number of national reviews have identified that a focus on early intervention or prevention – Early Help – can enable children, young people and their families to achieve their potential, and reduce demand on more reactive and expensive services.

In Manchester, the national Troubled Families (TF) programme is fully integrated into our Early Help approach through funding, systems and impact analysis:

- Funding: approximately one third of our offer of Early Help is funded through TF
- Systems: offering whole-family support through an identified 'key worker'
- Impact analysis: thorough evaluation of sustained impact.

When the initial five-year programme ended in March 2020, 9,561 families had been worked with (attachments). Manchester was able to reach 95% of its target of successfully working with 8,023 families, with 7,590 families achieving a positive and sustained impact.

The funding available for the successful delivery of the TF programme has been invested in supporting the delivery of the **Early Help Strategy (2018–2022)** and to further integrate our approach. This has meant we can:

- Continue to grow the multi-agency offer of Early Help in the city through our locality-based Early Help Hubs and other 'place based' settings such as schools, children's centres and the developments around North Manchester General Hospital
- Further develop an Early Help culture centred on positive behaviours, such as strength-based conversations
- Promote the use of the Early Help Assessment as the tool to co-ordinate Early Help support around a family
- Create a visible and more accessible offer of Early Help.

More recently, the offer of Early Help has been responding to the COVID-19 crisis and supporting vulnerable families that might be struggling. In the short term this has included:

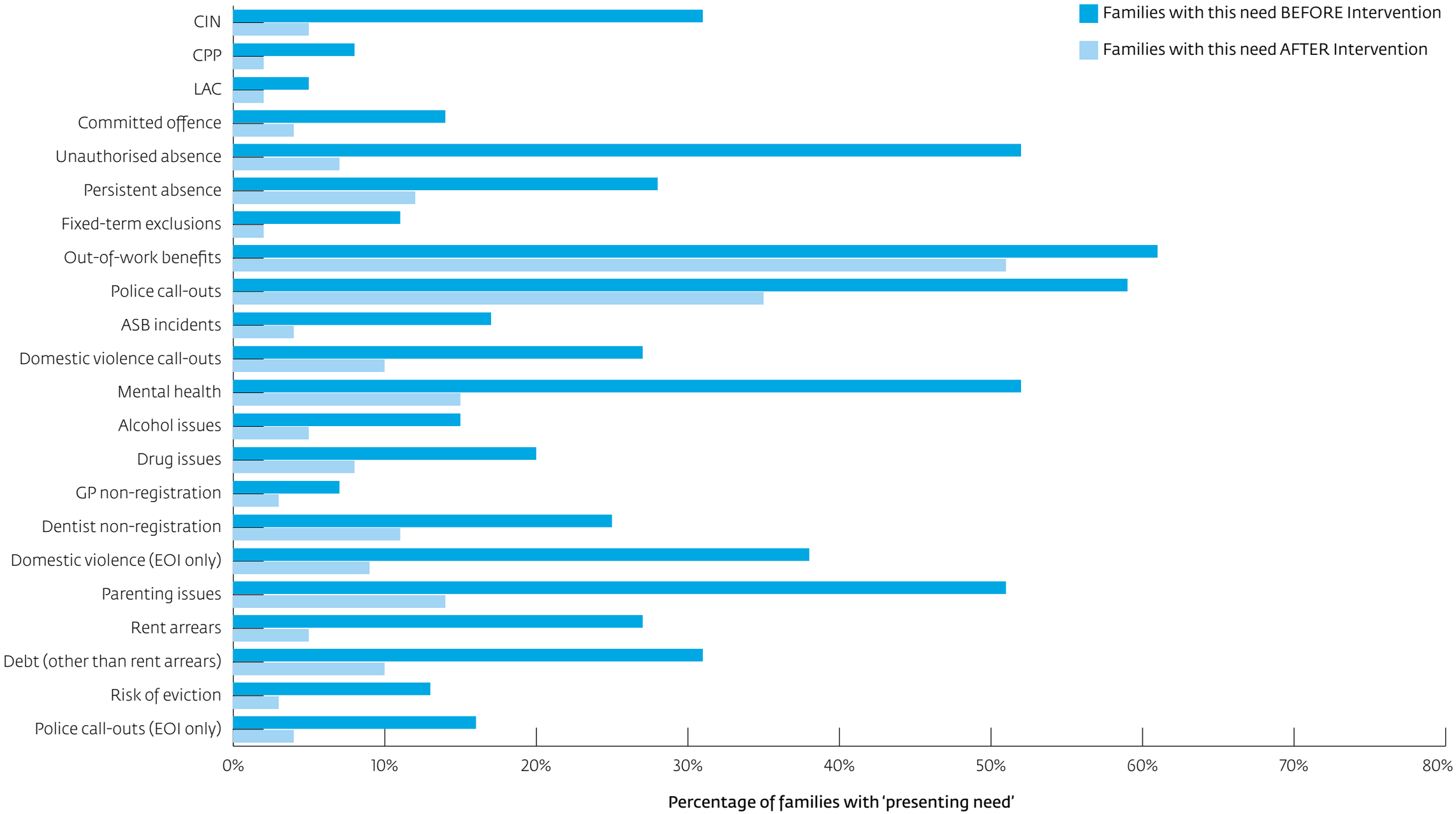
- Providing 140 families with support, reassurance and guidance through a quickly established Parenting Support Line
- Door-to-door delivery of age-related activity packs to the homes of children and young people
- Delivery of packs of essential items (nappies, toilets rolls etc) to vulnerable families
- Providing a 'business as usual' offer of help to families, but delivered differently.

The city's Sure Start Children's Centres and our integrated approach ensure that our children have the best start in life and are ready for school. Our Start Well Partnership is focusing on the 1,000 days and developing our Start Well Strategy. We know there remains a stubborn 6% gap between the children in Manchester and the national average in relation to achieving a good level of development. We have a strong core offer delivered by our Children's Centres and pathways that provide parenting interventions and programmes to support communication and language development.

Early Years, Early Help and the Manchester Local Care Organisation (MLCO) are helping to develop new ways of working that reflect a whole-family approach, and the Early Help Hubs have a key role to support this collaboration at a neighbourhood level. Engagement with families and partners on Start Well priorities is underway and is focusing on 'what matters to families', and this will inform and shape the Start Well and Early Help priorities. In the future we will achieve further impact and sustainability of the Early Help Strategy and approach via the continued partnership arrangements, including the Early Help Hubs, Bringing Services Together and closer collaboration with the MLCO. Sustaining partnership collaboration will inform future delivery arrangements and will enable us to collectively deliver Team around the Family/ School/Neighbourhood arrangements.

Finally, we measure the impact of our Early Help offer – a thorough local evaluation. Figure 4.9 shows a targeted offer of Early Help (this might be delivered by a school, early years setting, health, or the local authority through an Early Help Assessment (EHA)) can make a significant difference to the lives of families in Manchester.

Figure 4.9:
Percentage of families with 'presenting need' vs percentage of families with the 'presenting need' at 12 months post-intervention



Source: Manchester City Council, Research Intelligence and Data Science Team. Based on 7,734 families that received support during the period 2015–2020. (EOI only) – end of intervention only

Most importantly, the evaluation demonstrated that by offering support earlier and at the right time we can help a family sustain the progress they have made 12 months after targeted support has ended. For example:

- Of the 52% of families who had a child with any unauthorised absence from school in the previous year, on average 87% had seen an improvement in their unauthorised absence 12 months after intervention.
- Of the 31% of families with a Child in Need (CIN) in the family, on average 83% of cases were successfully de-escalated by 12 months after intervention.
- Of the 52% of families where at least one individual was identified as having poor mental health, on average 70% had seen an improvement or had relevant support in place.

Integrating health and social care

Manchester's vision for health and wellbeing is set out in the Manchester Locality Plan, Our Healthier Manchester. The aims are to significantly improve health outcomes for residents, reduce health inequalities in the city, and move towards a financially sustainable health and social-care system. A healthy and well population is essential to realising the wider ambitions of becoming a top-flight city in the Our Manchester Strategy, and impacting on each of the five themes in the strategy – progressive and equitable, thriving and sustainable, highly skilled, liveable and low-carbon, and connected.

The **Manchester Population Health Plan (2018–2027)** is the city's overarching plan for reducing health inequalities and improving health outcomes for Manchester residents. The Locality Plan sets out how this transformation will be delivered. The plan is supported by growth, development of skills, education, early years, improved housing and employment. Partners working across Manchester in the public sector, businesses, the voluntary sector and communities, all have a role to play in making Manchester the best it can be.

Our Healthier Manchester embodies the Our Manchester approach. It describes:

- A stronger emphasis on prevention and enabling self-care, with people as active partners in their health and wellbeing
- A strength-based approach to assessment that focuses on what matters to the person
- The development of and connection to assets in communities that support people's health and wellbeing.

Significant change has already been achieved through the development of the Manchester Local Care Organisation (MLCO), Manchester Health and Care Commissioning (MHCC) and the Single Hospital Service (SHS). The next phase of integration will look at accelerating these changes so that greater improvements are made for the benefit of Manchester residents.

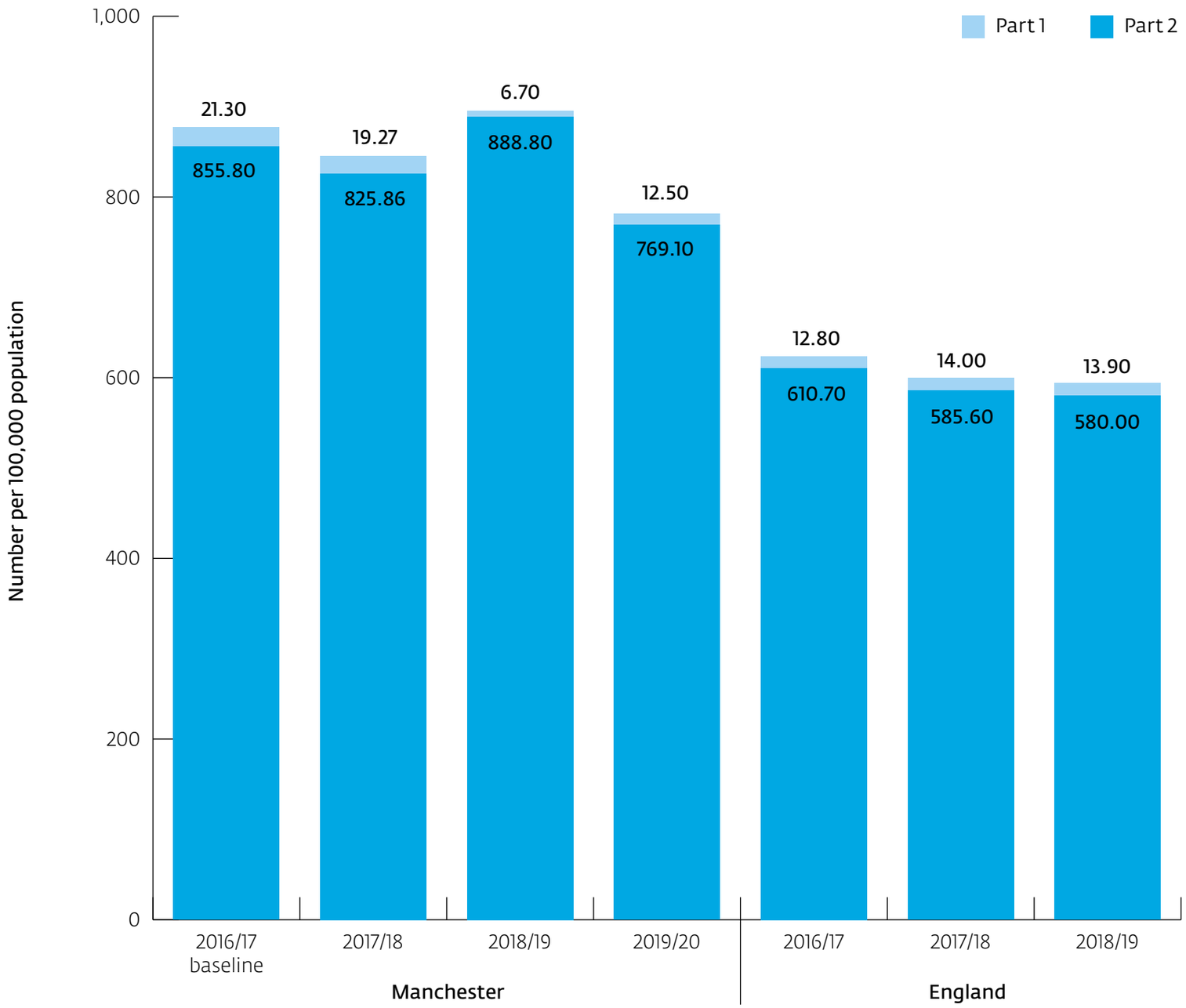
The MLCO is a partnership of organisations that provide community health, primary care and mental-health services, including the Council's social-care services. It joins up the care that Mancunians receive to help keep them out of hospital and to live independently. The introduction of Integrated Neighbourhood Teams (INTs) is transforming how residents experience their community-based health and social care. The integrated teams reduce duplication, meaning that different organisations talk to each other more about a patient's care. This helps to break down boundaries between different organisations and ensures there's a smooth process for helping people in their homes when they are recovering, or dealing with long-term health issues.

Supporting older people to live independently for longer

New admissions to local authority-supported permanent residential/nursing care

Confirmed figures for 2019/20 are not currently available due to the COVID-19 pandemic, but Figure 4.10 shows that the provisional rate of those aged 18–64 admitted to permanent residential/nursing care was 12.5 per 100,000 |in 2019/20; this is an increase from the figure of 6.7 reported in 2018/19, but a significant decrease from the 2016/17 baseline of 21.30 per 100,000. Provisional figures show that the rate of those aged 65 and over admitted to permanent residential/nursing care was 769.1 per 100,000, down from 888.8 in 2018/19; this is a decrease from the 2016/17 baseline of 855.80 per 100,000.

Figure 4.10:
Long-term support needs of young adults (aged 18–64) (part 1) and older adults (aged 65+) (part 2) met by admission to residential and nursing care homes, per 100,000 population



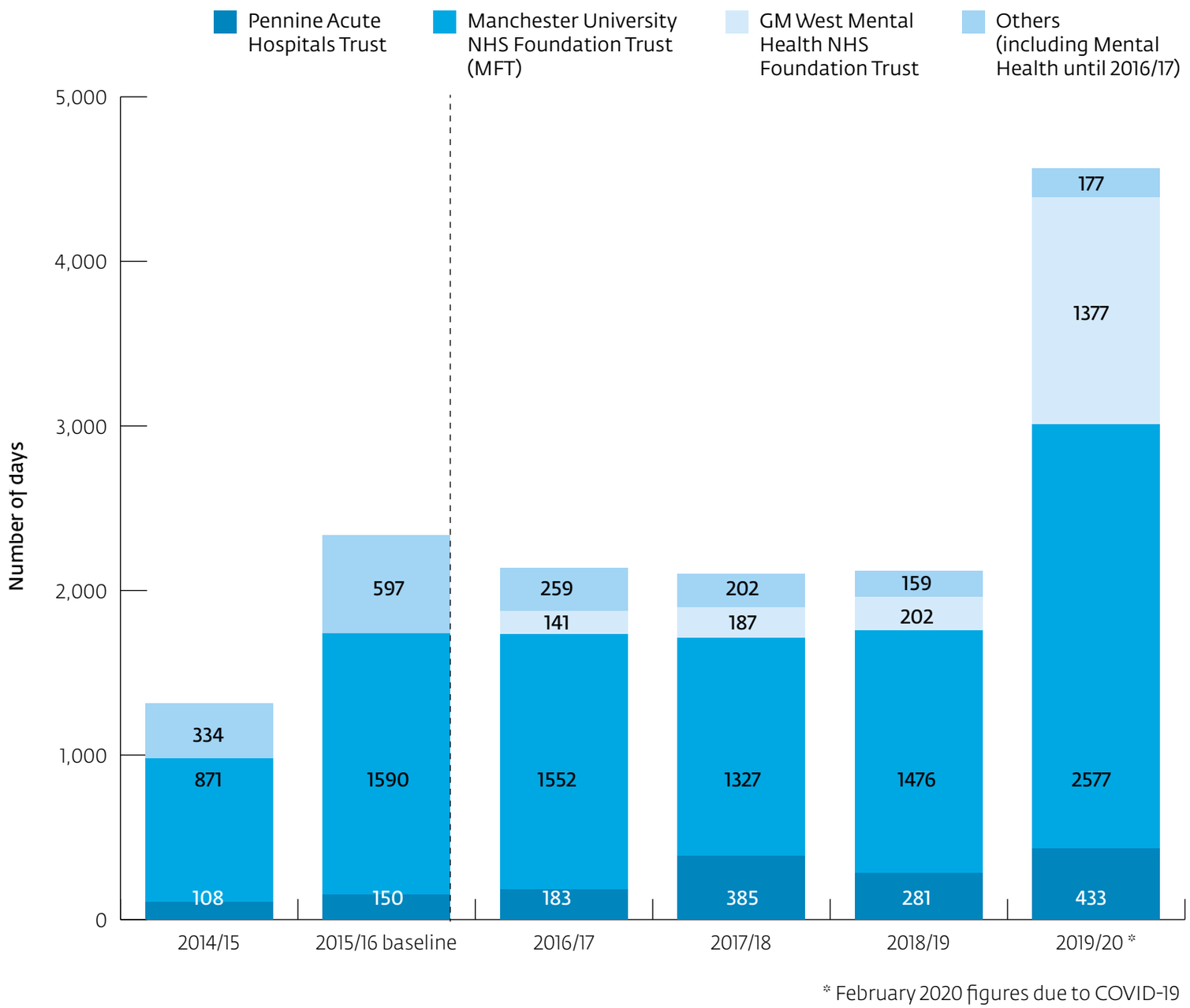
Source: ASCOF (2A part 1 and part 2), Department of Health, Adult Social Care Outcomes Framework 2018/19

Delayed transfers of care

Owing to the COVID-19 pandemic, updates to the NHS digital dataset for 2020 (from which figures for delayed transfers of care are taken) are not currently available. The local figures reported below only include people delayed in Manchester's hospitals, whereas the NHS digital dataset includes delays in all hospitals in England. Therefore, the figures below are not directly comparable with the figures from previous years.

Local figures for the end of February 2020 (numbers for March are unavailable due to the COVID-19 pandemic), illustrated in Figures 4.11 and 4.12, show that both the number of people delayed and the number of days delayed have risen considerably since 2018/19. At the end of February 2020, 157 people were delayed for a total of 4,564 days between them.

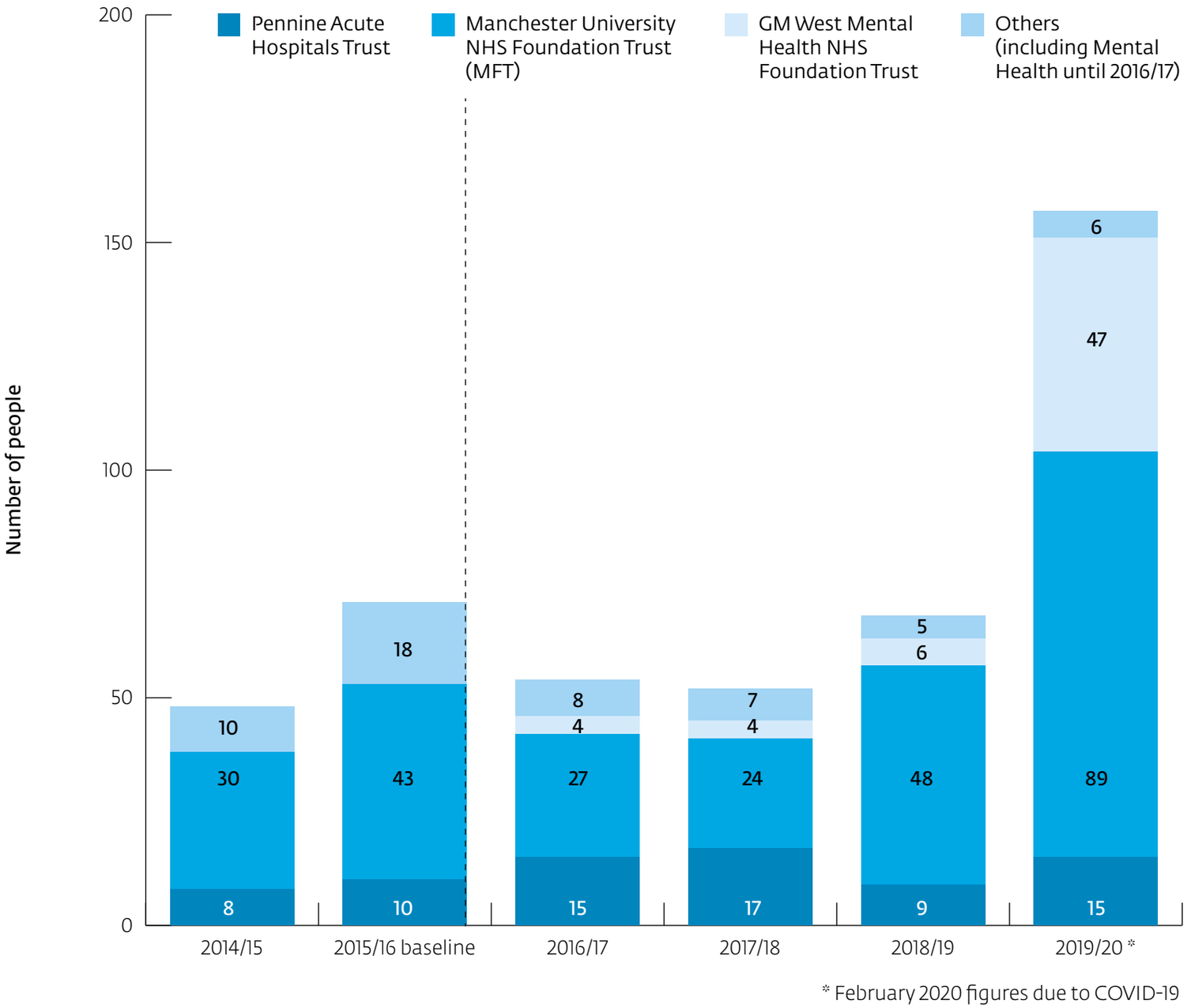
Figure 4.11:
Delayed transfers of care (acute and non-acute delays): number of days delayed



* February 2020 figures due to COVID-19

Source: UNIFY2, NHS England

Figure 4.12:
Delayed transfers of care (acute and non-acute delays): number of people delayed

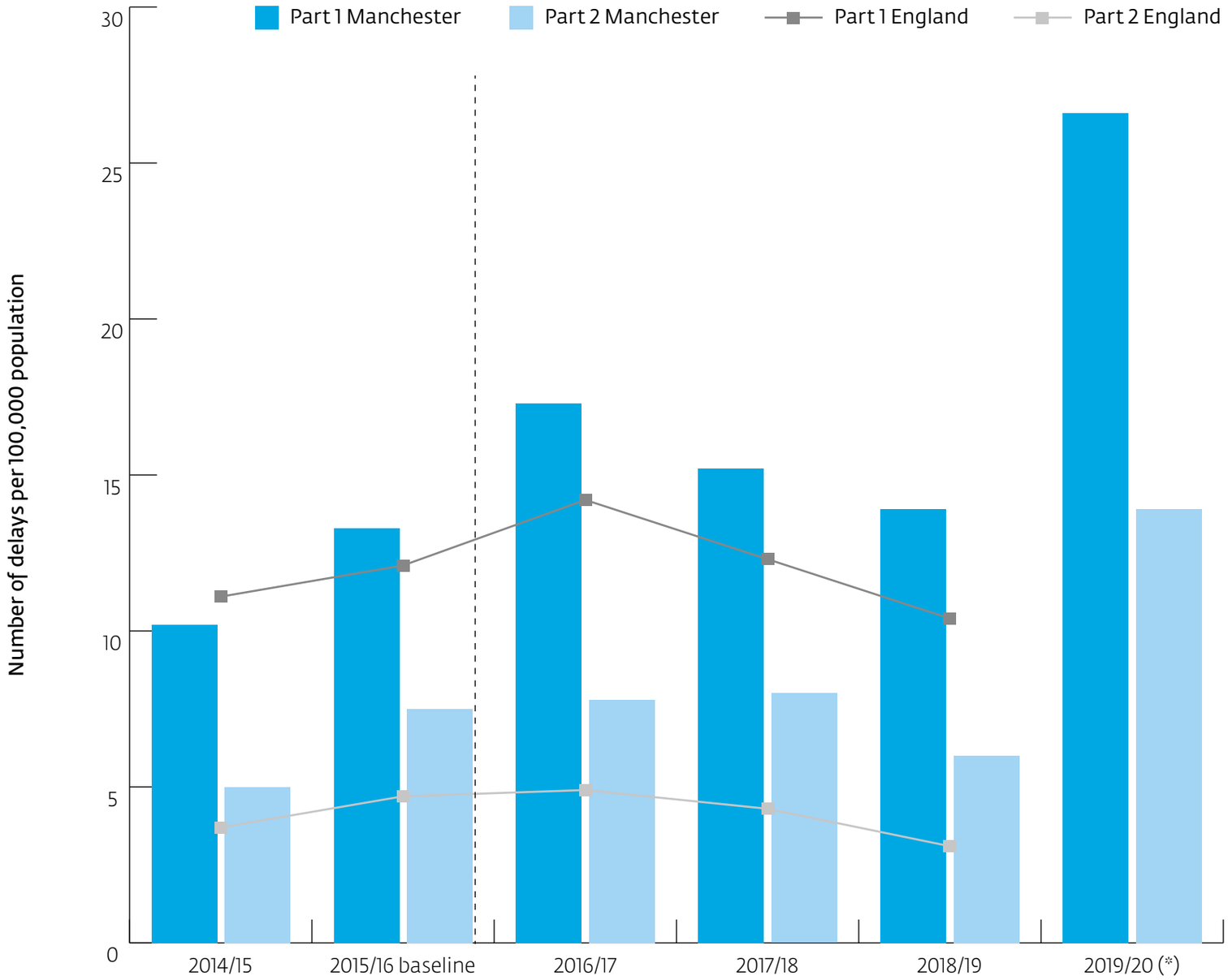


Source: UNIFY2, NHS England

The number of delayed transfers of care for those aged 18 and over, based on the average of 12-monthly snapshots on the last Thursday of each month (note 2020 figures were based on data to February), has increased over the past year. In Manchester the average number of delayed transfers of care from hospital (part 1) rose from 13.9 per 100,000 in 2018/19 to 26.6 per 100,000 in 2019/20 (Figure 4.13). Prior to 2019/20 Manchester's performance remained higher than the national average but was reducing in line with the national trend.

The average number of delayed transfers of care for those aged 18 and over that are attributable to social care or jointly to social care and the NHS, based on the average of 12-monthly snapshots on the last Thursday of each month (part 2), has also increased over the past year – from 6.0 per 100,000 in 2018/19 to 13.9 per 100,000 in 2019/20 (Figure 4.13).

Figure 4.13:
Delayed transfers of care from hospital (part 1), and those attributable to adult social care (part 2) per 100,000 population



* Figures up to February 2020 due to COVID-19

Source: NHS England. England 2019/20 figures not available until late 2019/20.

Achieving timely safe and effective discharges requires effective partnership, even more so as a result of the pandemic. A new national hospital-discharge service policy is in place to ensure people do not remain in hospital unnecessarily. The whole of the health and social-care system – including ward, community and hospital-discharge teams – is now working to the new guidance.

As part of effective hospital discharge planning and subsequent long-term planning it is essential that citizens and their families are fully involved in the process and any decisions made about future care and actions required. Assessments previously undertaken in hospital will now take place at home or in an alternative care setting if required. In addition, Adult Social Care's commitment to support people to return home safely has led to the creation of several apartments across the city to support them to do so and with reduced dependence upon residential care settings.

The integration of health and social-care services has enabled new services to be developed to target people being discharged from hospital and requiring ongoing support. These services are grouped under the Manchester Community Response (MCR) services delivered by MLCO. These include services to deflect people from hospital, and faster discharges for those admitted to hospital. Within this, the Crisis Response service has successfully deflected people from acute hospital admission into community services. The discharge to assess service, which enables the assessment for ongoing care to take place outside of hospital, thereby reducing delayed discharges, has seen reductions in average length of stay in hospital for people using the service. An expansion of the Reablement service, with the aim of maximising independence, has increased the capacity for people to be supported following hospital discharge. Independent evaluation findings from these services indicate they are having an impact on deflecting people from hospital and reducing delayed transfers of care, eg. during the six-month post-discharge period, people supported by the Reablement service spent an average of 4.1 fewer days in hospital, generating a saving of £1,233 per person.

Investment in ExtraCare housing schemes, which support older people to live independently, has provided an alternative to Residential Care, leading to a reduction in admissions to care homes. With future increases in extra care capacity due next year, we expect to see further savings linked to fewer Residential Care admissions. For people supported by the Complex Reablement service, comparing activity before and after support, there has been a 50% reduction in the total homecare support each week. This has also been accompanied by a 36% reduction in the number of people requiring ongoing support from homecare services. People who have been supported by the Reablement service are less likely to require homecare support than those who did not access the service. For those who did still require homecare support, the amount of support required in terms of weekly hours was 22% lower, and the number of visits was 26% lower for people who had been supported by Reablement compared to those who hadn't.

Our Manchester Carers Strategy

The Our Manchester Carers Strategy provides a working example of health and social-care commissioners aligning priorities and budgets, and working with the Carers Manchester voluntary sector network to bring forward a £1.5million investment programme in upstream support for citizens with caring responsibilities to a partner, relative, friend or neighbour.

One of our core aims within health and social care is to deliver more and better care closer to home, and we want to avoid any breakdown in informal caring arrangements that result in

unnecessary acute-care admission. We do not want carers to feel isolated or alone with their responsibilities and wish to ensure that effective plans are in place to mobilise support and assistance if and when required, which prevents pressures upon our emergency/acute-response services.

A new carer-support pathway seeks to engage with carers at a much earlier point in their caring journey. This works with GP practices to ensure that every new carer is made aware of their statutory rights and how they may promptly access effective information, advice, training and support services that are underpinned by the best digital technology, and work for carers the first time they are used.

A new Carers Manchester Contact Point has been launched led by expert advisers from within Carers Manchester, many with direct caring experience. This will link carers to a new sequenced and strength-based assessment model, personalised budgets, and technological solutions. It will also link to a refreshed neighbourhood-based support offer, which will connect carers to the mutual support of other carers and the goodwill that exists within our communities and businesses.

Our Manchester Disability Plan

The Our Manchester Disability Plan (OMDP) was developed following two years of co-production and engagement work with disabled people and their organisations in Manchester. The vision for the work is clear: to listen to disabled people, capture their views on a range of themes and turn this into a plan for action. Some great progress has been made already to advance this innovative vision by the OMDP Board. The Board is now undertaking a piece of strategic work to maximise the Board's potential, and plans to make a real difference to the lives of Manchester's disabled people and deliver on the vision for Manchester to be a fully accessible city.

The OMDP Board is in the process of developing the OMDP Plan in the context of the COVID-19 pandemic and the city's recovery, to ensure it is a key driver in addressing the disproportional impact of COVID-19 on disabled people. The OMDP Board will continue to build and develop strong and trusting relationships with organisations involved in the Board and OMDP work streams. To establish more effective ways of working in the future, the Board will aim to identify and develop relationships with other relevant partners and stakeholders in the city currently not engaged in the OMDP.

Improving health outcomes

The **Manchester Population Health Plan (2018–2027)** is at the heart of our long-term plan to tackle Manchester's entrenched health inequalities. The plan contains five priority areas for action to be delivered over the lifetime of the plan. These are:

- Improving outcomes in the first 1,000 days of a child's life
- Strengthening the positive impact of work on health
- Supporting people, households, and communities to be socially connected and make changes that matter to them
- Creating an age-friendly city that promotes good health and wellbeing for people in middle and later life
- Taking action on preventable early deaths.

The plan forms the overarching health and wellbeing strategy for the city, under the governance of the Health and Wellbeing Board, and reflects the ambition of the Our Manchester Strategy. It aims to build on the successes and achievements of the past 20 years, while recognising that the population-health challenges facing Manchester are considerable. The establishment of Manchester

Health and Care Commissioning (MHCC), the Manchester Local Care Organisation (MLCO), and the Single Hospital Service (SHS) offers a real opportunity to break the cycle of health inequalities in Manchester and deliver prevention programmes at scale.

In the past year, good progress has been made in a number of areas. Manchester saw small (but not statistically significant) increases in life expectancy at birth for both males and females, as well as increases in healthy life expectancy. The proportion of cancers diagnosed early has increased in the city. Fewer Manchester mothers reported being a smoker at the time their baby was delivered. Reducing the under-18 conception rate continues to be a success story, and the number of under-18 conceptions in Manchester has remained below 200 a year since 2017. There has also been a significant reduction in the rate of suicides and injuries of undetermined intent.

Despite these improvements, Manchester still has some of the worst health outcomes in the country. There are also significant inequalities within the city; life expectancy at birth is 7.3 years lower for men and 7.8 years lower for women in the most deprived areas of Manchester than in the least deprived areas.

COVID-19 and Manchester's resident population

COVID-19 has had very significant impacts on people's health and the social determinants of health in Manchester. On 30 September 2020, there were 9,397 Manchester residents with at least one lab-confirmed positive COVID-19 test result since the start of the pandemic – a rate of 1699.7 per 100,000 people. The rate of laboratory-confirmed cases was significantly above the England average (784.4 per 100,000). Between 1 March and 31 July 2020, there were 422 deaths involving COVID-19, an age-standardised rate of 156.2 per 100,000. The rate of deaths involving COVID-19 in Manchester over this period was 71.8% higher than the rate for England as a whole (90.9 per 100,000) and was also higher than the average rate for Greater Manchester (134.1 per 100,000).

The impacts have been very unequal across Manchester's diverse communities. For example, in terms of ethnicity, the risk of dying from COVID-19 is 1.9 times more likely for black men and women than those who are white. Pakistani and Bangladeshi men were 1.8 times more likely to die from COVID-19 than white men, and females of those ethnic groups were 1.6 times more likely to.

The differences in COVID-19 mortality between ethnic groups are partly a result of socioeconomic disadvantage and other circumstances. We also know that health and ethnicity are inextricably linked. For many BAME communities this results in unequal access to social and economic opportunities. Quality education, employment, liveable wages, healthy food, stable and affordable housing, and safe and sustainable communities are factors that shape health. When these factors are distributed in unfair and unjust ways, they contribute to racial and ethnic disparities in health.

COVID-19 has reinforced the need to address health inequalities within the city as well as between the city and other parts of England. A continued focus on the issues highlighted in the Population Health Plan will help to ensure that inclusion and equalities are central to all the above work, in particular, addressing the significant health impacts that COVID-19 has had on black, Asian and ethnic minorities within Manchester as well as nationally. It will capitalise on the Marmot review of health equity 2020, focusing on health outcomes and the wider determinants of health for residents. Evidence and intelligence will underpin all the recovery work, including listening to the diverse voices of Manchester's

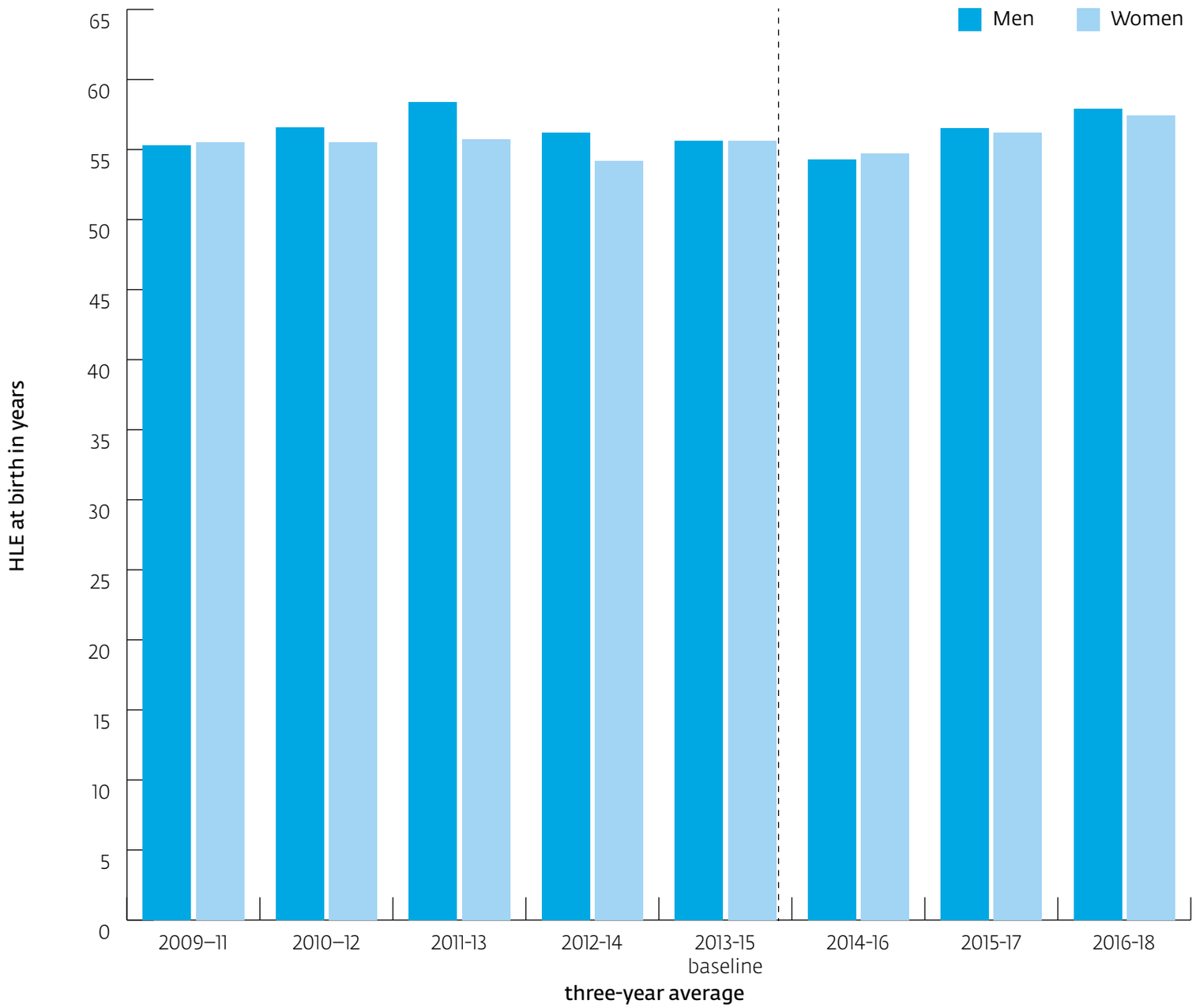
population, and building our services around a better understanding of what is important to them.

Healthy life expectancy at birth (overarching indicator)

Healthy life expectancy (HLE) is a measure of the average number of years a person would expect to live in good health based on current mortality rates and the prevalence of self-reported good health. Estimates of healthy life expectancy are calculated using health-state prevalence data from the Annual Population Survey (APS), combined with mortality data and mid-year population estimates for each period (eg. 2016 to 2018).

In 2018, the Office for National Statistics (ONS) revised their estimates of healthy life expectancy using a new method. This is designed to address the current weakness of small sample sizes producing somewhat erratic health-state prevalence estimates across the age distribution in areas with smaller populations. The figures in this report may therefore differ from those cited in previous years.

Figure 4.14:
Healthy life expectancy at birth, 2009–11 to 2016–18



Source: Office for National Statistics © Crown copyright 2019

Historical trends show that the improvements in healthy life expectancy (HLE) at birth seen in the early part of this decade did start to level off and fall slightly, particularly among men, but are beginning to take an upward turn again.

According to the latest published data (for 2016–18) in Figure 4.14, HLE at birth in Manchester increased for both men and women compared with the previous three-year period (2015–17). In men, the average number of years a person would expect to live in good health has increased from 56.5 years to 57.9 years, and in women it has increased from 56.2 years to 57.4 years. These are increases of 1.4 years for men and 1.2 years for women, which are not statistically significant. The figures compare to no change for men and a decrease of 0.1 for women in England (HLE of 63.4 and 63.9 years respectively).

The increase in HLE for men in Manchester is greater than that for women, which means that men can expect to live slightly longer in good health than women.

Improving outcomes in the first 1,000 days of a child's life

Infant deaths

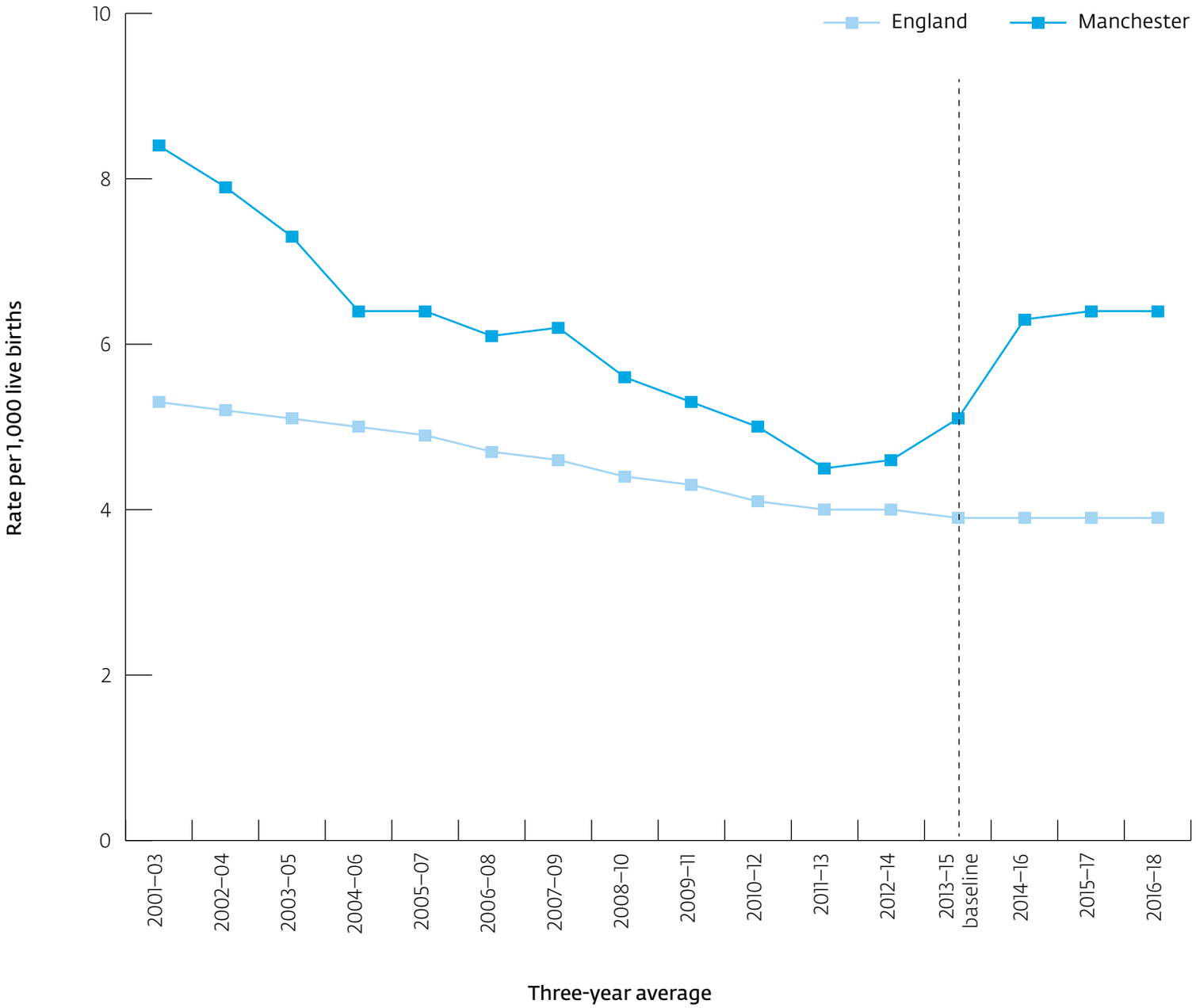
Infant deaths (ie. deaths to children aged under one year of age) are an indicator of the general health of the entire population. They reflect the relationship between causes of infant mortality and other determinants of population health, such as economic, social and environmental conditions. Deaths during the first 28 days of life (the neonatal period) are considered to reflect the health and care of both mother and newborn child.

The infant mortality rate in Manchester has fallen substantially since the early 1990s. Between the three-year periods 1999–2001 and 2014–16, the rate fell by 32%. This is partly due to general improvements in healthcare, combined with specific improvements in midwifery and neonatal intensive care. Although there was a worrying increase in the infant mortality rate between the periods 2011–13 and 2014–16, the position has since stabilised and the most recent figures show the rate has not changed significantly between 2014–16 and 2016–18 (Figure 4.15). In absolute terms, the number of infant deaths in the city fell from 151 in 2015–17 to 144 in 2016–18 – a reduction of 4.6%.

Reducing infant mortality is a complex picture of interrelated factors. Some of these factors are modifiable risks, such as maternal smoking, obesity in pregnancy, and parental/household smoking. Others act as protective barriers that prevent infant deaths, including flu vaccination for pregnant women, as well as breastfeeding and safe-sleeping practices (such as putting babies to sleep on their backs in a separate cot or Moses basket in the same room as parents).

In order to try to reverse the trends in infant mortality in Manchester and ensure that those who experience baby loss get the support they need, a multi-agency Reducing Infant Mortality Strategy was launched in 2019. This spans a five-year period (2019–2024), allowing time for longer-term outcomes to be realised. The implementation of the strategy is overseen by a steering group, which includes key partners with a role to play in the delivery of the strategy; they also influence others, such as maternity services, health-visiting services, strategic housing, Early Help, early years, the Child Death Overview Panel (CDOP), safeguarding, and the voluntary and community sector.

Figure 4.15:
Infant mortality (number of infant deaths under one year of age per 1,000 live births)



Source: Office for National Statistics © Crown copyright 2019

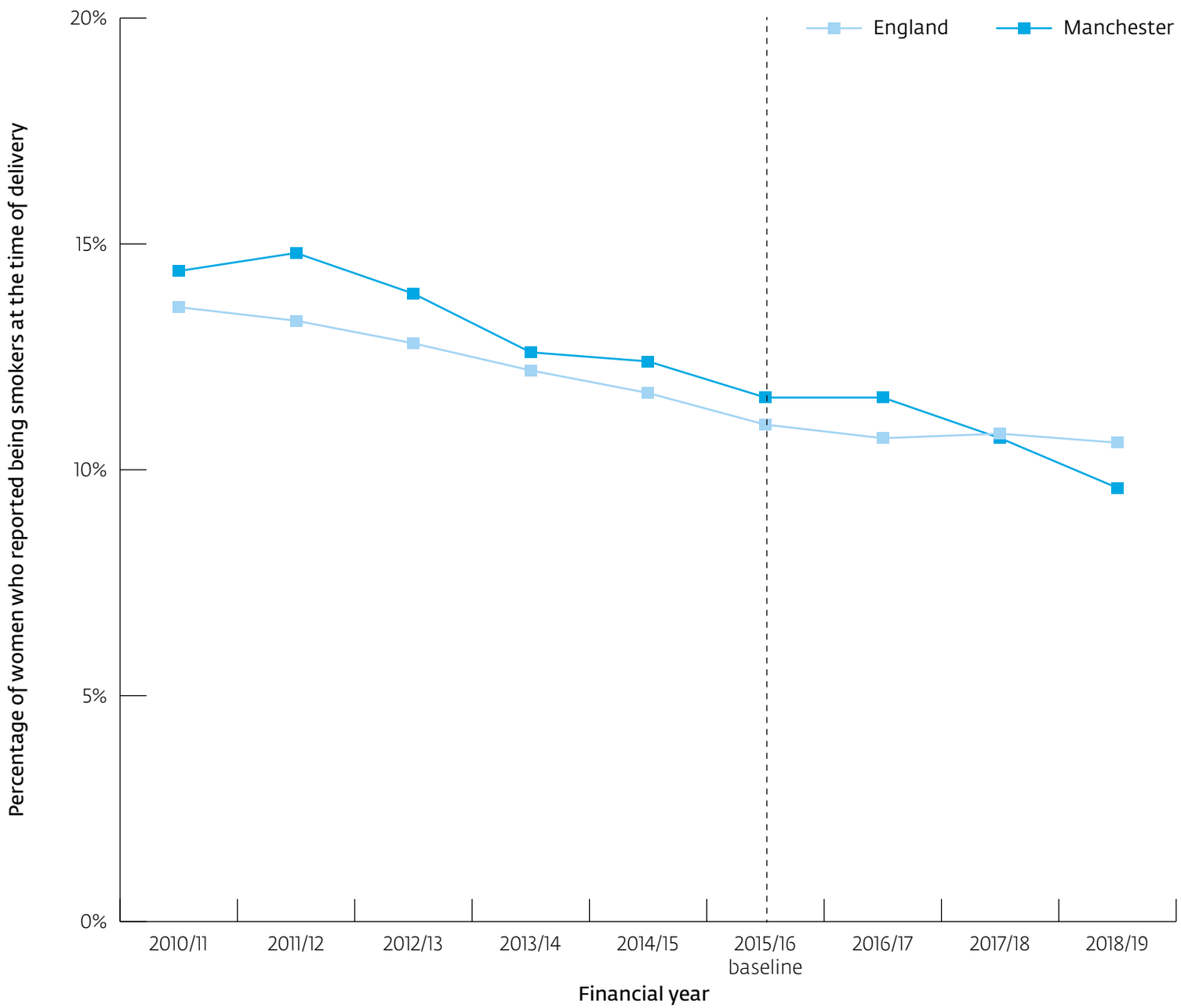
The strategy is a clear indication of the collective commitment of organisations in the city to ensure a reduction in infant mortality. By co-ordinating efforts across the city, we are confident we can start to see a downward trend once again.

Smoking in pregnancy

Smoking during pregnancy can cause serious health problems for the mother and baby, including complications during pregnancy and labour. Smoking during pregnancy carries an increased risk of miscarriage, premature birth, stillbirth, low birthweight, and sudden unexpected death in infancy.

In 2018/19, 9.6% of mothers in Manchester reported they were a smoker at the time their baby was delivered, compared with 10.6% of mothers across England as a whole. The percentage of mothers in Manchester reporting being a smoker at the time of delivery has fallen from a peak of 14.8% in 2011/12, and the local rate is now below the England average (Figure 4.16).

Figure 4.16:
Smoking status at time of delivery (percentage of women who reported being a smoker at the time of delivery)



Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD) Copyright © 2019, NHS Digital

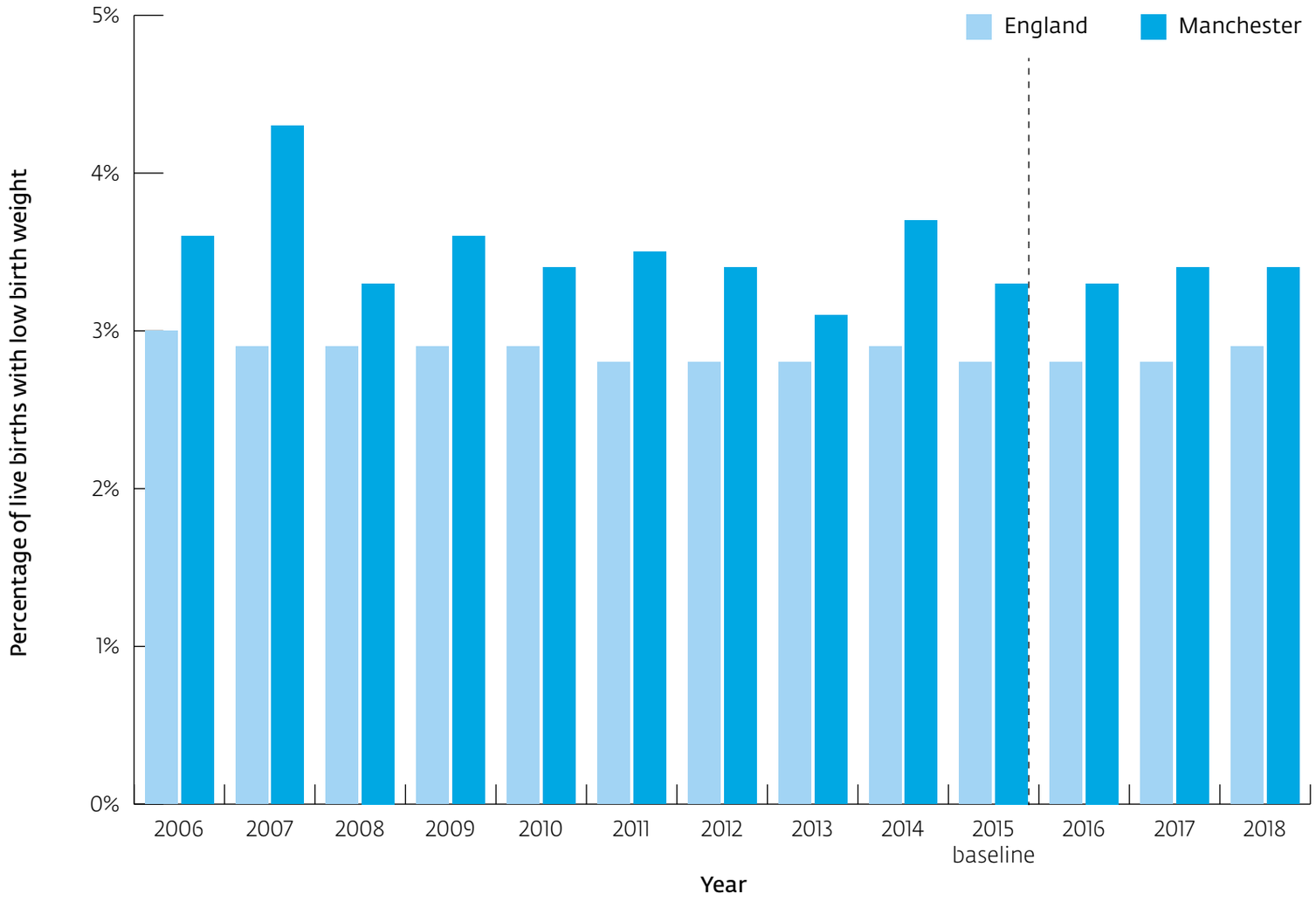
A new citywide community-based, nurse-led Tobacco Addiction Treatment Service, called Be Smoke Free, began operating on 1 April 2020. The service will link to primary and secondary care and will work out of 24 community locations, providing face-to-face consultations and support, as well as a direct supply of combination pharmacotherapy. Owing to the COVID-19 pandemic, the service provision was remodelled to see smokers who were most at risk from COVID-19 and hospital admission. Between April and June 2020, the service achieved a 44.4% quit rate for people with chronic obstructive pulmonary disease/coronary heart disease and other long-term conditions (NICE Guidance seeks 35% quit rates).

Low birthweight of term babies

Low birthweight increases the risk of childhood mortality and of developmental problems for the child, and is associated with poorer health in later life. A high proportion of low-birthweight births could also indicate poor lifestyles among pregnant women and/or issues with the maternity services.

Figure 4.17 shows the proportion of babies born to term (ie. a gestational age of at least 37 complete weeks) with a recorded birthweight that is under 2,500g. Despite year-on-year variations, historical trends point towards an overall reduction in the proportion of low-weight births of term babies in Manchester, from a peak of 4.3% of term babies in 2007 to a figure of 3.4% in 2018.

Figure 4.17:
Low birthweight of term babies (live births with a recorded birthweight under 2,500g and a gestational age of at least 37 complete weeks)



Source: Office for National Statistics © Crown copyright 2020:

Implementing the Reducing Infant Mortality Strategy should lead to a reduction in low-birthweight babies through a focus on supporting the health and wellbeing of pregnant women, improving quality, safety and access to services, and addressing the wider determinants of health.

Hospital admissions for dental decay in young children (0–5 years)

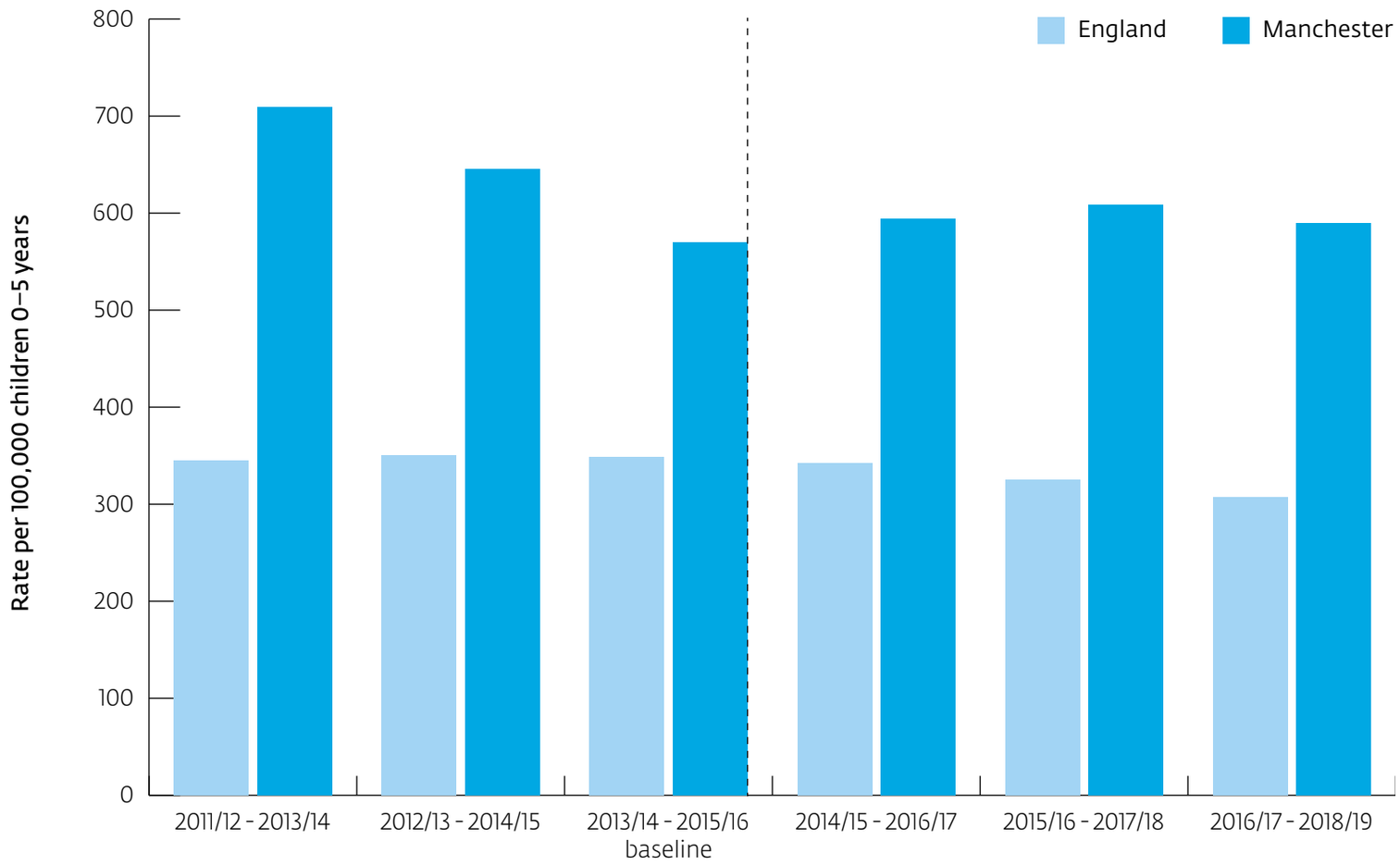
Dental caries (tooth decay) results in destruction of the crowns of teeth and often leads to pain and infection. Tooth decay is more common in deprived communities, and the prevalence of decay is a direct measure of dental health, as well as an indirect measure of child health and diet.

This indicator measures the number of children aged 5 and under who are admitted to hospital as a result of tooth decay. No assumptions can be made about the method of anaesthesia provided for these procedures, but it is likely that the majority of episodes of treatment will involve general anaesthetic. In order to produce more reliable figures, a three-year average is reported.

The national definition of this indicator has been expanded to include five-year-old children and is therefore not directly comparable with the figures included in previous reports, which focused on children aged 0–4 years only.

Figure 4.18 shows the rate of children aged 5 and under admitted to hospital for tooth decay in Manchester fell dramatically from 709.3 per 100,000 in the three-year period 2011/12–2013/14 to 569.6 in the three-year period 2013/14–2015/16. However, the rate then increased, and it now stands at 590.0 for the three-year period 2016/17–2018/19, almost double the England rate of 307.5. The average number of children admitted with this condition each year has increased from 259 to 282.

Figure 4.18:
Hospital admissions for dental caries in children aged 0–5 years



It should be noted that this data may be an underestimate of the true number of hospital admissions for this procedure in young children, because in some instances the Community Dental Service may provide the extraction service in hospital premises. These episodes of treatment may not be included in the published figures.

The Oral Health Improvement Team (OHIT) provides a range of interventions that provide oral-health education alongside the means to improve self-care behaviour for different groups in the population, with a primary focus on children under 11 years of age. The team delivers oral-health improvement interventions that target the most vulnerable groups of children in the city, including deprived communities, looked after children, children with special needs, and homeless families with children. Examples of this work include the distribution of toothbrushing packs to targeted families in Early Years during the COVID-19 pandemic lockdown, and delivering the 'Brushing for Life' programme in children's settings, working within new COVID-19 restrictions. The team also runs the Buddy Practice Scheme, which aims to increase attendance among preschool children and their families by linking schools and primary-care dental practices.

Other measures of the health of children and young people

Excess weight in children in Year 6 (10/11 years)

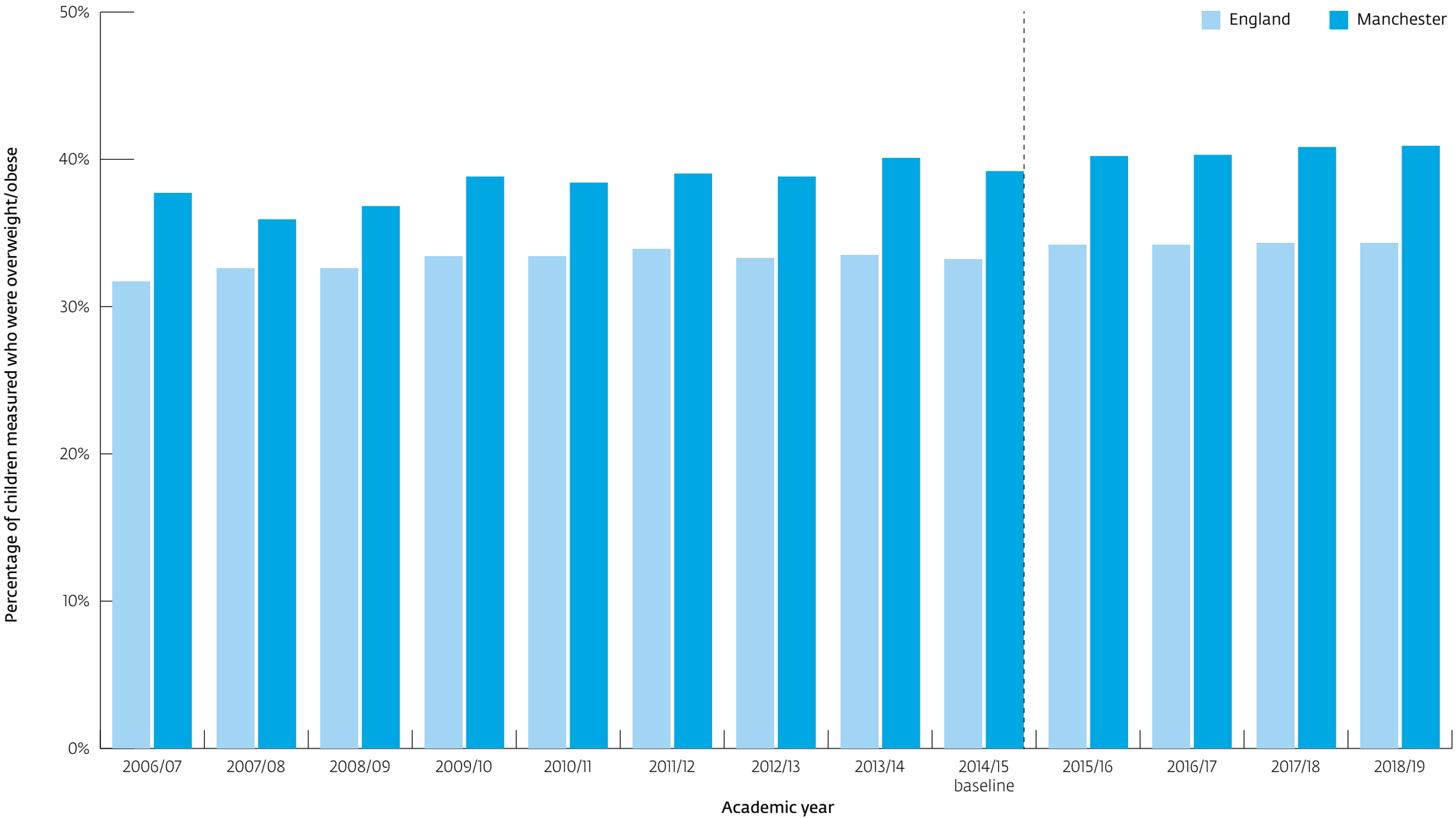
The health consequences of excess weight in childhood are significant and also have implications for levels of overweight and obesity in adulthood.

This indicator measures the proportion of children in Year 6 (aged 10 or 11) classified as overweight or obese through the National Child Measurement Programme (NCMP). Children are classified as overweight or obese if their Body Mass Index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Data for the most recent year (2018/19) shows that the proportion of children in Year 6 classified as overweight or obese has increased only very slightly since the previous year (from 40.8% to 40.9%). Figure 4.19 shows that the rate of overweight or obese children in Manchester has remained fairly stable since the 2014/15 baseline and that there is little evidence of any significant increase or decrease in this measure over the life of the NCMP. For the first time since 2015/16, the proportion of eligible children who have been measured in both reception year and Year 6 has decreased.

This means that there is a risk that fewer overweight or obese children are being identified and referred to appropriate services, and that the risk of childhood obesity persisting into adulthood among this cohort of children will increase.

Figure 4.19:
Prevalence of overweight (including obesity) among children in Year 6



Source: NHS Digital, National Child Measurement Programme

The **Draft Manchester Healthy Weight Strategy (2020–2025)** was agreed by the Health and Wellbeing Board in March 2020, shortly before the global pandemic. The strategy will be launched in January 2021 alongside a new Healthy Weight Declaration for the city. The strategy has been developed across four key themes, each of which will be developed further through a working group, including the Obesity Safeguarding Pathway. These themes are:

- Food and Culture
- Physical Activity
- Environment and Neighbourhoods
- Support and Prevention.

In line with the Public Health England guidance 'Reducing obesity is everybody's business' (Public Health England 2018), the strategy takes a whole-system approach to tackling obesity across each life course and has been informed by a wide variety of stakeholders. The strategy seeks to develop early intervention and behaviour change while seeking to challenge our obesogenic environments.

In 2019/20 the Population Health and Wellbeing Team has commissioned a new offer of weight management for children and adults to accompany the city's new Healthy Weight Strategy. A social-prescribing model of weight-management provision for adults and families is delivered by Be Well, which offers a voucher scheme to join any one of 200 groups in the city for free for 12 weeks.

An intensive Tier Three Service is commissioned jointly across Greater Manchester. This provides a multidisciplinary offer for adults who are morbidly obese and require an intensive intervention.

Children's weight management, particularly in early years, is a key priority for the Healthy Weight Strategy, as reflected in the commissioned offer for children. Increased investment has been made in the School Nurse Service and the dedicated Healthy Weight Project within Healthy Schools. The service also works with Health Visiting to target children at risk of being obese on entering reception (0–5 years). The School Nurse Service is also commissioned to provide the National Child Measurement Programme (NCMP), which provides feedback for parents and carers of children and young people in reception and Year 6 who are overweight and obese. However, as a result of COVID-19 restrictions, the NCMP programme will not be delivered for the school term beginning September 2020.

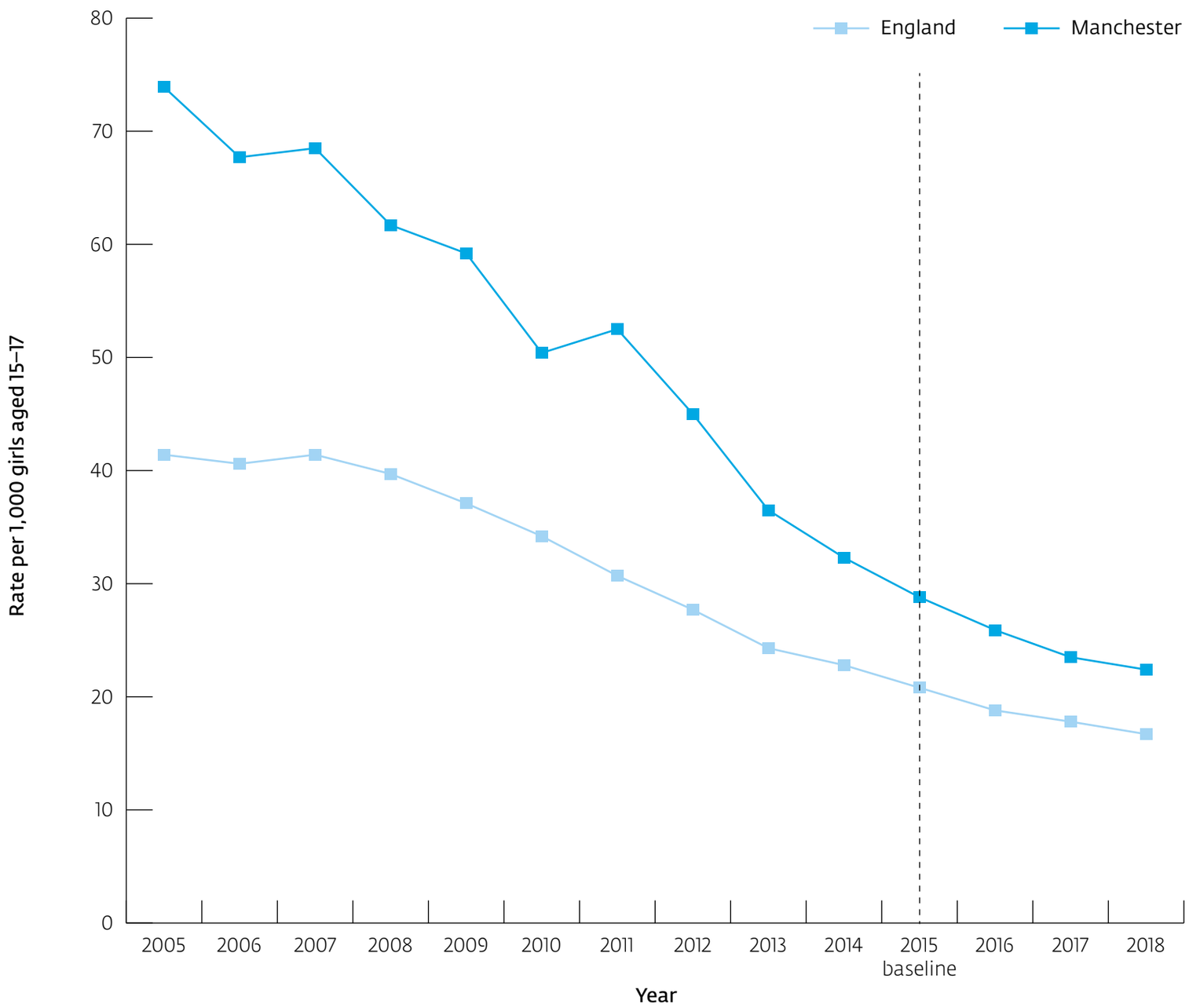
Physical activity is also an integral element of reducing obesity and maintaining a healthy weight. The School Health Service implements a number of activities within school settings to keep children and young people active. A new service is being commissioned to begin in January 2021. The Under-18s PARS (Physical Activity on Referral Service) will enable health professionals to refer an overweight or obese child to a bespoke healthy weight offer in their own local neighbourhood. The Manchester Population Health Service has worked closely with Buzz (Manchester's NHS Health and Wellbeing Service) and MCRactive to develop this new service.

Under-18 conceptions

Most teenage pregnancies are unplanned and, while for some young women having a child when young can represent a positive turning point in their lives, many more find that bringing up a child is extremely difficult. This often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing, and the likelihood of both the parent and child living in long-term poverty.

Figure 4.20 shows that significant progress has been made in reducing the number and rate of under-18 conceptions in Manchester. The under-18 conception rate for Manchester has fallen from a peak of 73.9 per 1,000 in 2005 to 22.4 per 1,000 in 2018 (a reduction of 70%). However, this is still higher than the England rate of 16.7 per 1,000. The number of under-18 conceptions in Manchester fell from 591 in 2005 to 181 in 2018. The number of under-18 conceptions fell below 200 a year for the first time in 2017 and has continued on a downwards trajectory.

Figure 4.20:
Under-18 conceptions (number of conceptions under 18 years of age per 1,000 women aged 15–17 years)



Source: Office for National Statistics © Crown copyright 2020

In line with the national trend, the proportion of under-18 conceptions ending in abortion has increased over the past decade, up from 40% in 2005 to 55% in 2018; in 2018 there were approximately 82 under-18 conceptions in Manchester that led to a maternity, and 99 conceptions terminated by abortion.

Over the past few years, we have made significant progress in reducing both the number and rate of under-18 conceptions in Manchester. A commitment to local implementation of the long-term, evidence-based national Teenage Pregnancy Strategy, which was launched in 1999, has been at the heart of this. Nationally, the original commitment to a ten-year strategy allowed for research and deep-dive exercises to be undertaken that identified key factors for success. Our actions have been delivered through a multi-agency approach and co-ordinated through the Teenage Pregnancy Prevention and Support Programme.

Our priorities have included a focus on ensuring consistent messages for young people across a range of different settings, alongside access to accurate advice and information and to dedicated young people's services. Our locally commissioned sexual-health services have adapted to changes across service areas and a changing demographic, and have responded well to emerging issues raised by young people themselves. Over the past few years, the Healthy Schools Team have developed excellent curriculum resources and programmes of work with schools that will be a strong basis for the introduction of Relationships and Sex Education as a mandatory part of the curriculum across all schools from September 2020.

Supporting people, households and communities to be socially connected and make changes that matter to them

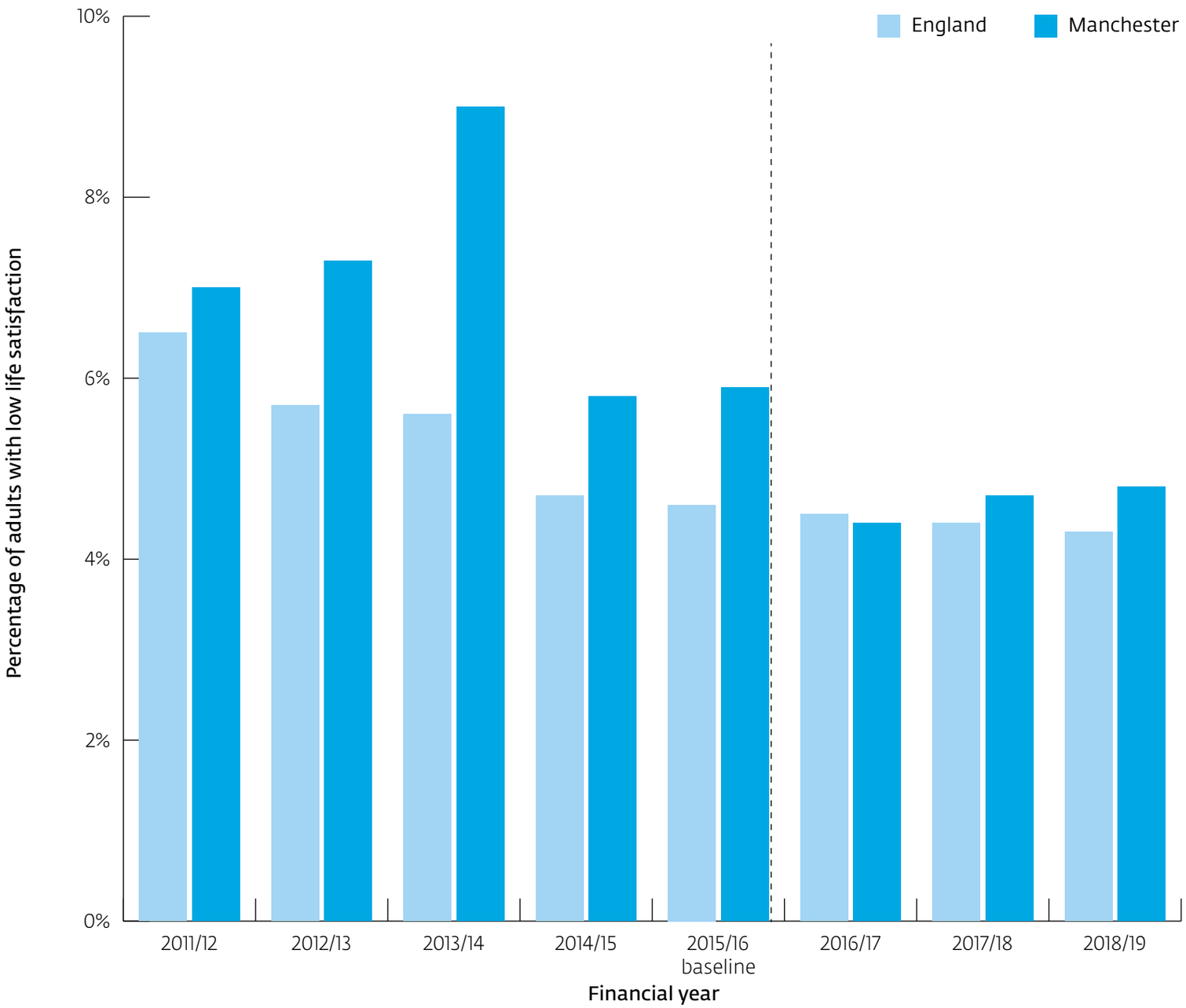
Self-reported wellbeing

People with higher wellbeing have lower rates of illness, recover more quickly (and for longer), and generally have better physical and mental health. Levels of individual/subjective wellbeing are measured by the ONS based on four questions that are included on the Integrated Household Survey:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, how happy did you feel yesterday?
3. Overall, how anxious did you feel yesterday?
4. Overall, to what extent do you feel the things you do in your life are worthwhile?

Figure 4.21 shows the percentage of adults aged 16 and over who rated their answer to the question 'Overall, how satisfied are you with your life nowadays?' as 0, 1, 2, 3 or 4 (on a scale between 0 and 10, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'). These respondents are described as having the lowest levels of life satisfaction.

Figure 4.21:
Self-reported wellbeing (percentage of adults with a low life-satisfaction score)



Source: Annual Population Survey , ONS © Crown copyright 2019

Generally speaking, people in Manchester have lower-than-average levels of self-reported life satisfaction, although the gap between Manchester and England as a whole is comparatively small. In 2018/19, 4.8% of adults in Manchester had a low life-satisfaction score compared with 4.3% of adults across England as a whole. However, this comparison should be viewed with caution, as these figures are just an estimate based on data drawn from a survey with a relatively small sample size.

It is important to note that differences in people's wellbeing between areas should not be taken to directly indicate differences in people's views of their local area. This is because there are a number of factors, not just place, that influence personal wellbeing, eg. health, relationships and employment situation.

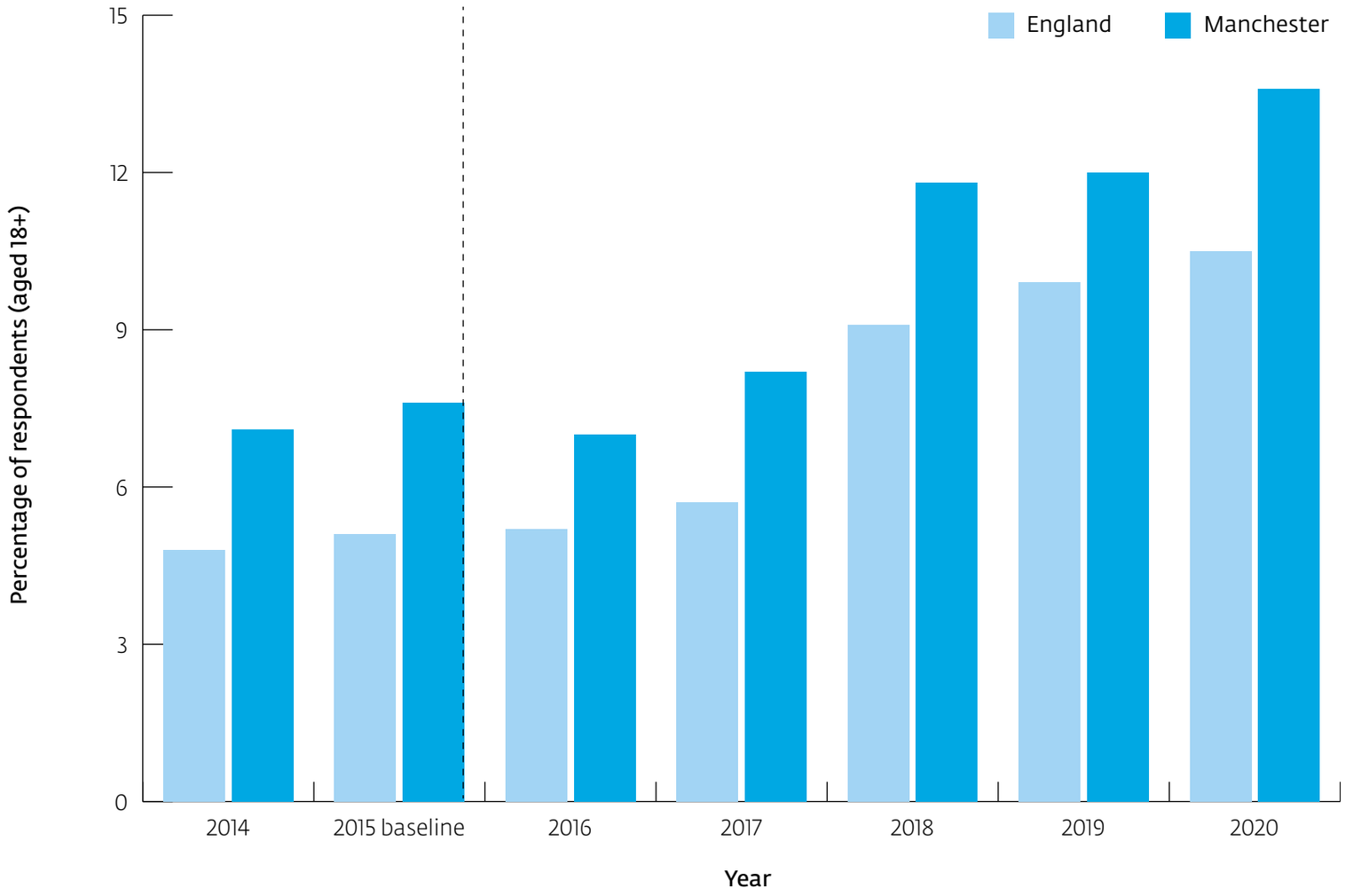
Long-term mental-health problems in adults aged 18+ (GP Patient Survey)

The Adult Psychiatric Morbidity Survey 2014 identified that a significant proportion of people who have mental-health problems are not diagnosed. Knowledge of how many people state they have a long-term mental-health problem contributes to building up the local picture of prevalence. It may also highlight gaps between diagnosed and undiagnosed prevalence in a local area.

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The survey asks patients about their experiences of their local GP practice and other local NHS services, and also includes questions about their general health. Figure 4.22 shows the percentage of all respondents to the question 'Which, if any, of the following medical conditions do you have?' who answered 'Long-term mental-health problem'. The survey did not go on to ask respondents about the nature of that long-term mental-health problem, so it is not possible to identify a specific mental-health condition or to describe the severity of the problem.

Figure 4.22 shows that in 2020, 13.6% of respondents in Manchester said they had a long-term mental-health problem compared with 10.5% of respondents across England as a whole. Survey respondents in Manchester were more likely than those in most other boroughs of Greater Manchester, excluding Salford, to report that they had a long-term mental-health problem.

Figure 4.22:
Percentage of adults aged 18+ with a self-reported long-term mental-health problem



Source: Department of Health, GP patient survey

The percentage of respondents saying they had a long-term mental-health problem has increased in both Manchester and England as a whole, with a notable increase between the surveys conducted in 2017 and 2018. The reasons for this are unclear and it is hard to tell at this point whether the increase reflects a genuine increase in the prevalence of long-term mental-health problems in the population or a greater willingness of respondents to report that they have a long-term-mental health problem. It could also reflect a cultural shift in what people are willing to count as a long-term mental-health problem.

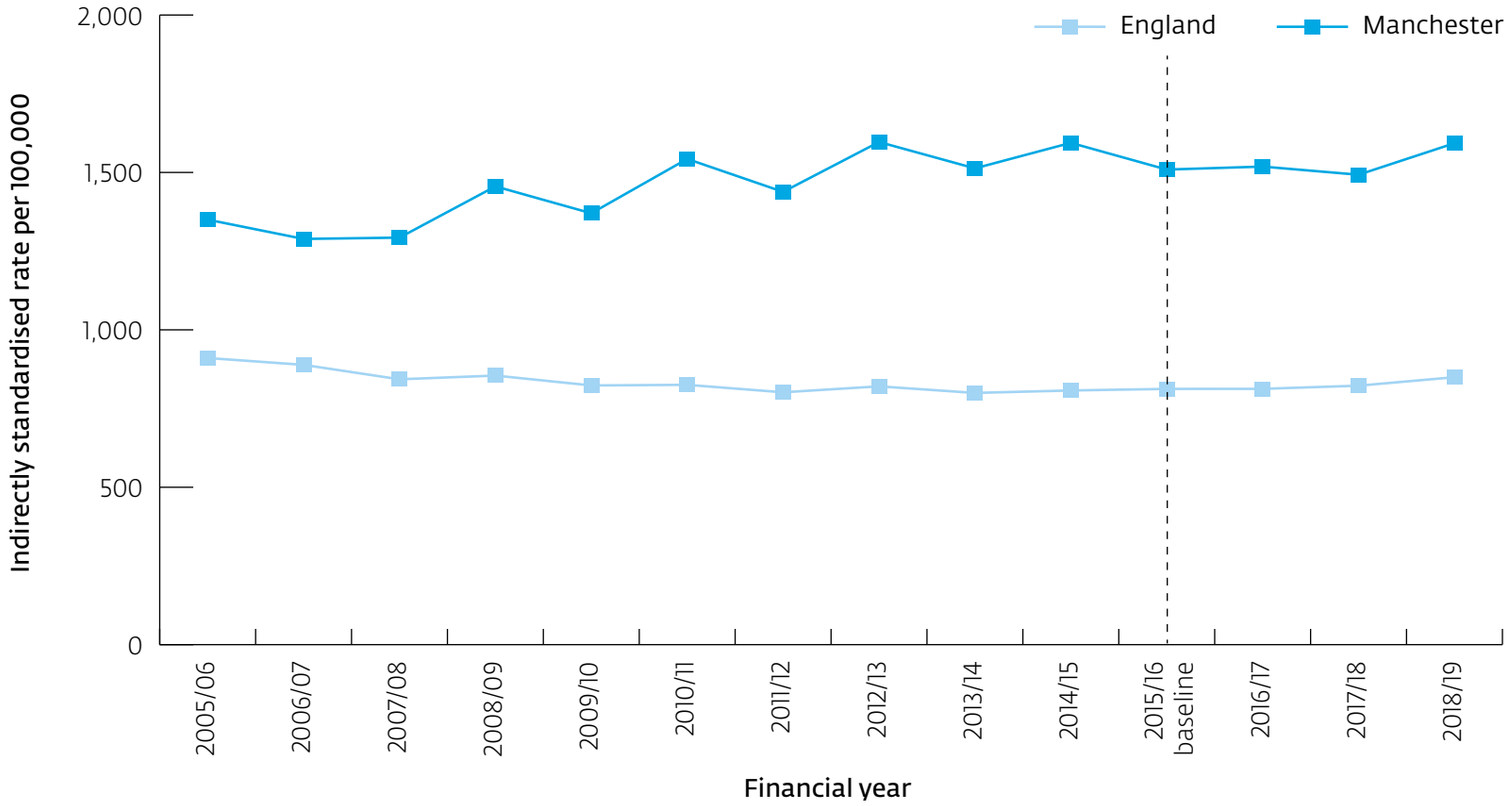
There is clear evidence emerging of the impact of COVID-19 on people's mental health. A recent report by ONS on **Coronavirus and depression in adults** looked at how symptoms of depression have changed before and during the pandemic. The report showed that the proportion of adults experiencing some form of depression has almost doubled compared with a period before the pandemic, and that one in eight adults has developed moderate to severe depressive symptoms during the pandemic itself. Adults who were aged 16 to 39 years old, female, unable to afford an unexpected expense, or disabled were the most likely to experience some form of depression during the pandemic.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions

Ambulatory care sensitive conditions (ACSCs) are conditions where effective community care and case management can help prevent the need for hospital admission. An emergency admission for an ACSC is often a sign of the poor overall quality of primary and community care.

Figure 4.23 shows the rate of emergency admissions for ambulatory care sensitive conditions in Manchester has risen gradually, from 1,350 per 100,000 in 2005/06 to 1,593 per 100,000 in 2018/19. Although the rate has steadied in recent years it remains much higher than the national rate and there has been another increase since 2017/18.

Figure 4.23:
Unplanned hospitalisation for chronic ambulatory care sensitive conditions – indirectly standardised rate (ISR) per 100,000 population



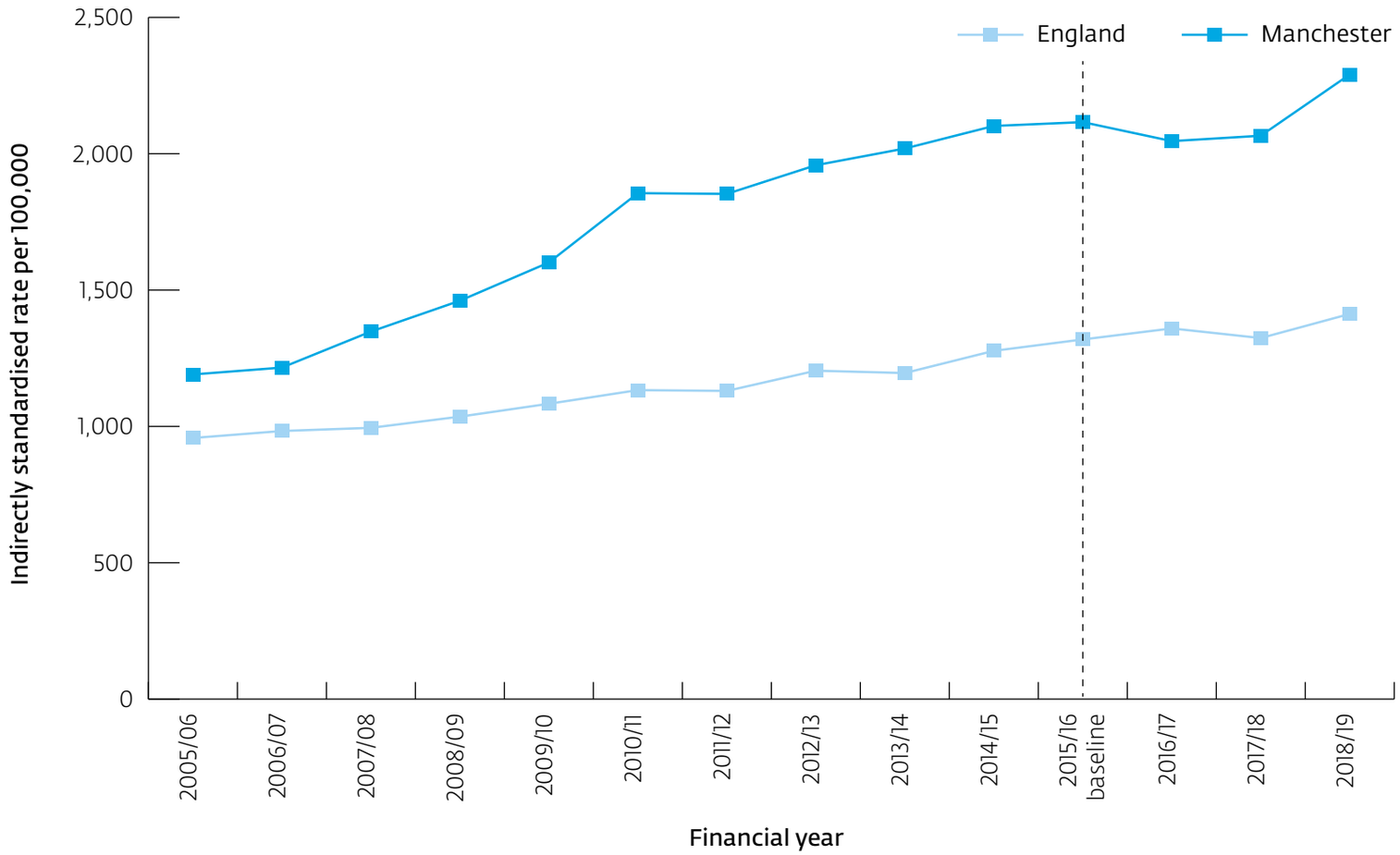
Source: Hospital Episode Statistics (HES), ONS mid-year population estimates, NHS Digital and Office for National Statistics © Crown copyright 2019:

The rate of emergency admissions for acute conditions not usually requiring hospital admission includes conditions that should usually be managed without the patient having to be admitted to hospital, such as ear, nose and throat infections, kidney and urinary tract infections, as well as acute heart disease.

Figure 4.24 shows the rate of emergency admissions for acute conditions not usually requiring hospital admission in Manchester has almost doubled since 2005/06, rising from 1,191 to 2,291 per 100,000 by 2018/19. The rate of emergency admissions for these conditions across England as a whole has also increased but at a lower rate than in Manchester, meaning that the gap between Manchester and the national average has widened.

Joining up the delivery of hospital and out-of-hospital services through the Manchester Local Care Organisation (MLCO) will have an impact on the rate of emergency admissions for both chronic ambulatory care sensitive conditions and acute conditions that should not usually require hospital admission. The development of new integrated models of care will help to keep people out of hospital and support them to live more independently. The MLCO model will help break down boundaries between different organisations operating at a neighbourhood level; it will also ensure that there is a smoother process for helping people in their homes when they are in recovery or dealing with long-term health issues.

Figure 4.24:
Emergency admissions for acute conditions not usually requiring hospital admission – indirectly standardised rate (ISR) per 100,000 population



Source: Hospital Episode Statistics (HES), ONS mid-year population estimates, NHS Digital and Office for National Statistics © Crown copyright 2019

Creating an age-friendly city that promotes good health and wellbeing for people in middle and later life

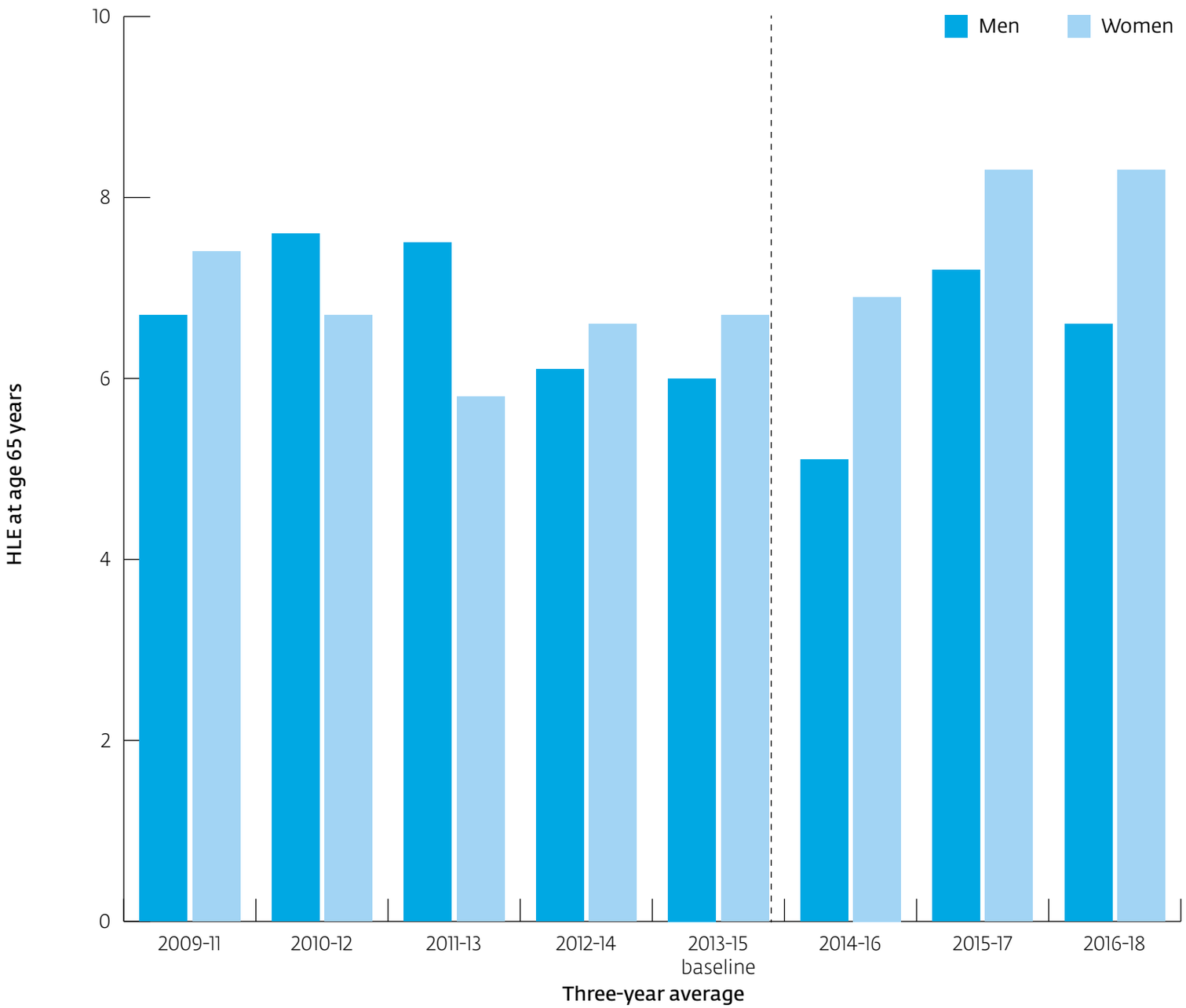
Healthy life expectancy at age 65

This is a parallel measure to the previously described indicator of healthy life expectancy at birth. It shows the estimated average number of years a man or woman aged 65 in Manchester would live in good health if he or she experienced the rates of mortality and good health among people of that age in Manchester throughout the remainder of his or her life.

Figure 4.25 shows that healthy life expectancy has increased (ie. improved) for both men and women since the 2013–15 baseline, but the latest data shows a decrease for men, from 7.2 years in the three-year period 2015–17 to 6.6 years in the three-year period 2016–18 – a decrease of 0.6 years in total. For women, healthy life expectancy at age 65 has remained stable at 8.3 years between the three-year periods 2015–17 and 2016–18.

The reasons for the differences in the trends for men and women are not clear. The fact that the fall in healthy life expectancy at age 65 in men marks a diversion from previous trends means that the decrease could simply be a statistical 'blip'. More work is needed to better understand the drivers behind this particular indicator.

Figure 4.25:
Healthy life expectancy at age 65: 2009–11 to 2016–18



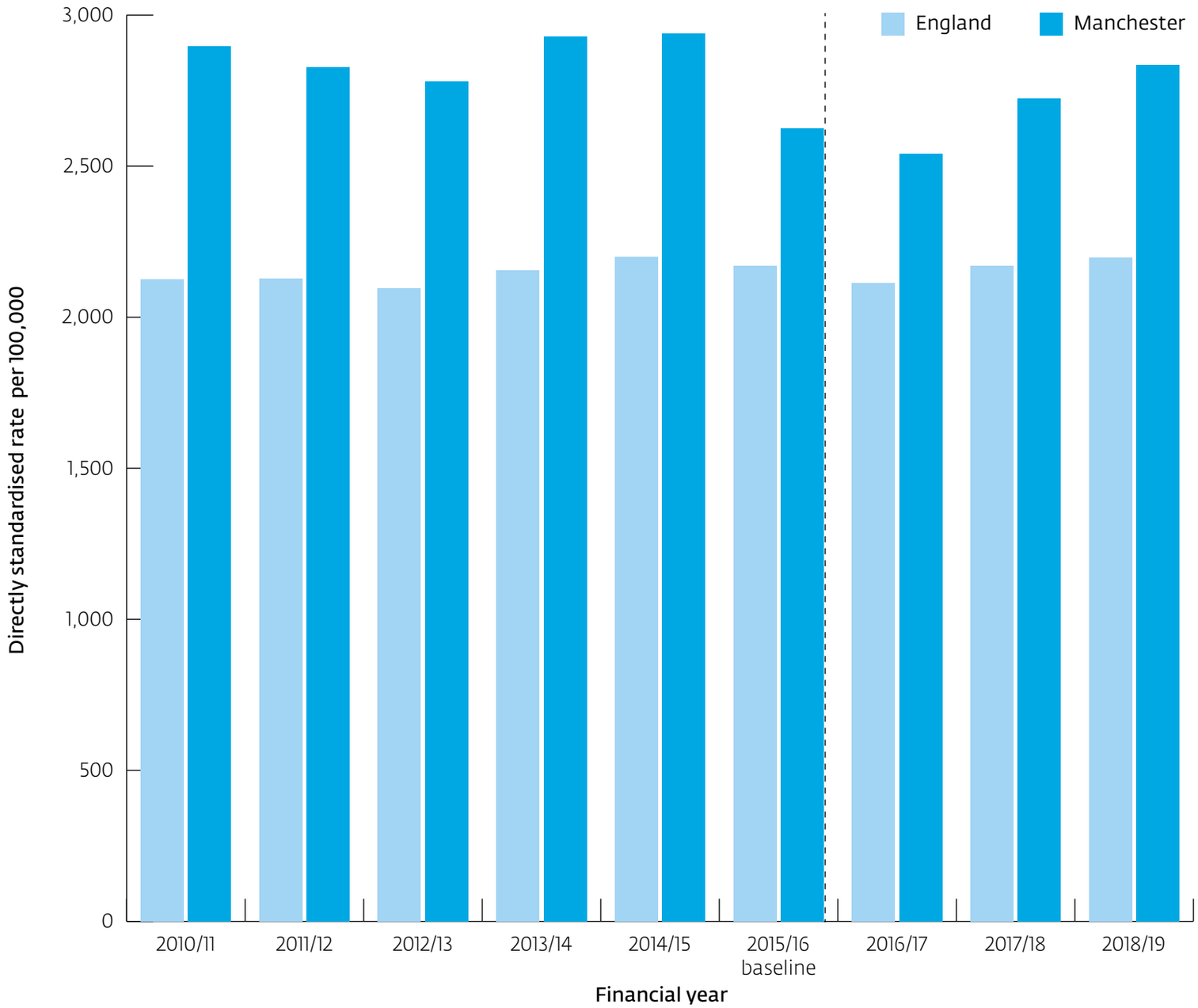
Source: Office for National Statistics © Crown copyright 2019

Emergency hospital admissions for injuries due to falls in older people

Falls are the principal cause of emergency hospital admissions for older people and significantly impact on long-term outcomes. They are also a major precipitating factor in people moving from their own home to long-term nursing or residential care. The highest risk of falls is in those aged 65 and above.

Figure 4.26 shows that Manchester has a higher-than-average rate of emergency hospital admissions due to an unintentional fall in people aged 65 and over. In 2018/19, 1,415 older people aged 65 and over in Manchester were admitted to hospital for a falls-related injury – a rate of 2,836 per 100,000 population. This is higher than the rate for the previous year (2,724 per 100,000) and is significantly higher than the rate for England as a whole (2,198 per 100,000 population).

Figure 4.26:
Emergency hospital admissions for injuries due to falls in people aged 65 and over



Source: Hospital Episode Statistics (HES) – National Statistics. ONS mid-year population estimates (based on 2011 Census) – National Statistics. Copyright © 2019, Health and Social Care Information Centre.

The three Community Falls Services in Manchester have now been merged into one single citywide service, while at the same time maintaining a locality delivery model. This has enabled the best practice from each service to be used to shape a model that is now available across the whole city. There is an increased role for the service in supporting and contributing to broader neighbourhood-based falls prevention work as well as playing an increased role in Manchester's Fall Collaborative.

Manchester's Falls Collaborative is unique in that it links practitioners, researchers and commissioners with a common set of objectives and a shared work plan. Since being established in early 2019, the Falls Collaborative has focused on three key workstreams: frailty, prevention, and pathways. These are underpinned by research and innovation and data and outcomes workstreams. The work of the Collaborative includes the development of a single point of access for those who have fallen, strengthening commissioning and operational links to broader wellbeing work, developing a multi-agency outcomes framework and a focus on best practice that helps reduce variation in fall-prevention practice.

Taking action on preventable early deaths

Proportion of cancers diagnosed at an early stage (experimental statistic)

Cancer is a major cause of death in Manchester. Nationally, more than one in three people will develop cancer at some point in their life. Diagnosis at an early stage of the cancer's development (stages 1 and 2) leads to a dramatically improved chance of survival. Specific public-health interventions, such as screening programmes and information/education campaigns, aim to improve rates of early diagnosis.

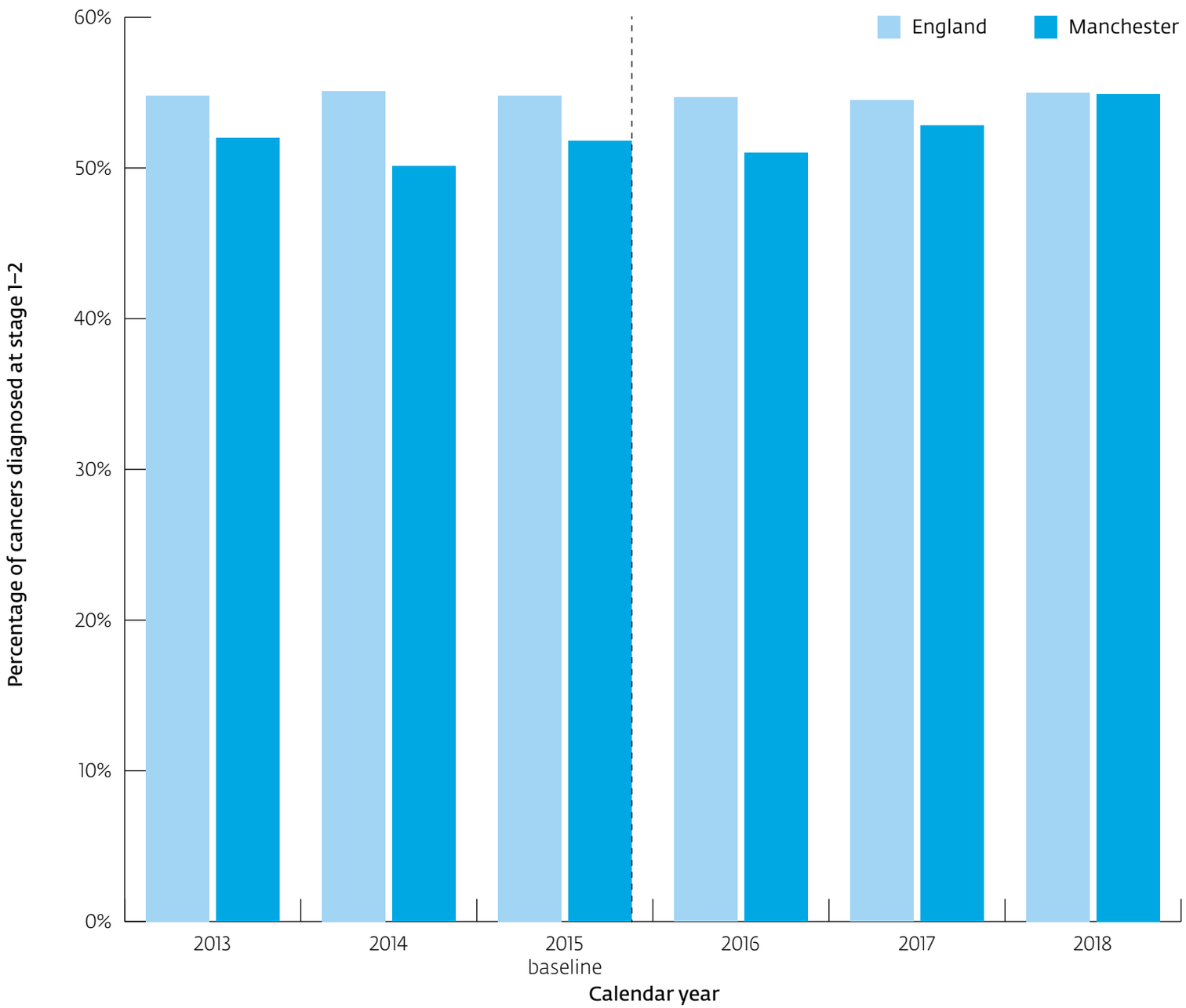
This indicator measures the number of new cases of cancer diagnosed at stages 1 and 2 as a proportion of all new cases of cancer diagnosed. Note that this indicator is labelled as an experimental statistic due to the variation in data quality and because the indicator can be affected by variations in the completeness of staging information. In June 2020, the indicator definition changed to include 21 cancer sites (previously the definition was based on 11 cancer sites); data from 2013 has been recalculated based on the new definition and is presented in Figure 4.27. Note that any data published prior to June 2020 is not comparable with the data presented here.

Figure 4.27 shows that in Manchester, over half (54.9%) of new cases of cancer were diagnosed early at stages 1 and 2 in 2018. This represents gradual improvement since 2013, when 52% of new cases were diagnosed at this early stage.

Rates of early cancer diagnosis in Manchester are now much closer to the England average. The latest figure in Manchester (54.9%) compares with a figure of 63.8% in Bath and North East Somerset CCG (the best-performing CCG) and an England average of 55%.

There are more new diagnoses of throat and lung cancers made in Manchester each year than there are of any other type of cancer. The survival rate from these forms of cancer is also relatively poor. This is partly due to the late stage at which people present to health services. Improving the rate of early diagnosis for these forms of cancer will therefore have a significant impact on the overall rate of early diagnosis.

Figure 4.27:
Early diagnosis of cancer (proportion of cancers diagnosed as stage 1 or 2)



Source: National Cancer Registry, Pubic Health England, 2019 (experimental statistics)

The Manchester Lung Health Check Programme is a collaboration between the Manchester University NHS Foundation Trust (MFT) thoracic oncology team and Manchester Health and Care Commissioning (MHCC), and is the first local NHS commissioned service of this kind. The service was designed with a strong emphasis on community engagement so that the service could be put at the heart of our local communities for patients with the most need. Clear clinical pathways ensure that patients are managed appropriately to minimise harm and delays. Feedback from participants has shown that people like what has been provided and, importantly, where and how it has been provided.

Following pilot projects in Manchester (2015–17) and other areas, NHS England has identified that this model could have a significant impact on the diagnosis of lung cancer at a much earlier stage, and cancer survival rates. Lung health checks and targeted lung cancer screening is now a key feature of the NHS long-term plan and has been identified as a national priority programme. Manchester has been asked to join the national programme, as the city is ahead in its planning for this innovative service model.

COVID-19 has had a major impact on cancer services, including referral, diagnosis and treatment, and there was a significant drop in suspected cancer referrals in April and May 2020. National cancer-screening programmes were suspended between the end of March and the end of July 2020, and diagnostic capacity was also significantly affected due to the need to implement social distancing and enhanced cleaning measures. In addition, many patients were choosing to delay their required investigations due to isolation and shielding requirements.

The number of patients diagnosed with cancer at Manchester University NHS Foundation Trust fell between April and June 2020, linked to a reduction in referrals, screening and access to diagnostics. There was also a decrease in the number of cancer treatments performed, including surgery, chemotherapy and radiotherapy. Delays in diagnosis and treatment scheduling has resulted in an increase in the number of patients waiting for longer than 62 days for treatment, meaning that patients may receive treatment when their cancer is at a more advanced stage.

Premature mortality from causes considered preventable

Preventable mortality is based on the idea that all or most deaths from a particular cause could potentially be avoided by public-health interventions in the broadest sense. This indicator reflects Manchester's commitment to reducing avoidable deaths through public-health policy and interventions, such as those contained in the Manchester Population Health Plan.

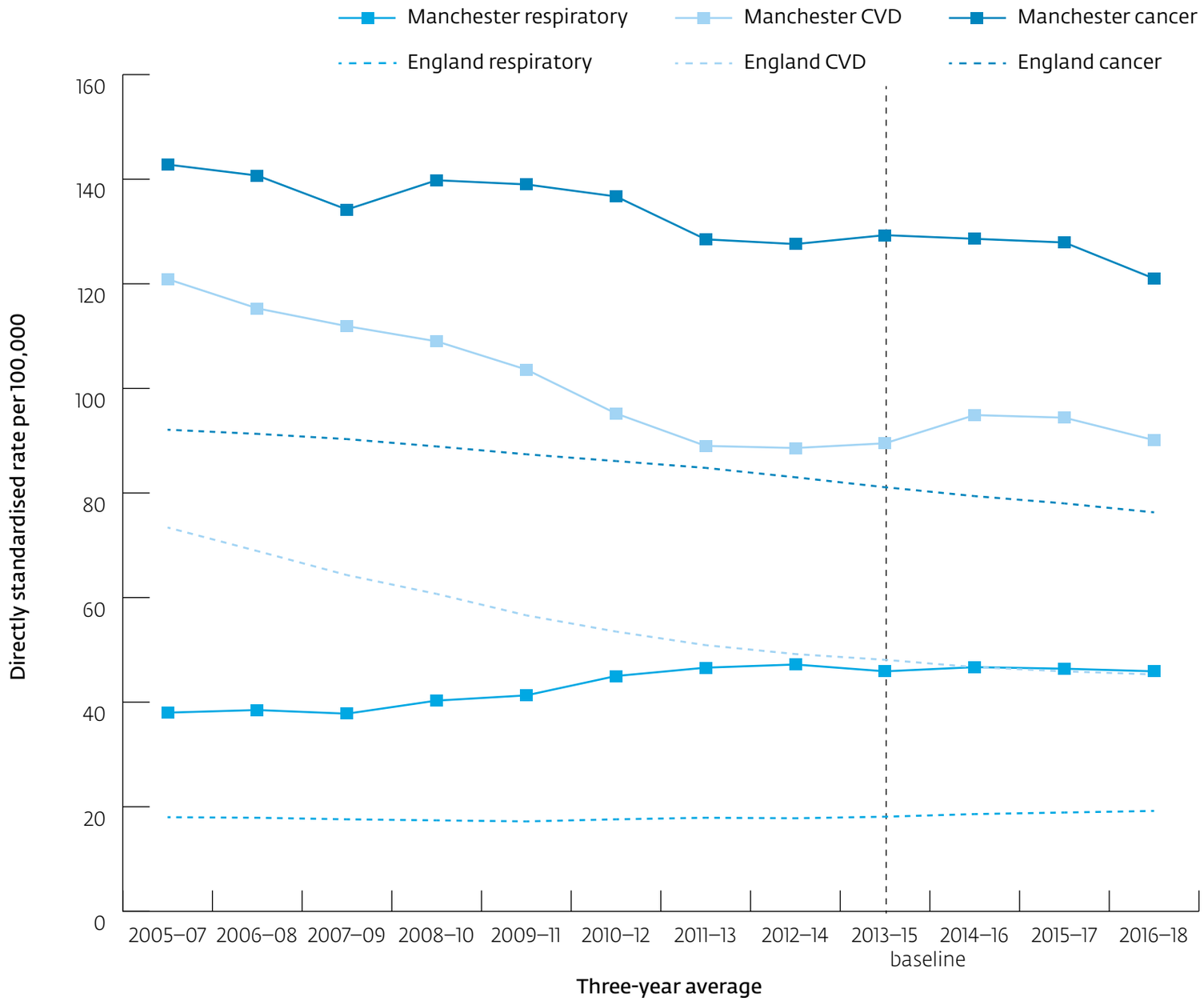
Cardiovascular disease (CVD), cancer and respiratory diseases are the major causes of death in people aged under 75 in Manchester. Research indicates that three lifestyle behaviours – tobacco use, unhealthy diet, and a sedentary lifestyle – increase the risk of developing these long-term conditions.

The rates of premature deaths from cardiovascular disease, cancer and respiratory disease in Manchester are all among the highest in England. Manchester is also the highest-ranked local authority for overall premature deaths from these diseases when compared with other similarly deprived areas, suggesting that deprivation alone is not the key factor in the high rates of premature deaths in the city.

There have been huge gains over the past decades in terms of better treatment and improvements in lifestyle, and this has contributed to a significant fall in preventable premature mortality from cardiovascular disease since the middle of the past decade. However, Figure 4.28 shows that this downward trend has started to flatten out in recent years. Nationally, the decelerating rate of improvement in mortality from cardiovascular disease has been identified as a substantial contributor to the steady slowdown in longevity improvements. The underlying causes are unclear, but could include changes in risk factors such as obesity and diabetes, as well as the diminishing effects of primary and secondary prevention strategies.

Preventable premature mortality from cancer has also fallen, although not to the same extent as cardiovascular disease. In contrast, preventable premature mortality from respiratory diseases (including asthma and COPD) has gradually risen since 2005–07 although, again, Figure 4.28 suggests this increase may be flattening out in recent periods. Smoking and air pollution are both common causes of respiratory disease.

Figure 4.28:
Mortality rate in under-75s from diseases considered preventable (cardiovascular disease, cancer and respiratory diseases)



Source: Public Health England (based on ONS source data)

Taking action on preventable early deaths is one of the five priority areas set out in the Manchester Population Health Plan. Key to this work is the delivery of community-centred approaches to detecting conditions early by going to places where people naturally and frequently congregate, and working with people, groups and organisations that are trusted in communities. This includes targeted approaches for NHS Health Checks and the launch of the Lung Health Check Programme, as well as the promotion of cancer-screening programmes (breast, bowel and cervical) for the groups of people most at risk.

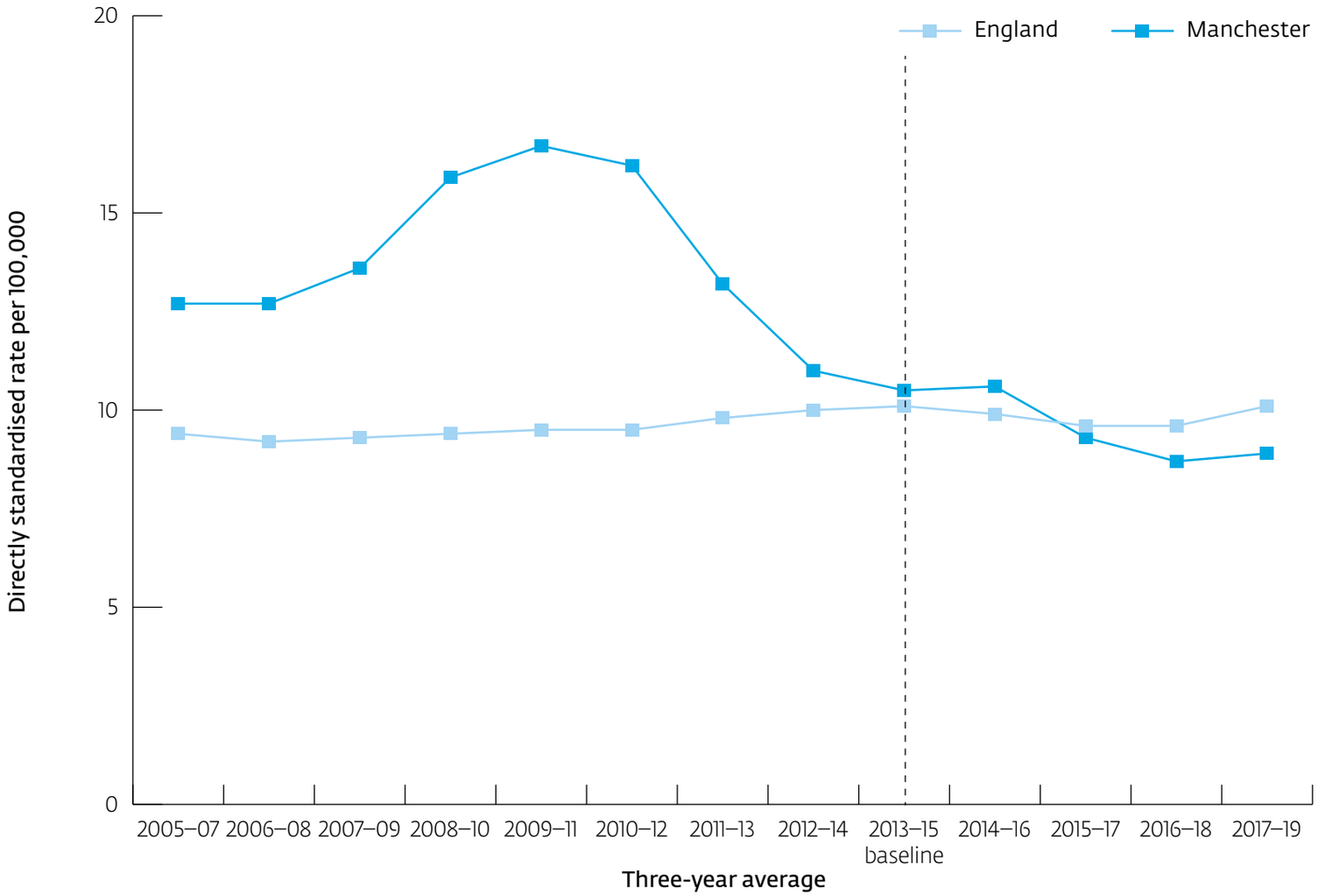
We are also seeking to improve outcomes and reduce unwarranted variation for people with respiratory illness through a system-wide approach to change, which includes improving the timing and quality of diagnosis, better co-ordinated care, and enabling self-care.

Reducing deaths from suicides and injuries of undetermined intent

Suicide is a major issue for society and a leading cause of years of life lost. It is a significant cause of death, particularly in young adults, and can be a reflection of the underlying rates of mental ill-health in an area.

Figure 4.29 shows that Manchester has seen a significant reduction in the rate of suicides and injuries of undetermined intent in recent years, from a rate of 16.7 per 100,000 in the three-year period 2009–11, to 8.9 per 100,000 in the three-year period 2017–19; this remains below the England rate of 10.1 per 100,000. Between the periods 2009–11 and 2017–19, the actual number of suicides fell from an average of 64 per year to 40 per year.

Figure 4.29:
Mortality rate from suicide and injury undetermined



Source: Public Health England (based on ONS source data)

Recently there has been a very small increase in the number of suicides registered, from 45 in 2018 to 46 in 2019, and a similarly small increase in the three-year suicide rate, from 8.7 per 100,000 in 2016–18 to 8.9 per 100,000 in 2017–19. Nationally, the suicide rate for England as a whole has increased from 9.6 in 2016–18 to 10.1 in 2017–19.

Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. The implementation of the Manchester Suicide Prevention Plan will help to reduce the number of attempted suicides and deaths in Manchester through awareness-raising and training, anti-stigma campaigns, and work with the rail network and highways to limit access to high-risk locations.

The precise impact of COVID-19 on suicides and suicidal ideation is not yet clear. The often lengthy delay between occurrence and death registration means that the impact of COVID-19 on suicides will not be seen in the official data for some time to come. However, the current evidence suggests that the COVID-19 pandemic has had profound and long-lasting psychological and social effects. Studies indicate that the pandemic is associated with distress, anxiety, fear of contagion, depression and insomnia in the general population and among healthcare professionals. Social isolation, anxiety, fear of contagion, uncertainty, chronic stress and economic difficulties may also lead to the development or exacerbation of depression, anxiety, substance use and other psychiatric disorders in vulnerable populations, including individuals with pre-existing psychiatric disorders and people who reside in high COVID-19 prevalence areas. Stress-related psychiatric conditions, including mood and substance-use disorders, are also associated with suicidal behaviour. COVID-19 survivors may also be at elevated suicide risk. In turn, all these factors may increase suicide rates during and after the pandemic.

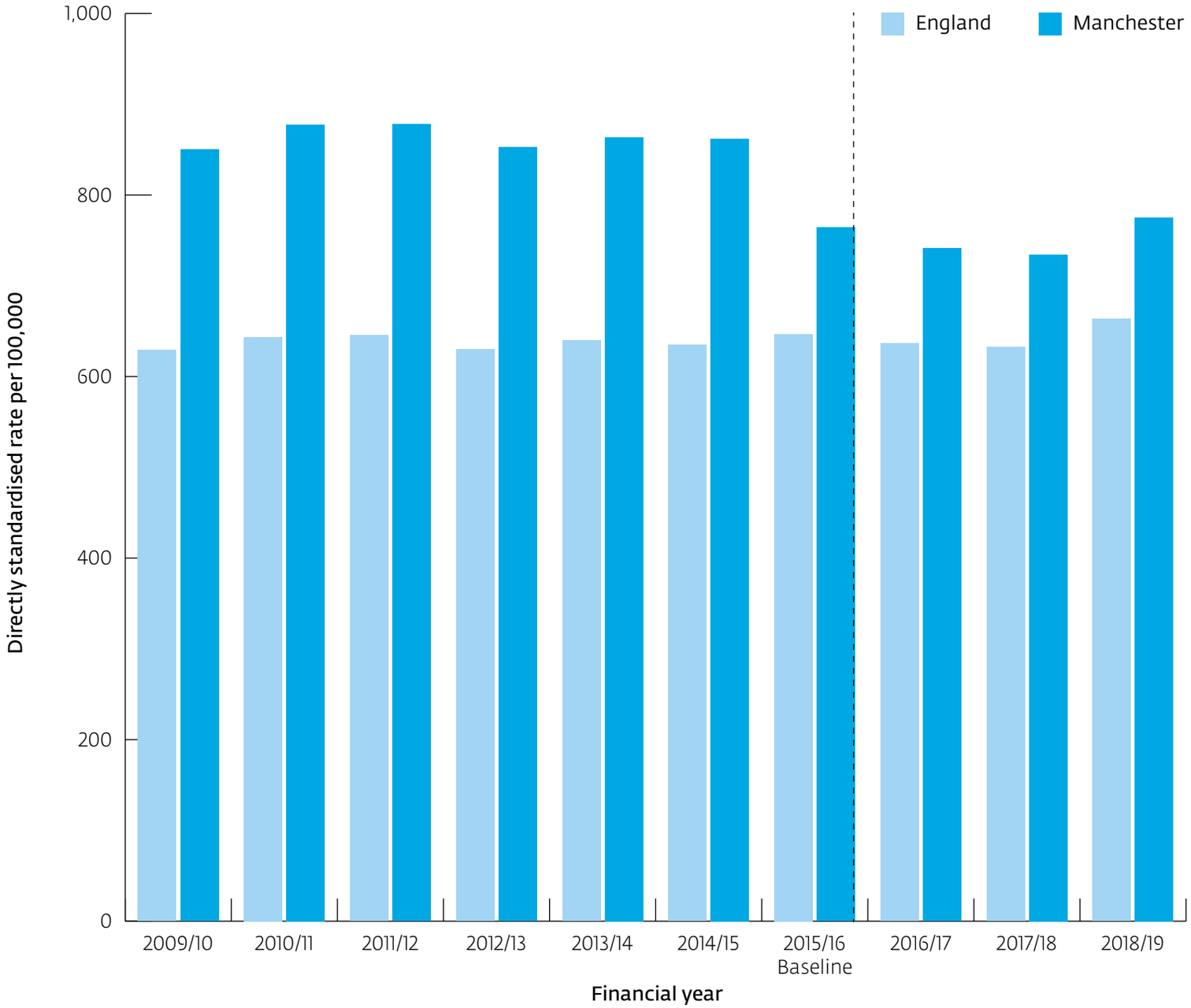
Admission episodes for alcohol-related conditions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Each year, alcohol misuse is estimated to cost the NHS around £3.5billion and society as a whole £21billion. Reducing alcohol-related harm is one of Public Health England's seven priorities for the next five years. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

Figure 4.30 shows the number of admission episodes for alcohol-related conditions expressed as a directly age-standardised rate per 100,000 population.

Recent data shows an improvement in the rate of admission episodes for alcohol-related conditions in Manchester compared with previous trends. In 2018/19, the rate of admission episodes for alcohol-related conditions was 775 per 100,000 – a reduction of 12% on the peak rate for the year 2011/12 (878 per 100,000). The gap between the rate of admission episodes for alcohol-related conditions in Manchester and the England average has also narrowed. In 2011/12, the rate of admission episodes for alcohol-related conditions in Manchester was 36% higher than the England average, in 2018/19, it was just 17% higher. However, the admission rate increased between 2017/18 and 2018/19 for both Manchester and England.

Figure 4.30:
Admission episodes for alcohol-related conditions (narrow definition)



Source: Public Health England (based on Hospital Episodes Statistics and ONS mid-year population estimates)

The evidence in respect of the impact of COVID-19 on alcohol consumption is mixed. Nationally, the volume of alcohol sold during the 17 weeks up to 11 July 2020 reduced to 1.3billion litres, down from 2billion litres the previous year. The Public Health England (PHE) **wider impacts of the coronavirus (COVID-19) pandemic on population health monitoring tool** shows that alcohol intake across the population as a whole has remained about the same during lockdown, with almost half of people reporting that they had neither increased nor decreased their drinking. Those aged 18 to 34 were more likely to report consuming less alcohol each week than before, and those aged 35 to 54 were more likely to report an increase. However, there was an increase in the proportion of 'increasing and higher-risk' drinkers between April and August 2020.

Locally, we will continue to monitor the data on the number of new entrants into either structured alcohol treatment or brief interventions with our service provider, as well as the nationally published data on hospital admissions for alcohol-related conditions.

The Communities in Charge of Alcohol (CICA) pilot project began in September 2017 with the aim of building a network of community alcohol champions across Greater Manchester. The project was based on the principle that local communities should be empowered to take charge of their own health, and that people in local communities are best placed to influence their friends, families and colleagues. CICA is a partnership between the ten Greater Manchester local authorities, Public Health England, GMCA, the Royal Society of Public Health (RSPH), and the University of Salford, which are all evaluating the work. The Manchester pilot started in June 2018 in Newton Heath and Miles Platting, with residents from the area recruited to become alcohol health champions (AHCs), trained to deliver alcohol-brief interventions. The project has continued in Manchester with the development of fortnightly AHC sessions taking place at Newton Heath Library last year, alongside a number of health-promotion events. To support and promote CICA, training for volunteer roles within the integrated drug and alcohol service for Manchester (Change, Grow, Live) is planned to take place when safe and appropriate to do so.

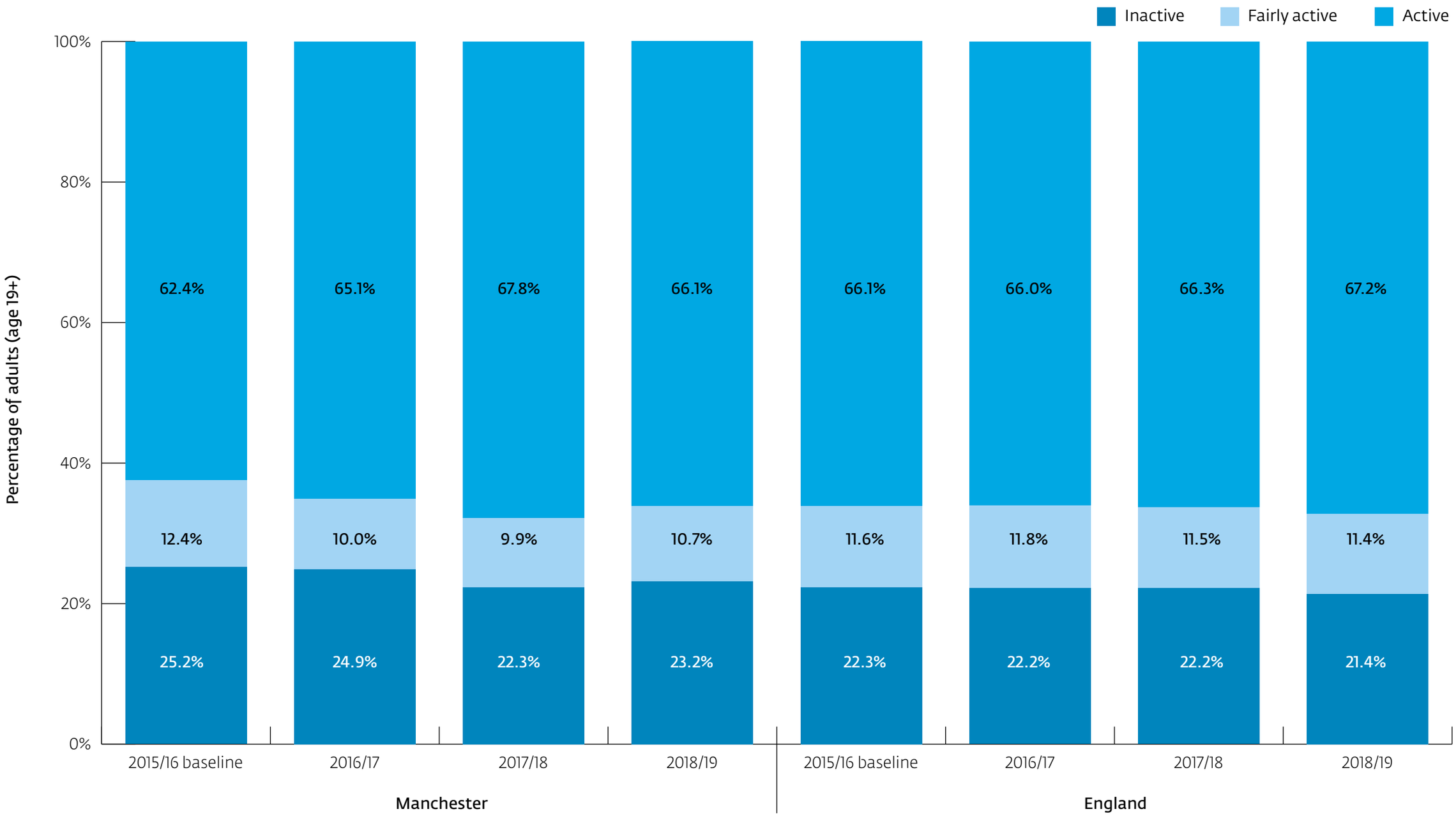
Physical activity and inactivity

Physical inactivity is the fourth-leading risk factor for global mortality, accounting for 6% of deaths globally. The Chief Medical Officer (CMO) currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week, or an equivalent combination of the two (MVPA), in bouts of ten minutes or more.

According to the Sport England Active Lives Survey for 2018/19, 66% of adults (aged 19 and over) in Manchester are classed as 'active' compared with 23% who are 'inactive'. Figure 4.31 shows that the proportion of adults classed as 'active' has decreased since the last survey period (2017/18) and the proportion of 'active' adults in Manchester is now slightly below the England average (67%). The decrease is not statistically significant and it is worth noting that these figures are estimated based on data drawn from a survey with a relatively small sample size.[7]

7 Broad physical activities include sporting activities, fitness activities, cycling, walking, creative or artistic dance, and gardening

Figure 4.31:
Weekly physical activity (age 19+)



Source: Public Health England (based on Active Lives Survey, Sport England)

The multi-agency Winning Hearts and Minds Programme has been developed in partnership with Manchester City Council Sport and Leisure Service and MCRactive. It involves:

- Investment in community-led initiatives in the most challenging areas in the north of the city to help reduce health inequalities
- Working with communities to identify new ways of encouraging physical activity through the Sports England-funded Tackling Physical Inactivity initiative
- Delivery of community-centred approaches to improving the detection of cardiovascular disease and its risk factors
- Co-production of approaches to improving the physical health of people with severe mental illness.

COVID-19 has shown, more than ever before, the impact of health inequalities on our communities, with the most deprived facing much poorer outcomes. The Winning Hearts and Minds work will continue to be essential in how this increasingly complex area is tackled and in how we bring people along this journey with us.

Continuing to be recognised as a pioneering age-friendly city

Age-Friendly Manchester

The Age-Friendly Manchester (AFM) programme aims to improve the way we all age together, so that people in their middle and later life can enjoy a better quality of life and fully participate in all that Manchester has to offer. A part of the Council's Population Health Team, AFM is an active member of the World Health Organization's Global Network of Age-Friendly cities, and on the Steering Group of the UK Network of Age-Friendly Cities and Communities.

The AFM programme, initially called Valuing Older People, has built on the successes of its 15-year existence, being identified as a leading example of the Our Manchester approach in 2015. A cornerstone of the AFM programme is to help increase the social participation of older residents and the communities in which they live.

The programme is underpinned by collaboration and partnership, and guarantees older people a leading role. Since 2004 there has been an elected and representative AFM Older People's Board and an Age-Friendly Manchester Assembly of over 100 older people. Both of these help shape the strategic direction of the programme and act as consultative bodies.

The wider AFM family includes a diverse range of partnerships, including The University of Manchester; Manchester Metropolitan University; the statutory, voluntary and private sectors; culture; and national and international collaborators. The Age-Friendly Neighbourhood Co-ordination Group meets four times a year and brings senior representatives together from all these different sectors. Members have a focus on developing Age-Friendly Neighbourhoods – places where people age well, with access to the right services, housing and information, as well as social, cultural and economic opportunities.

In 2017, following a comprehensive consultation, AFM published Manchester: A Great Place To Grow Older (2017–2021). As the city's ageing strategy, this outlines how the city's systems and structures will work together to improve the health and wellbeing of residents as they age. Examples of recent successful age-friendly work are set out below, under the strategy's three key priorities.

Developing age-friendly neighbourhoods

We have prioritised work to establish and embed our age-friendly neighbourhood working model across Manchester this year, focusing on:

Reasserting the importance of place in improving the health and wellbeing of older people:

- We have worked closely with colleagues in the Our Manchester team to deliver the Older People's Neighbourhood Support Fund (OPENS). A total of £1.061million has been secured and invested into Manchester's neighbourhoods to increase the level of community support on offer to older people
- We have worked with Greater Manchester Combined Authority to design and launch the Ageing in Place Programme (AIPP), the foundations for which are based upon the work developed in Manchester over the past decade, in particular our most recent age-friendly neighbourhood model. AIPP focuses on the ways services and resources can be deployed and brought into alignment in a more integrated and age-friendly way at a neighbourhood level. In Manchester, we have identified the Gorton & Abbey Hey and Old Moat and Withington neighbourhoods to pilot the work
- Following our involvement in the redesign of the Buzz health and wellbeing service in 2019, we have worked closely with a new team of dedicated age-friendly neighbourhood health workers
- We have helped shape and design the prevention element of Manchester's new nutrition and hydration service, which builds on our age-friendly neighbourhood model
- We led on the redesign of the community falls service, developing a more universal offer across the city, and with an increased role in shaping the falls-prevention approach being delivered in our neighbourhoods
- We have worked closely with Manchester Local Care Organisation to identify opportunities to incorporate age-friendly practices into their integrated neighbourhood health and social-care services

Ensuring age-friendly practice is built into projects and programmes across the city:

- In 2018, the AFM Older People's Board identified an opportunity to give the Northern Gateway Regeneration project an age-friendly dimension. This led to AFM establishing a research partnership between the Council, the developers and academics to advise on age-friendly design options. The partnership has published its first report outlining why the Northern Gateway has the potential to become a flagship age-friendly urban regeneration project
- The importance of listening to the voice of older people was also in evidence in Whalley Range, where older people's groups brought about the installation of 12 age-friendly benches to provide regular resting places in key locations. This has helped older people, and those less mobile, to get out and about and become more active. Older people shaped the design of the benches and chose their locations, to ensure they are in the right places
- Shining examples of age-friendly neighbourhoods in Manchester, where the quality of life for older people has improved, were officially recognised by the Greater Manchester Mayor Andy Burnham this year. Twelve neighbourhoods received age-friendly status following a review by an expert panel, which included older Mancunians

Developing age-friendly services

Sexual health

Sex and intimacy is not just for young adults. At any age, relationships can provide a range of important physical, mental and emotional benefits. This is backed up with evidence from national research studies carried out with older people themselves. Research shows that older people with satisfying sexual or intimate relationships also tend to have better health and wellbeing. Despite this, sex and intimacy beyond the age of 50 is often presumed to be very rare, and there are many negative stereotypes that present older people as having no sexual feelings, often dismissing them entirely.

AFM has continued to lead a group that comprises academics from Manchester's universities, healthcare professionals, the charitable sector, and older Mancunians. The group:

- Ran a campaign on International Day of Older People that reached over 32,000 people online, and gained support nationally from AgeUK and the Centre for Ageing Better
- Engaged with health professionals to consider how it can be made easier for older people to be given sexual health advice in primary-care settings, and how to normalise these conversations
- Ran a social-media campaign on Valentine's Day, including safe-sex messages, women's health and the menopause, relationships and emotions, and a video recorded with a 68-year-old Manchester resident. Over 70,000 people saw the campaign online
- Met with the Manchester Practice Nurse Forum, which led to 40 nurses signing up to get involved in the work.

Promoting age equality

Age-friendly newspapers

The Age-Friendly Older People's Assembly has stressed the high value and importance of printed information in ensuring older people receive the right information in the right place. In response, AFM committed to produce two age-friendly newspapers a year.

Its first 12-page tabloid-size Spring into Summer newspaper saw 10,000 copies distributed around Manchester's libraries, leisure centres, parks, housing providers, cultural organisations and key community groups. Five thousand additional copies were placed in the city's 20 largest supermarkets, and feedback was really positive, particularly from older people themselves.

Tracking where older people picked up their copies enabled AFM to increase the print run for its second issue, the Winter Warmer, to 18,000 copies, with another 2,000 going into supermarkets.

Pride in Ageing

The Pride in Ageing programme was set up in response to concerns that too many lesbian, gay, bisexual and trans (LGBT) people over the age of 50 are living in isolation and facing discrimination as a direct result of their sexual orientation or trans status. Run by the LGBT Foundation, and with support and funding from AFM and the Council, Pride in Ageing was launched by Sir Ian McKellen in summer 2019. The programme has already made huge strides in helping to ensure that Greater Manchester becomes one of the best places for LGBT people to grow older. It will also see the development of one of the first LGBT-affirmative Extra Care schemes in the country.

Impacts of COVID-19 on older people

Older people report that they have been framed as vulnerable and in need throughout the pandemic – this has a significant impact on their sense of wellbeing. It increases fear, sense of isolation, gives them a sense of being 'locked away and out of sight' and often makes them feel disposable.

In the resetting of the age-friendly programme priorities in response to COVID-19, five key issues have been identified that it is felt need to be addressed if Manchester's older people are to be able to contribute to and benefit from Manchester's post-COVID-19 recovery:

- Tackling ageism will require greater focus on applying an age-friendly view to how services are commissioned and delivered. Placing the experience of older people at the heart of this will go some way to removing the barriers many older people report they experience. A focus is being developed that seeks to reframe how older people are described, developing a more systematic approach to the use of equality-impact assessments
- Far too often, older people living in care homes or other residential care settings are disconnected, even from the immediate neighbourhood around them. There is an opportunity for the Care Homes Board and Manchester's Age-Friendly Older People's Board to work together to better connect care-home residents to the opportunities available in their immediate neighbourhood. There is also the chance to give older people in residential settings more voice, and for older people to be given the opportunity to contribute to the work underway to develop a new care-home model
- Neighbourhoods can impact on whether we age well, or instead live long periods from middle to later life experiencing ill health, social isolation and poverty. At least 80% of the time of those aged 70 and over is spent in the home and the surrounding area.[8] To create age-friendly neighbourhoods will require a greater range of age-friendly standards similar to those in place for libraries and parks, to ensure older people receive the same high levels of service as other groups
- Long-term employment conditions and long-term insecure work, or no work, mean that many unemployed older workers may never work again. Between the end of March 2020 and July 2020, the number of people in the city who were unemployed and claiming benefits rose by 91%, while the number of advertised vacancies halved. There appears to be a significant reduction in entry-level jobs, and while it is rightly important that there is a focus on young people, there also needs to be an equal focus on older workers. Age-friendly employment will be key to the city's plans for economic recovery
- Older people's involvement in the Our Manchester reset has been welcomed to date; however, an ongoing and enduring dialogue with older people will be required. The Age-Friendly Manchester Older People's Board has a permanent representative on the Our Manchester Forum; close working with the Forum and Board is recommended.

8 The University of Manchester research

Conclusion

Improvements have been made for residents of all ages in meeting the Council's priorities and working towards the delivery of the vision of the Our Manchester Strategy.

Although incidence of homelessness continues to increase, there are significant pieces of work being taken forward by the Council and its partners to help meet this challenge. There is a focus on prevention and relief of homelessness, enhancing advice and support, improving access and transition to settled homes, and making homelessness as brief as possible.

While there are still significant numbers of people in the city who have no contact with employment and skills provision, whether they are out of work due to a health condition or in work that does not offer good terms and conditions, more people are being supported into work through targeted interventions. There is a noticeable cultural shift in terms of increased focus on work as a health outcome, and some successful initiatives to tackle gaps in mainstream provision.

Our Children's Services continue to focus on reducing the number of children and young people going into care. This is done by using evidence-based interventions aimed at supporting families to remain together, and where possible preventing the need for children to go into care, or when they do, ensuring a timely return home. Our teams are working closer with health, schools, Greater Manchester Police, and colleagues in neighbourhoods and localities, placing a greater focus on prevention and early support; this avoids problems starting in the first place for children or families, wherever possible.

Intervention, prevention, reablement, and services that better serve people's needs in the community are resulting in fewer adults and older people in need going into residential or nursing care. The move to integrated teams, with community-based health and social-care staff working collaboratively within MLCO, is crucial to our city's success. It has an impact on every one of the Our Manchester goals we're all working towards for 2025.

Looking forward

The Council and its partners continue to develop and transform services under the Our Manchester Strategy, and as new arrangements continue as part of the integration of Health and Social Care through the Locality Plan.

The COVID-19 pandemic will continue to exert an influence on health and care services and the populations they serve for months and years to come. The Manchester COVID-19 Local Prevention and Response Plan is designed to ensure that the Council, working with all key-partner organisations in the city, can respond effectively to the ongoing threats and challenges caused by COVID-19. The plan has been developed collaboratively in line with the Our Manchester principles and behaviours and has a strong focus on preventing further transmission of the virus, as well as setting out the actions that will be taken should local outbreaks occur.

However, we know that it is likely that the city's most deprived communities and vulnerable residents will be disproportionately impacted by the COVID-19 pandemic, meaning our focus on reducing inequalities is more important than ever.

A piece of rapid research has been undertaken into cohorts of the population whose needs could potentially be missed or 'slip through the net' as a result of the response to COVID-19. One example is as a result of reduced contact – or reduced opportunities for contact – with public-service professionals/carers, and associated missed opportunities to identify and respond to needs or risks. This includes members of the traveller community, people not registered with a GP, and people of all ages at risk of domestic abuse.

The Council will continue to work collaboratively with all its partners to ensure that it reaches people on the 'at risk' shielded list, both in terms of the primary-care and community-hub responses. This work is ongoing as part of our recovery plans. The Our Manchester Strategy reset will involve targeted engagement with groups and communities that have been disproportionately impacted by COVID-19. It will also offer universal engagement opportunities for all residents, geographically organised engagement, and engagement with key partners and citywide boards. Inclusion and equalities will be a key 'horizontal' theme that cuts across all aspects of the strategy's reset.