Manchester Health & Care Commissioning

A partnership between
Manchester City Council
and NHS Manchester CCG

MANCHESTER
CITY COUNCIL

NHS
Manchester
Clinical Commissioning Group

Adults with Wider Determinants of Need
Health & Social Care Cohort Profile

Neighbourhood boundaries

Adults with Wider Determinants

- 89 - 427
- 428 - 646
- 647 - 899
- 900 - 1184
- 1185 - 2211

**Population Health and Wellbeing Team
Manchester Health and Care Commissioning**
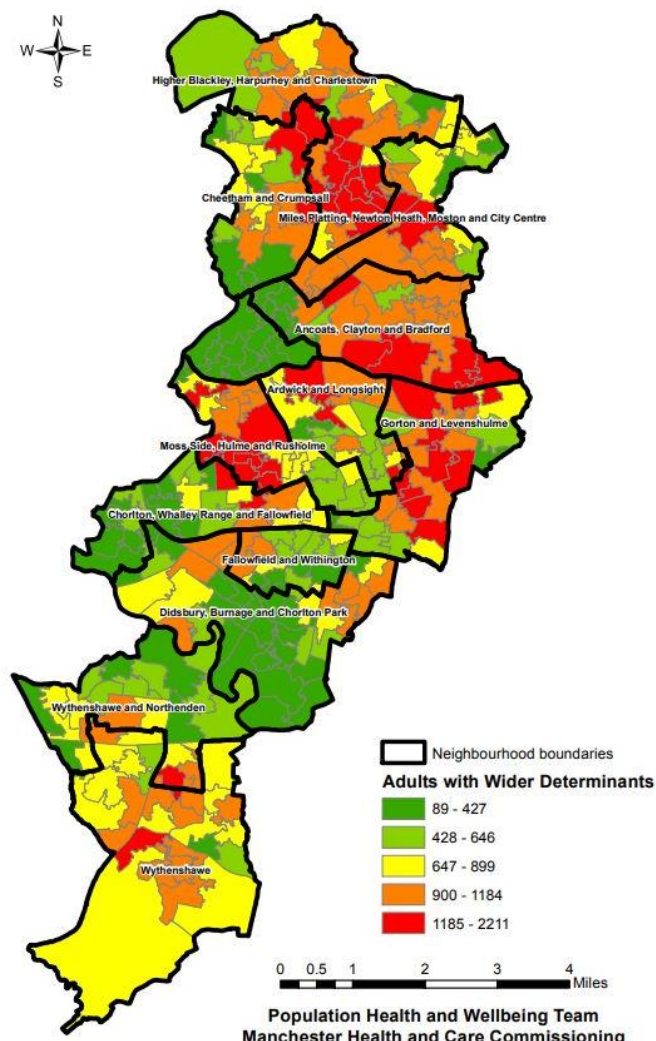
© Crown copyright. All rights reserved (100019568) (2019)

Introduction to MHCC Neighbourhood & Cohort Profile Reports

The Locality Plan developed by Health & Social Care commissioners in Manchester sets an ambition that those sections of the population most at risk of needing care will have access to more proactive care, available in their local communities.

The key transformation is the establishment of 12 Integrated Neighbourhood Teams across the City based on geographical area as opposed to organisation. The teams focus on the place and people that they serve, centred around the ethos that 'The best bed is your own bed' wherever possible and care should be closer to home rather than delivered within a hospital or care home.

The ambition of this model is to place primary care (GP) services at the heart of an integrated neighbourhood model of care in which they are co-located with community teams. These teams could include Community Pharmacists, Allied Health Professionals (AHPs), Community Nursing, Social Care Officers, Intermediate Care teams, Leisure and health promotion teams, Ambulance teams and 3rd sector teams, with a link to educational and employment teams.

All services are based upon a 12/3/1 model of provision, where most services should be delivered at the neighbourhood* level (12) unless they require economies of scale at a specialist local level (3), or a single City-wide level (1).

The 12 neighbourhoods* and 3 localities are:
North Locality
Ancoats, Clayton and Bradford; Cheetham and Crumpsall; Higher Blackley, Harpurhey and Charlestown; Miles Platting, Newton Heath, Moston and City Centre
Central Locality
Ardwick and Longsight; Chorlton, Whalley Range and Fallowfield; Gorton and Levenshulme; Moss Side, Hulme and Rusholme
South Locality
Didsbury, Burnage and Chorlton; Fallowfield (Old Moat) and Withington; Wythenshawe (Baguley, Sharston, Woodhouse Park); Wythenshawe (Brooklands) and Northenden

This profile focuses on Adults with Wider Determinants of Need – as defined in Appendix A. The profile compares these adults with the overall population of adults aged 19+ registered with a Manchester GP.

This profile report is one of a series that have been produced jointly by The Business Intelligence and Public Health Knowledge & Intelligence Teams within Manchester Health & Care Commissioning and Adults Performance, Research & Intelligence Team within Manchester City Council. These reports describe the nature of the population living and using services in different parts of Manchester. This profile can be viewed alongside the full series of neighbourhood profile and cohort profile reports that are also available on the Manchester Joint Strategic Needs Assessment (JSNA) website. Further information on these reports is given in Appendix B.

Please note that data in some of the tables in this report have been suppressed in order to protect the confidentiality of individuals and avoid the risk of disclosure in line with ONS guidance for applying disclosure control to data. In a small number of tables it has also been necessary to apply secondary suppression to avoid disclosure by differencing. Where some form of suppression has been applied, the figures have been replaced with '-'.

* In May 2018 new electoral wards were established. The 12 neighbourhoods were established prior to May 2018 and are based around the previous electoral wards.

Population cohorts

For this series of profiles, the population (people registered with a GP practice in Manchester, living inside and outside Manchester, who have consented for their data to be shared) has been divided into 10 "cohorts" mainly using a range of data based on their history of accessing Primary Care (GP), Acute Hospital and Mental Health services.

Each person is allocated to a single cohort (population type) determined in the following order: Children and Young people with Long Term Conditions, Learning Disabilities or Mental Health Needs; Frail Older People; People with Complex Lifestyles Mental Health, Learning Disabilities & Dementia; Maternity; Adults with Multiple Long Term Conditions / End of Life; Adults with Wider Determinants of Need; Good Health Older People, Good Health Children and Good Health Adults (Under 65s). Further details are in Appendix A.

The table on the right shows the number and percentage of adults in each cohort, split between adults aged 19 – 64 and those aged 65+.

Cohort	No. of Adults	% of Age Band
Good Health Adults	161763	37.3%
Complex Lifestyles	5358	1.2%
Mental Health, Learning Disabilities, Dementia	25160	5.8%
Maternity	7355	1.7%
Adults with Multiple Long Term Conditions / End of Life Care	19293	4.4%
Adults with Wider Determinants of Need	215003	49.5%
Adults (19 - 64)	**433932**	**100.0%**
Good Health Older People	6053	10.0%
Frail older people	4081	6.7%
Complex Lifestyles	732	1.2%
Mental Health, Learning Disabilities, Dementia	6212	10.3%
Adults with Multiple Long Term Conditions / End of Life Care	24204	40.0%
Adults with Wider Determinants of Need	19182	31.7%
Older People (65+)	**60464**	**100.0%**

Cohort Aged 19+	234185	47.4%
All Adults Aged 19+	494396	

Demographics

Age

The table on the right looks at the age of adults in the cohort and compares them to the population of adults aged 19+ registered with a Manchester GP.

It shows that 234,185 adults are in the Adults with Wider Determinants of Need cohort. This equates to 47.4% of the adult population. The table also shows that the proportion of adults in the cohort is highest in the 45 – 54 age group (57%)then steadily decreases with age.

No. of People	Under 45	45 - 54	55 - 64	65 - 74	75 - 84	85+	All Ages
Cohort	143186	44088	27729	13258	4707	1217	**234185**
Manchester	301816	77402	54714	34046	18931	7487	**494396**
Percentage of Mcr Population in the Cohort	47.4%	57.0%	50.7%	38.9%	24.9%	16.3%	**47.4%**

(Age Band)

Gender

The gender split for adults in the cohort is very similar to the overall adult population (45% female and 55% male versus 48% female and 52% male).

	Cohort		Manchester	
	No. of People	Percentage (where known)	No. of Adults	Percentage (where known)
Female	106509	45%	237081	48%
Male	127674	55%	257309	52%
Unknown	-	-	6	-
Total	234183	100%	494396	

Neighbourhood of Residence

The table on the right relates to adults aged 19+ registered with Manchester GPs. It shows that the proportion of adults in the cohort living in each neighbourhood varies widely. This ranges from 34.8% (13,432) in Chorlton, Whalley Range & Fallowfield to 64.1% (23,698) in Baguley, Sharston & Woodhouse Park.

There are also 'hotspots' within each neighbourhood that contain particularly high concentrations of adults in this cohort. These can be seen on the map on the front page.

Neighbourhood	Cohort	All Adults aged 19+	% of Population
Ancoats, Clayton and Bradford	18442	33546	55.0%
Cheetham and Crumpsall	14362	33127	43.4%
Higher Blackley, Harpurhey and Charlestown	26406	39463	66.9%
Miles Platting, Newton Heath, Moston and City Centre	17345	41235	42.1%
North	**76555**	**147371**	**51.9%**
Ardwick and Longsight	13827	35506	38.9%
Chorlton, Whalley Range and Fallowfield	13432	38605	34.8%
Gorton and Levenshulme	25221	42293	59.6%
Moss Side, Hulme and Rusholme	22124	52509	42.1%
Central	**74604**	**168913**	**44.2%**
Didsbury, Burnage and Chorlton	19582	48464	40.4%
Fallowfield (Old Moat) and Withington	9418	24724	38.1%
Wythenshawe (Baguley, Sharston, Woodhouse Park)	23698	36961	64.1%
Wythenshawe (Brooklands) and Northenden	10723	20239	53.0%
South	**63421**	**130388**	**48.6%**
Outside Manchester	19416	46814	41.5%
Unknown	189	910	-
Total	**234185**	**494396**	**47.4%**

Mosaic Analysis

Mosaic Public Sector classification by Experian ᵀᴹ is a population segmentation tool that uses a range of data and analytical methods to identify 15 summary groups and 66 detailed types of people. It is based on an underlying principle that similar people live in similar places, do similar things, have similar lifestyles and share similar views.

Mosaic helps us to understand a person's demographic characteristics (age, gender and ethnic group etc.), lifestyle, attitudes and behaviours. It gives us an insight into how and why people make decisions about their health and care and how they are likely to respond to services. The use of Mosaic analysis enables us to tailor services in specific locations in line with the needs and preferences of the types of people living in those areas.

Comparing the Mosaic Groups in the cohort versus the population registered with a Manchester GP, people in this cohort are more likely to be in the Mosaic Groups "Transient Renters", "Family Basics", "Vintage Value" & "Municipal Challenge" Groups.

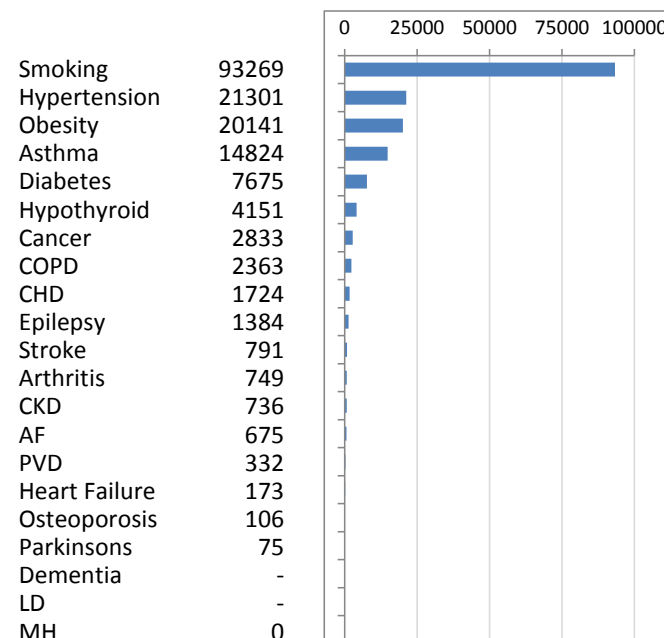| Mosaic Group	Description	Cohort		All Adults Aged 19+	
		No. of People	Percentage (where known)	No. of People	Percentage (where known)
A Country Living	Well-off owners in rural locations enjoying the benefits of country life (typical age 66-70)	-	-	10	0.0%
B Prestige Positions	Established families in large detached homes living upmarket lifestyles (typical age 61-65)	1,236	0.5%	4,600	1.0%
C City Prosperity	High status city dwellers living in central locations and pursuing careers with high rewards (typical age 31-35)	2,360	1.0%	9,407	2.0%
D Domestic Success	Thriving families who are busy bringing up children and following careers (typical age 41-45)	4,755	2.1%	17,380	3.8%
E Suburban Stability	Mature suburban owners living settled lives in mid-range housing (typical age 56-60)	1,857	0.8%	6,098	1.3%
F Senior Security	Elderly people with assets who are enjoying a comfortable retirement (typical age 76-80)	3,359	1.5%	11,158	2.4%
H Aspiring Homemakers	Younger households settling down in housing priced within their means (typical age 31-35)	6,212	2.7%	19,924	4.3%
I Urban Cohesion	Residents of settled urban communities with a strong sense of identity (typical age 56-60)	18,335	8.0%	62,532	13.5%
J Rental Hubs	Educated young people privately renting in urban neighbourhoods (typical age 26-30)	26,367	11.5%	106,336	23.0%
K Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles (typical age 56-60)	4,759	2.1%	13,886	3.0%
L Transient Renters	Single people privately renting low cost homes for the short term (typical age 18-25)	59,013	25.7%	73,464	15.9%
M Family Basics	Families with limited resources who have to budget to make ends meet (typical age 31-35)	59,866	26.1%	77,045	16.6%
N Vintage Value	Older people reliant on support to meet financial or practical needs (typical age 76-80)	19,038	8.3%	29,946	6.5%
O Municipal Challenge	Urban renters of social housing facing an array of challenges (typical age 56-60)	22,455	9.8%	31,543	6.8%
U Unknown	Unknown	4,573		31,067	
Total		234,185		494,396	

Long Term Conditions

This section compares adults in the cohort with all adults registered with a Manchester GP.

The graph and table on the right relate to the number of Long Term Conditions (LTCs) people have (from a list of 19 LTC registers used in our cohort definitions). Approximately 1 in 4 adults in the cohort have one Long Term Condition. Adults with more than one Long Term Condition would be placed into the Adults with Multiple Long Term Conditions cohort.
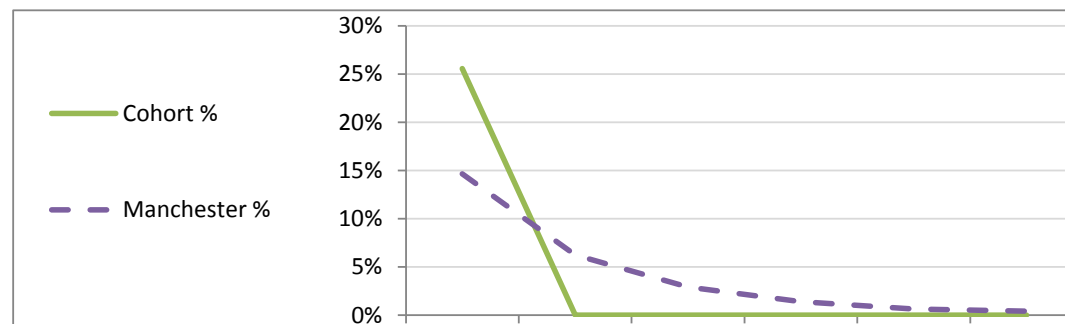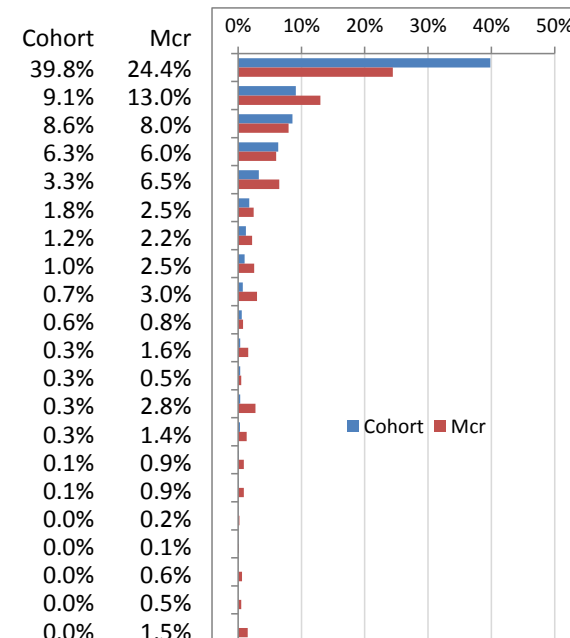

	Pop'n	0	1	2	3	4	5	6+
Cohort	234185	174293	59892	0	0	0	0	0
All Adults	494396	364445	72454	30854	14492	6927	3158	2066
Cohort %		74.4%	25.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Manchester %		73.7%	14.7%	6.2%	2.9%	1.4%	0.6%	0.4%

The charts on the right show the number and percentage of people on each of the LTC registers counted above, along with smoking and obesity.

For the cohort, by far the largest LTC register is for smoking (93,269 adults / 39.8%) followed by Hypertension (21,301 adults / 9.1%) and Obesity (20,141 adults / 8.6%).

Number of adults on each LTC Register

		Cohort	Mcr
Smoking	93269	39.8%	24.4%
Hypertension	21301	9.1%	13.0%
Obesity	20141	8.6%	8.0%
Asthma	14824	6.3%	6.0%
Diabetes	7675	3.3%	6.5%
Hypothyroid	4151	1.8%	2.5%
Cancer	2833	1.2%	2.2%
COPD	2363	1.0%	2.5%
CHD	1724	0.7%	3.0%
Epilepsy	1384	0.6%	0.8%
Stroke	791	0.3%	1.6%
Arthritis	749	0.3%	0.5%
CKD	736	0.3%	2.8%
AF	675	0.3%	1.4%
PVD	332	0.1%	0.9%
Heart Failure	173	0.1%	0.9%
Osteoporosis	106	0.0%	0.2%
Parkinsons	75	0.0%	0.1%
Dementia	-	0.0%	0.6%
LD	-	0.0%	0.5%
MH	0	0.0%	1.5%

Percentage on each LTC Register

Social Services provided by MCC Adult Social Care

Manchester City Council (MCC) Adult Social Care offers information and advice, assessments of need, equipment and care to people living in Manchester. People over the age of 18 who live in Manchester can request information and advice or an assessment of need, regardless of whether they pay for services themselves.

Adult Social Care activity begins with making contact – a member of the public may call up to enquire about services for themselves or someone else, or a referral may be made by another service e.g. Primary Care, Prisons, and this is recorded as a contact.

Some (but not all) contacts result in an assessment by a Social Worker or associated professional. Information is gathered on a person's needs so that appropriate services (called a care package) can be provided if needed. Reviews and reassessments review those needs again when a person's circumstances change or they have been in receipt of certain types of care e.g. home care for a year.

This analysis is based on the 12 months to 30th June 2018, and relates to *adults registered with a Manchester GP** who have been in contact with or received a social care service from Manchester City Council.

Contacts

While the cohort equates to 47.4% of the adult population registered with a Manchester GP, they only accounted for 11.8% of contacts.

	Cohort	*Registered Adults **	%
Population	234185	494396	47.4%
No. of People with a Social Care Contact	1174	9990	11.8%

* Between July 2017 and June 2018, 23,457 adults had a contact with MCC Adult Social Services. Of these, 43% (9,990 adults) were identified as registered with a Manchester GP.

Social Care Assessments / Reassessments

Assessments gather information around people's needs so that appropriate services can be provided to support these needs. Reviews and reassessments are used to review those needs when a person's circumstances change, or they have been in receipt of certain types of care e.g. home care for a year.

While the cohort equates to 47.4% of the adult population, they only accounted for 8.5% of general assessments, 14.1% of equipment assessments, but 17.3% of drug and alcohol assessments.

	Cohort	*Registered Adults **	%
Population	234185	494396	47.4%
Type of Assessment			
General	329	3873	8.5%
Equipment	307	2181	14.1%
Drugs & Alcohol	34	197	17.3%

* Between July 2017 and June 2018, 10,338 adults had an assessment of some form. Of these, 52% (5,420 adults) were identified as registered with a Manchester GP.

Packages of Social Care

When services are provided via MCC Adult Social Care, these are referred to as Care Packages. One of the most common services is the provision of equipment, which is a one-off service. However, this analysis focuses on care packages that provide on-going care and support, both long term and short term.

A person assessed as having a need can receive multiple care packages, of different types, over any given period of time. Descriptions of the different types of service are given in Appendix C. Analysis of the different types of care shows:

The service accessed by the most adults in the cohort was the community alarm service (152 adults out of 1850 adults registered with a Manchester GP).

The 2nd most accessed service was home care (117 adults out of 1741).

	Cohort	Registered Adults *	%
Population	234185	494396	47.4%
Type of Care Package			
Community Alarm	152	1850	8.2%
Home Care	117	1741	6.7%
Direct Payments	83	505	16.4%
Casework Support	39	189	20.6%
Day Care	35	333	10.5%
Reablement	28	815	3.4%
Permanent Residential Care	25	684	3.7%
Supported Accommodation	25	477	5.2%
Sitting/Befriending	18	92	19.6%
Respite	15	209	7.2%
Extra Care Sheltered Housing	9	125	7.2%
Adult Placement Scheme	8	84	9.5%
Permanent Nursing Care	6	262	2.3%

* Between July 2017 and June 2018, 9,503 adults were in receipt of one or more packages of care from MCC Adult Social Care. Of these, 57% (5,373) were identified as registered with a Manchester GP.

Acute Hospital Care

This section compares the extent to which different types of acute hospital (secondary care) services were used from July 2017 to June 2018 by adults aged 19+ registered with a Manchester GP at the time of their attendance or admission.

Calculation of rates per person:
To calculate rates per person in this section, activity is looked at over a 12 month period and then compared against the population at any single given point in time – a "snapshot". The snapshot population figures are based on adults registered with a Manchester GP in July 2018.

Types of acute hospital service
Acute hospital services can be split into two categories:

1. Planned care – Services and treatments which are not carried out in an emergency. This includes consultations and procedures carried out in an outpatient setting (where a hospital bed is not needed) and procedures carried out in an inpatient setting (where a bed and possibly an overnight stay are needed).

2. Urgent care – Services and treatments which are carried out as an emergency. This includes A&E attends and Emergency Admissions.

The table on the right shows a total spend on secondary care in the 12 months of £254m. Approximately £56m of this related to adults in the cohort.

For adults in the cohort 65% of secondary care costs relate to planned care whereas for the overall adult population planned care and urgent care are split 44/56. Both planned and urgent care costs per person are lower for adults in the cohort compared to the overall adult population.

	Totals		Per Person		
	Cohort	All Adults	Cohort	All Adults	Ratio Cohort v All
No. of People	234185	494396			47.4%
Planned Care	£36,222,877	£111,439,942	£155	£225	0.7
Urgent Care	£19,375,449	£142,512,462	£83	£288	0.3
Overall	£55,598,326	£253,952,405	£237	£514	0.5
% Planned Care	65%	44%			
% Urgent Care	35%	56%			

The cost of acute hospital activity has been broken down further into key areas (known as Programme Budget Categories).

Gastro intestinal is the highest area of spend for the cohort (£8.3m / 15%) while for the overall adult population this accounts for although it is still the highest area of spend it only accounts for 11%.

Musculo Skeletal is the next highest area of spend (£8m / 14%) compared to 10% for the overall adult population.

Cohort		
Area of Spend	Cost	% of Cost
Gastro Intestinal	£8,298,412	15%
Musculo Skeletal	£7,977,291	14%
Genito Urinary	£6,171,893	11%
Trauma & Injury	£4,840,842	9%
Respiratory	£3,803,266	7%
Other Areas of Spend/Conditions	£3,637,420	7%
Neurological problems	£3,235,527	6%
Cancers & Tumours	£3,164,513	6%
Skin	£2,718,000	5%
Vision	£2,711,468	5%
Other Areas	£9,039,695	16%
Total	**£55,598,326**	**100%**

All Adults		
Area of Spend	Cost	% of Cost
Gastro Intestinal	£28,890,461	11%
Respiratory	£25,409,899	10%
Musculo Skeletal	£24,533,734	10%
Maternity / Reproductive Health	£24,388,559	10%
Circulation	£23,071,128	9%
Genito Urinary	£22,582,720	9%
Trauma & Injury	£18,345,723	7%
Cancers & Tumours	£14,620,490	6%
Neurological problems	£13,736,910	5%
Other Areas of Spend/Conditions	£11,249,393	4%
Other Areas	£47,123,389	19%
Total	**£253,952,405**	**100%**

Planned Care

The tables on the right show that activity rates and costs for different types of planned care are approximately a third lower for adults in the cohort compared to the overall adult population registered with a Manchester GP.

	Cohort	All Adults
Population	234185	494396

Planned Care Activity	Total		Per 1000 people		
	Cohort	**All Adults**	**Cohort**	**All Adults**	**Ratio - Cohort v All**
Outpatient Attends	195612	646216	835	1307	0.6
Outpatient Procedures	30836	87291	132	177	0.7
Day Case	16301	49924	70	101	0.7
Elective Admission	2546	9254	11	19	0.6

Planned Care Costs	Total		Per 1000 people		
	Cohort	**All Adults**	**Cohort**	**All Adults**	**Ratio - Cohort v All**
Outpatient Attends	£14,970,813	£42,699,452	£63,927	£86,367	0.7
Outpatient Procedures	£4,295,298	£12,026,044	£18,341	£24,325	0.8
Day Case	£11,220,414	£33,703,923	£47,913	£68,172	0.7
Elective Admission	£5,736,351	£23,010,523	£24,495	£46,543	0.5
Total	£36,222,877	£111,439,942	£154,676	£225,406	0.7

Urgent Care

The table on the right shows that adults in the cohort are less likely to attend A&E compared to the overall adult population registered with a Manchester GP.

They are also less likely to be admitted as a result of the A&E attend, with 15% of A&E attends resulting in admission, compared to 34% for all adults.

	Cohort	All Adults
Population	234185	494396

	Total		Per 1000 people		
	Cohort	**All Adults**	**Cohort**	**All Adults**	**Ratio - Cohort v All**
A&E Attends	68822	193079	294	391	0.8
Emergency Admissions	10453	65322	45	132	0.3
Percentage of A&E attends resulting in Emergency Admission	15%	34%			

The vast majority of urgent care costs relate to emergency admissions rather than A&E attends.

The average cost per person of emergency admissions for adults in the cohort is a fifth of that for the overall adult population.

	Total		Per 1000 people		
Urgent Care Costs	**Cohort**	**All Adults**	**Cohort**	**All Adults**	**Ratio - Cohort v All**
A&E Attends	£6,877,411	£20,607,524	£29,367	£41,682	0.7
Emergency Admissions	£12,498,038	£121,904,938	£53,368	£246,573	0.2
Total	£19,375,449	£142,512,462	£82,736	£288,256	0.3

As well as being less likely to be admitted from an A&E attend, adults in the cohort stay in hospital for less time than the overall adult population. The average length of stay for adults in the cohort is 2.1 nights compared to 4.6 nights.

32% of emergency admissions are for 2 or more nights compared to 45% and average costs are £1196 compared to £1866.

Emergency Admissions	Total		Percentage	
	Cohort	All Adults	Cohort	All Adults
Same Day Emergency Admissions	5067	22576	48%	35%
Short Stay (1 night) Emergency Admissions	2048	13189	20%	20%
Longer (2+ nights) Emergency Admissions	3338	29557	32%	45%
Total Emergency Admissions	10453	65322		

Length of Stay	22094	297480	2.1	4.6
Cost	£12,498,038	£121,904,938	£1,196	£1,866

Based on the reasons for admission (diagnoses) and the procedures that were performed, it is possible to determine if an admission was preventable or ambulatory care sensitive (ACSC) i.e. conditions for which effective management and treatment should limit emergency admission to hospital.

18.3% of emergency admissions for the cohort could be classed as preventable or Ambulatory Care Sensitive – 11.6% preventable and 6.7% for ACSCs. This compares to 9.6% and 8.3% for the overall adult population. The comparisons are similar when looking at costs.

Emergency Admissions	No. of Admissions		Cost of Admissions	
	Cohort	All Adults	Cohort	All Adults
Preventable	1209	6299	£1,449,491	£13,589,263
Ambulatory Care Sensitive (ACSC)	705	5396	£763,417	£9,867,115
Neither	8539	53627	£10,285,130	£98,448,560
Total	10453	65322	£12,498,038	£121,904,938
% Preventable	11.6%	9.6%	11.6%	11.1%
% ACSC	6.7%	8.3%	6.1%	8.1%

Looking at the preventable admissions for the cohort, admissions for Pyelonephritis & Kidney or Urinary Tract Infections cost nearly £400k. These accounted for a quarter of all emergency admissions.

Admissions for Flu & Pneumonia were the next highest cost at just over £300k and Dehydration / Gastroenteritis accounted for nearly £250k of admissions.

Preventable Admissions	No. of Admissions	Cost	% of Admissions
Pyelonephritis & Kidney or Urinary Tract Infections	304	£382,641	25%
ENT Infections	205	£109,556	17%
Dehydration & Gastroenteritis	190	£245,956	16%
Cellulitis	179	£177,231	15%
Flu & Pneumonia	173	£306,868	14%
Others	158	£227,239	13%
Total	**1209**	**£1,449,491**	**100%**

For ambulatory care sensitive conditions, 47% of admissions for the cohort were for Respiratory, costing £430,000 and 28% of admissions were for CVD, costing £156,000.

Admissions for Ambulatory Care Sensitive Conditions	No. of Admissions	Cost	% of Admissions
Respiratory	333	£429,843	47%
CVD	194	£155,706	28%
Endocrine	100	£93,293	14%
Diseases of Blood	47	£51,147	7%
Neuro	31	£33,428	4%
Others	0	£0	0%
Grand Total	**705**	**£763,417**	**100%**

Risk of Emergency Hospital Admission

The tables on the right look at a relative risk of emergency hospital admission based on scores (From 0 – 100) generated by the Combined Predictive Model (CPM). This model uses data from secondary care (inpatient, outpatient and A&E visits) and GP practices (clinical diagnoses and prescribing).

Both tables look at adults registered with a Manchester GP, living both within Manchester and outside the area in July 2018.

Adults in the cohort are less likely to be in the High / Very High risk categories (0.3%) than the overall adult population (1.6%). As the risk is so low, there is also little variation across the city.

Cohort	Admission Risk Band							
Locality	Total	Unknown	Low (Score <26)	Moderate (Score 26 - 50)	High (Score 51 - 75)	Very High (Score 76+)	High / Very High (Score 51+)	% High / Very High (where known)
North	76555	478	74110	1714	225	28	253	0.3%
Central	74604	583	72366	1466	170	19	189	0.3%
South	63421	450	61358	1441	159	13	172	0.3%
Out of Area / Unknown	19605	149	18806	573	67	10	77	0.4%
Grand Total	234185	1660	226640	5194	621	70	691	0.3%

All Adults	Admission Risk Band							
Locality	Total	Unknown	Low (Score <26)	Moderate (Score 26 - 50)	High (Score 51 - 75)	Very High (Score 76+)	High / Very High (Score 51+)	% High / Very High (where known)
North	147371	1193	136017	7333	2189	639	2828	1.9%
Central	168913	1646	158928	6316	1632	391	2023	1.2%
South	130388	1156	120149	6873	1811	399	2210	1.7%
Out of Area / Unknown	47724	501	43661	2676	693	193	886	1.9%
Grand Total	494396	4496	458755	23198	6325	1622	7947	1.6%

Appendix A – Population Cohorts

A person is allocated into a cohort if they meet the age limit and meet one or more of the criteria for the cohort. Each person is only allocated to one cohort, based on the priority order shown below:

Cohort 1 - Children & Young People with Long Term Conditions, Mental Health Needs or Learning Disabilities

- Aged under 19
- One or more Long Term Conditions recorded in Primary Care (see list at end of Appendix)
- Children / Young People currently on a Palliative Care Register in Primary Care
- Meeting any of the criteria for the Mental Health, Learning Disabilities & Dementia cohort

Cohort 2 - Frail Older People
- Aged 65 and above
- Admission to hospital for a hip fracture, hip replacement, stroke, or injury due to a fall in the last 2 years.

Cohort 4 - Complex Lifestyles
- Aged 19 and above
- Hospital admission in the last 12 months for alcohol misuse, drug misuse or self harm
- Attendance in the last 12 months at a hospital based (secondary care) addiction service
- Hospital admission in the last 12 months where homelessness has been recorded
- Homelessness recorded in Primary Care (GP systems) – no date limit

Cohort 5 - Mental Health, Learning Disabilities or Dementia
- Aged 19 and above

Mental Health
- Admission or attendance in the last 24 months at Inpatient, Outpatient or Community Services provided by Greater Manchester Mental Health NHS Foundation Trust
- Hospital admission in the last 12 months with a mental health related diagnosis or procedure recorded
- Attendance in the last 12 months within a hospital based (secondary care) Mental Health specialty
- Mental Health recorded in Primary Care as a Long Term Condition

Learning Disabilities
- Hospital admission in the last 12 months with a Learning Disability related diagnosis recorded
- Attendance in the last 12 months within a hospital based (secondary care) Learning Disability specialty
- Learning Disability recorded in Primary Care as a Long Term Condition

Dementia
- Hospital admission (no time limit set) with a Dementia related diagnosis recorded
- Dementia recorded in Primary Care as a Long Term Condition

Cohort 6 - Maternity
- Age 10 and above (to eliminate new born babies and include young mothers)
- Birth in the last 12 months recorded by a secondary care provider
- Attendance in the last 12 months at antenatal services (including specialty 560, Midwifery) provided within secondary care

Cohort 3 - Adults with Multiple Long Term Conditions or End of Life
- Age 19 and above
- Two or more Long Term Conditions from the defined list (see bottom of Appendix)
- People currently on a Palliative Care Register in Primary Care
- Hospital admission in the last 12 months with a Palliative Care related diagnosis recorded
- Attendance in the last 12 months within a hospital based (secondary care) Palliative Care specialty

Cohort 10 - Adults with Wider Determinants of Need
- 19 and above
- One Long Term condition from the defined list (see bottom of Appendix)
- Adults living within a geographical area with a Mosaic Intensity code of 4 or 5.

Cohort 7 - Good Health Older People
- Age 65 and above
- Not included in any other group.

Cohort 8 - Good Health Children
- Age under 19
- Not included in any other group.

Cohort 9 -Good Health Adults
- Age 19 - 64
- Not included in any other group.

Long Term Conditions used to allocate the population into cohorts

Asthma
Atrial Fibrillation
Cancer
CKD
COPD
Coronary Heart Disease
Diabetes
Epilepsy
Heart Failure
Hypertension
Hypothyroidism
Osteoporosis
Parkinson's
Peripheral Vascular Disease
Rheumatoid Arthritis
Stroke

Mental Health *
Learning Disability *
Dementia *

Current Smoker **
Obesity **

*Based on current priority order for cohorts, people on the Mental Health, Learning Disability or Dementia registers will be allocated into the Mental Health, Learning Disability & Dementia cohort.

** Smoking and Obesity are only used to allocate people into the Adults with Wider Determinants cohort.

Appendix B – Additional Sources of Information on the JSNA website

The following neighbourhood profile reports and cohort profile reports are available in the Area Profiles section of the Manchester Joint Strategic Needs Assessment (JSNA) website.
Manchester Joint Strategic Needs Assessment (JSNA)
http://www.manchester.gov.uk/jsna
Area Profiles section
http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/7011/area_profiles
Neighbourhood profile reports
http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/7011/area_profiles/2

Place Report
This report draws upon the data that is available within Public Health England's Local Health tool which contains quality assured data that can be used to compare any area (or combination of areas) with the local authority and England averages for a range of indicators. These reports provide information about broader health outcomes as well as the factors that affect them (the so called 'wider determinants of health'). The start of the report provides a user-friendly summary highlighting the key features of the neighbourhood and the areas in which the neighbourhood has significantly worse and/or better health and care outcomes compared with England as a whole.

Mosaic Profile
These reports provide more detailed information about the types of household in different parts of each neighbourhood area. Mosaic Public Sector classification by Experian ™ uses a range of data and analytical methods to identify 15 summary groups and 66 detailed types of people. It is based on an underlying principle that similar people live in similar places, do similar things, have similar lifestyles and share similar views. Mosaic helps us to understand demographic characteristics (age, gender and ethnic group etc.), lifestyle, attitudes and behaviours. It gives us an insight into how and why people make decisions about their health and care and how they are likely to respond to services.

Population Forecasting Model
This is a one page summary for each neighbourhood of the findings of the Manchester City Council Population Forecasting Model (MCCFM), looking at the changes to the size and age structure of the population living in the neighbourhood that are forecast to occur over the next 10 years.

Ward based information
More detailed information for the individual wards that make up each neighbourhood has also been collated within the Compendium of Statistics for Manchester ("A Picture of Progress"). The Compendium consists of a series of tables which contain the latest available data for a wide range of indicators for both Manchester as a whole and, where available, each of the 32 wards within the city. The tables have been ordered in a way that follows a life course approach – from pre-birth through to adults and older people.

http://www.manchester.gov.uk/downloads/download/5724/compendium_of_statistics-manchester

Cohort Profiles
The full set of Cohort Profile Reports, are also available on the JSNA website.
http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/7011/area_profiles/3

Appendix C – Descriptions of services provided via MCC Adult Social Care

Adult Placement Scheme (Shared Lives Service)

Manchester Shared Lives / Adult placement (AP) offers people an alternative, highly flexible form of accommodation and person-centred support, which is provided by ordinary individuals or families (adult placement carers) in the local community. This enables individuals to share in the life of the adult placement carer. Sometimes this can be long-term, sometimes for a short period, or even on a day support basis.

Casework support

For a client to be considered as having casework support, the service must be included as part of their support plan. This does not include the process of care management (i.e. assessing or reviewing care needs), but typically occurs when the care manager goes on working with the client after the care management process has been completed (as part of the support plan/package), or another professional is involved to provide active, ongoing support which may take the form of therapy, support or professional input, e.g. counselling.

Active Casework Support could be for example a support professional telephoning a client on a weekly basis to ask how things are and discuss any issues the client might have. In contrast to the client having a phone number that they could call if they felt there was anything they would like to discuss - this would be more "passive" support.

Community Alarm/Assistive Technology

The Community Alarm Service (CAS) provides a range of services to support our most vulnerable Citizens by enabling them to remain independent in their own homes. This includes things such as pendants, alarm or sensor triggers, and staff from Community Alarm calling to offer advice and reassurance, and where necessary, contacting a nominated person, your next of kin or the emergency services.

Day Care

Daytime Support provides a range of meaningful activities away from a citizen's home, to people who are assessed as requiring high levels of support. This service provides essential daytime support to families and enables vulnerable citizens to stay at home with their families

Direct Payments

Self-directed support helps a citizen to self-direct their care or support personal budget in a number of different ways, and a direct payment is money that is paid directly to you so you can arrange your own appropriate support in line with your care plan.

Extra Care / Neighbourhood Apartments

Extra Care Housing is a form of retirement housing with the addition of personal care and 24-hour support available for those who need it. The care can increase or decrease flexibly to meet changing needs.

It is a realistic alternative to traditional residential and nursing accommodation, and offers a self-contained 'home of your own' in a scheme where facilities such as hairdressing and beauty salons, bistros, gardening clubs and social activities give plenty of opportunity to socialise for those who wish to. Schemes can also support people with dementia, to varying degrees.

A small number of units have been turned into Neighbourhood apartments (or also known as step up/step down beds) and take referrals directly from hospital or community. Here, specialist support, including housing advice and access, can help people move to more appropriate accommodation after recovery or return home

Home Care

Home care services help people stay in their homes for longer, supporting them with the tasks of everyday life. These services are provided by a number of private care companies who are commissioned by the City Council. Home care is provided to ensure our citizens have the appropriate level of support for their needs. This may include help with personal care, making meals, and getting out and about.

Reablement

Reablement provides short term support for up to six weeks on discharge from hospital to enable citizens to return home safely and remain at home independently. Referrals are made directly by health and social care practitioners. Also including Intermediate Care, this is a concept in health care which may offer attractive alternatives to hospital care for patients, particularly older people, and promotes independence.

Residential Care / Nursing Care

Residential care homes provide round-the-clock care for people who are frail or have complex needs that cannot be met in their community. This can include help with washing, dressing, feeding and help with day to day activities. Nursing homes cater for those who have general care needs and also require input or supervision from qualified nurses. This can include those with specific or complex health needs. People can benefit from a short stay in residential care to provide a carer break or move there on a more permanent basis following a detailed assessment by a qualified social worker.

Respite / Short Breaks

Short breaks offer a mixture of 24hr personal care and more general support, which allows carers to have a break from their caring responsibilities. Short Breaks also includes emergency respite in times of crisis and to support hospital discharges.

Supported Accommodation

Supported accommodation is short term housing related support for vulnerable people. This may include those suffering domestic violence, recovery from mental illness, and sexual abuse. Support is available in single-gender premises. The support might be needed for a wide range of reasons, and is tailored to address the issues people are facing, whilst developing better life skills to improve their quality of life, and to promote independent living

Disability Supported Accommodation has properties (where appropriate) that are fitted with state-of-the-art assistive technology tailored to an individual's needs, to ensure dignity in a safe and independent living environment.

Sources

The following data sources have been used in this Profile:

Manchester City Council Social Care Data Extracts (July 2018)

SDE Primary Care Data Extracts (July 2018)

Secondary Uses Service – Acute Hospital Activity Datasets (July 2018)

Authors

This profile has been produced on behalf of Manchester Health and Care Commissioning by the Business Intelligence and Public Health Knowledge and Intelligence Teams.