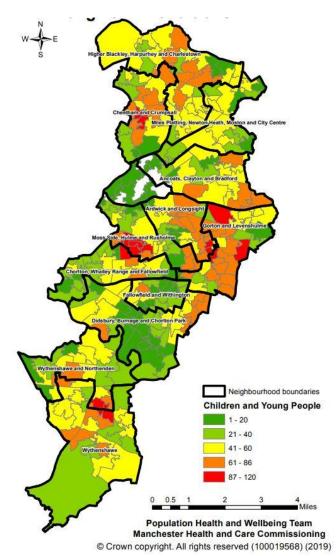






# Children & Young People with Long Term Conditions, Learning Disabilities & Mental Health Needs Health & Social Care Cohort Profile



# **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 Children & Young People with Long Term Conditions, Learning Disabilities & Mental Health Needs – as defined in Appendix A. The profile compares these children with the overall population of children aged under 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 '-'.

<sup>\*</sup> 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.

# **Demographics**

# Age

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

It shows that 13,001 children are in the Children & Young People with Long Term Conditions, Learning Disabilities & Mental Health Needs cohort. This equates to 8.8% of the child population. The table also shows that the proportion of children in the cohort increases with age from 1.4% of under 4s to 13.9% of those aged 13 - 15 but then decreases for those aged 16 - 18 (11.8%)

## Gender

The gender split for children in the cohort is different to the overall adult population (41% female and 59% male versus 49% female and 51% male).

		Age Band					
No. of People	Under 4	Jnder 4 4-6 7-9 10-12 13-15 16-18					
Cohort	446	1670	2572	2979	2970	2364	19s 13001
Manchester	31255	25249	25489	24089	21362	19960	147404
Percentage of Mcr							
Population in the							
Cohort	1.4%	6.6%	10.1%	12.4%	13.9%	11.8%	8.8%

	Co	hort	Manchester		
	No. of (where People known)		No. of Children Under 19	Percentage (where known)	
Female	5312	41%	72235	49%	
Male	7689	59%	75167	51%	
Unknown			-	-	
Total	13001	100%	147402		

# Neighbourhood of Residence

The table on the right relates to children aged under 19 registered with Manchester GPs. It shows that the proportion of children in the cohort living in each neighbourhood varies. This ranges from 7.3% (705) in Ancoats, Clayton & Bradford to 11.1% (1,414) in Baguley, Sharston & Woodhouse Park.

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

Neighbourhood	Cohort	Children Under 19	% of Population
Ancoats, Clayton and Bradford	705	9633	7.3%
Cheetham and Crumpsall	1045	13441	7.8%
Higher Blackley, Harpurhey and Charlestown	1310	15798	8.3%
Miles Platting, Newton Heath, Moston and City Centre	663	9124	7.3%
North	3723	47996	7.8%
Ardwick and Longsight	889	10795	8.2%
Chorlton, Whalley Range and Fallowfield	864	9339	9.3%
Gorton and Levenshulme	1530	16453	9.3%
Moss Side, Hulme and Rusholme	1217	13656	8.9%
Central	4500	50243	9.0%
Didsbury, Burnage and Chorlton	1262	13357	9.4%
Fallowfield (Old Moat) and Withington	456	4657	9.8%
Wythenshawe (Baguley, Sharston, Woodhouse Park)	1414	12759	11.1%
Wythenshawe (Brooklands) and Northenden	715	6552	10.9%
South	3847	37325	10.3%
Outside Manchester	926	11722	7.9%
Unknown	5	118	-
Total	13001	147404	8.8%

# **Mosaic Analysis**

Mosaic Public Sector classification by Experian <sup>TM</sup> 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 Group "Family Basics" (28.8% v 23.9%) and less likely to be in the "Rental Hubs" Mosaic Group (7.8% v 11.2%).

		Co	hort	All Childre	en Under 19
Mosaic Group	Description	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)	-	-	-	-
B Prestige Positions	Established families in large detached homes living upmarket lifestyles (typical age 61-65)	92	0.7%	1,161	0.8%
C City Prosperity	High status city dwellers living in central locations and pursuing careers with high rewards (typical age 31-35)	144	1.1%	2,146	1.5%
D Domestic Success	Thriving families who are busy bringing up children and following careers (typical age 41-45)	427	3.3%	5,335	3.7%
E Suburban Stability	Mature suburban owners living settled lives in mid- range housing (typical age 56-60)	113	0.9%	1,325	0.9%
F Senior Security	Elderly people with assets who are enjoying a comfortable retirement (typical age 76-80)	182	1.4%	2,168	1.5%
H Aspiring Homemakers	Younger households settling down in housing priced within their means (typical age 31-35)	511	4.0%	5,982	4.1%
I Urban Cohesion	Residents of settled urban communities with a strong sense of identity (typical age 56-60)	2,403	18.6%	25,937	17.8%
J Rental Hubs	Educated young people privately renting in urban neighbourhoods (typical age 26-30)	1,010	7.8%	16,262	11.2%
K Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles (typical age 56-60)	335	2.6%	3,862	2.7%
L Transient Renters	Single people privately renting low cost homes for the short term (typical age 18-25)	2,366	18.3%	30,144	20.7%
M Family Basics	Families with limited resources who have to budget to make ends meet (typical age 31-35)	3,712	28.8%	34,740	23.9%
N Vintage Value	Older people reliant on support to meet financial or practical needs (typical age 76-80)	725	5.6%	7,251	5.0%
O Municipal Challenge	Urban renters of social housing facing an array of challenges (typical age 56-60)	890	6.9%	9,166	6.3%
U Unknown	Unknown	91		1,925	
Total		13,001		147,404	

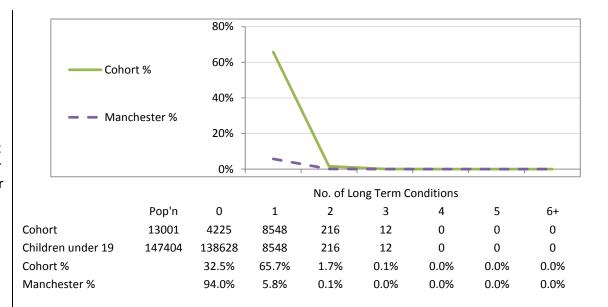
# **Long Term Conditions**

This section compares children in the cohort with all children aged under 19 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). Over two thirds (67.5%) of children in the cohort have one or more long term conditions, although the vast majority have a single long term condition. For the overall child population, 5.9% have one or more long term conditions.

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

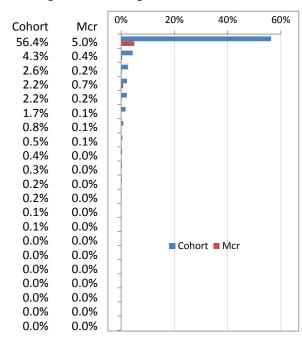
For the cohort, by far the largest LTC register is for asthma (7,329 / 56.4%) followed by Learning Disabilities (565 / 4.3%). In the overall child population the equivalent figures are 5% and 0.4%.



#### Number of children aged under 19 on each LTC Register

#### 2000 4000 6000 8000 Asthma 7329 LD 565 344 **Epilepsy Smoking** 288 Diabetes 281 Hypothyroid 215 Cancer 108 Obesity 61 Hypertension 46 Stroke 38 МН 30 **Heart Failure** 29 10 CKD **Arthritis** 7 COPD ΑF CHD **Parkinsons** PVD Dementia Osteoporosis

#### Percentage on each LTC Register



## **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 children aged under 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 children aged under 19 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 £30m for children under 19. Approximately £6.5m of this related to children in the cohort. The spend per child is 2.5 times higher for a child in the cohort compared to the overall child population.

For children in the cohort 42% of secondary care costs relate to planned care whereas for the overall child population planned care and urgent care are split 30/70. Planned Care costs are 3.5 times higher for children in the cohort while urgent care costs are 2 times higher.

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

Respiratory is the highest area of spend for the cohort (£1.3m / 20%), the same percentage as for the overall child population.

	Totals				
	Cohort	All Children	Cohort	All Children	Ratio Cohort v All
No. of People	13001	147404	Control	Air Cilliaren	8.8%
Planned Care	£2,754,613	£8,941,334	£212	£61	3.5
Urgent Care	£3,746,490	£21,029,343	£288	£143	2.0
Overall	£6,501,103	£29,970,677	£500	£203	2.5
% Planned Care	42%	30%			
% Urgent Care	58%	70%			

Cohort		
Area of Spend	Cost	% of Cost
Respiratory	£1,310,126	20%
Mental Health Disorders	£828,603	13%
Other Areas of Spend/Conditions	£757,385	12%
Endocrine, Nutrition & Metabolism	£611,389	9%
Trauma & Injury	£503,448	8%
Neurological problems	£488,747	8%
Gastro Intestinal	£349,751	5%
Infectious Diseases	£307,513	5%
Musculo Skeletal	£211,830	3%
Genito Urinary	£208,256	3%
Other Areas	£924,055	14%
Total	£6,501,103	100%

All Children		
Area of Spend	Cost	% of Cost
Respiratory	£5,848,180	20%
Other Areas of Spend/Conditions	£4,318,280	14%
Trauma & Injury	£3,400,375	11%
Gastro Intestinal	£2,217,417	7%
Infectious Diseases	£2,106,557	7%
Conditions of neonates	£1,999,147	7%
Neurological problems	£1,413,084	5%
Skin	£1,387,543	5%
Genito Urinary	£1,188,035	4%
Musculo Skeletal	£1,112,954	4%
Other Areas	£4,979,104	17%
Total	£29,970,677	100%

# Planned Care

The tables on the right show that activity rates and costs for different types of planned care are up to 5.4 times greater for children in the cohort compared to the overall child population registered with a Manchester GP.

	Cohort	All Children
Population	13001	147404

<b>Planned Care Activity</b>	Total		Per 1000		
	Cohort	All Children	Cohort	All Children	Ratio - Cohort v All
Outpatient Attends	30989	65519	2384	444	5.4
Outpatient Procedures	354	2867	27	19	1.4
Day Case	939	3105	72	21	3.4
Elective Admission	214	1009	16	7	2.4

Planned Care Costs	To	tal	Per 1000		
					Ratio -
	Cohort	All Children	Cohort	All Children	Cohort v All
Outpatient Attends	£1,617,740	£4,721,550	£124,432	£32,031	3.9
Outpatient Procedures	£39,957	£310,771	£3,073	£2,108	1.5
Day Case	£842,578	£2,839,898	£64,809	£19,266	3.4
Elective Admission	£254,338	£1,069,115	£19,563	£7,253	2.7
Total	£2,754,613	£8,941,334	£211,877	£60,659	3.5

# **Urgent Care**

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

They are also slightly more likely to be admitted as a result of the A&E attend, with 26% of A&E attends resulting in admission, compared to 22% for all children.

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

The average cost per child of emergency admissions for children in the cohort is 2.2 times higher than for all children.

	Cohort	All Children
Population	13001	147404

	Total		Per 1000 people		
	Cohort	All Children	Cohort	All Children	Ratio - Cohort v All
A&E Attends	9921	71364	763	484	1.6
Emergency Admissions	2549	15531	196	105	1.9
Percentage of A&E attends resulting in Emergency Admission	26%	22%			

	To	otal	Per 100		
Urgent Care Costs	Cohort	All Children	Cohort	All Children	Ratio - Cohort v All
A&E Attends	£987,830	£6,678,796	£75,981	£45,309	1.7
Emergency Admissions	£2,758,659	£14,350,547	£212,188	£97,355	2.2
Total	£3,746,490	£21,029,343	£288,169	£142,665	2.0

While children in the cohort are slightly more likely to be admitted from an A&E attend, their stay in hospital is also only slightly longer than the overall child population. The average length of stay for children in the cohort is 1.6 nights compared to 1.5 nights.

26% of emergency admissions are for 2 or more nights compared to 24% and average costs are £1082 compared to £924.

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.

39.7% of emergency admissions for the cohort could be classed as preventable or Ambulatory Care Sensitive – The cohort have a lower percentage of preventable admissions compared to the overall child population (16.0% v 23.7%) while the percentage of ACSC admissions is far higher (23.7% v 5.2%) The comparisons are similar when looking at costs.

	To	otal	Percentage	
Emergency Admissions	Cohort	All Children	Cohort	All Children
Same Day Emergency Admissions	1115	7429	44%	48%
Short Stay (1 night) Emergency				
Admissions	769	4360	30%	28%
Longer (2+ nights) Emergency Admissions	665	3742	26%	24%
Total Emergency Admissions	2549	15531		
Length of Stay	4062	23047	1.6	1.5

£2,758,659

£14,350,547

	No. of Admissions			
Emergency Admissions	Cohort	All Children		
Preventable	407	3679		
Ambulatory Care Sensitive (ACSC)	605	807		
Neither	1537	11045		
Total	2549	15531		
% Preventable	16.0%	23.7%		
% ACSC	23.7%	5.2%		

Cost of Admissions					
Cohort	All Children				
£451,194	£2,629,943				
£606,898	£791,227				
£1,700,567	£10,929,377				
£2,758,659	£14,350,547				
16.4%	18.3%				
22.0%	5.5%				

£1.082

f924

Looking at the preventable admissions for the cohort, nearly half are for ENT infections costing £132,000.

Admissions for and Dehydration and Gastroenteritis cost £82,000 while Flu & Pneumonia cost £98,000.

Preventable Admissions	No. of Admissions	Cost	% of Admissions
ENT Infections	173	£132,157	43%
Dehydration & Gastroenteritis	85	£82,406	21%
Convulsions & Epilepsy	47	£35,312	12%
Pyelonephritis & Kidney or Urinary Tract Infections	37	£50,684	9%
Flu & Pneumonia	34	£97,916	8%
Others	31	£52,720	8%
Total	407	£451,194	100%

For ambulatory care sensitive conditions, 71% of admissions for the cohort were for Respiratory, costing £348,000.

Admissions for Ambulatory Care Sensitive Conditions	No. of Admissions	Cost	% of Admissions
Respiratory	427	£347,741	71%
Neuro	90	£129,157	15%
Endocrine	78	£100,438	13%
CVD	5	£14,865	1%
Diseases of Blood	5	£14,697	1%
Others	0	£0	0%
Grand Total	605	£606,898	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 children aged under 19 registered with a Manchester GP, living both within Manchester and outside the area in July 2018.

Children in the cohort are more likely to be in the High / Very High risk categories (1.0%) than the overall child population (0.1%).

There is also some variation across localities in the proportion of the cohort in the High / Very High risk categories -1.5% in North, 0.8% in Central and 0.7% in South.

Cohor	t	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	3723	4	3514	150	38	17	55	1.5%
Central	4500	8	4308	149	27	8	35	0.8%
South	3847	9	3670	140	18	10	28	0.7%
Out of Area								
/ Unknown	931	3	894	25	8	1	9	1.0%
<b>Grand Total</b>	13001	24	12386	464	91	36	127	1.0%

All Child	Iren	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	47996	363	47136	404	71	22	93	0.2%
Central	50243	405	49500	282	41	15	56	0.1%
South	37325	294	36735	245	38	13	51	0.1%
Out of Area / Unknown	11840	140	11616	68	12	4	16	0.1%
Grand Total	147404	1202	144987	999	162	54	216	0.1%

## **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.

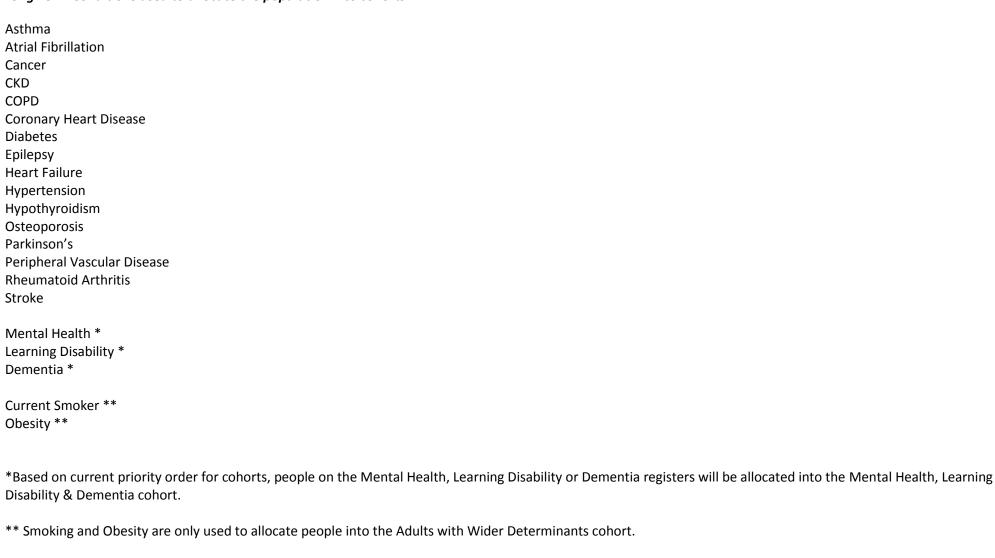
#### Cohort 8 - Good Health Children

- 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



## 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

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)		

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

**Authors**