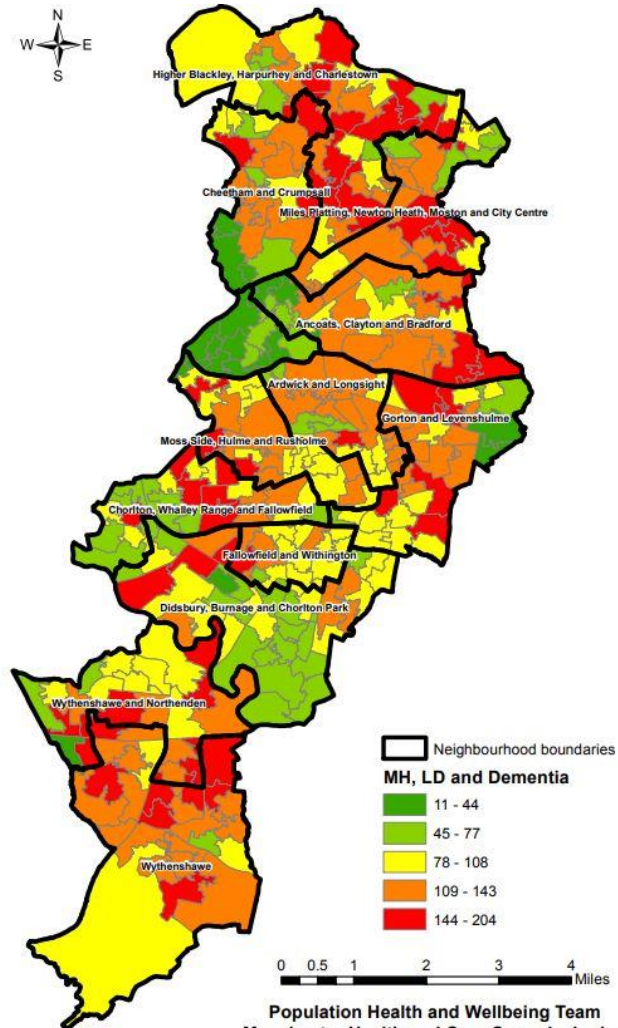


## Mental Health, Learning Disabilities & Dementia Health & Social Care Cohort Profile



Population Health and Wellbeing Team  
 Manchester Health and Care Commissioning  
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## 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 in the Mental Health, Learning Disabilities & Dementia cohort – 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%
<b>Adults (19 - 64)</b>	<b>433932</b>	<b>100.0%</b>
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%
<b>Older People (65+)</b>	<b>60464</b>	<b>100.0%</b>
Cohort Aged 19+	31372	6.3%
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 31,372 adults are in the Mental Health, Learning Disabilities & Dementia cohort. This equates to 6.3% of the adult population. The table also shows that the proportion of adults in the cohort increases with age from 4.4% of those aged 19 - 29 to 11.7% of those aged 70+.

No. of People	Age Band						All Ages
	19 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	
<b>Cohort</b>	6191	6117	5366	5460	3384	4854	<b>31372</b>
<b>Manchester</b>	140376	117508	84197	67917	42796	41602	<b>494396</b>
<b>Percentage of Mcr Population in the Cohort</b>	4.4%	5.2%	6.4%	8.0%	7.9%	11.7%	<b>6.3%</b>

### Gender

The gender split for adults in the cohort is different to the overall adult population (56% female and 44% male versus 48% female and 52% male).

	Cohort		Manchester	
	No. of People	Percentage (where known)	No. of Adults	Percentage (where known)
<b>Female</b>	17678	56%	237081	48%
<b>Male</b>	13693	44%	257309	52%
<b>Unknown</b>	-	-	6	-
<b>Total</b>	<b>31371</b>	<b>100%</b>	<b>494396</b>	

## 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 5.3% (1,886) in Ardwick & Longsight to 9.6% (3,565) 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
<i>Ancoats, Clayton and Bradford</i>	2030	33546	6.1%
<i>Cheetham and Crumpsall</i>	1946	33127	5.9%
<i>Higher Blackley, Harpurhey and Charlestown</i>	3261	39463	8.3%
<i>Miles Platting, Newton Heath, Moston and City Centre</i>	2357	41235	5.7%
<b>North</b>	<b>9594</b>	<b>147371</b>	<b>6.5%</b>
<i>Ardwick and Longsight</i>	1886	35506	5.3%
<i>Chorlton, Whalley Range and Fallowfield</i>	2367	38605	6.1%
<i>Gorton and Levenshulme</i>	2837	42293	6.7%
<i>Moss Side, Hulme and Rusholme</i>	2498	52509	4.8%
<b>Central</b>	<b>9588</b>	<b>168913</b>	<b>5.7%</b>
<i>Didsbury, Burnage and Chorlton</i>	2982	48464	6.2%
<i>Fallowfield (Old Moat) and Withington</i>	1539	24724	6.2%
<i>Wythenshawe (Baguley, Sharston, Woodhouse Park)</i>	3565	36961	9.6%
<i>Wythenshawe (Brooklands) and Northenden</i>	1814	20239	9.0%
<b>South</b>	<b>9900</b>	<b>130388</b>	<b>7.6%</b>
<i>Outside Manchester</i>	2262	46814	4.8%
<i>Unknown</i>	28	910	-
<b>Total</b>	<b>31372</b>	<b>494396</b>	<b>6.3%</b>

## Mosaic Analysis

Mosaic Public Sector classification by Experian™ 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" and "Municipal Challenge".

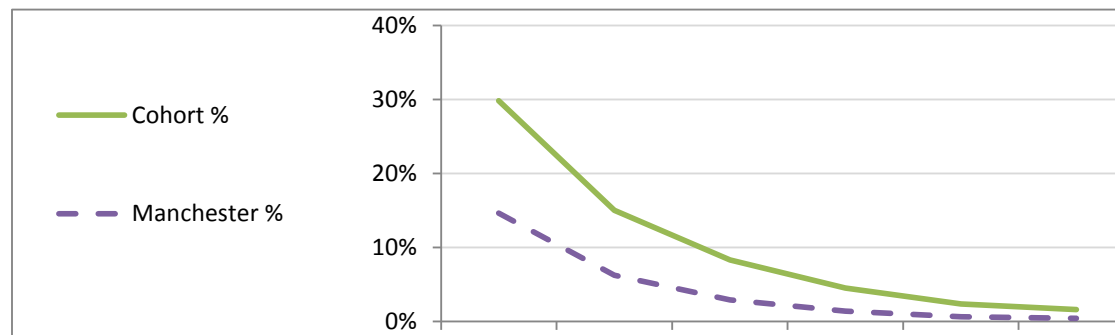
Mosaic Group	Description	Cohort		All Adults Aged 19+	
		No. of People	Percentage (where known)	No. of People	Percentage (where known)
<b>A Country Living</b>	Well-off owners in rural locations enjoying the benefits of country life (typical age 66-70)	-	-	10	0.0%
<b>B Prestige Positions</b>	Established families in large detached homes living upmarket lifestyles (typical age 61-65)	221	0.7%	4,600	1.0%
<b>C City Prosperity</b>	High status city dwellers living in central locations and pursuing careers with high rewards (typical age 31-35)	412	1.3%	9,407	2.0%
<b>D Domestic Success</b>	Thriving families who are busy bringing up children and following careers (typical age 41-45)	751	2.4%	17,380	3.8%
<b>E Suburban Stability</b>	Mature suburban owners living settled lives in mid-range housing (typical age 56-60)	286	0.9%	6,098	1.3%
<b>F Senior Security</b>	Elderly people with assets who are enjoying a comfortable retirement (typical age 76-80)	614	2.0%	11,158	2.4%
<b>H Aspiring Homemakers</b>	Younger households settling down in housing priced within their means (typical age 31-35)	975	3.2%	19,924	4.3%
<b>I Urban Cohesion</b>	Residents of settled urban communities with a strong sense of identity (typical age 56-60)	3,396	11.1%	62,532	13.5%
<b>J Rental Hubs</b>	Educated young people privately renting in urban neighbourhoods (typical age 26-30)	4,694	15.3%	106,336	23.0%
<b>K Modest Traditions</b>	Mature homeowners of value homes enjoying stable lifestyles (typical age 56-60)	1,021	3.3%	13,886	3.0%
<b>L Transient Renters</b>	Single people privately renting low cost homes for the short term (typical age 18-25)	5,385	17.6%	73,464	15.9%
<b>M Family Basics</b>	Families with limited resources who have to budget to make ends meet (typical age 31-35)	6,230	20.3%	77,045	16.6%
<b>N Vintage Value</b>	Older people reliant on support to meet financial or practical needs (typical age 76-80)	3,394	11.1%	29,946	6.5%
<b>O Municipal Challenge</b>	Urban renters of social housing facing an array of challenges (typical age 56-60)	3,303	10.8%	31,543	6.8%
<b>U Unknown</b>	Unknown	690		31,067	
<b>Total</b>		31,372		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 30% of the cohort are on a single long term condition register, while a further 30% have two or more long term conditions. This is considerably higher than the overall adult population.

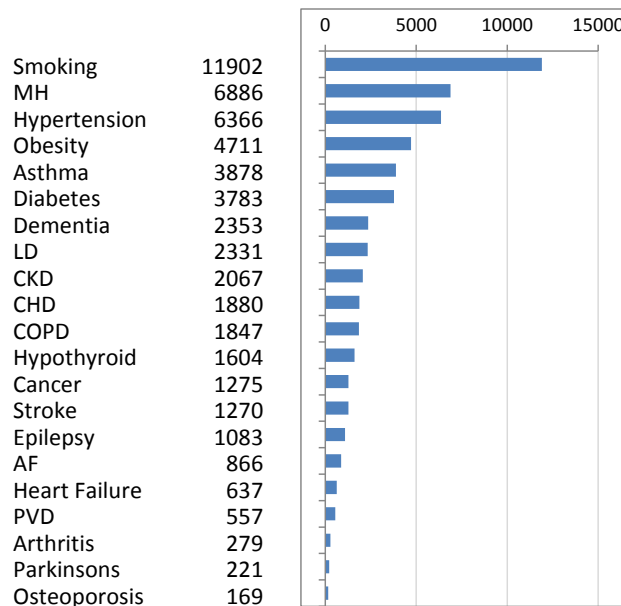


	Pop'n	0	1	2	3	4	5	6+
Cohort	31372	12014	9352	4717	2616	1424	747	502
All Adults	494396	364445	72454	30854	14492	6927	3158	2066
Cohort %		38.3%	29.8%	15.0%	8.3%	4.5%	2.4%	1.6%
Manchester %		73.7%	14.7%	6.2%	2.9%	1.4%	0.6%	0.4%

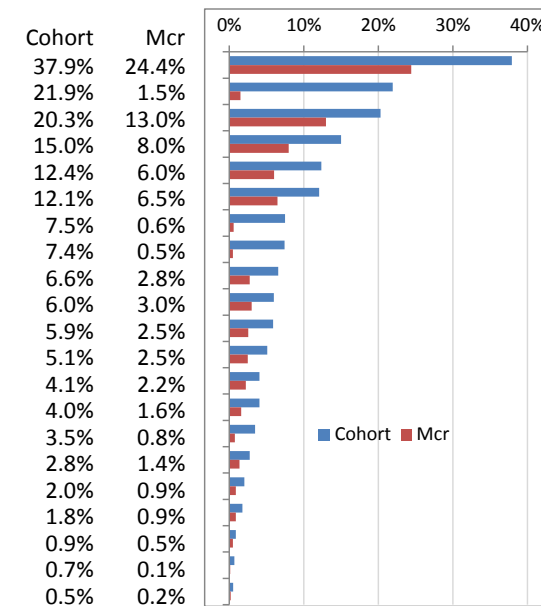
The charts on the right show the number and percentage of people on each of the LTC registers counted above, along with smoking and obesity.

In almost every instance there are higher proportions of adults in the cohort on each LTC register than the overall adult population. For the cohort, nearly 40% are recorded as smokers, compared to 25% of the overall adult population. Over 20% are on a Mental Health Long Term Condition register compared to 1.5% of the overall adult population. Approximately 20% are recorded as having hypertension, 12.4% asthma and 12.1% diabetes.

Number of adults on each LTC Register



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 30<sup>th</sup> 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 6.3% of the adult population registered with a Manchester GP, they accounted for a nearly half (46%) of contacts.

	Cohort	Registered Adults *	%
<b>Population</b>	31372	494396	6.3%
<b>No. of People with a Social Care Contact</b>	4602	9990	46.1%

*\* 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 6.3% of the adult population, they accounted for a much higher proportion of all types of assessment: General assessments (44.2%); equipment assessments (34.7%) and drug and alcohol assessments (31.5%).

	Cohort	Registered Adults *	%
<b>Population</b>	31372	494396	6.3%
<b>Type of Assessment</b>			
General	1711	3873	44.2%
Equipment	757	2181	34.7%
Drugs & Alcohol	62	197	31.5%

*\* 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 Mental Health, Learning Disabilities & Dementia cohort equates to 6.3% of the adult population registered with a Manchester GP. In all instances, the proportion of adults in the cohort receiving each type of care package is far greater than 6.3%.

	<b>Cohort</b>	<b>Registered Adults *</b>	<b>%</b>
<b>Population</b>	31372	494396	6.3%
<b>Type of Care Package</b>			
Home Care	718	1741	41.2%
Community Alarm	544	1850	29.4%
Permanent Residential Care	424	684	62.0%
Supported Accommodation	416	477	87.2%
Direct Payments	267	505	52.9%
Day Care	265	333	79.6%
Reablement	231	815	28.3%
Respite	154	209	73.7%
Permanent Nursing Care	153	262	58.4%
Casework Support	95	189	50.3%
Temporary Residential Care	70	163	42.9%
Adult Placement Scheme	65	84	77.4%
Sitting/Befriending	57	92	62.0%
Extra Care Sheltered Housing	51	125	40.8%
Neighbourhood Apartments	17	28	60.7%

*\* 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 £39m of this related to adults in the cohort.

For adults in the cohort 60% of secondary care costs relate to urgent care whereas for the overall adult population planned care and urgent care are split 44/56. Planned Care costs are 2.2 times higher for adults in the cohort while urgent care costs are 2.6 times higher.

	Totals		Per Person		
	Cohort	All Adults	Cohort	All Adults	Ratio Cohort v All
<b>No. of People</b>	31372	494396			6.3%
<b>Planned Care</b>	£15,726,792	£111,439,942	£501	£225	2.2
<b>Urgent Care</b>	£23,304,247	£142,512,462	£743	£288	2.6
<b>Overall</b>	£39,031,039	£253,952,405	£1,244	£514	2.4
<b>% Planned Care</b>	40%	44%			
<b>% Urgent Care</b>	60%	56%			

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 (£4.8m / 12%) while for the overall adult population this accounts for 10% of spend.

Gastro Intestinal is the next highest area of spend (£4.67m / 12%) compared to 11% for the overall adult population.

Cohort		
Area of Spend	Cost	% of Cost
Respiratory	£4,774,334	12%
Gastro Intestinal	£4,673,957	12%
Genito Urinary	£3,799,936	10%
Musculo Skeletal	£3,461,716	9%
Maternity / Reproductive Health	£3,182,059	8%
Circulation	£3,180,328	8%
Neurological problems	£2,930,075	8%
Cancers & Tumours	£1,958,738	5%
Trauma & Injury	£1,918,156	5%
Other Areas of Spend/Conditions	£1,770,592	5%
Others	£7,381,149	19%
<b>Total</b>	<b>£39,031,039</b>	<b>100%</b>

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%
Others	£47,123,389	19%
<b>Total</b>	<b>£253,952,405</b>	<b>100%</b>

## Planned Care

The tables on the right show that activity rates and costs for different types of planned care are approximately 2 to 3 times greater for adults in the cohort compared to the overall adult population registered with a Manchester GP.

Planned Care Activity	Population		Cohort	All Adults	Ratio - Cohort v All
	Total		Per 1000 people		
	Cohort	All Adults	Cohort	All Adults	
Outpatient Attends	86066	646216	2743	1307	2.1
Outpatient Procedures	10097	87291	322	177	1.8
Day Case	7284	49924	232	101	2.3
Elective Admission	1640	9254	52	19	2.8

Planned Care Costs	Total		Per 1000 people		Ratio - Cohort v All
	Cohort	All Adults	Cohort	All Adults	
	Outpatient Attends	£5,526,534	£42,699,452	£176,161	
Outpatient Procedures	£1,443,711	£12,026,044	£46,019	£24,325	1.9
Day Case	£4,888,273	£33,703,923	£155,816	£68,172	2.3
Elective Admission	£3,868,275	£23,010,523	£123,303	£46,543	2.6
Total	£15,726,792	£111,439,942	£501,300	£225,406	2.2

## Urgent Care

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

They are also more likely to be admitted as a result of the A&E attend, with 38% of A&E attends resulting in admission, compared to 34% for all adults.

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 more than two times higher than for the overall adult population.

	Cohort	All Adults
<b>Population</b>	31372	494396

	Total		Per 1000 people		Ratio - Cohort v All
	Cohort	All Adults	Cohort	All Adults	
A&E Attends	29659	193079	945	391	2.4
Emergency Admissions	11166	65322	356	132	2.7
Percentage of A&E attends resulting in Emergency Admission	38%	34%			

Urgent Care Costs	Total		Per 1000 people		Ratio - Cohort v All
	Cohort	All Adults	Cohort	All Adults	
A&E Attends	£3,351,045	£20,607,524	£106,816	£41,682	2.6
Emergency Admissions	£19,953,202	£121,904,938	£636,019	£246,573	2.6
Total	£23,304,247	£142,512,462	£742,836	£288,256	2.6

While adults in the cohort are more likely to be admitted from an A&E attend, their stay in hospital and the attached costs are similar to the overall adult population.

The average length of stay for adults in the cohort is 4.8 nights compared to 4.6 nights with 45% of emergency admissions are for 2 or more nights, the same as the overall adult population. Costs per admission are £1787 compared to £1866.

Emergency Admissions	Total		Percentage	
	Cohort	All Adults	Cohort	All Adults
Same Day Emergency Admissions	3933	22576	35%	35%
Short Stay (1 night) Emergency Admissions	2217	13189	20%	20%
Longer (2+ nights) Emergency Admissions	5016	29557	45%	45%
<b>Total Emergency Admissions</b>	<b>11166</b>	<b>65322</b>		

Length of Stay	53485	297480	4.8	4.6
Cost	£19,953,202	£121,904,938	£1,787	£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.

21.3% of emergency admissions for the cohort could be classed as preventable or Ambulatory Care Sensitive – 11.4% preventable and 9.9% 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	
	Cohort	All Adults
Preventable	1271	6299
Ambulatory Care Sensitive (ACSC)	1105	5396
Neither	8790	53627
<b>Total</b>	<b>11166</b>	<b>65322</b>
% Preventable	11.4%	9.6%
% ACSC	9.9%	8.3%

Cost of Admissions	
Cohort	All Adults
£2,946,016	£13,589,263
£1,979,093	£9,867,115
£15,028,093	£98,448,560
<b>£19,953,202</b>	<b>£121,904,938</b>
14.8%	11.1%
9.9%	8.1%

Looking at the preventable admissions for the cohort, nearly a third were for Pyelonephritis & Kidney or Urinary Tract Infection costing over £1m.

Admissions for Flu & Pneumonia cost £873,000 while Cellulitis and Dehydration / Gastroenteritis each cost over £300,000.

<b>Preventable Admissions</b>	<b>No. of Admissions</b>	<b>Cost</b>	<b>% of Admissions</b>
Pyelonephritis & Kidney or Urinary Tract Infections	387	£1,072,832	30%
Flu & Pneumonia	288	£872,882	23%
Dehydration & Gastroenteritis	193	£333,872	15%
Cellulitis	157	£324,184	12%
Perforated or bleeding Ulcer	94	£172,732	7%
Others	152	£169,514	12%
<b>Total</b>	<b>1271</b>	<b>£2,946,016</b>	<b>100%</b>

For ambulatory care sensitive conditions, 47% of admissions for the cohort were for respiratory, costing £977,000 and 26% of admissions were for CVD, costing £563,000.

<b>Admissions for Ambulatory Care Sensitive Conditions</b>	<b>No. of Admissions</b>	<b>Cost</b>	<b>% of Admissions</b>
Respiratory	521	£977,231	47%
CVD	283	£563,061	26%
Neuro	136	£191,194	12%
Endocrine	93	£161,236	8%
Diseases of Blood	43	£64,707	4%
Others	29	£21,663	3%
<b>Grand Total</b>	<b>1105</b>	<b>£1,979,093</b>	<b>100%</b>

## 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 more likely to be in the High / Very High risk categories (7.0%) than the overall adult population (1.6%).

There is also some variation across localities in the proportion of the cohort in the High / Very High risk categories – 8.8% in North, 5.8% in Central and 6.4% in South.

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	9594	38	7102	1611	650	193	843	8.8%
Central	9588	80	7553	1406	433	116	549	5.8%
South	9900	65	7565	1639	522	109	631	6.4%
Out of Area / Unknown	2290	13	1719	388	130	40	170	7.5%
<b>Grand Total</b>	<b>31372</b>	<b>196</b>	<b>23939</b>	<b>5044</b>	<b>1735</b>	<b>458</b>	<b>2193</b>	<b>7.0%</b>

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%
<b>Grand Total</b>	<b>494396</b>	<b>4496</b>	<b>458755</b>	<b>23198</b>	<b>6325</b>	<b>1622</b>	<b>7947</b>	<b>1.6%</b>



## **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](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](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](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](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.