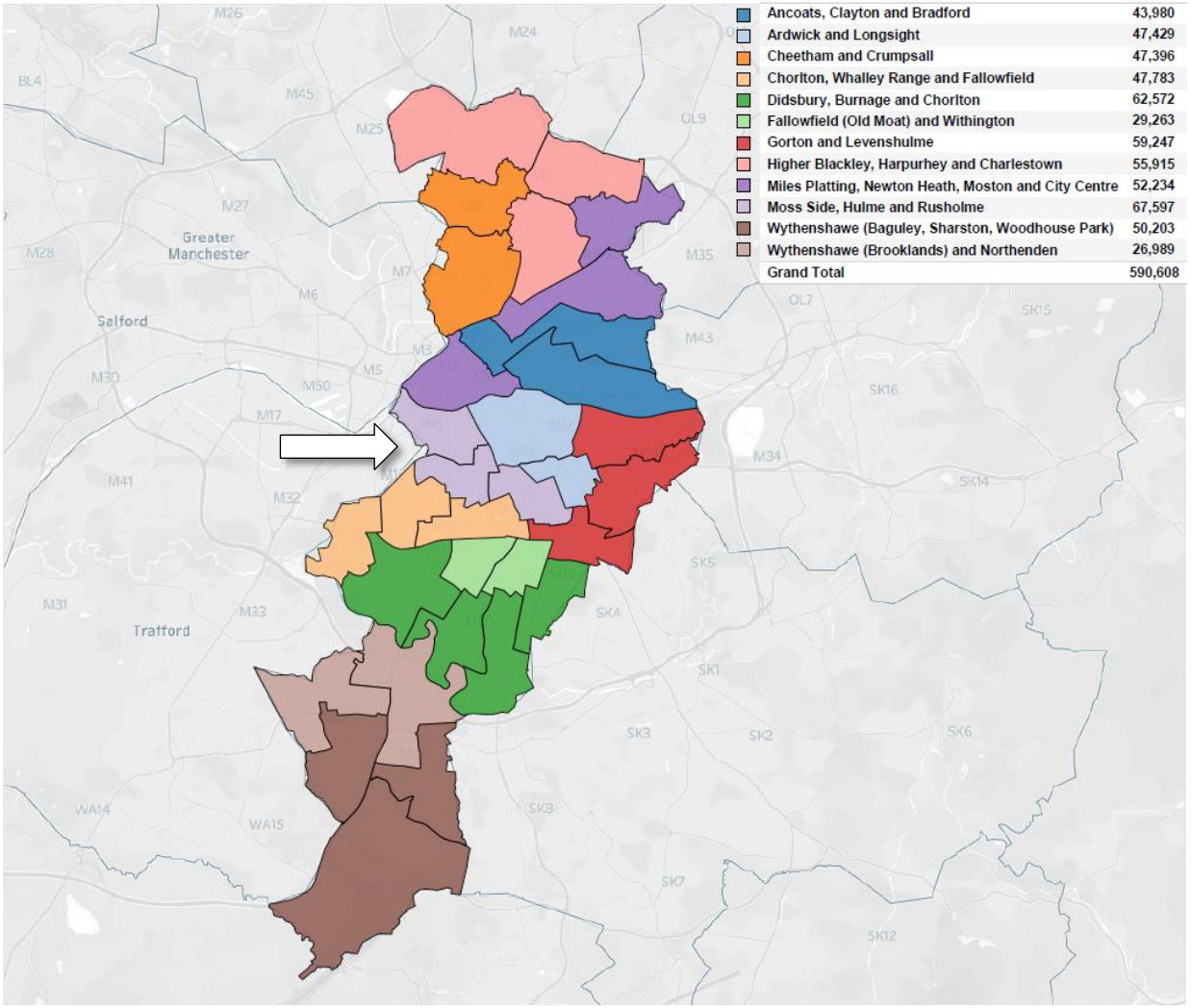
Manchester Health & Care Commissioning
A partnership between Manchester City Council and NHS Manchester CCG

MANCHESTER CITY COUNCIL

NHS Manchester Clinical Commissioning Group

Moss Side, Hulme & Rusholme
Neighbourhood Health & Social Care Profile



Ancoats, Clayton and Bradford	43,980
Ardwick and Longsight	47,429
Cheetham and Crumpsall	47,396
Chorlton, Whalley Range and Fallowfield	47,783
Didsbury, Burnage and Chorlton	62,572
Fallowfield (Old Moat) and Withington	29,263
Gorton and Levenshulme	59,247
Higher Blackley, Harpurhey and Charlestown	55,915
Miles Platting, Newton Heath, Moston and City Centre	52,234
Moss Side, Hulme and Rusholme	67,597
Wythenshawe (Baguley, Sharston, Woodhouse Park)	50,203
Wythenshawe (Brooklands) and Northenden	26,989
Grand Total	590,608

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 Moss Side, Hulme & Rusholme, comparing its population with the overall population registered with a Manchester GP at the end of June 2019.

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 A.

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.

Demographics

Age

At the end of June 2019, nearly 660,000 people were registered with a Manchester GP. Of these, 67,597 lived in Moss Side, Hulme & Rusholme.

The neighbourhood is generally younger than the average for Manchester, with a higher proportion of younger adults aged 19 – 34 (45% v 32%) lover proportions of older adults.

	Age Band						
No. of People	Under 19	19 - 34	35 - 49	50 -64	65 - 79	80+	All Ages
Neighbourhood - No.	13832	30139	13493	6796	2447	890	**67597**
Neighbourhood - %	20%	45%	20%	10%	4%	1%	
Manchester - No.	150603	209468	143012	94628	45714	15561	**658986**
Manchester - %	23%	32%	22%	14%	7%	2%	

Gender

The gender split for the neighbourhood is similar to the overall population (46% female v 48%).

	Neighbourhood		Manchester	
	No. of People	Percentage (where known)	No. of People	Percentage (where known)
Female	31295	46%	317221	48%
Male	36301	54%	341747	52%
Unknown	1	-	18	-
Total	**67597**	**100%**	**658986**	

Race

Compared to the overall adult population, people living in the neighbourhood are more likely to be Black / African / Caribbean / Black British (23.5% v 11.7%) or Asian / Asian British (33.5% v 24.5%) and less likely to be White / White British (37.2% v 59.8%).

	Neighbourhood		Manchester	
Description	No. of People	Percentage (where known)	No. of People	Percentage (where known)
Asian / Asian British: Bangladeshi	1488	3.1%	6211	1.3%
Asian / Asian British: Chinese	3633	7.6%	19668	4.2%
Asian / Asian British: Indian	2093	4.4%	13200	2.8%
Asian / Asian British: Pakistani	5104	10.7%	54015	11.6%
Asian / Asian British: Other Asian	3716	7.8%	20321	4.4%
Black / African / Caribbean / Black British	11237	23.5%	54136	11.7%
Gypsy / Traveller / Irish Traveller	34	0.1%	259	0.1%
White or White British	17823	37.2%	277294	59.8%
Mixed or Multiple	2756	5.8%	18668	4.0%
Unknown	19713	-	195214	-
Total	**67597**		**658986**	

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 B.

Moss Side, Hulme & Rusholme has more adults aged 19 - 64 in the Good Health cohort. There are fewer in the Adults with Wider Determinants of Need, Adults with Multiple Long Term Conditions / End of Life and Mental Health, Learning Disabilities & Dementia cohorts. For older adults (aged 65+) fewer are in good health, with more in the Mental Health, Learning Disabilities & Dementia cohort and Adults with Multiple Long Term Conditions / End of Life Care cohort.

	Neighbourhood		Manchester	
Children (under 19)	**No.**	**%**	**No.**	**%**
Good Health Children	12555	91%	135933	90%
Children & Young people with Long Term Conditions, Learning Disabilities or Mental Health Needs	1274	9%	14609	10%
Total	**13829**		**150542**	

Adults (19 - 64)	**No.**	**%**	**No.**	**%**
Good Health Adults	23949	47%	166608	37%
Complex Lifestyles	876	2%	7017	2%
Mental Health, Learning Disabilities, Dementia	1740	3%	21261	5%
Maternity	638	1%	7920	2%
Adults with Multiple Long Term Conditions /	1494	3%	20298	5%
Adults with Wider Determinants of Need	21731	43%	224004	50%
Total	**50428**		**447108**	

Older People (65+)	**No.**	**%**	**No.**	**%**
Good Health Older People	270	8%	5963	10%
Frail older people	202	6%	4131	7%
Complex Lifestyles	60	2%	1064	2%
Mental Health, Learning Disabilities, Dementia	336	10%	5632	9%
Adults with Multiple Long Term Conditions /	1478	44%	24844	41%
Adults with Wider Determinants of Need	991	30%	19641	32%
Total	**3337**		**61275**	

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 neighbourhood versus the population registered with a Manchester GP, people in the neighbourhood are more likely to be in the Mosaic Groups "Rental Hubs" (38.3% v 20.3%), and "Transient Renters" (27.7% v 17.2%). The neighbourhood has a lower proportion of those in the "Aspiring Home Makers" (0.2% v 4.3%), "Family Basics" (6.2% v 18.2%)and "Vintage Value" groups (0.8% v 6.1%).

		Neighbourhood		Manchester	
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)	-	-	17	0.0%
B Prestige Positions	Established families in large detached homes living upmarket lifestyles (typical age 61-65)	-	-	5877	1.0%
C City Prosperity	High status city dwellers living in central locations, pursuing careers with high rewards (typical age 31-35)	215	0.4%	11699	1.9%
D Domestic Success	Thriving families who are busy bringing up children and following careers (typical age 41-45)	-	-	22770	3.7%
E Suburban Stability	Mature suburban owners living settled lives in mid-range housing (typical age 56-60)	-	-	7442	1.2%
F Senior Security	Elderly people with assets who are enjoying a comfortable retirement (typical age 76-80)	-	-	13342	2.2%
H Aspiring Homemakers	Younger households settling down in housing priced within their means (typical age 31-35)	100	0.2%	26284	4.3%
I Urban Cohesion	Residents of settled urban communities with a strong sense of identity (typical age 56-60)	9988	17.7%	88703	14.4%
J Rental Hubs	Educated young people privately renting in urban neighbourhoods (typical age 26-30)	21674	38.3%	124877	20.3%
K Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles (typical age 56-60)	-	-	17776	2.9%
L Transient Renters	Single people privately renting low cost homes for the short term (typical age 18-25)	15686	27.7%	105989	17.2%
M Family Basics	Families with limited resources who have to budget to make ends meet (typical age 31-35)	3505	6.2%	112369	18.2%
N Vintage Value	Older people reliant on support to meet financial or practical needs (typical age 76-80)	473	0.8%	37669	6.1%
O Municipal Challenge	Urban renters of social housing facing an array of challenges (typical age 56-60)	4903	8.7%	41229	6.7%
U Unknown	Unknown	11053	16.4%	42943	6.5%
Total		**67597**		**658986**	

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 2019, 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 & Assessments

In the 12 months to 30th June 2019, 804 adults living in the neighbourhood had 1 or more contacts with MCC Adult Social Care. This is 1% of the adult population, which is only half the average for the overall adult population.

However, the percentage of people who received 1 or more assessments was similar to the overall adult population (52% v 50%). While the neighbourhood accounts for 10.6% of the registered adult population, the percentage receiving and form of assessment is lower.

	N'hood	Registered Adults *
Total No. of Adults	53765	508383
Contacts		
No. with 1 or more contacts with MCC ASC	804	10814
% with at least one contact	1%	2%
Average no. of contacts per person	2.9	3.1
Assessments		
No. with 1 or more assessments with MCC ASC	415	5451
Ratio - Assessments v Contacts	52%	50%
Average no. of assessments per person	2.2	2.0

	N'hood	*Registered Adults **	N'hood v All
Population	53765	508383	10.6%
Type of Assessment			
General	295	3766	7.8%
Equipment	165	2245	7.3%
Drugs & Alcohol	23	231	10.0%

** In the 12 months to 30th June 2019, 23,611 adults had a contact with MCC Adult Social Services. Of these, 46% (10,814 adults) were identified as registered with a Manchester GP.*

** 10,274 adults had an assessment of some form. Of these, 53% (5,451 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:

In the neighbourhood, the two most widely used services provided via MCC Adult Social Care were community alarms (140 adults) and home care (136).

The adult population in the neighbourhood equates to 10.6% of the adult population registered with a Manchester GP. Where adults in the neighbourhood access services, the percentage of all service users who live in the neighbourhood is generally lower, especially Residential Care, where only 2.9% of service users live in the neighbourhood.

	N'hood	Registered Adults *	Ratio
Population	53765	508383	10.6%
Type of Care Package	**No.**	**No.**	**%**
Community Alarm	140	2065	6.8%
Home Care	136	1908	7.1%
Reablement	51	926	5.5%
Direct Payments	47	519	9.1%
Supported Accommodation	45	511	8.8%
Day Care	22	351	6.3%
Residential Care	21	726	2.9%
Extra Care Sheltered Housing	14	132	10.6%
Sitting/Befriending	9	98	9.2%

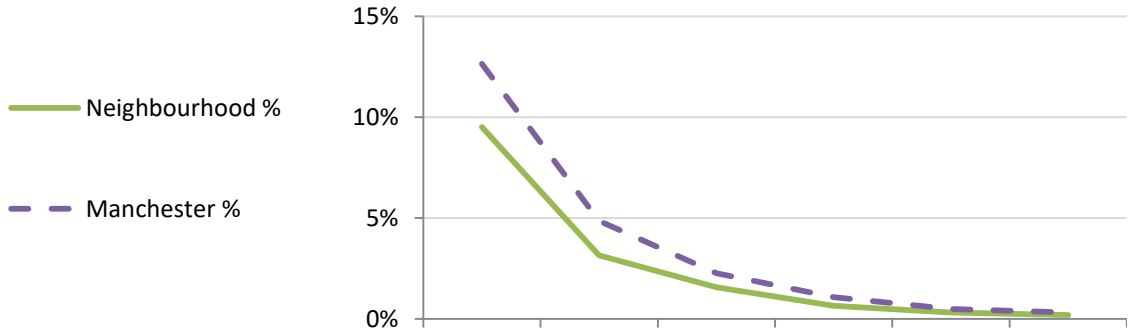
** In the 12 months to 30th June 2019, 9,546 adults were in receipt of one or more packages of care from MCC Adult Social Care. Of these, 59% (5,642) were identified as registered with a Manchester GP.*

Long Term Conditions

This section compares the neighbourhood with all people (adults and children) 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).

People in the neighbourhood have fewer long term conditions compared to the overall population registered with a Manchester GP.

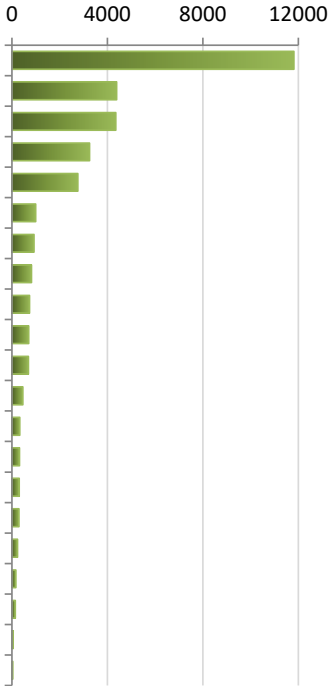


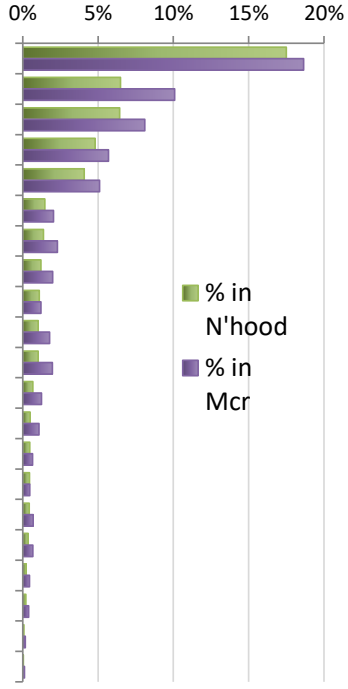
		No. of Long Term Conditions						
	Pop'n	0	1	2	3	4	5	6+
Neighbourhood	67597	57194	6433	2131	1056	438	218	127
Manchester	658986	516209	83312	32068	14902	7094	3246	2155
Neighbourhood %		84.6%	9.5%	3.2%	1.6%	0.6%	0.3%	0.2%
Manchester %		78.3%	12.6%	4.9%	2.3%	1.1%	0.5%	0.3%

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 neighbourhood, the percentage of the population on each register is also generally lower than the overall population registered with a Manchester GP. By far the highest LTC register is for smoking (17.5%), followed by Hypertension (6.5%) and Obesity (6.4%).

LTC	No. in N'hood	% in N'hood	% in Mcr
Smoking	11823	17.5%	18.6%
Hypertension	4385	6.5%	10.1%
Obesity	4349	6.4%	8.1%
Asthma	3248	4.8%	5.7%
Diabetes	2758	4.1%	5.1%
CKD	996	1.5%	2.0%
CHD	922	1.4%	2.3%
Hypothyroid	814	1.2%	2.0%
MH	738	1.1%	1.2%
Cancer	695	1.0%	1.8%
COPD	693	1.0%	2.0%
Stroke	454	0.7%	1.2%
AF	323	0.5%	1.1%
Epilepsy	315	0.5%	0.7%
LD	298	0.4%	0.5%
Heart Failure	291	0.4%	0.7%
PVD	238	0.4%	0.7%
Dementia	157	0.2%	0.4%
Arthritis	134	0.2%	0.4%
Osteoporosis	49	0.1%	0.2%
Parkinsons	29	0.0%	0.1%





Prescribing

This section compares prescribing spend by GP practices located within the neighbourhood to all GP practices within Manchester from July 2018 to June 2019. It does not include the cost of drugs prescribed while a patient is in hospital or when they are discharged.

For all Manchester GP practices, the average spend per person was £123 and varied between neighbourhoods from £84 to £193. Spend is highest on CNS and Endocrine at around £14.5m each, followed by Respiratory, with spend of £10.6m.

Spend per person in the neighbourhood is 27% lower than the Manchester average.

Endocrine is the highest area of spend (£1.2m) with spend per person 19% below the Manchester average.

CNS spend is £0.9m with spend per person 38% below average and Respiratory spend (0.7m) is 35% below average.

Drug Group	N'hood Spend per person	Manchester Spend per person	N'hood v Manchester	N'hood Total Spend	Manchester Total Spend
Endocrine System	£18	£22	-19%	£1,210,951	£14,548,333
Central Nervous System	£14	£22	-38%	£927,304	£14,542,374
Respiratory System	£10	£16	-35%	£705,800	£10,600,423
Cardiovascular System	£9	£14	-37%	£606,448	£9,419,985
Nutrition And Blood	£8	£11	-26%	£543,194	£7,188,534
Skin	£5	£5	-6%	£343,847	£3,559,426
Gastro-Intestinal System	£5	£7	-30%	£325,143	£4,529,353
Appliances	£4	£4	-8%	£273,196	£2,898,424
Obstetrics,Gynae+Urinary Tract Disorders	£4	£4	-12%	£251,116	£2,790,677
Musculoskeletal & Joint Diseases	£2	£3	-28%	£137,328	£1,855,491
Others	£11	£14	-24%	£730,582	£9,344,461
Total	**£90**	**£123**	**-27%**	**£6,054,910**	**£81,277,482**

Across Manchester, the drug groups with the highest total spend (making up around 50% of spend) were:

- *Central Nervous System* i.e. drugs that affect the brain / central nervous systems of the body such as pain killers, antidepressants and drugs for Dementia, sleep disorders, Parkinson's and Epilepsy
- *Endocrine* i.e. drugs that affect the body's endocrine (hormonal) system including treatments for Diabetes, an under/over active thyroid and sex hormones
- *Respiratory* i.e. drugs that affect the body's respiratory system, mainly treatments for Asthma and COPD

Acute Hospital Care

This section compares the extent to which different types of acute hospital (secondary care) services were used from July 2018 to June 2019 by people registered with a Manchester GP at the time of the attendance or admission AND registered with a Manchester GP on 30th June 2019. The analysis then further compares those living in the neighbourhood, with the overall registered population.

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 expected population at any single given point in time – a "snapshot". The snapshot population figures are based on:

Neighbourhood – people living within the neighbourhood AND registered with a Manchester GP on 30th June 2019 (67,597 people).
Manchester – people living inside or outside Manchester AND registered with a Manchester GP on 30th June 2019 (658,986 people).

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.

Reason for Secondary Care

The reason for acute hospital activity can be broken down into key areas (known as Programme Budget Categories).

Unlike the overall population, where Respiratory and Gastro Intestinal are the highest areas of spend at 10 – 12%, for the neighbourhood, the highest area of spend is Maternity / Reproductive Health at 12%. A number of areas then account for spend of around 7 – 9% each: Genito Urinary; Circulation; Trauma & Injury and Musculo Skeletal.

Area of Spend	N'hood % of Spend	Manchester % of Spend	N'hood Total Spend	Manchester Total Spend
Maternity / Reproductive Health	12%	9%	£2,584,971	£26,819,938
Gastro Intestinal	12%	12%	£2,488,010	£34,879,043
Respiratory	10%	11%	£2,153,311	£32,814,191
Genito Urinary	9%	9%	£1,874,114	£25,709,154
Circulation	8%	8%	£1,673,622	£24,586,491
Trauma & Injury	8%	8%	£1,586,262	£23,686,012
Musculo Skeletal	7%	8%	£1,385,736	£24,511,751
Neurological problems	6%	5%	£1,176,888	£15,683,029
Other Areas of Spend/Conditions	5%	5%	£1,123,001	£13,943,057
Cancers & Tumours	4%	5%	£903,399	£15,759,064
Others (low value or not specified)	20%	20%	£4,136,325	£59,768,991
Total	**100%**	**100%**	**£21,085,638**	**£298,160,724**

Planned Care

Planned Care is split into four broad categories of activity:

Outpatient attends are clinic appointments where no procedure is performed.

An outpatient procedure is a minor procedure performed on a single day.

A Day case is also a procedure performed on a single day, but may require the person to be in hospital for longer than an outpatient procedure e.g. for supervised recovery.

An Elective admission will involve a stay of at least one night.

Activity rates for the different types of planned care are far lower for people living in the neighbourhood compared to the overall population registered with a Manchester GP.

	Outpatient Attends	Outpatient Procedures	Day Case	Elective Admission	
Planned Care Activity					
Neighbourhood	60145	5622	3668	610	
Manchester	733452	92324	56293	9466	
Rate per 1000 People					**Pop'n**
Neighbourhood	890	83	54	9	67597
Manchester	1113	140	85	14	658986
Ratio - Neighbourhood v Manchester					
	0.8	0.6	0.6	0.6	

Urgent Care

People in the neighbourhood are less likely to attend A&E than the overall population registered with a Manchester GP.

They are also less likely to be admitted as a result of the A&E attend, with 26% of A&E attends resulting in admission, compared to 31% for the overall population.

In combination, this means that people living in the neighbourhood are far less likely to experience an emergency admission than the wider population.

	A&E Attends	Emergency Admissions	Percentage of A&E attends resulting in admission	
Urgent Care Activity				
Neighbourhood	25322	6497	26%	
Manchester	272209	84883	31%	
Rate per 1000 People				**Pop'n**
Neighbourhood	375	96	-	67597
Manchester	413	129	-	658986
Ratio - Neighbourhood v Manchester				
	0.9	0.7	0.8	

When a person living in the neighbourhood experiences an emergency hospital admission, they stay in hospital for slightly less time than the average for people registered with a Manchester GP – 3.6 nights v 3.7 nights.

	Same Day	Short Stay (1 night)	Longer (2+ nights)	Average LOS
Emergency Admissions Activity				
Neighbourhood	2694	1380	2423	3.6
Manchester	33350	17556	33977	3.7
Percentage of admissions				
Neighbourhood	41%	21%	37%	
Manchester	39%	21%	40%	
Ratio - Neighbourhood v Manchester				
	1.1	1.0	0.9	

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.

19.1% of emergency admissions for the neighbourhood could be classed as preventable or Ambulatory Care Sensitive – 11.7% preventable and 7.4% for ACSCs. This compares to 12.2% and 7.5% for the overall population.

	No. of Admissions	
Emergency Admissions	**N'hood**	**Manchester**
Preventable	758	10318
Ambulatory Care Sensitive (ACSC)	480	6327
Neither	5259	68238
Total	6497	84883
% Preventable	11.7%	12.2%
% ACSC	7.4%	7.5%

For Preventable Admissions, ENT Infections account for by far the highest percentage in the neighbourhood (26.4%) and across Manchester (24.7%). This is followed by Pyelonephritis & Kidney or Urinary Tract Infection (20.1%), Dehydration & Gastroenteritis (19%) which again have similar percentage levels to Manchester.

	% of Preventable Admissions		No. of Admissions	
Preventable Admissions	**N'hood**	**Manchester**	**N'hood**	**Manchester**
Angina	1.1%	1.0%	8	106
Cellulitis	9.1%	10.9%	69	1127
Convulsions & Epilepsy	4.7%	3.6%	36	374
Dehydration & Gastroenteritis	19.0%	18.6%	144	1915
Dental conditions	1.5%	0.8%	11	87
ENT Infections	26.4%	24.7%	200	2549
Flu & Pneumonia	12.0%	15.4%	91	1592
Other Vaccine Preventable	0.1%	0.1%	1	13
Perforated or bleeding Ulcer	6.1%	5.6%	46	576
Pyelonephritis & Kidney or Urinary Tract Infections	20.1%	19.2%	152	1979

For Ambulatory Care Sensitive Conditions, Respiratory is the greatest reason for ACSC admissions in the neighbourhood and for Manchester GP registered patients (45% v 46.3%). The next highest percentage is for CVD (29.6%), which is lower than the Manchester average (31.9%).

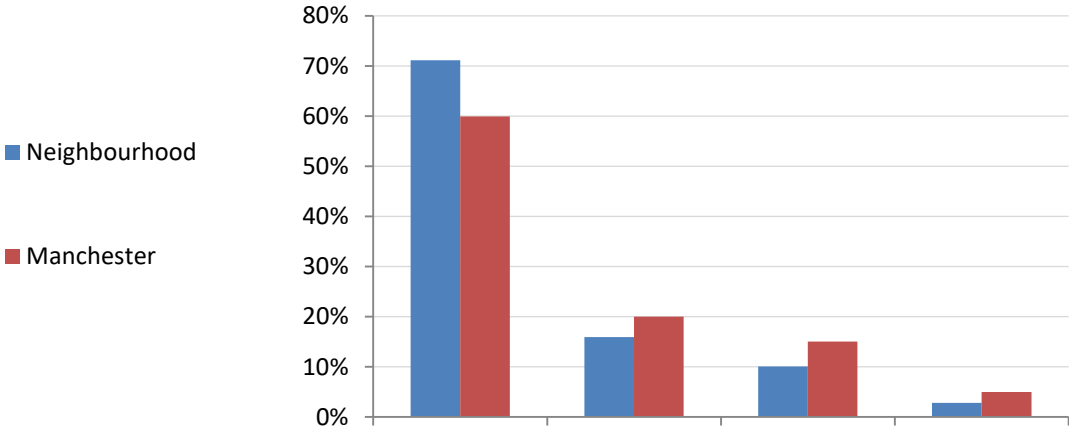
	% of ACSC Admissions		No. of Admissions	
Ambulatory Care Sensitive Conditions	**N'hood**	**Manchester**	**N'hood**	**Manchester**
CVD	29.6%	31.9%	142	2019
Diseases of Blood	5.6%	5.0%	27	316
Endocrine	9.0%	8.1%	43	510
Infections	0.2%	0.0%	1	3
Mental & Behaviour Disorders	1.5%	1.4%	7	91
Neuro	9.2%	7.2%	44	458
Respiratory	45.0%	46.3%	216	2930

Risk of Emergency Hospital Admission

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

The percentage risk band in which people are placed is based on all patients (including children) registered with a Manchester GP on 30th June 2019.

Based on the Combined Predictive Model algorithm, people in the neighbourhood have a lower risk of emergency admission compared to the overall registered population.71.1% are in Manchester's "bottom 60%" risk band and only 2.8% in the "top 5%" for Manchester GP registered patients.



	Unknown	Bottom 60%	Top 20 - 40%	Top 5 - 20%	Top 5%	All
Percentage						
Neighbourhood	-	71.1%	15.9%	10.1%	2.8%	-
Manchester	-	59.9%	20.0%	15.1%	5.0%	-

	Unknown	Bottom 60%	Top 20 - 40%	Top 5 - 20%	Top 5%	All
No.						
Neighbourhood	2216	46516	10423	6586	1856	67597
Manchester	19611	383235	128085	96357	31698	658986

Appendix A – 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 B – 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 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 2019)
SDE Primary Care Data Extracts (July 2019)
Secondary Uses Service – Acute Hospital Activity Datasets (July 2019)
DSCRO Risk Strat Algorithm – (May 2019)

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.