

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 29 August 2018

Subject: Manchester Health Profile 2018

Report of: Director of Population Health and Wellbeing

Summary

This paper summarises the headline messages from the Manchester Health Profile 2018 together with some more detailed analysis of how Manchester is performing relative to other parts of England as well as some trends over time. The Manchester Population Health Plan agreed by the Board in March set out the actions that will address many of the challenges described in the Profile.

Recommendations

The Board is asked to:

- i) Note the report

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Profile provides valuable information on the challenges facing Manchester and the indicators relate to all Board strategic priority areas
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. Introduction

- 1.1 The Public Health England (PHE) Local Authority Health Profiles provide an overview of health for each local authority in England. They pull together existing information in one place and contain data on a range of indicators for local populations, highlighting issues that can affect health in each locality. They are intended as ‘conversation starters’ to highlight local issues and priorities for elected members and for discussion at Health and Wellbeing Boards. The profile will be presented to the Manchester Health and Wellbeing Board on 29 August and to the MHCC Board on 22 August.
- 1.2 The Health Profiles are available in two formats
- An annual pdf report for each local authority that is available to download.
 - The Health Profiles online tool that provides access to the latest available data. Indicators are made available in the online tool at the same time they are published in other PHE profiles.
- 1.3 The latest version of the Manchester Health Profile pdf report was published by PHE on 3 July 2018. This paper summarises the headline messages from the report but also provides some more detailed analysis of how Manchester is performing relative to other parts of England as well as trends over time based on data in the online tool.

2. Headline Messages

- 2.1 The Health Profile report provides some summary messages regarding the health of the population and confirms that the health of people in Manchester remains generally worse than the England average.
- Manchester is one of the 20% most deprived districts/unitary authorities in England and about 28% (29,600) of children live in low income families.
 - Life expectancy for both men and women is lower than the England average.
 - Life expectancy is 8.1 years lower for men and 7.0 years lower for women in the most deprived areas of Manchester than in the least deprived areas
 - In Year 6, 25.4% (1,563) of children are classified as obese, worse than the average for England.
 - The rate of alcohol-specific hospital stays among those aged under 18 is 44 per 100,000, worse than the average for England. This represents 52 stays per year.
 - Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.
 - The rate of alcohol-related harm hospital stays is 741 rate per 100,000 population, worse than the average for England. This represents 3,100 stays per year.

- The rate of self-harm hospital stays is 186 per 100,000 population. This represents 1,059 stays per year.
- Estimated levels of adult smoking and smoking in routine and manual occupations are worse than the England average.
- Rates of sexually transmitted infections and TB are worse than average.
- The rate of people killed and seriously injured on roads is better than average.

2.2 The following sections provide some more detailed analysis of how Manchester is performing relative to other parts of England as well as some trends over time based on data in the online tool.

3. How does Manchester compare with the rest of England?

3.1 The Health Profile report uses a 'spine chart' to show how the health of people in Manchester compares with the rest of England. This is replicated at the end of this report. Manchester's value for each indicator is shown as a circle. This is attached as Appendix 1.

3.2 In total, there are 32 indicators included in the Health Profile. The following table shows how Manchester is performing relative to three other comparator groups of local authorities ('benchmarks'): England as a whole, the ONS subgroup of 'similar' local authorities ("University Towns and Cities") and the group of the 10% most deprived local authorities in England (deprivation decile). Note that the inherent dissimilarity of Manchester with other parts of Greater Manchester means that the GM Combined Authority is discounted as a meaningful comparator group.

3.3 The table below shows the number of indicators for which Manchester is performing significantly worse or better than the comparator group (or not significantly different).

Performance against benchmark	England	ONS 2011 subgroup	Depriv. decile (IMD 2015)
Significantly worse	20 (62%)	20 (62%)	14 (44%)
Not significantly different	8 (25%)	4 (13%)	11 (34%)
Significantly better	1 (3%)	2 (6%)	2 (6%)
Not calculated	3 (9%)	6 (19%)	5 (16%)

Manchester is performing significantly worse than England for 20 (62%) of the 32 indicators included in the Health Profile. The position is less acute when Manchester is compared with the 10% most deprived local authorities in England. This is to be expected given that Manchester is similar (in socio-economic terms) to the other local authorities in the most deprivation decile.

3.4 The indicators in the Health Profile are grouped into 7 'domains' as follows:

- Life expectancy and causes of death
- Injuries and ill health
- Behavioural risk factors
- Child health
- Inequalities
- Wider determinants of health
- Health protection

3.5 Manchester is a particular 'outlier' for the indicators in the life expectancy and causes of death domain, where the city is either the worst (or second worst) local authority for life expectancy at birth (male and female) and premature mortality from cancer and cardiovascular disease. These are among the most intransient indicators in terms of the pace of change and the range of factors that impact on them. The exception to this is the suicide rate, which has fallen significantly over the course of the decade such that the rate of suicides in Manchester is no longer significantly worse than England.

3.6 Child health is another area where Manchester is performing consistently badly in relation to both England as a whole and the 10% group of most deprived local authorities. This is both a consequence of and contributing factor to some of the key determinants of child health, such as child poverty (children aged under 16 living in low income families) and GCSE attainment.

3.7 The relatively young and predominantly urban population of Manchester means that the city fares relatively well for measures in the injuries and ill health domain, including the proportion of people killed or seriously injured on roads, hospital stays for self-harm, emergency admissions for hip fractures in older people and diabetes and dementia diagnoses. For these measures, Manchester is not significantly worse than either England as a whole or the 10% group of most deprived local authorities. The proportion of people killed or seriously injured on roads is the only indicator for which Manchester performs significantly better than the England average. This is, in part, a reflection of the average (low) speed of traffic on roads in the city.

3.8 It is important to note that relatively good performance relative to England or other comparator areas does not mean that an indicator is not an important issue in absolute terms. For example, between 2014 and 2016, 451 people were killed or seriously injured on the roads in Manchester – this is equivalent to around 150 fatal or serious road accidents a year. The impact of each of these events on families and friends will be substantial and work to reduce road traffic accidents should continue.

4. How has the Health Profile of Manchester changed over time?

4.1 The Health Profile tool also contains a marker of significant trends for selected types of indicator (proportions or crude rates). The following indicators are highlighted in the latest Health Profile as showing a statistically significant improvement in Manchester:

- Cancer diagnosed at early stage

- Under 18 conceptions
- Smoking status at time of delivery
- Children in low income families (under 16s)
- Employment rate (aged 16-64)
- Statutory homelessness
- New sexually transmitted infections

4.2 The following indicators are highlighted as showing a statistically significant worsening in Manchester:

- Obese children (aged 10-11)
- Violent crime (violence offences)

4.3 This method of identifying where there is statistically significant trend is technically robust and provides a high level of certainty. However, it does not cover all of the indicators in the Health Profile.

4.4 The table below is an attempt to summarise changes in the health profile of Manchester *relative to other local authorities* across in England.

Performance against benchmark	England (2018)	England (2017)	England (2016)
Significantly worse	20 (62%)	18 (60%)	20 (65%)
Not significantly different	8 (25%)	5 (17%)	4 (13%)
Significantly better	1 (3%)	3 (10.0%)	3 (10%)
Not calculated	3 (9%)	4 (13%)	4 (13%)
Number of indicators	32 (100%)	30 (100%)	31 (100%)

The Health Profiles for 2016, 2017 and 2018 are not directly comparable in that both the number and set of indicators used within the Profile have changed each year. As such, it is difficult to accurately assess changes in the relative position of Manchester over time. In addition, the fact the online tool is continually updated means that it is not possible to compare over time how Manchester ranks compared to every other local authority in England for any given indicator. This can only be done through a visual inspection of the Health Profile report for individual years.

4.5 However, it is clear that Manchester is continually significantly worse than the England average for the vast majority (over 60%) of indicators in the Health Profiles. There are fewer indicators where Manchester is significantly better than the national average but a greater proportion where Manchester is not significantly different.

5. Health outcomes within Manchester

- 5.1 The Health Profiles focus on data for local authorities. The Local Health tool provides access to many of the indicators presented in Health Profiles for smaller areas within local authorities, such as electoral wards (see www.localhealth.org.uk).
- 5.2 Local Health also contains the functionality for generating bespoke maps and reports for locally defined geographies based on a combination of smaller geographies. An example of this are the 'Place Reports' for each of the 12 neighbourhoods in Manchester. These are available in the Area Profiles section of the JSNA website at http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/7011/area_profiles.

6. Other profiles

- 6.1 The Local Authority Health Profiles are part of a series of profiles produced by Public Health England. In addition to the Health Profiles, other useful profiles are:
- Child and Maternal Health Profiles
 - Local Alcohol Profiles for England
 - Local Tobacco Control Profiles
 - Mental Health, Dementia and Neurology Profiles
 - National General Practice Profiles
 - Public Health Outcomes Framework

A full list of the profiles is available at <https://fingertips.phe.org.uk/>.

7. Implications for Manchester

- 7.1 The Manchester Population Health Plan agreed by the Board in March set out the actions that will address many of the indicators described in the Profile.

It is important to note that not all the 'key measures to success' for each of the Population Health Plan priorities are reflected in the Profile. For ease of reference we have highlighted in bold those that are. However we have access to the health data sources relating to all of the measures and can report on these.

Priority	Key measures of success
Improving outcomes in the first 1,000 days of a child's life	<ul style="list-style-type: none"> • Reducing the rate of infant deaths • Reducing the rate of mothers smoking in pregnancy • Reducing the proportion of low

	<p>birth weight term babies</p> <ul style="list-style-type: none"> • Increase rates of breastfeeding • Reducing the number of children (0-4) admitted to hospital with dental decay • Increasing the proportion of children who are ready for school
Strengthening the positive impact of work on health	<ul style="list-style-type: none"> • Reducing the rate of health related worklessness • Improve the connections between out of work assets such as local work clubs • Increasing the number of people with health problems helped back to work quickly • Increasing recruitment of local people in health and care organisations
Supporting people, household, and communities to be socially connected and make changes that matter to them	<ul style="list-style-type: none"> • Reducing the rate of child poverty • Reducing levels of fuel poverty • Reducing the number of people experiencing homelessness and rough sleepers • Increasing the proportion of people involved in decisions about their health and care • Increasing the proportion of people confident in their ability to manage their own health
Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life.	<ul style="list-style-type: none"> • Increasing the employment rate among the over 50s • Increase in proportion of life years spent in good health (Healthy Life Expectancy) • Reduction in rate of older people being admitted to hospital for falls related injuries
Taking action on preventable early deaths	<ul style="list-style-type: none"> • Increasing uptake of cancer screening and immunisation programmes • Increase in the proportion of cancers diagnosed at an early stage • Reduction in the proportion of adults who currently smoke • Reduction in the proportion of adults who are physically inactive • Reduction in proportion of adults reporting low levels of life satisfaction

	<ul style="list-style-type: none">• Reducing the rate of preventable premature deaths from CVD, cancer and respiratory diseases• Reducing the rate of suicide• Reducing the gap in preventable premature deaths between the most and least deprived areas of the city
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Appendix 1: Health summary for Manchester ('spine chart')

The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local authorities in England is shown as a grey bar. A red circle means that Manchester is significantly worse than England for that indicator. A yellow circle means that Manchester is not significantly different from the England average and a green circle means that it is significantly better.

The arrow in the "Recent Trend" column indicates whether an indicator shows a *statistically significant* increase or decrease (or has shown no significant change) across at least five consecutive non-overlapping data points based on a significance level of 99.8%.

Compared with benchmark: ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

Indicator	Period	Recent Trend	Manchester		Region England		England		Worst	Range	Best
			Count	Value	Value	Value	Value				
Life expectancy at birth (Male)	2014 - 16	–	-	75.5	78.2	79.5	74.2			83.7	
Life expectancy at birth (Female)	2014 - 16	–	-	79.4	81.7	83.1	79.4			86.8	
Under 75 mortality rate: all causes	2014 - 16	–	4,623	539	394	334	546			215	
Under 75 mortality rate: cardiovascular	2014 - 16	–	1,142	141.3	87.7	73.5	141.3			42.3	
Under 75 mortality rate: cancer	2014 - 16	–	1,546	194.1	151.4	136.8	195.3			99.1	
Suicide rate	2014 - 16	–	131	10.6	11.0	9.9	18.3			4.6	
Killed and seriously injured on roads	2014 - 16	–	451	28.3	39.8	39.7	110.4			13.5	
Hospital stays for self-harm	2016/17	–	1,059	185.7	231.2	185.3	578.9			50.6	
Hip fractures in older people (aged 65+)	2016/17	–	306	619	612	575	854			365	
Cancer diagnosed at early stage	2016	↑	739	50.2%	51.9%	52.6%	39.3%			61.9%	
Diabetes diagnoses (aged 17+)	2017	–	-	76.6%	-	77.1%	54.3%			96.3%	
Dementia diagnoses (aged 65+)	2017	–	2,765	75.4%	73.2%	67.9%	45.1%			90.8%	
Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	–	156	44.3	49.6	34.2	100.0			6.5	
Alcohol-related harm hospital stays	2016/17	–	3,100	741	719	636	1,151			388	
Smoking prevalence in adults (aged 18+)	2017	–	92,694	22.0%	16.1%	14.9%	24.8%			4.6%	
Physically active adults (aged 19+)	2016/17	–	-	65.1%	65.1%	66.0%	53.3%			78.8%	
Excess weight in adults (aged 18+)	2016/17	–	-	62.2%	63.3%	61.3%	74.9%			40.5%	
Under 18 conceptions	2016	↓	207	25.9	22.3	18.8	36.7			3.3	
Smoking status at time of delivery	2016/17	↓	952	11.6%	13.4%	10.7%	28.1%			2.3%	
Breastfeeding initiation	2016/17	↔	5,514	66.6%	64.5%	74.5%	37.9%			96.7%	
Infant mortality rate	2014 - 16	–	150	6.3	4.5	3.9	7.9			0.0	
Obese children (aged 10-11)	2016/17	↑	1,563	25.4%	20.8%	20.0%	29.2%			8.8%	
Deprivation score (IMD 2015)	2015	–	-	40.5	-	21.8	42.0			5.0	
Smoking prevalence: routine and manual occupations	2017	–	-	34.3%	26.0%	25.7%	48.7%			5.1%	
Children in low income families (under 16s)	2015	↓	29,570	28.2%	18.7%	16.8%	30.5%			5.7%	
GCSEs achieved	2015/16	–	2,481	49.8%	56.6%	57.8%	44.8%			78.7%	
Employment rate (aged 16-64)	2016/17	↑	237,100	63.0%	71.8%	74.4%	59.8%			88.5%	
Statutory homelessness	2016/17	↓	636	2.9	1.1*	0.8	-	Insufficient number of values for a spine chart		-	
Violent crime (violence offences)	2016/17	↑	17,577	33.1	21.2	20.0	42.2			5.7	
Excess winter deaths	Aug 2013 - Jul 2016	–	548	16.3%	18.0%	17.9%	30.3%			6.3%	
New sexually transmitted infections	2017	↓	5,130	1,323	718	794	3,215			267	
New cases of tuberculosis	2014 - 16	–	393	24.7	8.4	10.9	69.0			0.0	

For full details on each indicator, see the definitions tab of the Health Profiles online tool at www.healthprofiles.info.

Appendix 2: Comparator groups referred to in the analysis

Socioeconomic decile 1 (Most deprived LAs)

Blackpool
Knowsley
Kingston upon Hull
Liverpool
Middlesbrough
Birmingham
Nottingham
Tower Hamlets
Hackney
Barking and Dagenham
Sandwell
Stoke-on-Trent
Blackburn with Darwen
Rochdale
Wolverhampton

ONS 2011 Subgroup (University Towns and Cities)

Brighton and Hove
Cambridge
Kingston upon Thames
Nottingham
Oxford
Reading