

# Overview: Characteristics of Manchester's 50-64 year olds

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Contributions from PRI, AFM, R&I, Work & Skills teams and external partners









Source: 1981 to 2011, Census ONS; 2021, SNPP 2016 ONS, MCCFM W2018

Analysis by Public Intelligence, PRI 2018



				50 to 64s
50-64 population	2008	2018	2028	3,500 to 3,981
Total number	57,800	72,600	86,500	3,000 to 3,500
Crowth over 10 year	-	44.000	44.000	2,500 to 3,000
Growth over 10 years	5 -	14,800	14,000	2,000 to 2,500
% of working age	16.9%	17.9%	18.1%	1,500 to 2,000
% of 50+	53.5%	57.7%	60.0%	1,000 to 1,500
% of all ages	12.0%	12.8%	13.1%	500 to 1,000

Longsight and Levenshulme







# Population summary

- Legacy of last century (WWII, Abortion Act and manufacturing decline) creating today's relatively low number of <u>UK-born</u> 50-64s
- Numbers boosted by two waves of international immigration
- Locally born population have high proportions of no/low skills
- Future 50-64s set to increase in settled BAME<sup>1</sup> communities
- Characteristics of locally born will remain the same until 2034, with significant cost pressures to public services

#### 40% likely to have household incomes below £15,000, 73% likely to be under £29,000





When comparing the age at which people died with their life expectancy, Manchester, as one of the most deprived areas in England, lost 11.7 years of life per 100 people compared to a loss of 6.8 years in the most affluent district (Wokingham) *Lancet Oct 2018* Men living in the most deprived areas of the city can expect to live 8.6 years fewer than those in the least deprived areas, women 7.4 *2018 Public Health England life expectancy at birth inequalities for 2014-16 Maps based on ONS mid-year estimate 2015 and 2015 Indices of Deprivation, CLG* 

# Deprivation Health

Definite links between a district's deprivation and years of life lost due to life style risk factors.

Manchester joins Blackpool, Knowsley and Liverpool in the top right quadrant when plotting high deprivation against high rates of risk factors for years of life lost and years lost to disability

Source: The Lancet - Changes in health in the countries of the UK and 150 English Local Authority areas 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016 Attributable risk for age-standardised all ages all-cause years of life lost versus deprivation

![](_page_9_Figure_5.jpeg)

Rate of density of fast food outlets, by deprivation (England 2014)

![](_page_10_Figure_1.jpeg)

Inequalities in later life: Depression and wealth - England

![](_page_10_Figure_3.jpeg)

Manchester's deprived areas are more likely to have fast food outlets

Frequent consumption of fried foods, especially chicken and fish, is associated with a higher risk of all cause mortality (women)\* Manchester = 752 outlets, region's highest count (2014) Rate = 145 per 100,000 best rate in England=24.1, worst rate=199

Also 1,886 premises licensed to sell alcohol, 16 per km<sup>2</sup> Average = 1.4 per km<sup>2</sup> (Home Office 2017) **Depression is associated with income deprivation** especially for women aged 50-59 (ELSA) Higher rate of **premature death is associated with deprivation** same with mortality from causes considered preventable

![](_page_10_Figure_7.jpeg)

# Deprivation summary

- Profiling suggests 2 out of 5 50-64 year olds are likely to have household incomes less than £15,000
- Areas where they live match those areas of highest health and income deprivation
- Evidence shows that high deprivation correlates to high wider determinants of health such as smoking, alcohol and poor diets
- Low wealth is linked to depression in this age group
- More likely to find a high density of fast food outlets in deprived areas

# **56** years old is the average that Manchester residents can expect to live in good health compared to 63 for men and 64 for women in the UK (PHE)\*

Years lost due to ill-health and disability for 50-69s in the North West region are predominantly down to:

- musculoskeletal (MSK) conditions, particularly low back and neck pain
- mental health disorders, respiratory conditions, headaches and diabetes

Oral, hearing and skin disorders are also an issue, and Drugs and Alcohol are above average.

![](_page_12_Figure_5.jpeg)

Manchester 50-69s 2017 YLDs, Global Burden of Disease model non-communicable disease only

Source: Public Health England and Global Burden of Disease 2018 \*expectation for a child born now living their life in Manchester

#### Half of residents aged 50-64 registered with a Manchester GP have 1+ diagnosed long term

health condition; the count of these conditions (LTCs) roughly equates to one per patient aged 50-64\*

![](_page_13_Figure_2.jpeg)

25,113

- 1 in 3 are recorded by NHS as smoking
- 1 in 4 has hypertension (high blood pressure)
- 1 in 5 are recorded as having a current diagnosis of depression

N.B. residents with the above three conditions currently may or may not have these conditions, particularly those recorded with depression as this may relate to a short bout at any stage in their lives rather than a long term condition, which is why it is not included in the graph (MH refers to conditions such as schizophrenia). Similarly, smoking may be recorded against those who have smoked but since quit.

25,000

\*40,273 (45,538 including depression) of 81,330 recorded 50-64s have a LTC They have between them 77,010 LTCs (91,476 including depression)

Source (all): MHCC data warehouse 2018 received from CCG

1 in 5 50-64s have 2+ diagnosed long term health conditions Hypertension is the most common condition found with a second LTC

Highest numbers of multiple long term conditions (comorbidity) in 50-64s are:
5,800 with hypertension and diabetes
2,400 with hypertension and asthma
1,900 with hypertension and chronic heart disease
1,400 with diabetes and asthma
1,400 with diabetes and chronic heart disease (rounded)

#### Risk factors for heart disease include:

being older, male and having a family history but also:

- Smoking
- High blood pressure
- High cholesterol
- Diabetes
- Obesity

These are the most commonly found conditions in Manchester's 50-64s

![](_page_14_Figure_11.jpeg)

#### The same 18 wards repeatedly show the highest number of 50-64s with six key health conditions These wards account for **70%** of those with each long term condition

Moston, Miles Platting & Newton Heath and Harpurhey have larger 50-64s populations, partly explaining their high numbers, but most results are disproportionate to their cohort size.

![](_page_15_Figure_2.jpeg)

Diabetes in particular is disproportionately high to pop in Longsight (22%), Cheetham, Levenshulme and Crumpsall, notable for their sizeable Asian communities (city average = 13%). Depression is similarly too high in Wythenshawe

#### Premature death in 50-69s is high, most commonly from heart disease and lung cancer

![](_page_16_Figure_1.jpeg)

Top risk factors for premature death:

- Smoking
- Dietary risks
- High blood pressure
- High body mass index
- Alcohol and drug use
- High total cholesterol
- Occupational risks
- High fasting plasma glucose
- Air pollution
- Low physical activity

Manchester = highest rate of preventable deaths 2nd highest rate of premature deaths (<age75) highest rate of deaths considered preventable that were smoking attributable, cancer, cardiovascular and respiratory diseases

Manchester deaths 50-69s 2017, Global Burden of Disease model - non-communicable diseases

HD		Stroke	Lung C				Liver C Stomach C
	Heart		Lung				
	disease		cancer				
			Colorect C		Breast C	L	eukemia <sup>Other MN</sup>
			Esophag C	Cerv Pros	tate C	ary C	Bladder C Gallblad C
N HD	Oth Cardio <sup>CMP</sup> <b>∉</b> A Fib	Valvular	Pancreas C	Lym	Kid phoma	lney C	Larynx C Oth Phar C
	Aort A				Othe My	r Neo eloma	Melanoma
		ndocar	Brain C	Lip (	Dral C Uter	rus C <sup>Sl</sup>	kin c Mesothel
Endoc	COPD		4	ILD	is		
arine	disease						
	Alzheimer's			Pancre	atit Oth Digest	Va	sc Intest
	Diabetes		KD	Drugs		Alcohol	

![](_page_17_Figure_0.jpeg)

# 37,930 unplanned hospital visits\* by 50-64s in the year to mid-2018 including 29,420 trips to A&E by 17,460 people

Wards with highest number of visits = 1,950 visits by 50-64s from Miles Platting & Newton Heath, Ardwick (1,432 visits) and Woodhouse Park (1,420 visits)

Wards with highest number attending = 990 50-64s from Miles Platting & Newton Heath residents, 850 from Woodhouse Park and 830 from Burnage

1,560 (2%) 50-64s are at high/very high risk of unplanned hospital admission

Wards with highest number at high/very high risk of unplanned admission = Miles Platting & Newton Heath (530 residents) and Woodhouse Park (400 residents)

Wards with highest proportion of high/very high level of risk of admission = Higher Blackley, Harpurhey and Miles Platting & Newton Heath

![](_page_17_Figure_7.jpeg)

![](_page_18_Figure_0.jpeg)

- Social isolation and loneliness are linked to mortality, increased risk of heart disease, stroke, depression and cognitive decline in older people, particularly men:
- high social isolation is slightly associated with increased risk of becoming physically frail in men
- high levels of <u>loneliness</u> increase risk of becoming physically frail or pre-frail around 4 years later
- Both linked with increased mortality, incident heart disease and functional decline<sup>1</sup>
- A challenging budget environment has reduced the range of social activities available to older people at a neighbourhood level and in turn access to the support available to them.
- Those with poor mental health are at a greater risk of worklessness
- 'Soft' outcomes, like confidence, self-esteem, interpersonal awareness, can be as important as 'hard' outcomes, such as skills or formal qualifications
- Wellbeing decreases the longer the time unemployed
- Wellbeing recovers on re-employment, but is limited by job quality<sup>2</sup>

#### Manchester's wellbeing indicators are below average

People with higher wellbeing have lower rates of illness and recover more quickly for longer\*

![](_page_19_Figure_2.jpeg)

\*Lamers, Sanne M A et al. "The impact of emotional well-being on long-term recovery and survival in physical illness: a meta-analysis" Journal of behavioural medicine vol. 35,5 (2011): 538-47. Chart source: ONS Annual Population Survey 2018 for ages 16+. Anxiety rated very low, low, medium and high, all others are very low, low, high and very high. Responses are given on a scale of 0-10 where 0 is "not at all" and 10 is "completely" based on feelings the day before. NB sample size varies at district level so these data should only be used as an indication of trends

# Health summary

- Manchester's healthy life expectancy is 56 years old
- Mental health disorders and musculoskeletal pain are the main conditions affecting 50 to 64 year olds
- Hypertension (high blood pressure) is a very common long term condition for 50-64s, often combined with diabetes and asthma
- Around half of Manchester 50-64s have one or more risk factors for an early death, heart disease or cancer
- Manchester has the highest rate of preventable deaths and cancers
- Nearly 38,000 unplanned attendances at hospitals by 50-64s in twelve months, higher than previous year.

## 34,182 residents aged 50-64 were in work in 2011 (55.3%)

![](_page_21_Figure_1.jpeg)

71% were in full time employment, 93% were working 16 hours or more a week

- 54% of 50-64s in work in 2011 were male
- Most Elementary occupations, the largest group, were administration and service rather than trades
- Proportionally men equalled women in Professional occupations, but 84% of the Science, Research, Engineering and Technology subgroup were men compared to 27% of Health professionals. There was more equality in the under 50s.
- The largest subgroup within Professional was Teaching and Education whereas for all aged 16+ it was Business, Media and Public Service professionals.
- Within Administrative and secretarial occupations, 73% was administration, two thirds of whom were women.

## There are 1.1 jobs in Manchester for every resident aged 16-64\*

#### Employees in employment by New Economy sectors (10,000+ employees)

Business, financial and profession	115,651	
	Professional services	44,178
	Business services	36,362
	Financial services	19,829
	Employment activities	15,282
Public administration, health and so	97,835	
	Health and social care	46,757
	Education	36,342
	Public administration	14,736
Wholesale and retail		45,488
	Retail	34,863
Hospitality, tourism and sport		41,586
	Hospitality and tourism	38,095
Logistics (transport and storage)		29,289
Creative and digital industries		27,161
	Creative industries	13,902
	Digital industries	13,260
Manufacturing		17,768
Construction		10,537

Likely needs for 50-64s:

- Relevant training for today's/future sectors
- Change in attitude to training and apprenticeships
- Flexible work patterns if caring for parents/partners
- Adaptable workplace to meet changing health
- Workplace wellbeing

Greatest increase in enterprises in Manchester since 2010 has been in retail, rising from 1,350 to 5,495 businesses in 2018, overtaking Professional, scientific and technical activities as the largest number of enterprises in 2018 (PS&T= 4,215) however, there are more employees in the PS&T industry (49,600)

#### Growth areas for next 10 years:

Professional services (7,900 jobs) Administrative and support (7,600 jobs) Wholesale and retail trade (7,800 more jobs)

Accommodation and food (5,600 more jobs)

Human health and social work (6,100 more jobs)

![](_page_22_Figure_14.jpeg)

Count of enterprises by MSOA, 2018 Sources: Greater Manchester Forecasting Model, GMCA and IDBR 2018 \*includes full-time students, disabled, carers, lone parents or retired women aged 60-64 not in work

### 26,689 (37%) of 50-64s are receiving benefits

![](_page_23_Figure_1.jpeg)

Higher Blackley Charlestown 5 years ago it was Crumpsall Harpurhey 29,786 (47%) (29% England) Cheethan Viles Platting & Newton Now a higher base Ancoats & Beswick Deansgate Piccadil population but fewer Ardwick Hulme claimants Moss Side Whalley Range Choriton 3 Fallowfield Still much higher than Old Moat Withington Burnage England (19%)<sup>2</sup> Didsbury West Didsbury East 1 in 4 on OOW benefit Brooklands

Baguley

Sharston

Woodhouse Parl

much higher than average (1 in 10)

![](_page_23_Figure_4.jpeg)

Clayton & Openshaw

Longsight

Gorton & Abbey Hey

NB These newly released statistics show a count of claimants in receipt of 1 or more benefits, whereas a claimant appeared for each benefit claimed before. <sup>1</sup>women retiring before pension age raised

<sup>2</sup>based on May 2013 and 2018 DWP data numerators and ONS revised 2013 MYE and 2018 projection of 50-64 population as denominators

# 80% of OOW benefit claims are for ill health, only 15% are job-seeking

![](_page_24_Figure_1.jpeg)

#### ONLY 2,587 have to look for work (15% on JSA/UC)

58% of ESA claimants are of White ethnicity but 28% ethnicity is unknown so data unreliable

ill-health\* of which 10,495 (77%) are ESA claimants in a 'Support Group' so are not required to undertake interviews or workrelated activity.

If classed as having 'Limited capability for work' when they transfer to UC they will still not be expected to look for work but can volunteer.

Overall pattern little changed since 2000

![](_page_25_Figure_0.jpeg)

## 9 out of 10 OOW have claimed for over a year

89% of 50-64s OOW total claimants have been claiming for > 1 year and the majority of these are claiming Employment Support Allowance.

4 in 10 of these ESA claimants have been claiming for at least five years

![](_page_25_Figure_4.jpeg)

\*These figures exclude 1,030 UC claimants and 410 IB/SDA claimants because duration is being lost when claimants migrate to UC; it will be increasingly difficult to assess duration in future. Based on 15,410 OOW excluding UC, IB and SDA in May 2018. PC = pension credit, IS = legacy Income Support

## 45% of ESA claims are for mental health reasons\*

![](_page_26_Figure_1.jpeg)

#### BAME residents face challenges in the labour market, including a higher risk of discrimination<sup>1</sup> Any discrimination may be compounded by age as higher numbers turn 50

Evidencing discrimination is difficult; however inequality in employment worsened for Black Africans, Black Caribbean and Bangladeshis aged 16-64 between 2001-2011 <sup>1</sup>.

And the proportions seeking jobs in this age group who were of Black/Black British African and Caribbean, and Other (predominantly Arab) ethnicity were relatively higher than that of the underlying population in 2011<sup>2</sup>. Those of Pakistani origin were more likely to be claiming ESA than JSA but overall proportions were as expected.

JSA in 2018 shows the same pattern of inequality for those of Black ethnicity. The ethnicity of the population has changed since 2011 so the proportion of White British is lower and this is mirrored in the claimants but this is not enough to explain the disparity.

Manchester	Age 50+ in 2011		50-64 pop
	ESA	JSA	Census
White: British	71%	68%	73%
White: Irish	3%	3%	5%
Other White	2%	3%	3%
White & Black Caribbean	1%	1%	1%
White & Black African	0%	1%	1%
White & Asian	0%	0%	0%
Other Mixed	0%	1%	0%
Indian	1%	1%	1%
Pakistani	9%	4%	6%
Bangladeshi	1%	1%	1%
Other Asian	1%	1%	1%
Black Caribbean	3%	7%	3%
Black African	3%	5%	2%
Other Black	0%	1%	1%
Chinese	1%	1%	1%
Other Ethnic Group	3%	3%	1%
Total (excluding unknown and prefer not to say)	1,734	1,920	61,796

Source: DWP May 2011, NOMIS May 2011 and Table LC2109 Census 2011, ONS

# Work and skills summary

- 37% of 50-64 year old residents claiming ill-health or out-of-work benefit
- 13,840 50-64 year olds claiming ESA through ill-health, mostly mental health
- 90% have been claiming ESA for over a year
- 25% have been claiming ESA for <u>at least</u> five years, 16% of JSA
- High proportions of no/low skills and worklessness proportions reflect those leaving school expecting to go into low skilled jobs that disappeared
- High proportion are not skilled in today's industries
- Impact of changing industries on 50-64s will last until at least 2030
- Increasing numbers of non-UK born 50-64s residents should increase the number working but may decrease it if facing discrimination

There are many areas in the city where 50-64 year olds exhibit multiple issues.

Those with the highest number of these issues are highlighted.

Some of these are simply because there are more 50-64s there.

![](_page_29_Figure_3.jpeg)

Issues for Miles Platting & Newton Heath: High number of 50-64s, ASC packages A&E visits, OOW, Income deprivation

> Issues for growth areas: **High number of 50-64s already, OOW** in Clayton & Openshaw, Gorton & Abbey Hey, Longsight **3+ LTCs** Clayton & Openshaw **Income deprivation**

Issues for areas with <u>low</u> numbers of 50-64s: Social isolation and loneliness Issues for areas with <u>higher</u> 50-64 pop: **most at highest risk of premature death and ion impairment of quality of life through poor physical and mental health** (Indices of deprivation 2015) Reducing the number who are struggling with mental and physical health issues could get more in work and out of poverty while delivering Our Manchester objectives

![](_page_30_Figure_1.jpeg)