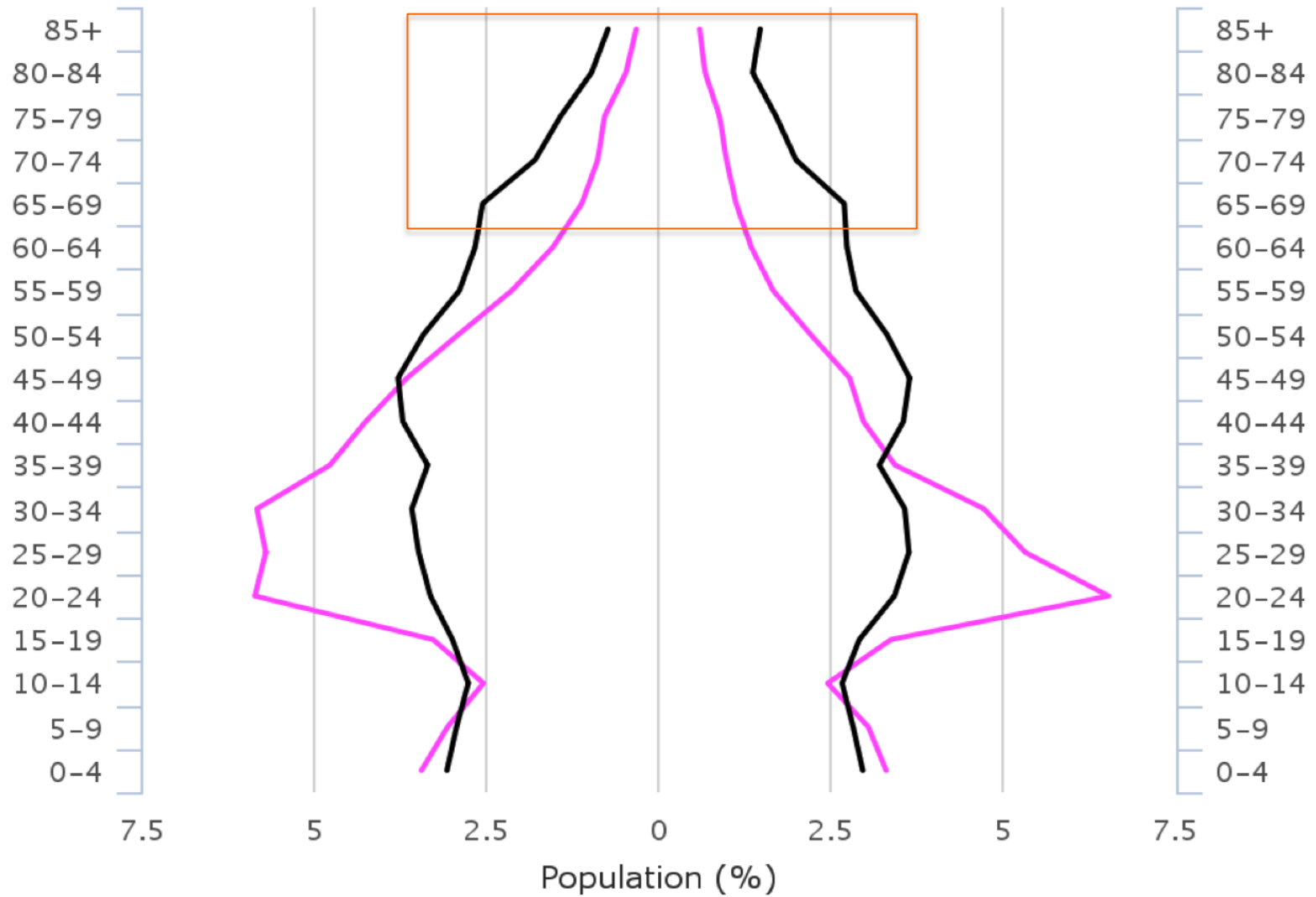


Vulnerability, resilience and inequality: expert briefing on improving later life in Greater Manchester

**Thursday 5 November hosted by MICRA, Age UK
and Manchester City Council's Age-Friendly
Manchester programme –
A Clinical Commissioning Group perspective**

**Dr Ivan Benett
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Central Manchester Clinical Commissioning Group**

Age Distribution 2014 for NHS Central Manchester CCG



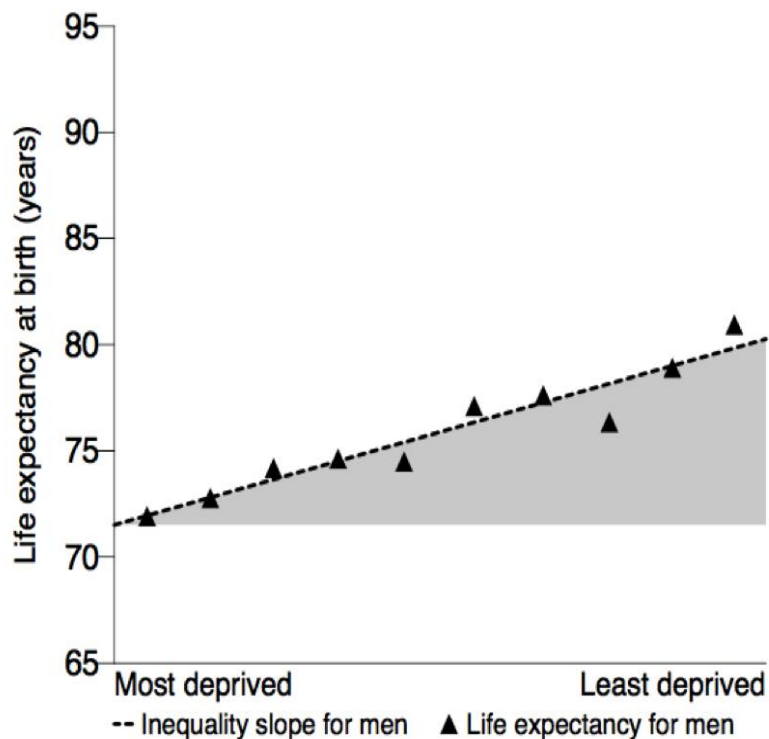
Headlines - Manchester Public Health Profile June 2015

- Manchester has the lowest life expectancy for women and the second lowest for men in England
- In this city there is a gradient of life expectancy between the most deprived areas compared with the least deprived areas.
- People in Manchester have the lowest Healthy Life Expectancy in England
- Deprivation is higher than average and about one in three (33,000) children lives in poverty.

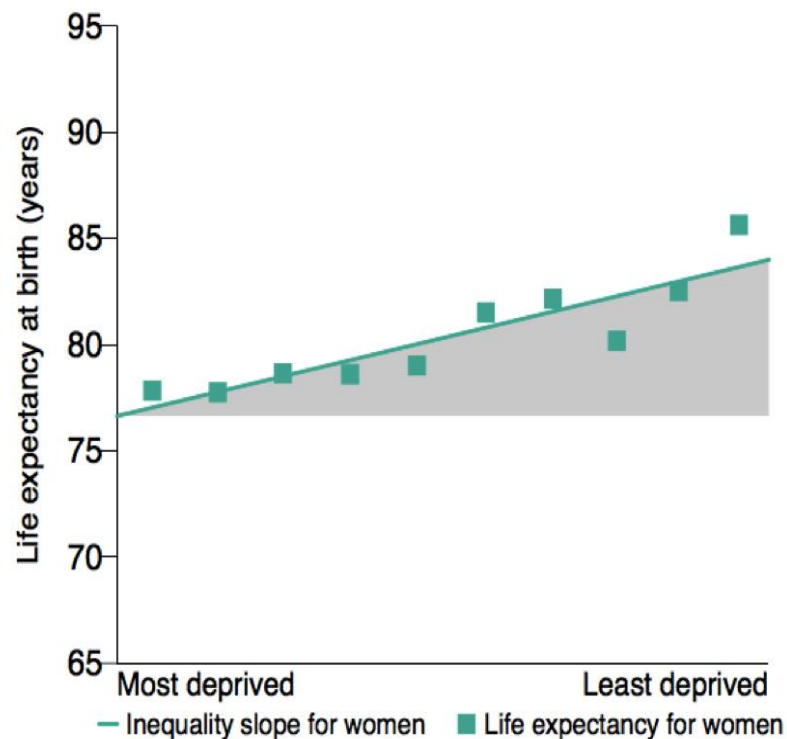
Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 8.8 years



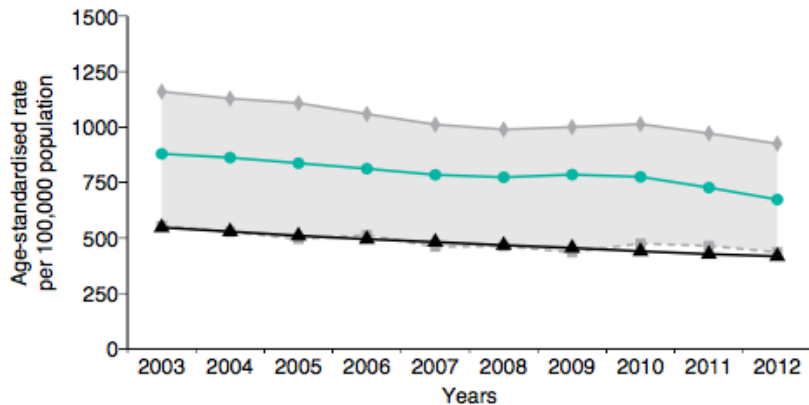
Life expectancy gap for women: 7.4 years



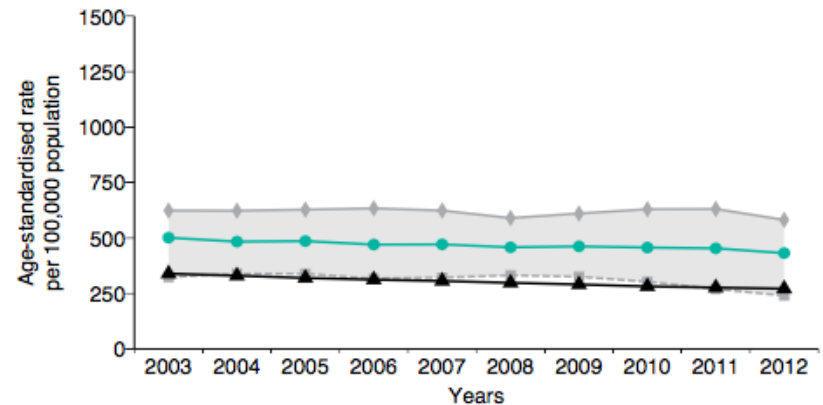
Inequalities over time and within Manchester

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

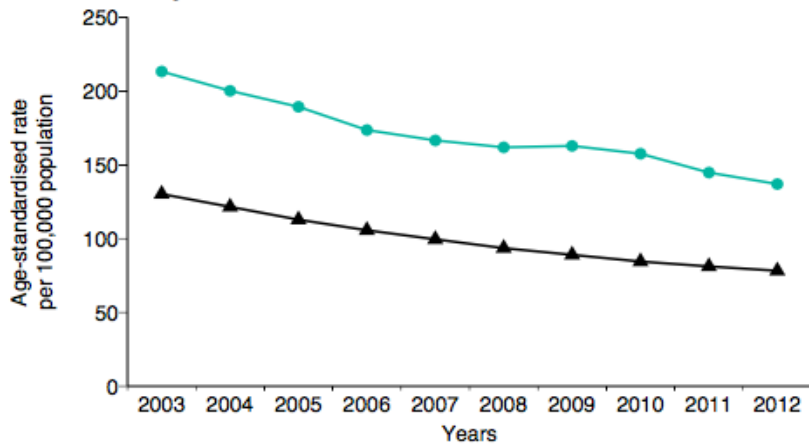
Early deaths from all causes:
MEN



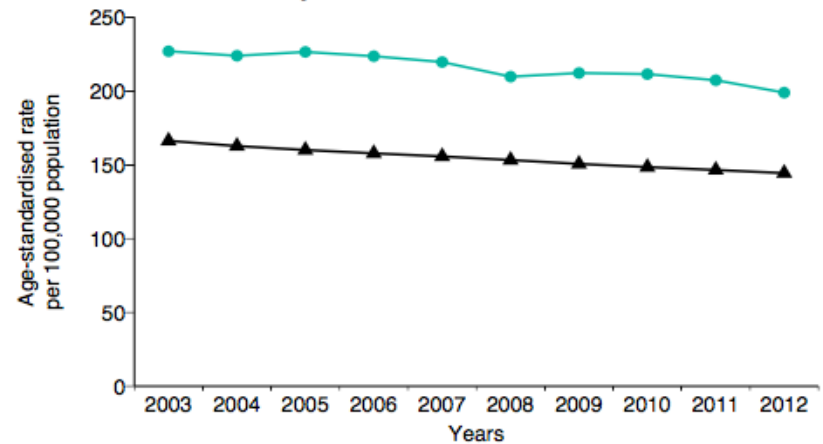
Early deaths from all causes:
WOMEN



Early deaths from heart disease and stroke



Early deaths from cancer



England average
 Local average
 Local least deprived
 Local most deprived
 Local inequality

Life expectancy and disability free years for people over 65yrs in Manchester

Life expectancy at 65yrs is 16 years for men & 19 years for women (1-2 years less than in North West & 2-3yrs less than England).

For Central Manchester CCG residents Disability Free Life Expectancy at 65yrs was approximately 6yrs

Why do we need to address health inequalities?

Inequalities in health outcomes arise because of the conditions in which people are born, grow, live, work and age – the social determinants of health

Tackling health inequalities is an important part of creating a fairer and healthier society

Inequality in illness has a significant economic impact - Marmot (Heart UK report 2010)

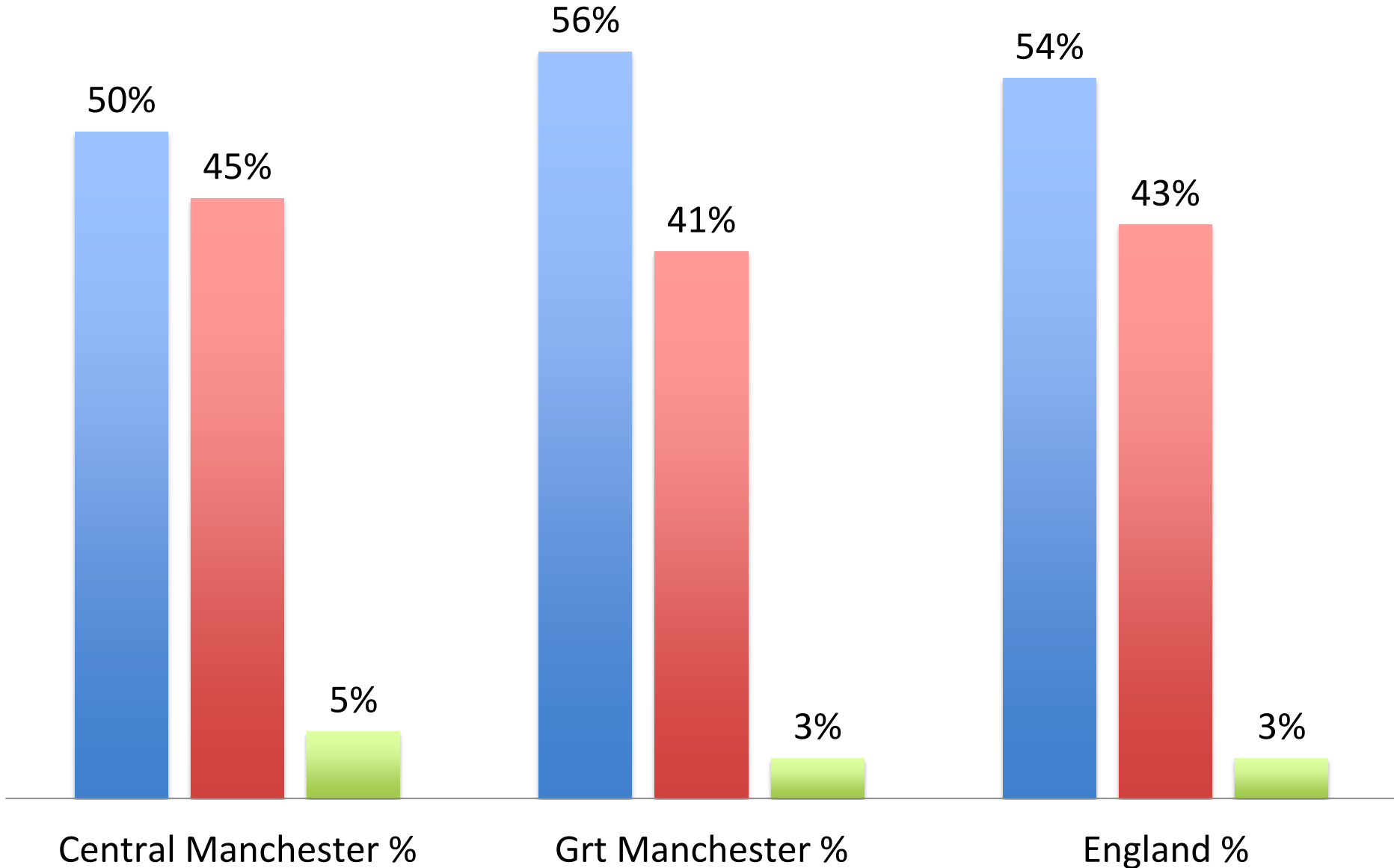
NHS Health Check:

Tackling health inequalities in community settings

Public Health England 2014

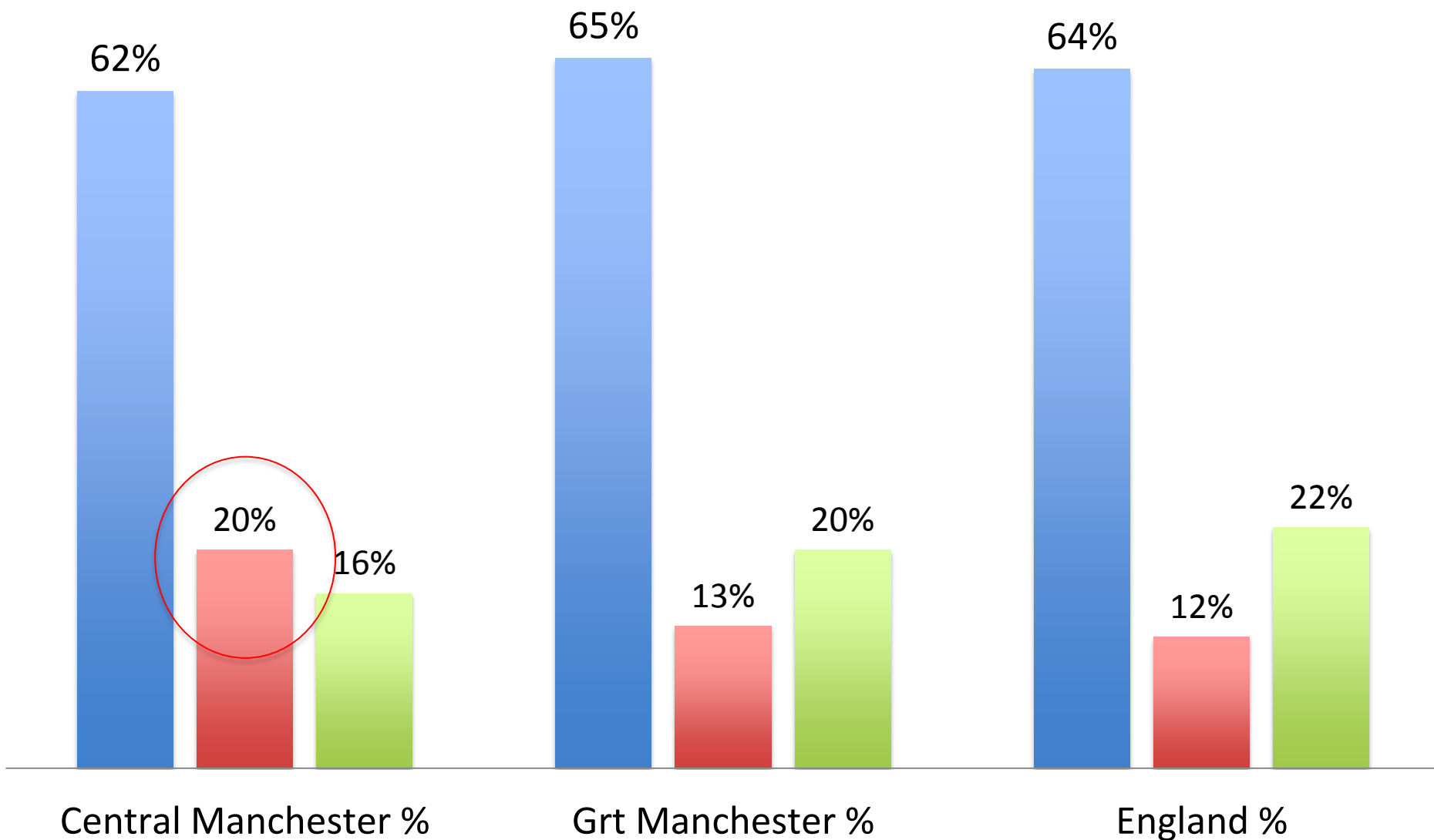
Long Term Condition

1. Yes 2. No 3. Don't know / can't say



Patient Survey 2015 In the last 6 months did you get enough support for your long term condition?

■ Yes ■ No ■ I have not needed such support



Psychological and social factors associated with stronger resilience – the ability to bounce back

Facing fear

Having a moral compass

Drawing on faith

Using social support

Having good role models

Being physically fit

Making sure your brain is challenged

Having ‘cognitive and emotional flexibility’

Having ‘meaning, purpose, and growth’ in life

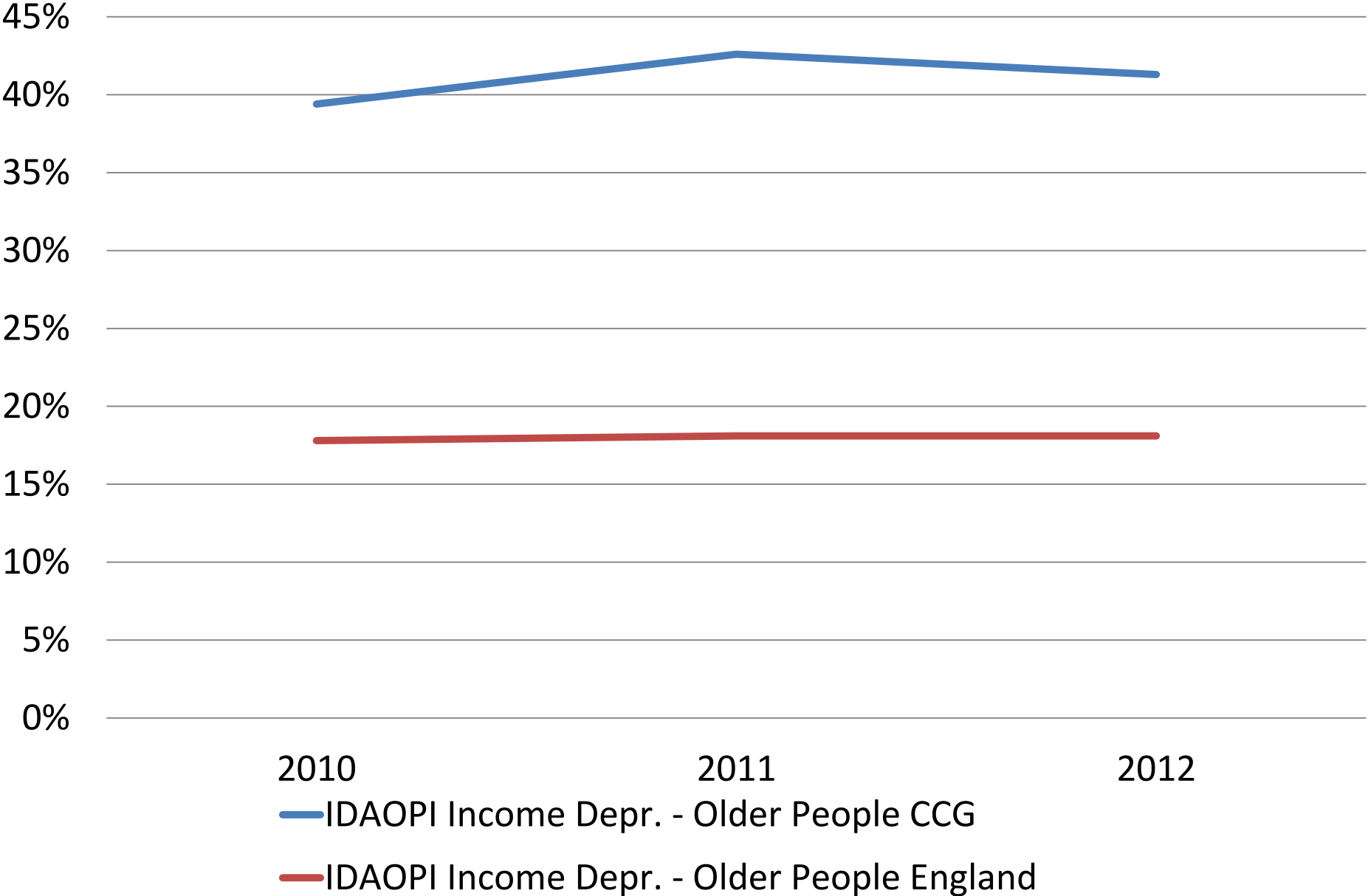
‘Realistic’ optimism/ positivity



SouthwickS, CharneyD. Resilience: the secret of mastering life's greatest challenges.

Cambridge: Cambridge University Press, 2012.

Income Deprivation of Older People



Other factors – loneliness and isolation

Loneliness - an individual's own evaluation of their level of social interaction, and the deficit between the actual and desired quality and quantity of social engagement.

Isolation - the level of integration with individuals and groups, for example when a person lives alone and does not socialise outside of the home.

7% identified in the General Lifestyle Survey as lonely - estimated >3,000 people in Manchester

In 2011, about 40% of residents aged 65yrs or over were living alone compared with about 30% for England average.

What can the CCG do?

- Create an environment where resilient communities and individuals can thrive
- Work with other agencies, communities and system leaders towards the aim of reducing inequalities
- Commission health services that focus on prevention, self-care and optimal holistic management

What is the CCG beginning to do?

Locality plans to deliver Health & Wellbeing outcomes

Commissioning Outcomes Board to consider client/patient and community determined outcomes

Health Checks & Long-term Conditions - rule of halves

CCG grants scheme for commissioning services to reduce social isolation and improve connections with local communities

Integrating health and care by developing multi-disciplinary teams & starting to share buildings to bring teams and services under one roof

Exploring use of technology such as, self care, assistive technology etc.

Summary

Improving the health & wellbeing of the population means addressing inequalities and fostering resilience of communities and individuals

The Health system has a role in prevention, early detection and optimal holistic management

The whole system (health, care and independent) needs to work together to deliver better outcomes