Older People in Manchester

A Profile of Residents Aged 65 and Over

Version 2016/05

Elisa Bullen

Performance and Intelligence

Chief Executive's Department

**Date: August 2016**

Introduction

Although population numbers fell throughout the 1970s and 1980s, the estimated population of Manchester between 2001 and 2010 averaged out at growth of 1.8% per annum. The latest Census 2011 estimate for Manchester shows continued growth and estimates the population for 2011 at 503,100. Growth has continued in subsequent mid-year estimates, reaching 530,292 in 2015. The growth in Manchester's population has not been across all age groups, however, with those of pension age actually falling in number over the previous decade. While numbers of older people are currently rising slightly in Manchester, this is probably now at its peak. This report focuses on how Manchester's older population is not following some of the patterns seen nationally and how their characteristics could impact on their health and wellbeing. It presents research that suggests that fewer than would be expected older residents do not necessarily equate to a lower demand on public services and shows that many older people living in Manchester are at risk of social isolation and loneliness.

Manchester's current older population

The 2011 Census from the Office for National Statistics (ONS) showed a lower than predicted number of older people in Manchester, except for 65-69 year olds which was as expected. Since the Census, ONS have issued mid-year estimates of the number of older people up to 2015 and projections, currently the 2014-based subnational population projections (SNPP), which appear to be broadly in line with analysis done by Manchester City Council.

Figure 1 shows the projection for 2016 and the forecast for ages 65 and over using Manchester City Council's in-house forecasting model, MCCFM. SNPP is lower in number than the equivalent MCCFM figure for those aged 65-84 and higher in number for those aged 85 and over. The higher number in MCCFM results from a larger estimate of middle-aged residents ageing on in the city. The lower number of very old residents reflects the continuing low life expectancy in Manchester, with MCCFM using bespoke ward level mortality rates that are several years more up to date than the SNPP.

Figure 1: SNPP 2014 compared to MCCFM at 2016
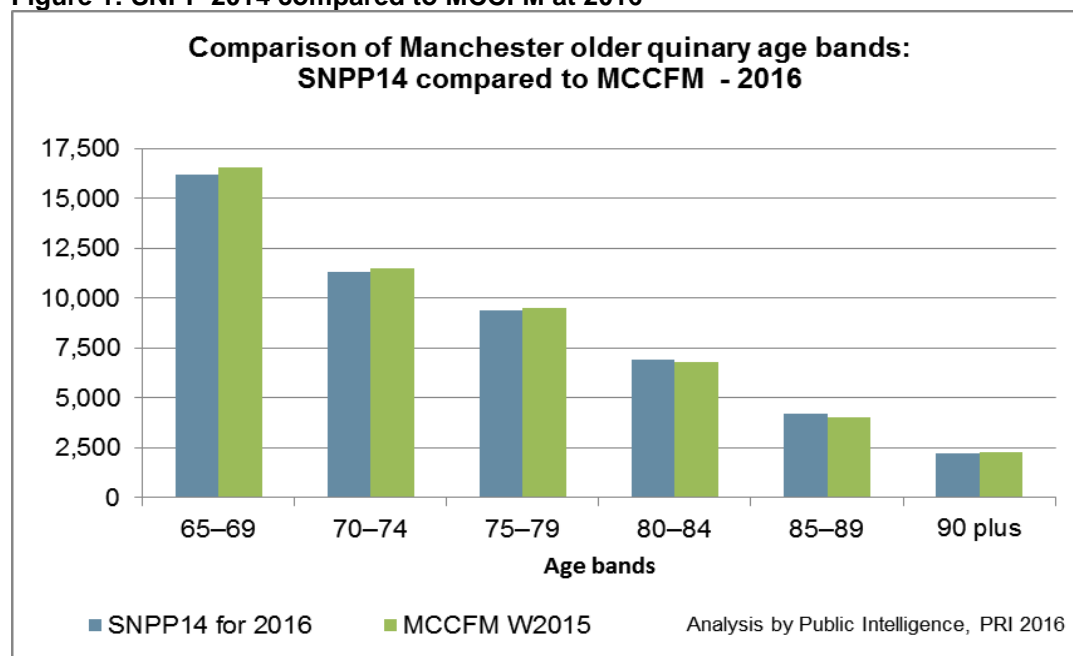
Source: 2014 Subnational Population Projections, ONS, and MCCFM (output W2015), MCC PRI

Figures from the 2015 MYE show that the over-60s outnumber children under 16 in the UK, however, this is not true for Manchester where there is a ratio of 16 children to every 10 aged 60 plus. Latest Census figures showed that in 2011 not only were there many more children than older people, the number of older people had fallen since the previous census.

Figure 2 shows Manchester's older population since 2001 using ONS Mid-Year Estimates. The decline up to 2011, particularly in the 75-79 ageband, reflects the gap left by the exodus of young adults

seeking work as Manchester's manufacturing industry started its demise in 1966, who settled elsewhere. The number of residents aged over 90, by comparison, who would have been middle-aged in the mid-1960s, changed little between the censuses. The 2012 figures for 65-69 year olds show a marked increase on 2011, resulting from 'baby boomers' reaching pension age (set to peak in this ageband in 2016). The number aged 70 and over has stabilised since 2011, however, as the increased 65-69 age group ages on, those aged 70-74 have started rising.
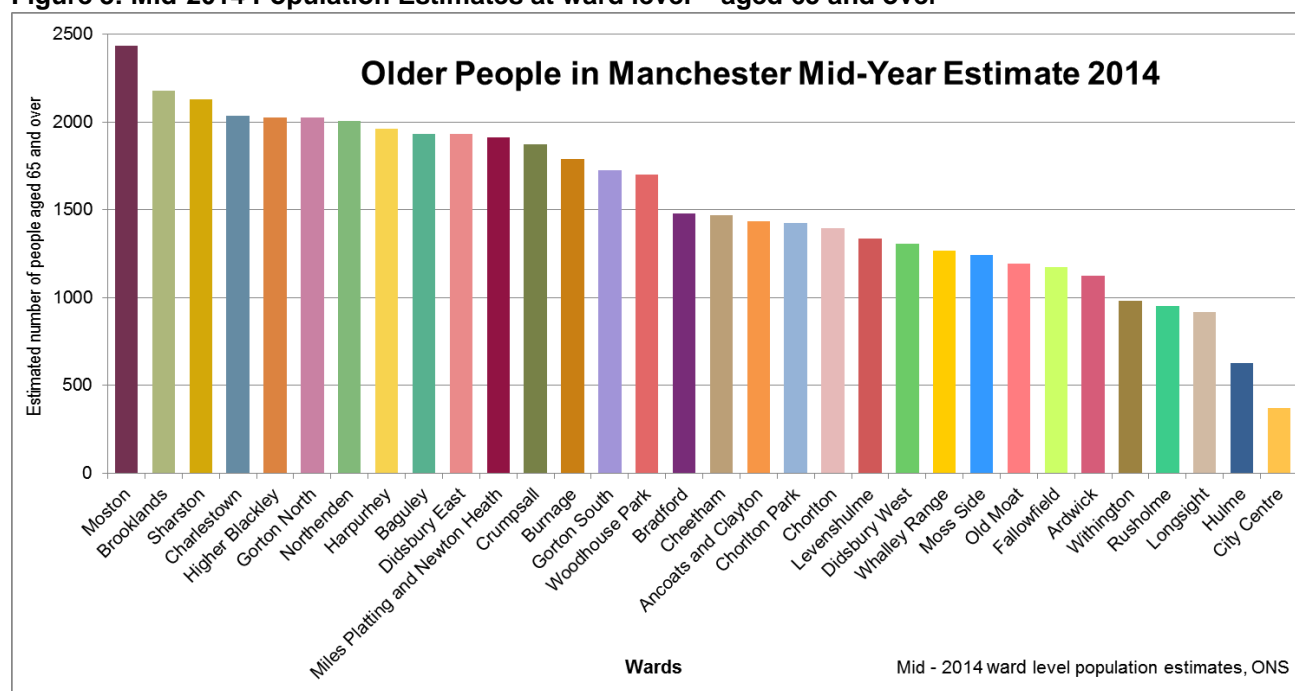
Figure 2: Mid-Year Estimates 2001 to 2015 for older population (rounded to nearest hundred)
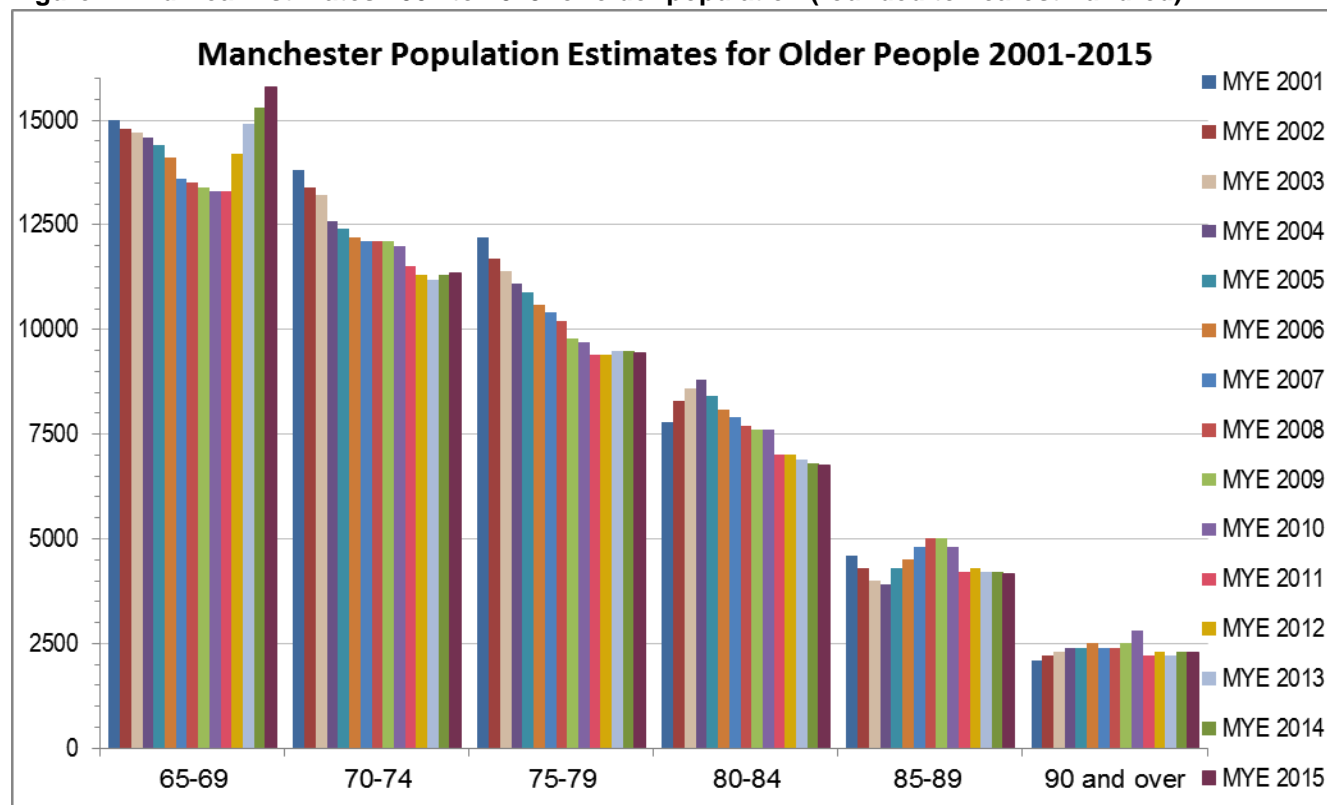
Source: ONS Mid-year estimates 2001-2014

Within Manchester

Figure 3: Mid-2014 Population Estimates at ward level – aged 65 and over

Mid-year estimates for 2014 ward data by ONS (2015 ward level data not available at time of writing) give an indication of which wards have large communities of older residents, as shown in **Figure 3**. MCCFM's figures are slightly different but the wards are in roughly the same order. By 2016, MCCFM forecasts a further reduction in the city centre and the eastern inner city wards[1] but small increases in most of the other wards across the city.

Table 1: Estimated changes in population aged 65 and over, 2004-2014, ONS MYE

Ward (greatest loss to greatest gain	Net change 2004-2014		% change
Miles Platting and Newton Heath	↓	-298	-13%
Woodhouse Park	↓	-294	-15%
Ancoats and Clayton	↓	-269	-16%
Fallowfield	↓	-236	-17%
Moss Side	↓	-218	-15%
Baguley	↓	-211	-10%
Higher Blackley	↓	-209	-9%
Whalley Range	↓	-190	-13%
Hulme	↓	-164	-21%
Old Moat	↓	-160	-12%
Ardwick	↓	-143	-11%
Longsight	↓	-131	-12%
Bradford	↓	-129	-8%
Crumpsall	↓	-125	-6%
Cheetham	↓	-121	-8%
Chorlton Park	↓	-98	-6%
Gorton North	↓	-94	-4%
Levenshulme	↓	-93	-7%
Burnage	↓	-91	-5%
Chorlton	↓	-85	-6%
Gorton South	↓	-65	-4%
Withington	↓	-57	-6%
City Centre	↓	-56	-13%
Harpurhey	↓	-51	-3%
Rusholme	↓	-48	-5%
Didsbury West	↓	-33	-2%
Northenden	↓	-30	-1%
Charlestown	↓	-23	-1%
Didsbury East	↑	56	3%
Brooklands	↑	58	3%
Sharston	↑	121	6%
Moston	↑	155	7%

Table 1 indicates that most wards have lower numbers of older residents than ten years earlier. The wards highlighted in red show wards where numbers of older population have reduced between the mid-year estimate for 2004 and the mid-year estimate for 2014[2], whilst green highlights an increase over the decade. Miles Platting and Newton Heath ward has the highest decline in numbers. Hulme ward has lost the highest percentage, down just over a fifth since 2004, followed by Fallowfield with 17% fewer. This may be an indication of changing neighbourhoods, as Manchester is increasingly perceived as a vibrant place for younger people, particularly around the city centre. The small number of wards that have increased in number are already popular with older residents, away from the centre.

---

[1] Ancoats and Clayton, Bradford and Ardwick
[2] 2004 ward estimates were revised in 2013 using a best-fit to new ward boundaries

Characteristics of older people in Manchester

MOSAIC data produced by Experian gives an idea of the demographic profile of older residents in the city[3], falling mainly into two groups, 'F Senior Security' and 'N Vintage Values'. This ranges from 'Legacy Elders' (Type F22) at the wealthier end of the range to 'Estate Veterans' at the more deprived end (Type N61). Type K48 are a slightly younger version of N57, averaging 60-66 years old, sharing most characteristics, such as living in the same property for a long time. K48 are likely to grow older in these homes and become N57s over time.

This report is concerned with those aged over 65 so this type has not been analysed here. Altogether, the two groups 'Senior Security' and 'Vintage Values' account for 42,596 people so they capture the majority of older residents. The resident type 'Seasoned Survivors' (Type N57, part of the Vintage Values group) is the most common type of older household with around 6,500 households estimated to have this profile, representing 30.7% of households where older people feature as the dominant type[4].

This type is described by Experian as homeowners of low value properties with modest financial security from the equity in their homes, with 90% of this type likely to have lived in the same property for at least eleven years. Overall, this type represents 2.9% of households in Manchester which is above average (1.76%) for this type of older resident. The 'wealthier' older people household types are below average signifying that older residents in Manchester are more likely to be less well off.

All household types associated with older people have a ratio of 3 women to 2 men, more likely to be living alone, with an average age between 70 and 78 except for 'Dependent Greys' (Type N60) which is late sixties. Health-wise, both groups differ from other household types[5] in typically having high blood pressure, ranging from 37% to 44% compared to a national average of 21%. They are also double the national average for having Arthritis, ranging from 32% to 41% compared to 19%, which would be anticipated with people who are older. Around three quarters of these residents will be of White English ethnicity, lower in types N57, N60 and N61 but still above the national average.

Certain wards have very low numbers of solely older people households, such as City Centre, Hulme, Rusholme, Longsight, Whalley Range and Withington. These pensioners are likely to be quite isolated from other people in their age group, although there is some evidence that because men are living longer there may now be more couples than before. The English Longitudinal Study of Ageing (ELSA) reports have shown that social engagement is closely linked with long life and healthy ageing[6] and that social exclusion is linked with deprivation. The majority of household types in these wards tend to be from the more deprived end of the spectrum in the 'Vintage Values' group whose types have a N prefix. The types that fall into this group are described in **Table 2**.

Table 2: MOSAIC Group N 'Vintage Values' types

Type	Type Name	Description
N57	Seasoned Survivors	Deep-rooted single elderly owners of low value properties whose modest home equity provides some security
N58	Aided Elderly	Supported elders in specialised accommodation including retirement homes and complexes of small homes
N59	Pocket Pensions	Penny-wise elderly singles renting in developments of compact social homes
N60	Dependent Greys	Ageing social renters with high levels of need in centrally located developments of small units
N61	Estate Veterans	Longstanding elderly renters of social homes who have seen neighbours change to a mix of owners and renters

---

[3] Geodemographic analysis tool combining social factors and consumer behaviour to predict household type

[4] Other households contain older people, this profiling looks at those that specifically classified as older residents

[5] With the exception of types G27 (none of this type in Manchester) and K48 (who age-on to become N57)

[6] http://www.manchester.ac.uk/aboutus/news/display/?id=8851 for further reading

Map 1 shows where older people in this group probably live based on this data with an indication of their household type. Many of the residents who are not in the predominant home-owning type N57 will be in rented accommodation or have moved into specialised accommodation or small housing developments as their independence has decreased.

They are likely to be living alone in small houses, bungalows and flats and need support. The 'Vintage Values' group are likely to have worked in skilled manual occupations or routine jobs before they retired.

Although levels of independence and income vary within this group, Vintage Value do in general have a higher than average level of dependency on the state for financial assistance. The majority are now dependent on state pensions, usually paid into a Post Office account, and only a few will have additional income from an occupational pension. As a result, incomes are generally very low, but they spend money carefully to keep within their budgets.
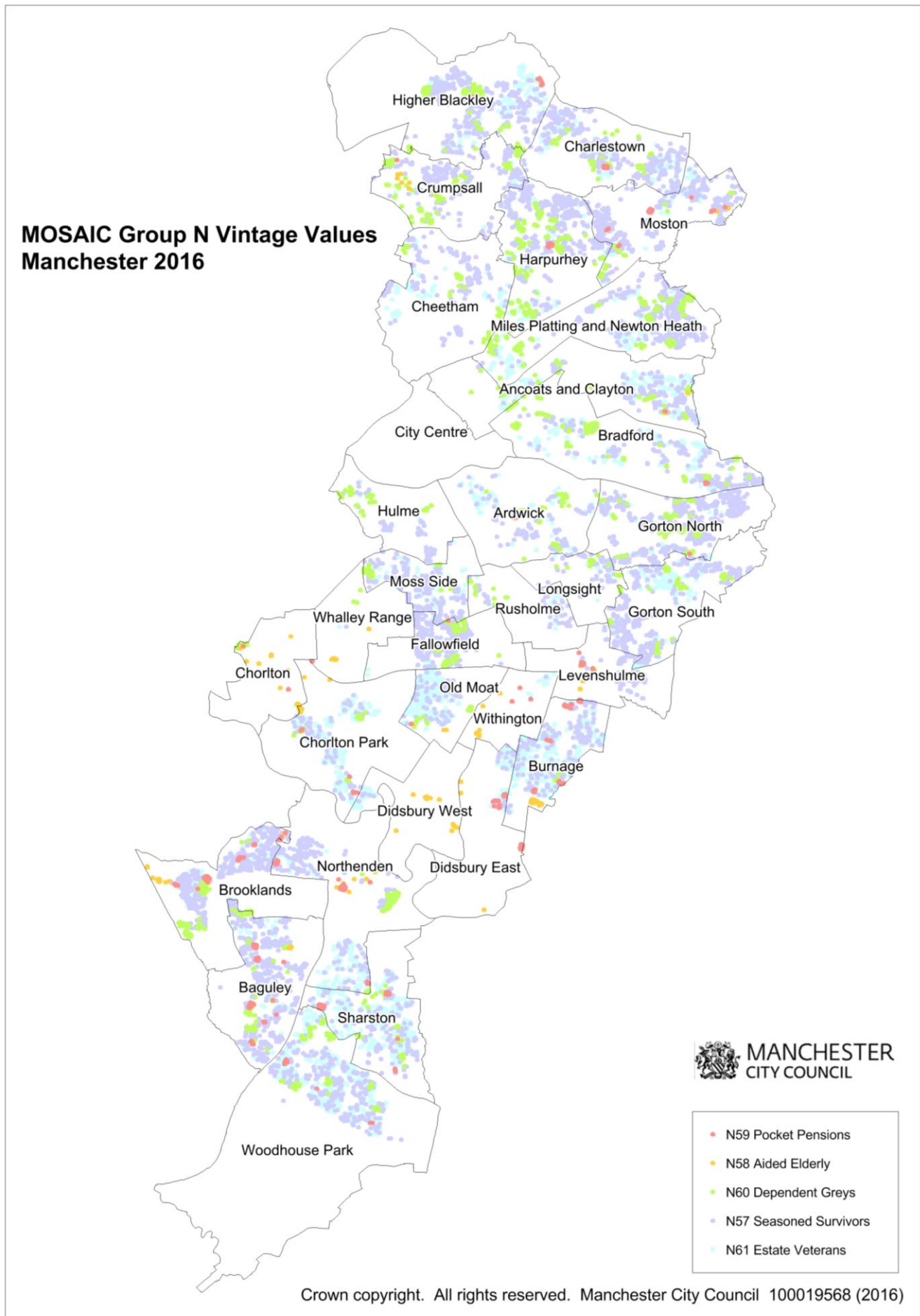
While these older people tend to feel safe at home and are only a little more worried than average about being a victim of crime generally, they are the most likely group to feel unsafe if out alone at night.

Of all the MOSAIC groups, Vintage Value people suffer the most from poor levels of health. The number of smokers is only slightly above average, but almost half of these are heavy or medium smokers. They tend to drink less often than other groups and are better than many at eating five portions of fruit and vegetables a day but they rarely take any exercise.

Vintage Values is the least environmentally aware group. However, while they tend not to recycle, they are willing to do things that save them money, such as re-using items and cutting down on their energy use.

Experian estimates that 33,665 of Manchester's older residents are in the 'Vintage Values' group (79%).

Map 1: MOSAIC Group N 'Vintage Values' – Manchester households, 2016

MOSAIC Group N Vintage Values
Manchester 2016

Higher Blackley
Charlestown
Crumpsall
Moston
Harpurhey
Cheetham
Miles Platting and Newton Heath
Ancoats and Clayton
City Centre
Bradford
Hulme
Ardwick
Gorton North
Moss Side
Longsight
Whalley Range
Rusholme
Gorton South
Fallowfield
Chorlton
Levenshulme
Old Moat
Withington
Chorlton Park
Burnage
Didsbury West
Northenden
Didsbury East
Brooklands
Baguley
Sharston
Woodhouse Park

MANCHESTER CITY COUNCIL

- N59 Pocket Pensions
- N58 Aided Elderly
- N60 Dependent Greys
- N57 Seasoned Survivors
- N61 Estate Veterans

Crown copyright. All rights reserved. Manchester City Council 100019568 (2016)

At the other end of the range are the more affluent areas classed as the 'Senior Security' group whose types start with an F. These areas, predominantly across the green belt area from Chorlton and northern Brooklands in the west to Didsbury in the east, and across the outer north of the city from Higher Blackley to Moston, are likely to have good support networks based on the higher numbers of similar age groups and reduced deprivation, although there will inevitably be pockets of isolation. Didsbury East ward is where older people households are likely to be more affluent, followed by Moston.

The smaller group of Senior Security are described in **Table 3** and illustrated in **Map 2**.

Table 3: MOSAIC Group F 'Senior Security' types

F22	Legacy Elders	Time-honoured elders now mostly living alone in comfortable suburban homes on final salary pensions
F23	Solo Retirees	Senior singles whose reduced incomes are satisfactory in their affordable but pleasant owned homes
F24	Bungalow Haven	Peace-seeking seniors appreciating the calm of bungalow estates designed for the elderly
F25	Classic Grandparents	Lifelong couples in standard suburban homes enjoying retirement through grandchildren and gardening

Senior Security describes older singles and couples who are still living independently in comfortable homes that they own. Property equity gives them a reassuring level of financial security. This group includes people who have remained in family homes after their children have left, and those who have chosen to downsize to live among others of similar ages and lifestyles.

Senior Security is the oldest of all the MOSAIC groups, with an average age of 75, and almost all are retired. Some are living with their long-time spouse, but a larger number are now living alone, with women outnumbering men.

During their working lives Senior Security were employed in a range of managerial and intermediate occupations. They had sufficient income to buy their own homes with a mortgage which they have now paid off, leaving them with considerable equity in their homes.

These homes are usually comfortable semi-detached three bedroom houses and bungalows in pleasant areas. They are generally very settled, long-standing residents of their local communities and have the longest length of residency of any group, having lived in their homes for nearly 25 years, on average.
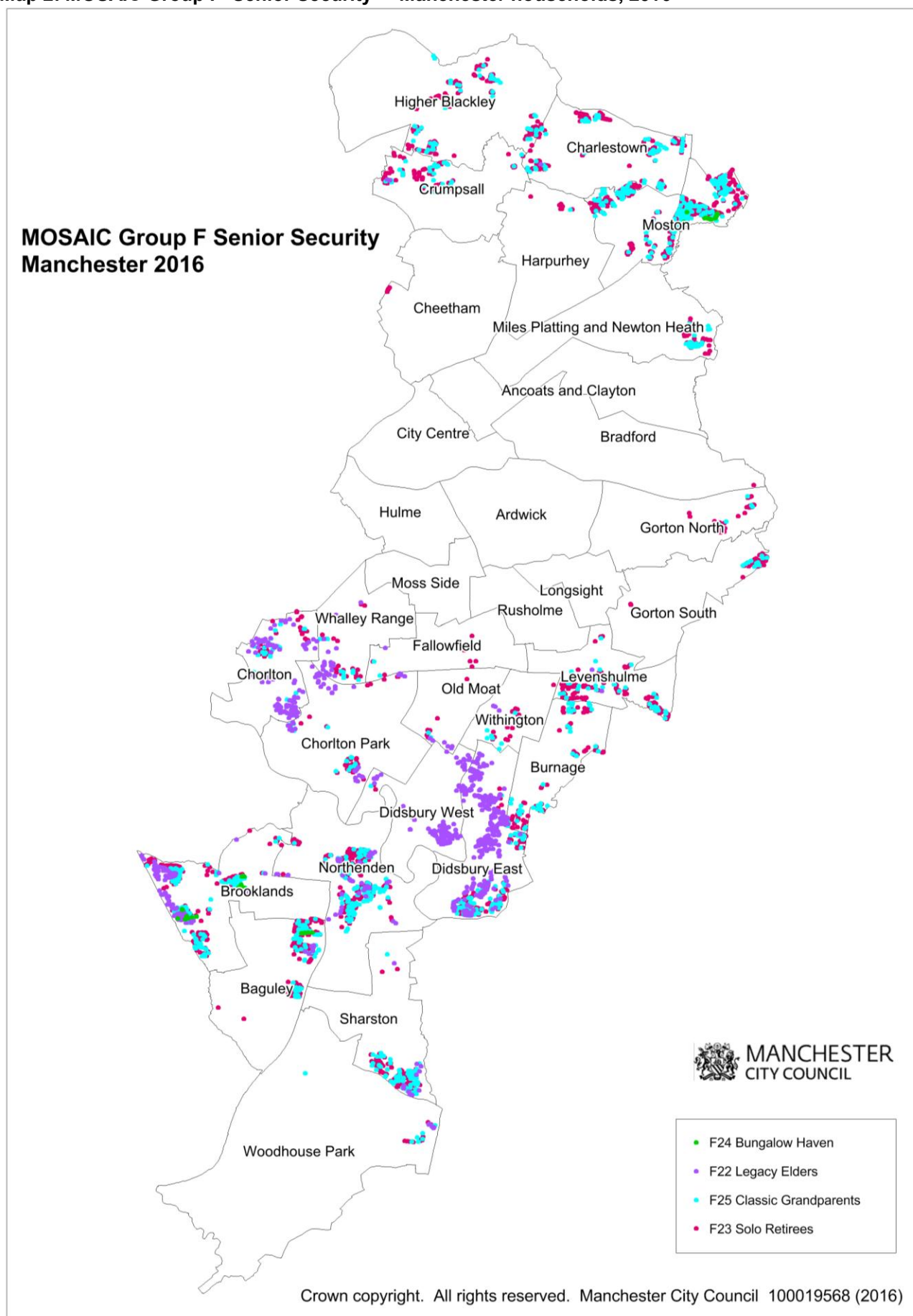
Though few now have high incomes, most live in reasonable comfort, their state pensions being supplemented by occupational pensions, and they are content with their standard of living. These comfortably-off pensioners have little need for state support apart from drawing their pensions.

Considering their age, the Senior Security group is still able to enjoy good levels of health. While some do enjoy a regular drink, very few are smokers and nearly half – a third more than the average – eat their 'Five a day'. Although they no longer take a lot of exercise they do like to stay active and they are the least likely group to think they should do more to improve their health.

This group has a relatively low fear of crime, feeling fairly safe walking alone after dark and very safe at home alone at night. They would most likely describe crime as not much of a problem in their area.

Senior Security are amongst the most dedicated recyclers, re-users and reducers of energy use, however this tends to be done less out of environmental concern and more through a desire to save money and avoid unnecessary waste.

Map 2: MOSAIC Group F 'Senior Security' – Manchester households, 2016

MOSAIC Group F Senior Security
Manchester 2016

Legend:
- F24 Bungalow Haven
- F22 Legacy Elders
- F25 Classic Grandparents
- F23 Solo Retirees

Crown copyright. All rights reserved. Manchester City Council 100019568 (2016)

Combining the two groups highlights the sparsity of older people households in and around the inner city (**Map 3**) with those who do live there being more dependent on benefits and services.

Map 3: Older people household characteristics by ward, 2016

Older people households
MOSAIC Group N and F
Manchester 2016

Legend:
- F24 Bungalow Haven
- F22 Legacy Elders
- F25 Classic Grandparents
- F23 Solo Retirees
- N61 Estate Veterans
- N60 Dependent Greys
- N59 Pocket Pensions
- N58 Aided Elderly
- N57 Seasoned Survivors

MANCHESTER
CITY COUNCIL

Crown copyright. All rights reserved. Manchester City Council 100019568 (2016)

Public Intelligence, Chief Executives Department 2016   Source: MOSAIC 2016

Note that household types are based on probability and do not represent actual household occupation.
Other older people will live within households not associated with older people.

Older people as a proportion of the population

Over the last decade Manchester experienced a year on year fall in the proportion of residents aged 65 and over, mainly due to the increase in working age population, driven by higher numbers of students and eastern European migrants. This is estimated to have stabilised since 2011 at 9.4%-9.5% of the total population, most likely due to post-war 'baby boomers' reaching the 65-69 years old ageband, boosting numbers. Nevertheless, Manchester has a much lower proportion of residents aged 65 and over in 2015, at 9.39% compared to the national proportion of 17.73%, according to 2015 mid-year estimate.

Data from the 2011 Census showed that Manchester had smaller proportions of the population in the older agebands than predicted by earlier SNPP. Smaller than expected numbers of older people and higher than expected numbers of most other age groups[7] combined to lower the proportion aged 65 and over to 9.4% of the total population instead of the estimated 10.4%. The latest SNPP (2014) projection for 2016 is shown in **Table 4**. The 60-64 age group has been included because they will form the older cohort in the near future if they remain in Manchester. The proportion aged 65 and over in 2016 stays at 9.4% of the total population despite the slightly higher numbers of older people.

Table 4: Agebands % of total population

2016	SNPP14	% of total
60-64	18,200	3.4%
65-69	16,200	3.0%
70-74	11,300	2.1%
75-79	9,400	1.8%
80-84	6,900	1.3%
85-89	4,200	0.8%
90 plus	2,200	0.4%

Source: SNPP14 quinary agebands for 2016

Comparison with other areas

Manchester's age distributions within the older population are very similar to England and other key areas, however, as part of the overall population, they form a much smaller percentage.

Greater Manchester

Despite having the largest total population in Greater Manchester, Manchester does not have the largest number of older people, as can be seen in **Figure 4**. Wigan had the highest number of people aged 65 and over, despite it's relatively small total population, with an estimated 59,364 residents in 2015.

Stockport had the highest proportion of older people in the metropolitan county, with more than double Manchester's proportion. At just 9.4% in 2015, Manchester had by far the smallest proportion of older residents, with the other districts ranging from 14.8% in Salford to 19.6% in Stockport.

Unlike Manchester, which had a decrease in the proportion of older residents from 9.5% in 2014 to 9.4% in 2015, all the other districts in Greater Manchester increased their proportion of people aged 65 and over.

---

[7] N.B. proportions can decrease even though populations of an ageband have increased if other age bands change more significantly, as is the case in Manchester.

Figure 4: Population aged over 65 in Greater Manchester by district, 2015 Mid-Year Estimate


Number and percentage of residents aged 65 and over Greater Manchester, 2015 MYE
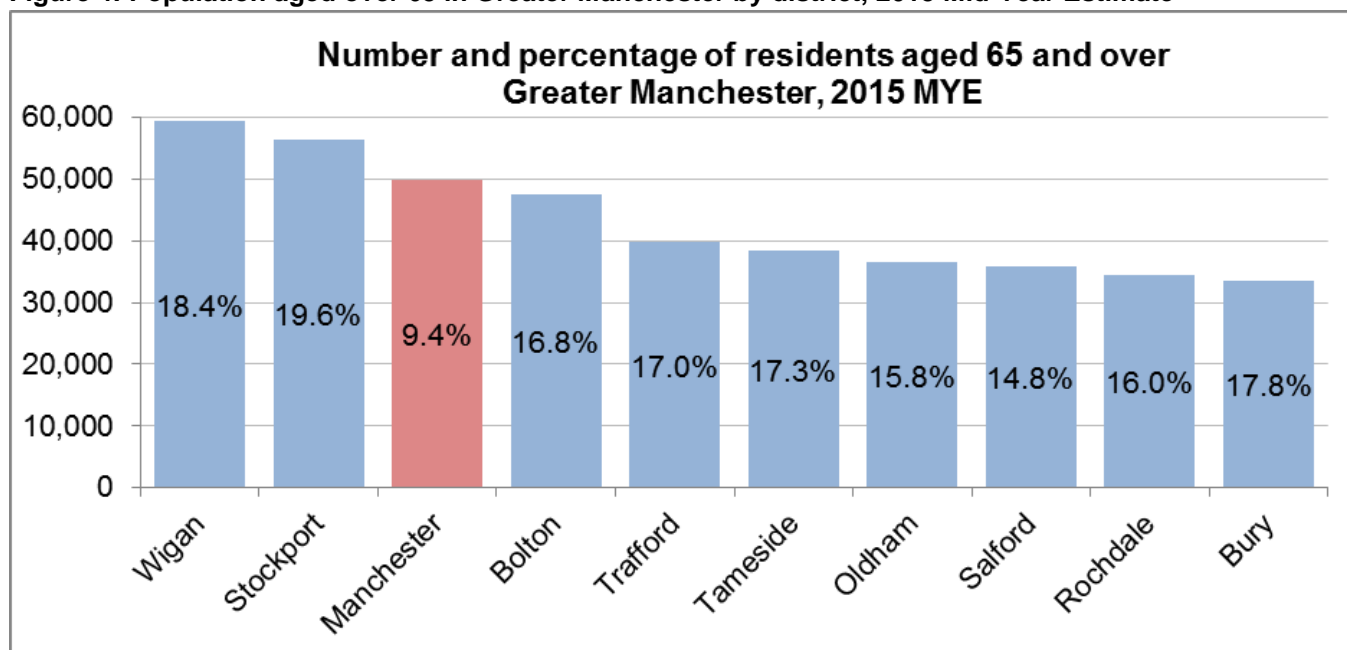
Source: MYE 2015, ONS

Core cities

Compared to the other core cities, Manchester had the fifth largest total population in 2015, yet only Nottingham, Cardiff and Newcastle had fewer older people in their considerably smaller overall populations. Manchester had the lowest proportion of residents aged over 65 with the other cities ranging from 11.7% to 16.2%. Manchester also had the lowest proportion of residents aged 90 or over, with Nottingham and Newcastle again being the only core cities with smaller numbers of this age group, according to the 2015 Mid-Year Estimate. **Figure 5** shows the number and proportion of older people in each of the core cities but it should be noted that there is a wide range in total populations, from Newcastle's 292,883 to Birmingham's 1,111,307 so Newcastle has a higher percentage of older people but fewer older residents than Birmingham.
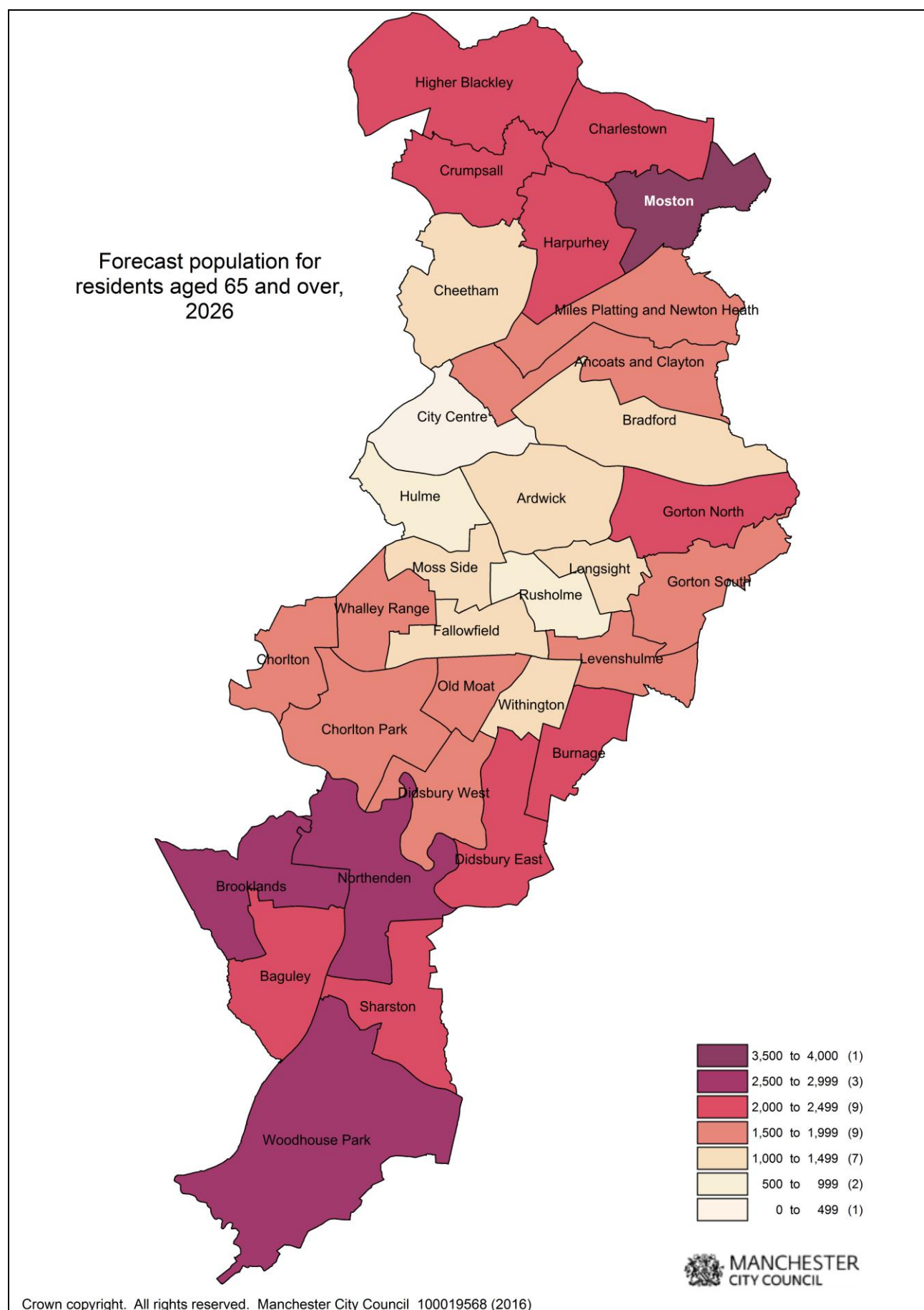
Figure 5: Population aged over 65 in core cities, 2015 Mid-Year Estimate

Number and percentage of residents aged 65 and over Greater Manchester, 2015 MYE
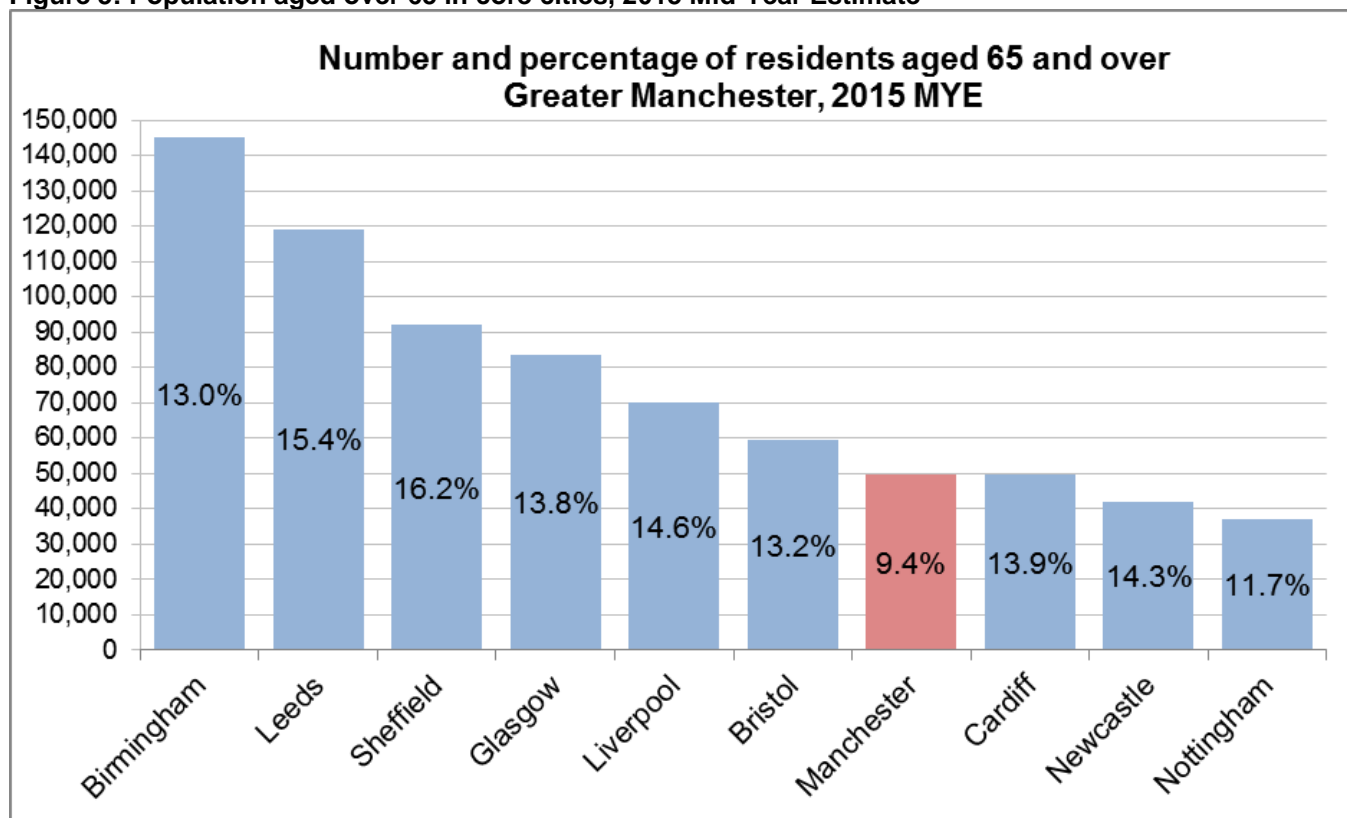
Source: MYE 2015, ONS

Projected older population

Map 4 indicates where older people are forecast to be living in 2026 using MCCFM.

Forecast population for residents aged 65 and over, 2026

3,500 to 4,000	(1)
2,500 to 2,999	(3)
2,000 to 2,499	(9)
1,500 to 1,999	(9)
1,000 to 1,499	(7)
500 to 999	(2)
0 to 499	(1)

MANCHESTER
CITY COUNCIL

Between now and 2026 certain wards are predicted to see increases in the number of older residents based on past trends and known planning decisions. These are predominantly wards that are already popular with this age group, such as those in Wythenshawe and surrounding area and wards in the north of the city. Specifically, growth is not predicted for this age group in the inner city and in wards popular with short-term residents, such as those popular with students or 'landing' areas popular with migrants before they settle elsewhere.

Figure 6 shows ONS' projections broken down by older agebands from 2014 to 2024 at district level, using the mid-year estimate for 2014 as a base. It shows the peak from 'baby-boomers' for 65-69 year olds in 2016 (16,200) with the rise seen in this age band from 2011-2016 repeating with the ageing-on method for 70-74 year olds from 2016- 2021; as a straight projection, this assumes no other changes to the population and all these residents staying in Manchester. As this pattern continues, 2021 sees an increase in 75-79 year olds, although due to the older age the rise in numbers is relatively lower.

Figure 6: 2014-Subnational Population Projections, ONS – Older people in Manchester
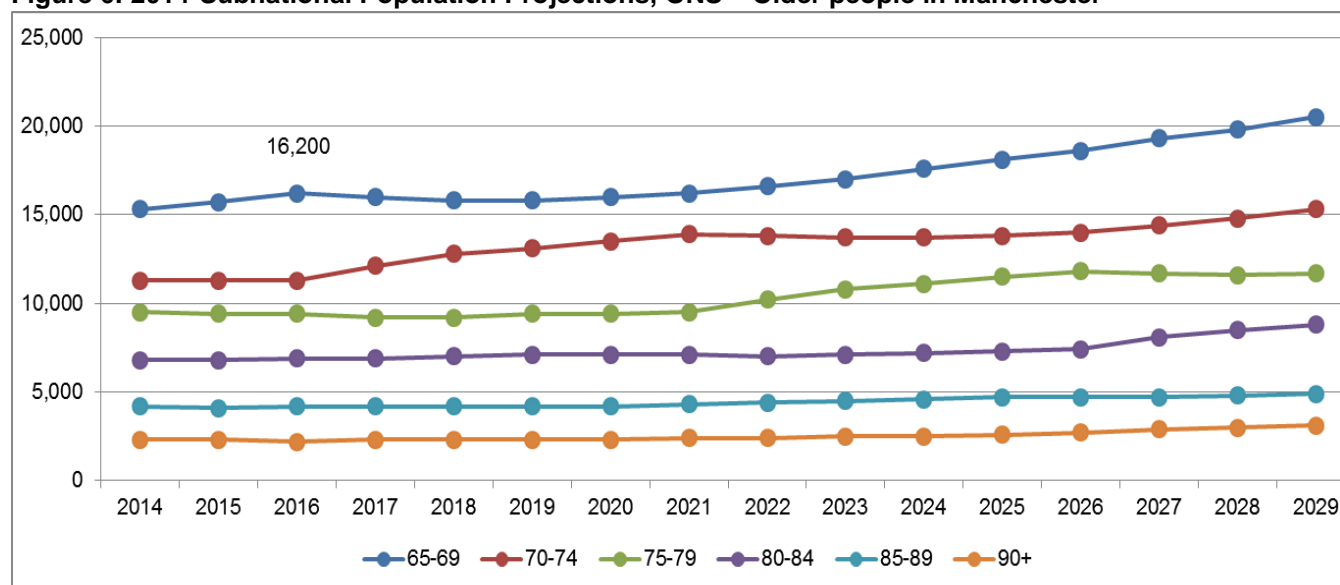
ONS projects the 65-69 ageband rising again in 2020 as increasing numbers of working age residents age in the city, however, residents tend to leave the city for other Greater Manchester districts once they retire so this probably will not occur. MCCFM differs from ONS in these later years with a much slower level of growth in those aged 65-69, keeping the rise projected for 70-74 year olds suppressed in 2026. This results in the difference shown in **Figure 7**; with MCCFM's 2026 older population similar to estimates in the early 2000s before that decade's fall in numbers prior to the baby-boom inflation.

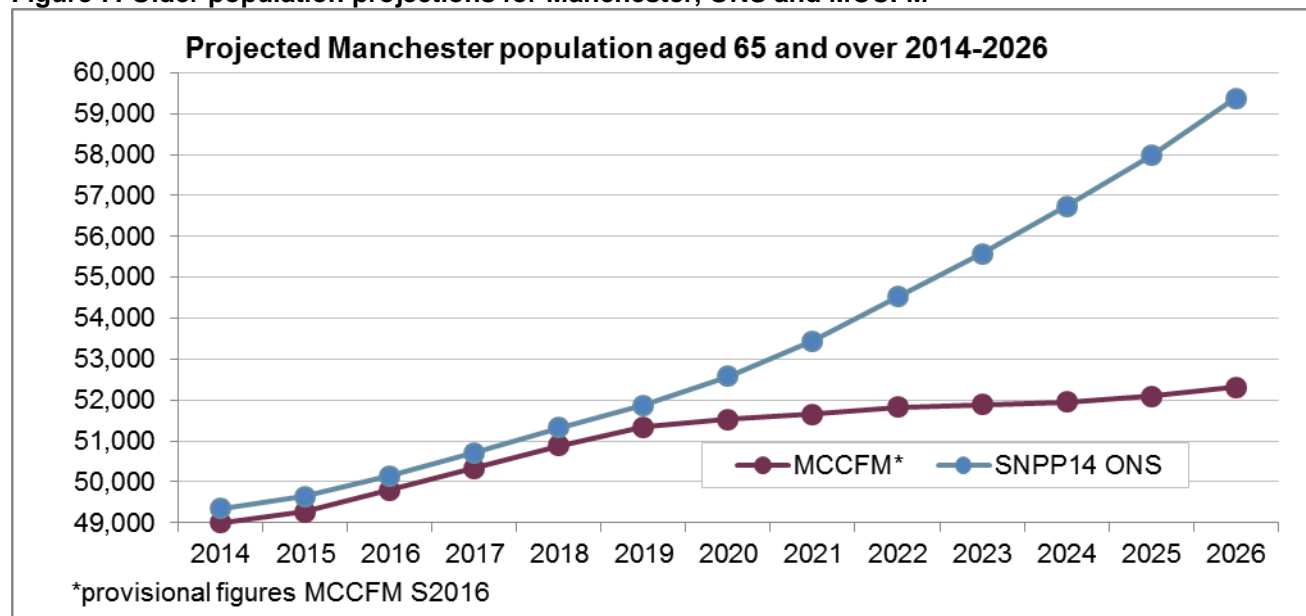**Figure 7: Older population projections for Manchester, ONS and MCCFM**

Figure 8 shows how the total number of residents aged 65 and over is projected to grow between 2014 and 2029 according to ONS and what that means in terms of percentage change. The growth after 2020 is assuming higher numbers of working age now reach 65 and stay in the city, which is unlikely, as mentioned earlier, and the growth projected for 2027 and 2029 seems unrealistic. MCCFM has growth at its peak between 2016 and 2019 at around 1% per annum, before tailing off to between 0.1%-0.4% as the effect of the increased number of older people resulting from the post-war baby boom disappears.

**Figure 8: Aged 65 plus, 2014-Subnational Population Projections**
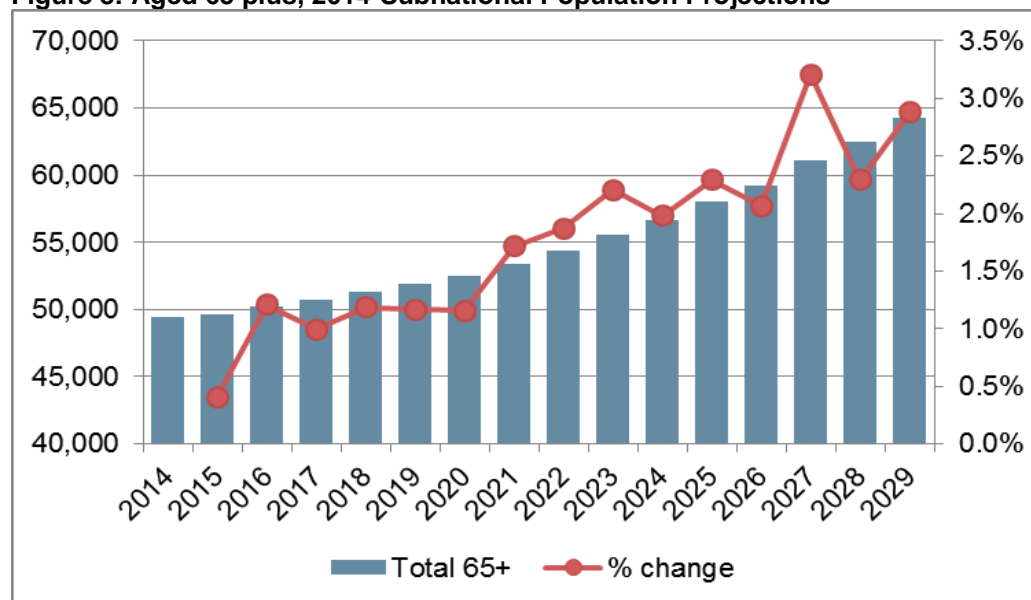
Source: SNPP2014, ONS

Older people as a proportion of the future population

In total, the population aged 65 and over is predicted to be around 50,200 in 2016 using the SNPP2014, which is 9.4% of the population. By 2021 the population is projected to be 53,400, which is 9.6% of the total population (558,500) so the proportion has grown slightly. Realistically, with low life expectancy and emigration in later life trends, the proportion of older people is unlikely to go above 10% and will not keep pace with growth in the younger age groups; however ONS project increasingly higher proportions, reaching 12.7% by 2039, in line with the national picture. **Figure 9** shows older people as a proportion of the total population from 2014 for the following fifteen years.

Figure 9: Manchester residents aged 65 and over proportion of total population
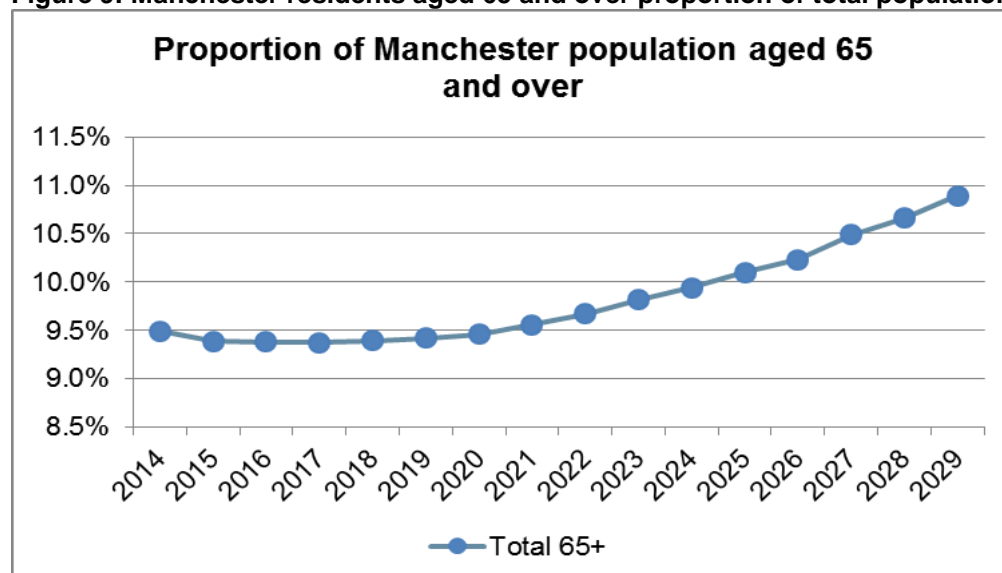
Source: SNPP2014, ONS

Health at age 65

Manchester has lower numbers of older people than expected for a city of its size; however, studies have shown that they are not a group that should be overlooked in terms of their health. Health-related quality of life for older people is consistently lower than in England or the rest of Greater Manchester.

The socio-economic status of many older residents is a key factor in determining poor health. Studies have indicated a relationship between higher levels of frailty and less affluent older people, which is the economic status of many older residents in Manchester. Although life expectancy is low compared to elsewhere in England, it is improving slowly; however, many may be living longer with higher levels of frailty linked to poverty, ultimately leading to increased care costs.[8]

Table 5 summarises how key points relating to older people's health and wellbeing compare to elsewhere in England. Each of these is discussed in more detail in this section.

Table 5: Key health issues facing Manchester's older population compared to England

Manchester Compared to rest of England			
	Lowest	average	Highest
Life Expectancy at age 65	15.9 ● 18.8 ●		21.6 24.6
Healthy life expectancy at 65	5.4 ● 6.0 ●		13.6 16.0
Mortality Rates	401.4 ● 238.6 ●		156.3 97.9
Use of Hospital Services by older people	Higher		

Source: ONS and Public Health England 2012-2014

Life expectancy

People born in Manchester are more likely to die prematurely (before the age of 75) and are therefore less likely to reach old age. **Table 6** shows the change in the average number of years a Manchester resident can expect to live if they are 65 during that time period, assuming Manchester's age-specific mortality rates for that time period throughout the rest of their life. Life expectancy at age 65 has improved slowly as shown, but those turning 65 during 2012 to 2014 have the lowest life expectancy for both males and females in England.

Table 6: Manchester Life Expectancy at Age 65, ONS 2016[9]

Rolling Average	Males Remaining life expectancy (years)	Females Remaining life expectancy (years)
2000-02	14.1	17.9
2003-05	14.8	18.1
2006-08	15.2	18.1
2009-11	15.4	18.8
2012-14	15.9	18.8

Source: ONS and Public Health England

---

[8] 'Developing projections of health and social care need, approaches and uncertainties' by James Nazroo, Cathie Marsh Institute and Manchester Institute for Collaborative Research on Ageing, University of Manchester 2016

[9] Changes in health expectancies over time are assessed by comparing non-overlapping time periods. Therefore, estimates for 2012 to 2014 should not be compared with estimates for 2011 to 2013 or 2010 to 2012 for example, as they will contain some of the same survey respondents (ONS).

Life expectancy at the age of 65 in Manchester is slightly below the average for Greater Manchester and is significantly below the national average. Men in the city reaching 65 between 2012 and 2014 had a further life expectancy of 15.9 years (compared with 18 years in the North West region and 18.8 years in England) whilst women had a life expectancy of a further 18.8 years at age 65 (compared with 20.3 years in the North West and 21.2 years in England)[10].

Healthy lives

People reaching old age in Manchester are more likely to spend a greater proportion of their remaining years living in poorer health and with greater levels of disability. Men and women in Manchester can expect to spend over four years fewer of their already shorter lives in a good functional health state than their counterparts in the rest of England, rising to over seven years for men and over eight and a half years for women compared to the districts with the best healthy life expectancy in England.

Table 7 shows the number and percentage of years that Manchester residents can expect to spend in good health if they reached 65 in one of the periods between 2009 and 2014. This means that of the 15.9 years expected life remaining for a man who is 65 in the period 2012-2014, about six years and four months are expected to be in good health (39.3% of their remaining life). This compares to the national figure of 10.6 years for men (56.3%) and 11.5 years for women (54.2%).

Table 7: Healthy life expectancy (HLE) for men and women at age 65 in 2012-2014

Healthy Life Expectancy comparisons	HLE (years)	% of life	
Top 5			
Dorset	13.6	67.5	**Men**
Harrow	13.5	63.6	
Wokingham	13.3	67.3	
Buckinghamshire	13.0	65.4	
Westminster	13.0	61.1	
Richmond upon Thames	16.0	68.7	**Women**
West Sussex	15.4	70.0	
Kensington and Chelsea	15.0	63.1	
Camden	14.6	59.1	
Bath and North East Somerset	14.5	65.9	
Bottom 5			
Islington	7.0	38.6	**Men**
Coventry	6.9	37.7	
Tower Hamlets	6.6	37.7	
Manchester	6.3	39.3	
Newham	5.4	30.0	
Nottingham	7.5	36.4	**Women**
Knowsley	7.4	38.5	
Manchester	7.4	39.4	
Wolverhampton	7.4	36.0	
Tower Hamlets	6.0	29.2	

Source: Public Health England, 2016

Healthy life expectancy has decreased in Manchester compared to the previous period 2009 to 2011 when it was 6.8 years for men and 7.5 years for women; this equates to 44% and 39.8% respectively of

---

[10]Survival from age 65 depends only on the death rates beyond that age, whereas life expectancy from birth is based on death rates at every age.

their remaining lives, meaning there has been an expansion of morbidity (years in "Not Good" health) because healthy life expectancy has not kept pace with increased life expectancy.

Disability-free life expectancy (DFLE) at age 65 for Manchester in 2012 to 2014 is 7.7 years for men and 7 years for women compared to 10.3 and 10.9 years respectively in England.

Mortality rates

In the period 2012-2014, Manchester has the highest premature death rate (under 75 years old) of all local authorities in England at 534 deaths per 100,000, highest for males and highest for females, and double the rates seen in the districts in the lowest (best) quartile.

Manchester also has the highest death rates from Cancer overall, Lung Cancer, Heart Disease, Heart Disease and Stroke, Stroke, Lung Disease and second highest for Liver Disease, regardless of age.

Older people experience higher mortality rates across a range of health conditions[11]. The age-standardised mortality rate for all causes of death in 2012-14 among people aged 65-74 years in Manchester was 2,493 per 100,000 which is 29% higher than that seen across Greater Manchester (1,921 per 100,000) and 60% higher that of England as a whole (1,555 per 100,000). The rate has improved more over recent years for Manchester, however, so the difference between Manchester and the national average has reduced.

For all circulatory diseases, the age-specific mortality rate among people aged 65-74 between years 2012-14 in Manchester was 726 per 100,000. This was 44% higher than the rate across Greater Manchester (503 per 100,000) and 89% higher than that of England as a whole (383 per 100,000). For cancer, the rate in Manchester (1,007 per 100,000) was 24% higher than that for Greater Manchester (808 per 100,000) and 44% higher than England (698 per 100,000).

The age standardised mortality rate in 2014 of persons over 65 with a recorded mention of dementia in Manchester is 1,037 per 100,000. This is up from 939 per 100,000 in 2013, and is 38% higher than that of England (750 per 100,000) and 24% higher than that of the North West region (832 per 100,000)[12].

Since 2010, the Manchester rate for excess winter deaths (those aged 85 and over) has not been significantly different from the national figure.

Use of hospital services

Manchester has the second highest number of hospital admissions amongst the Core Cities between 2013 and 2014 for all ages (160,400 admissions)[13]. Older people in Manchester make higher use of acute hospital services, particularly for physically and mentally debilitating conditions such as falls or stroke compared with England as a whole.

Analysis suggests that emergency hospital admissions, length of stay and total bed days are all higher in those aged over 65 than the national average. North Manchester has particularly high numbers of admissions compared to the rest of Manchester.

Hip fractures in those aged 65 and over was at a rate of 683 per 100,000 in the period 2013-2014 compared to 568 per 100,000 in England but fell below the national figure in 2014-2015 at 553 per 100,000 compared to 571.

The rate of hospital admission for stroke among older people aged 65 and over in Manchester was nearly 25% higher than the England average (based on data for 2013 to 2014).

---

[11]The presence of co-morbidities and other confounding factors makes it hard to identify the underlying cause of death among older people with any great precision
[12]Public Health England Dementia profile
[13]Episodes grouped according to the responsible primary care trust (PCT). This does not necessarily reflect where the patient lived or where they were treated The NHS Information Centre, Hospital Episode Statistics for England. Inpatient statistics, 2010-11 © Crown Copyright

In 2012-2013 the diagnosis rate for dementia across Manchester was 52.2%. This has increased for 2014-2015 to 63.4%, 68.7% and 69.0% for North, Central and South Manchester respectively. There is a national target that two-thirds of dementia should be reflected in registers by 2015.

The estimated rate of under-diagnosis of dementia in Manchester (49.3%) is higher than the equivalent rates in Greater Manchester (45%) and England (41%)[14] and may be one of the factors contributing to the higher than average rate of emergency hospital admissions for Alzheimer's and other related dementia among older people living in the city. In the period of 2013 to 2014 the age-standardised rate of emergency inpatient admissions of people aged 65+ with a mention of Alzheimer's disease in Manchester was 862 per 100,000. This was 65% higher than the rate in England (522 per 100,000). In the period 2014 to 2015 in Manchester the rate increased slightly to 879.3 per 100,000, 51.7% higher than the rate for England (579.5 per 100,000)[15].

Manchester has a significantly worse rate of hospital admissions (and emergency hospital admissions) due to an unintentional fall by people aged 65 and over. Over the year 2013-2014, there were 1,439 hospital admissions resulting from an accidental fall among older people in Manchester which was a rate of 2,888 per 100,000. This was a significant improvement on 2010-2011 when the rate was 3,457 per 100,000, but was still 39.3% higher than the rate for England (2,072 per 100,000). In 2014-2015 the rate has stabilised (2,889 per 100,000), but is now only 35.9% higher than nationally as the rate has increased across England (2,125 per 100,000)[16].

The English Longitudinal Study of Ageing (ELSA) Final Report (Wave 1) found that older people who have experienced falls are more likely to experience exclusion from social relationships (18% compared to 12% of all older people), access to basic services (19% compared to 9%) and material goods (18% compared to 11%). Not surprisingly, those with most ill health have most difficulty accessing services (or report these difficulties more readily).

Mental health

Figure 10 shows the results of a study on the effect of age and wealth on the incidence of depression in England[17]. The percentage suffering from depression after the age of 75 is higher than in the 50-59 age groups regardless of wealth and sex. However, within both age groups women have a higher incidence of depression and there is a notable rise in depression as the wealth of the individual decreases. This suggests that age, gender and poverty are associated with depression so an older, poorer woman could be more susceptible to mental health problems. Subsequent reports from ELSA have shown the same correlation but data are not published that break down the results by ageband, wealth and depression (Waves 2 to 6).

The ELSA Final Report (Wave 1) also found that people who experience depression are also more likely to experience many types of exclusion, referred to as multi-dimensional exclusion.

---

[14]Figures produced by the Alzheimer's society (Mapping the Dementia Gap, February 2012). Of the 3,858 people estimated to be suffering from dementia (using prevalence rates based on 2008-based sub-national population projections by ONS) in 2011only 1,956 people were known to GPs as having a diagnosis of dementia (2010/11 QOF data).

[15]Public Health England Older people's health and wellbeing

[16]Hospital Episodes Statistics (HES); ONS population estimates via the NHS Information Centre for Health and Social Care © Crown Copyright Public Health England

[17]Classified as having 3 or more symptoms on the Centre for Epidemiologic Studies Depression Scale (CES-D)

Figure 10: Correlation between Age, Depression and Wealth – England
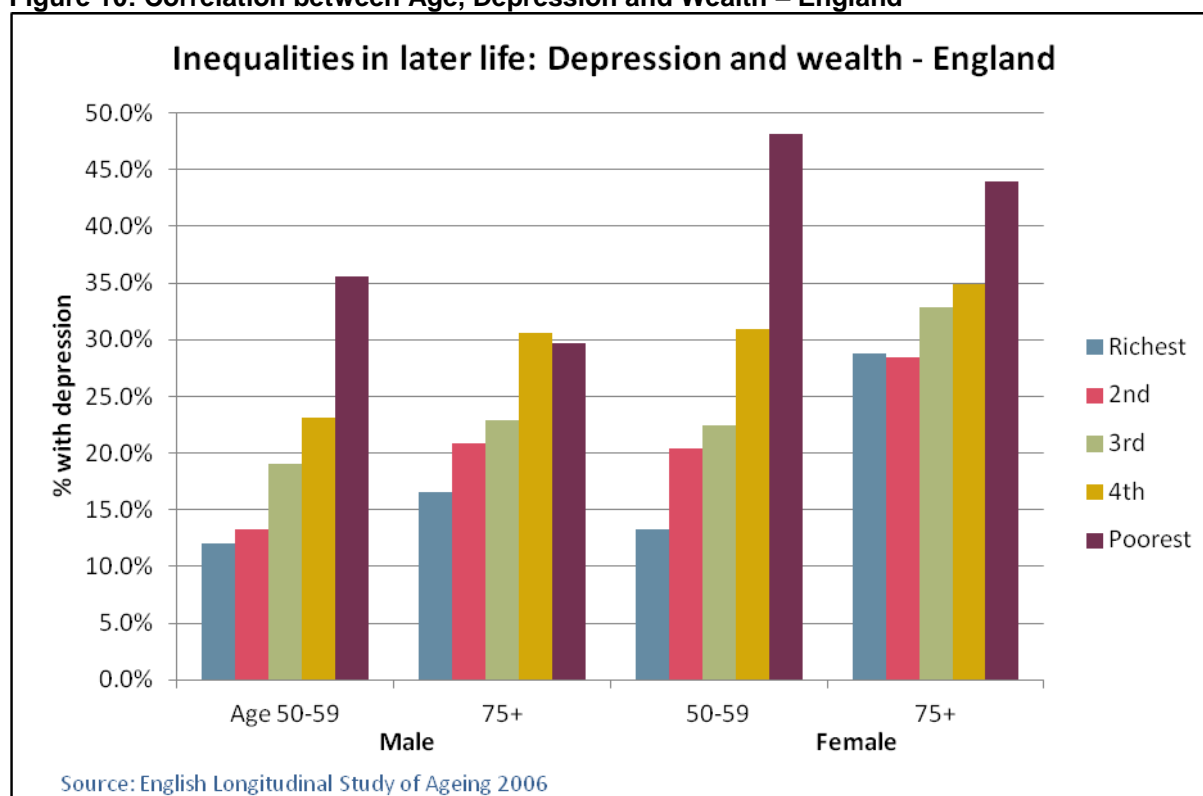
Multi-dimensional exclusion

The seven dimensions of multi-dimensional exclusion used for ELSA research are:
1. Exclusion from social relationships
2. Exclusion from cultural activities
3. Exclusion from civic activities
4. Exclusion from access to basic services
5. Neighbourhood exclusion
6. Exclusion from financial products
7. Exclusion from material goods

Characteristically, those who are considered to be excluded in three or more dimensions belonged to one or more of these categories: the oldest-old (aged 80 years and above), those who lived alone, had no living children, had poor health, suffered depression, had no access to a car, never used public transport, and did not own their accommodation. Other factors that can influence exclusion are being female, belonging to a non-white ethnic group or being poor or on a low income[18].

Age itself is not strongly connected to every dimension. It is a risk factor for the older-old with regard to exclusion from basic services and material goods and, for the younger-old, with regard to civic activities[19]. Over a fifth of those who described themselves as unemployed and permanently sick or disabled experienced exclusion in two, three or more dimensions. Approximately one in twenty older people defined themselves as permanently sick or disabled according to the ELSA.

Deprivation

Generally, more deprived areas have worse premature mortality[20] and more social exclusion. Life expectancy at age 65 is lower by 5.1 years for men and 4.5 years for women for those living in the most deprived areas of England compared to those in the least deprived areas. Manchester had 115

---

[18] Taken from findings from the English Longitudinal Study of Ageing
[19] English Longitudinal Study of Ageing (ELSA) Final Report (Wave1)
[20] Longer Lives, Public Health England, 2016

lower super output areas (LSOAs) amongst the 10 per cent most deprived in England in the overall 2015 Index of Multiple Deprivation (IMD) representing 40.8% of the district. This is an improvement on the ranking in the 2010 IMD when there were 118 LSOAs in this category, particularly as the total number of LSOAs in Manchester had increased by 2015.

Individuals living in the most deprived areas, according to the IMD[21] are consistently those most likely to experience multi-dimensional exclusion, particularly neighbourhood exclusion. Their health will also be affected, with men aged 65 in England's most deprived areas living around 6.9 years fewer in "Good" health and women 7.8 years fewer than those in the least deprived areas.

Income

There is a strong relationship between main source of income and exclusion. The ELSA found multi-dimensional exclusion is related to low income and those whose main source of income is via benefits, who are unemployed and live in a city. This group commonly appeared as some of the most deprived among the older population. Though the findings were only indicative, the ELSA found that they were more likely to experience a lower quality of life, and were particularly likely to feel less life satisfaction and control of their own situation. Further studies also suggest that those on state pension or other benefits as their primary source of income are more likely to be excluded on almost all dimensions[22].

This IMD is not age-specific, however within the multiple deprivation indices is one that is concerned specifically with older people, the Income Deprivation Affecting Older People Index (IDAOPI). The IDAOPI measures the proportion of all people aged 60 and over living in income deprived families[23]. On this index, Manchester is ranked 4th on the Rank of Average Score at 0.363, meaning 36.3% of older people are classed as income deprived. This highlights that though fewer in number, older people in Manchester are more likely to be deprived than elsewhere in the country.

The other nine districts ranked as the most income-deprived in England are all inner London boroughs apart from Liverpool (8th) and neighbouring Knowsley (9th) suggesting people of this age living in large metropolitan cities are more likely to have limited resources. This is likely to reduce their social participation and may lead to isolation, particularly if they are living in the transient communities around Manchester's inner city.

Map 5 shows how LSOAs in Manchester rank within England on this index, giving an indication of where income deprivation is more of an issue for older people than elsewhere. There are 141 LSOAs in Manchester which fall in the most deprived 10% in England, 115 of which were also in the 2010 IDAOPI suggesting persistent deprivation.

The map shows that Manchester has many areas with higher proportions of older people living in benefit-claiming households compared to the rest of the country and that there is a concentration of income-deprived older people around the city centre.

Map 6 looks at the change in scores between the IDAOPI in 2010 and in 2015. This is not a direct comparison; there were fewer LSOAs in 2010 than in 2015, so where an LSOA has split since 2010 each of new subdivisions is compared with the score of the original which can result in marked changes. This index's scores represent rates, so change is effectively percentage points, e.g. a LSOA scoring 0.47 (47%) in 2010 that is now 0.81 (81%) is a change of 0.34 (34 percentage points).

The map paints a broadly positive picture, with more blue areas (improvement) than red but this does not mean that these areas are less deprived, only that they are ranked lower in 2015 – this may mean they have improved but it may just mean there are other LSOAs elsewhere that have got worse, pushing them down the ranking.

---

[21] English Indices of Deprivation 2015, Department for Communities and Local Government, 2016
[22] Social Cultural Civic Services Neighbourhood Financial Material
[23] Defined as families receiving either Income Support, income-based Jobseekers Allowance, income-based Employment and Support Allowance or Pension Credit (Guarantee) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Map 5: IDAOPI from IMD 2015 – Manchester Lower Super Output Areas within Wards

Manchester
Income Deprivation
Affecting Older People
Index (IDAOPI) Rank
2015

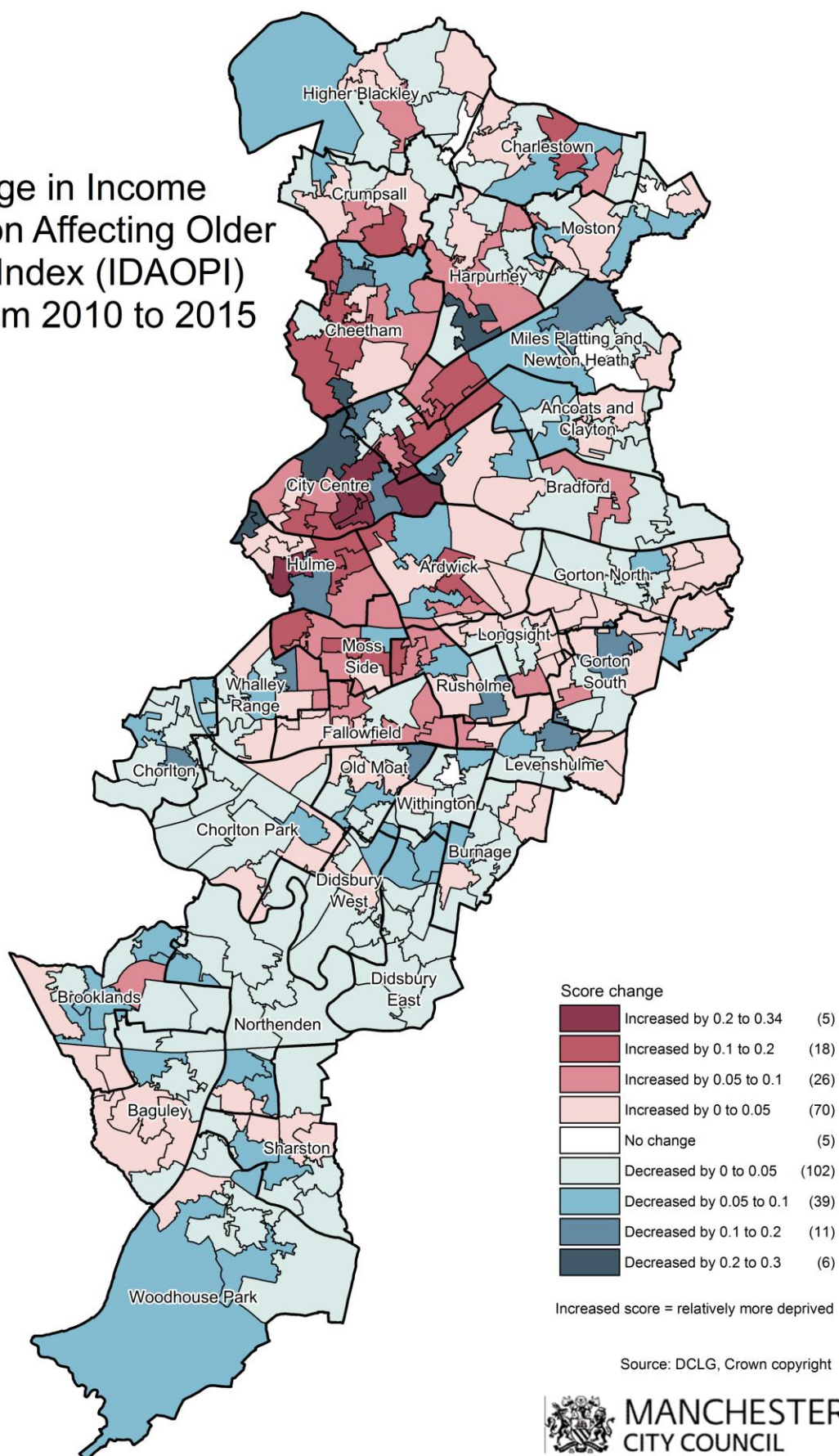LSOA by Income Deprivation Affecting Older People Index (IDAOPI) rank
Where 1 = most deprived; 32,844 = least deprived in England

(Top 1%) 1 to 328	(28)
(Top 2-5%) 329 to 1,640	(63)
(Top 6-10%) 1,641 to 3,284	(50)
(Top 11-20%) 3,285 to 6,568	(56)
(Top 21-30%) 6,569 to 9,853	(30)
(Top 31-40%) 9,854 to 13,137	(23)
(Top 41-50%) 13,138 to 16,422	(15)
(Top 51-60%) 16,423 to 19,706	(7)
(Top 61-70%) 19,707 to 22,990	(5)
(Top 71-80%) 22,991 to 26,274	(4)
(Top 81-90%) 26,275 to 29,588	(1)
(Top 91-100%) 29,588 to 32,844	(0)

Source: DCLG, Crown copyright

MANCHESTER
CITY COUNCIL

Crown copyright. All rights reserved. Manchester City Council 100019568 (2015). Analysis by Public Intelligence, PRI

Map 6: IDAOPI Change in rank between 2010 and 2015 – Manchester LSOAs within wards

Change in Income
Deprivation Affecting Older
People Index (IDAOPI)
score from 2010 to 2015

Score change

Increased by 0.2 to 0.34	(5)
Increased by 0.1 to 0.2	(18)
Increased by 0.05 to 0.1	(26)
Increased by 0 to 0.05	(70)
No change	(5)
Decreased by 0 to 0.05	(102)
Decreased by 0.05 to 0.1	(39)
Decreased by 0.1 to 0.2	(11)
Decreased by 0.2 to 0.3	(6)

Increased score = relatively more deprived

Source: DCLG, Crown copyright

MANCHESTER
CITY COUNCIL

Crown copyright. All rights reserved. Manchester City Council 100019568 (2015). Analysis by Public Intelligence, PRI

The north half of the city, however, does not fare well. City Centre change is somewhat distorted because of very low numbers of older people in some LSOAs and the LSOA in the most eastern part of the City Centre ward is further misleading as the older population mostly reside in the Ancoats and Clayton part of the LSOA (some LSOAs straddle wards). However, the greatest deterioration in score here is where there are higher numbers of people aged over 60 living in retirement schemes around the eastern edges of Chinatown.

Overall, the 2015 average scores of the LSOAs within each ward indicate that Miles Platting and Newton Heath ward is proportionally the most deprived ward in Manchester relating to income deprivation affecting older people, with almost 40% of the ward's older people experiencing deprivation related to income. Cheetham has the highest number, with over 1,100 older people living in income deprivation (excluding prisoners). Harpurhey has the second highest number with just under 1,100 older people living in low income households[24].

Transient communities[25]

Over the last decade, migration, particularly the selective emigration of healthier and/or affluent older people to neighbouring suburbs and beyond, combined with high immigration from abroad and certain wards having high population churn, has left Manchester with pockets of isolated older people with few or no stable social relationships. An Audit Commission study in 2008 found that "the remaining older population…tends to be….poorer, isolated and more vulnerable with a lower life expectancy and a need for acute interventions".

Certain wards, such as Rusholme, Ardwick and Hulme, have these atypical patterns of population ageing where low numbers of older people, often from ethnic groups other than White, are isolated in areas of high population churn. It is a pattern shared by inner city districts in London such as Newham, Hackney and Tower Hamlets. The strong growth in Manchester's young and working age populations over the last decade will have undoubtedly exacerbated this pattern.

Research has shown that older people in these environments face higher levels of disadvantage and social exclusion. There is also emerging evidence that urban environments can place older people at a heightened risk of isolation and loneliness, possibly because the social wellbeing of older people is more sensitive to changes in population and social issues, such as changes in services and levels of crime. This is more likely to occur among older people living in areas predominantly populated by young people (e.g. areas with high concentrations of students), where urban spaces are being developed to meet the needs of younger consumers.

Tenure

The ELSA study found that renters and part renters (shared ownership) in the private and social rental sector have the highest proportion of individuals excluded on all dimensions. Private renters are even more likely to be excluded from basic services, and are more likely to experience neighbourhood and financial exclusion. Previous analysis has shown that those with no housing wealth are significantly more likely to be excluded on each of the seven dimensions of exclusion. Renting is prevalent in Manchester and of the 25,667 households containing only people aged 65 and over, including those living alone, nearly half (47.5%) were renting at the time of the 2011 Census. Almost 90% of these were in social rental properties (close to 11,000 households), the vast majority of which had housing associations as landlords. Relatively few were privately rented (1,300 households) with most of these being rented to single people.

---

[24]Manchester City Council's measure of deprivation in Manchester wards to be used as a guide only - ward level data are not officially recognised by DCLG. All commentary regarding wards is based on these derivations. The denominator used for ward level is the sum of the LSOAs' population within that ward. Where a LSOA straddles a ward boundary, the proportion of properties in that LSOA located in both wards has been calculated using the Local Land and Property Gazetteer and those proportions have been applied to the total population of the LSOA to attribute population to each ward.

[25]Area that is popular with residents who only stay a short time before moving to elsewhere.

Ethnic groups

People who are not from the White ethnic group are more likely to experience exclusion on two, three or more dimensions. Longsight, Rusholme and Cheetham, already affected by deprivation in terms of income, have high proportions of their population belonging to these groups. The number of people in Manchester aged over 65 at the time of the Census in 2011 who were not from the White ethnic group was relatively small but growing, from 3,694 in 2001 to 6,147 in 2011. Over half of these residents were of Asian/Asian British origin, predominantly Pakistani, with the remainder mostly of Black origin, predominantly Caribbean. These older Pakistani and Caribbean residents have most likely lived in the UK since arriving as postwar immigrants. In 2011, both these subgroups had higher numbers of those aged 70-74 than aged 65-69, as did the Chinese, Bangladeshi and the White/Black Caribbean mixed ethnic subgroup. These residents are even more likely to experience exclusion because of compounding factors.

No access to a car

On all dimensions of exclusion, older people with no use of a car or van are more likely to be excluded than older people as a whole. Those who rely on public transport are likely to face exclusion on several dimensions – social relationships, material goods, financial products and neighbourhood exclusion. In the 2011 Census just over 50% of retired people in Manchester had no car compared to 35.6% in Greater Manchester and 31.7% in the North West region. City Centre ward had the highest proportion of older people in Manchester without a car at 72.1%, however this reflected a relatively low number of people (222 people). Harpurhey, Miles Platting and Newton Heath and Higher Blackley wards had the highest numbers of people aged 65 and over without access to a car (more than 1,000 residents each).

Qualifications

People who have no qualifications are the most likely to experience exclusion on two, three or more dimensions. Around two thirds of residents in Manchester living in households only occupied by people aged over 65 (including those living alone) had no qualifications according to the 2011 Census. The highest number of these was in Higher Blackley, closely followed by Moston; however these two wards had more households occupied only by older people than other wards. Bradford had the highest percentage of older people households where no-one has any qualifications, with 83% of 971 households. By contrast, the next highest proportion of qualification level is those with Level 4 qualifications and above (Higher Education) with 10.7%; these older people are predominantly found in Didsbury and the lowest number in Bradford.

Isolation and loneliness

Multi-dimensional exclusion, particularly social detachment, can lead to isolation and loneliness. A study of the deprived neighbourhoods of three English cities, including parts of Manchester, identified 16% of older people as being severely lonely[26]. The most recent national survey[27] indicated that in England 6-13% of people aged 65 and over reported being 'often' or 'always' lonely. This would suggest that estimates based on national rates of loneliness would underestimate the scale of the issue in Manchester.

An 'isolation index' has been created using variables that literature indicates are potential drivers of isolation[28]. These include identifying areas where residents are:
- Single pensioners
- Widowed
- Retired
- Unlikely to meet friends family regularly
- Unlikely to interact with neighbours
- Poor health
- Permanently sick

---

[26] Scharf et al., 2002
[27] Victor et al., 2005
[28] Wilson et al: "Loneliness and risk of Alzheimer disease 2007"

- Suffering from depression
- Suffering from poor mobility
- Visually impaired
- Hard of hearing
- Struggling financially
- Not employed (Part-time, Full-time, self employed)
- Less educated (No further education, no degree).

Loneliness and isolation are negative factors on the mental health and wellbeing of older people and research has shown that loneliness rates tend to be higher amongst older people who live in socially disadvantaged urban communities. Loneliness has a strong relationship with low personal wellbeing ratings. Numerous studies have found causal links between loneliness and depression, anxiety and low self-esteem[29]. Lonely people are also twice as likely to report feeling anxious[30]. Loneliness has also been associated with even more serious mental illnesses such as personality disorders, psychoses and suicidal tendencies. Feeling lonely has been shown to increase blood pressure[31], elevate stress levels weakening the immune system, and heighten feelings of depression and anxiety. Further to this there is a worrying increase in the number of studies that show links between loneliness and early cognitive decline and onset of diseases like Alzheimer's[22]. Age UK (2015) reported that loneliness can be as harmful to our health as smoking 15 cigarettes a day, and people with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness[32]. According to the Department of Health, loneliness increases the risk of heart disease, puts people at greater risk of blood clots, and makes them more likely to exercise less and drink more. Socially isolated and lonely adults are also more likely to undergo early admission into residential or nursing care.

Key findings by the University of Manchester relating to social detachment[33] are that:

- Social detachment is more common among individuals who never married or have been separated/divorced or widowed than members of couples.
- Men, those living alone, and those living in rural areas are less likely to remain in regular contact with friends and family.
- People with mobility problems are associated with a withdrawal from leisure activities and cultural engagement, as is losing access to transport.
- Women are more likely to become detached from leisure activities than men, but less likely to become detached from social networks; while widowed individuals are less likely to withdraw from leisure activities, cultural engagement and, in particular, social networks than those in a couple.

This range of personal circumstances, such as poor health, living alone and lack of a support network as factors contributing to feelings of loneliness[34] fit the profile of many of Manchester's older population. Those in poor health are more than 2.5 times more likely to report feeling lonely than those reporting good health[24]. The percentage of those who reported poor health and being lonely some of the time or often (59%) was nearly three times the percentage of as those who reported excellent health and loneliness some of the time or often (21%)[35]. In terms of living alone, nearly three quarters of Manchester households containing only people aged 65 and over were one-person households according to the 2011 Census. ONS findings show that those people living in an urban area with a high population turnover and renting in local authority or housing association accommodation were the most likely to feel lonely[24].

---

[29] Emerson & Jayawardhana (2015)

[30] ONS Insights into Loneliness, Older People and Well-being, 2015

[31] Olsen et al (1991)

[32] Amieva, H, Stoykova, R, Matharan, F, Helmer, C, Antonucci, TC, Dartigues, J. (2010) 'What aspects of social network are protective for dementia? Not the quantity but the quality of social interactions is protective up to 15 years later'. Taken from Age UK's Evidence Review: Loneliness in Later Life

[33] Professor James Nazroo, University of Manchester

[34] ONS and, Age UK, 2015

[35] English Longitudinal Study of Ageing, Wave 5, 2009–10

Summary

Manchester's older population is almost unique in England. Older people form a smaller than average proportion of the population, set against an above average number of young adults, and the number of people aged 65 and over is currently decreasing. This is a combination of natural losses and emigrants not being replaced by a large enough cohort of late middle-aged people and older people moving into the city. While there are some settled communities of older people, many live in areas where they are isolated and/or living in poverty.

With the low population of people aged 65 and over it would seem logical to assume health and social care needs are lower than expected for a large city, however, evidence shows the reverse is true. Many older people living in Manchester are at risk of social isolation and loneliness, and the characteristics of Manchester's older residents mean that they are more likely to place high demands on hospital emergency services, mental health services and suffer from long term limiting illnesses at an earlier stage in their old age than seen nationally.

The city has a longstanding approach to improving the quality of life for older people and making the city a better place to grow older through Age-friendly Manchester. A core aim of this work is to reduce the risk of social isolation and loneliness for older residents and to enable older people living in the city to remain healthy and active and to play a full part in their local community. This includes supporting locality networks and community projects and events; promoting age-friendly arts and culture; developing age-friendly housing options for older people; encouraging services to adopt the principles of the Age-friendly Older People's Charter; promoting physical activity and exercise; facilitating forums for older people to be involved in the city's decision-making; and working with the universities on the latest ageing research.

The Greater Manchester Ageing Hub is working at a strategic level to address ageing within strategies and programmes across planning, housing, employment and skills, transport, culture, design and innovation; and healthy ageing and lifestyles.