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THE FUTURE OF AGEING IN GREATER MANCHESTER

February 2017

FOREWORD

All our futures.

This report makes the case for changing the way we think about ageing and sets out a clear course of action for all of us in public, private and community agencies – and individuals – across Greater Manchester.

A welter of international and national reports has demonstrated how older people contribute their expertise, leadership, care and hard–earned cash to their communities. And last year the G7 of leading economies called for support for age-friendly programmes, following the World Health Organisation and OECD's proposals for broad-based action to meet the challenges and take the opportunities that ageing societies represent.

So, we have taken our cue from these international calls and as the report argues, whilst Greater Manchester is not alone in the demographic position it finds itself in, we possess through our Devolution agenda, and our unrivalled range of academic, policy and communities, a unique set of assets that mean we make real progress.

By its nature this is a long-term endeavor, and it might be some time until we know if we've been successful across all of our ambitions.However that does not mean that we are not focused on taking immediate action to improve services and communities.

The GM family of organisations is signed up to taking action to realise the aims and objectives set out in the following pages. Over the following weeks and months we will be able to add detail and clarity to our plans and we are looking forward to co-creating new cross-agency and cross-sectoral platforms that can make a difference to the everyday lives of people, of all ages, in Greater Manchester.

Please read this report carefully, think about how you and your organisations can make a difference. Get in touch with us with your ideas and plans. Tell us where you think we've got more to do.

This report is about making a positive change, and we all have a role to play. Let's get going!

Steven Pleasant MBE, Chair of the GM Ageing Hub

ACKNOWLEDGEMENTS

Thanks to all who have contributed to this project, for giving up your time and expertise to engage with the process in such a meaningful way. Special thanks to James Farr, Ian Ruff and Greg Wilkinson for your excellent facilitation of the engagement activity, the detailed synthesis of the findings, and the work involved in developing this final report.

ABOUT THIS REPORT

This report has been produced in preparation for the first Greater Manchester (GM) conference on Ageing on 16th February 2017. It seeks to set the stage for debate, and ground our understanding of what an ageing population means for GM and how as the public, policy makers and practitioners we can shape and influence the nature of ageing, to the betterment of all our residents, across the city region.

This study seeks to act as a foundation piece for GM in developing understanding of the challenges and opportunities faced by an ageing population, and will form part of a suite of studies, reports and research pieces to be conducted to develop a comprehensive evidence base, providing foresight evidence, and to inform the future of services, commissioning and delivery.

Additional to the Evidence Base (Annex A) produced for this study – which can be read as a standalone piece - a companion piece is also currently being prepared by the University of Manchester which will analyse policy recommendations and priorities for action in creating an age-friendly Greater Manchester.

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EXECUTIVE SUMMARY

The scale and pace of the projected demographic changes are not unique to GM, but the existing expertise, infrastructure and capacity to shape this provide a unique opportunity to respond to create a truly age-friendly city region.

The GM Ageing Hub has been established to bring together knowledge, resources and expertise with the ambition to establish the city region as an international Centre of Excellence for Ageing.

The work undertaken for this study, involving extensive desktop analysis and a series of engagement activities with a range of stakeholders, has led to this final report which sets the challenge to GM to respond to five cross-cutting strategic recommendations in order to achieve the transformational change required if the Ageing Hub is to succeed in delivering on its ambition.

Key recommendations:

1. Foster broad-based, dynamic leadership

2. Strengthen links between GM's research expertise, policy powers and resources to seed innovation

3. Scale and mainstream successful practice

4. Strengthen the voice and role for GM residents

5. Create a GM narrative

Undertaking this work has energised and galvanised a range of partners across GM, the challenge will now be to translate this enthusiasm into effective partnership working, transforming the experience of ageing for all GM residents.

INTRODUCTION

This report provides an evidence-based analysis that identifies how Greater Manchester can start to bring together its key assets to target a transformation in later life for people, places and our economy. It creates a foundation for further work in GM, led by its Ageing Hub, to respond to the opportunities that an ageing population presents the city region.

Twenty years from now in Greater Manchester:

- 1.1m people will be aged over 50, accounting for 37% of the population[1]

- 650,000 people will be aged over 65, with the fastest population growth among older cohorts[2]

With a very high degree of certainty, we know that in future years GM will be home to a much larger, more diverse, group of older people. However the quality of later life in GM is something that can be influenced and changed for the better. Currently, GM's population has a lower proportion of older people than the national average, shaped by migration into and out of the city region, and driven by lower life expectancy. Whilst people are living longer, the gaps between certain populations are growing; inequalities in GM's population's experience of ageing are stark, for example life expectancy in Rochdale town centre is 74 for women, and 66 for men, compared to 82 and 78 respectively in Whitefield[3]. However the future of ageing in GM can be changed, but action needs to be taken now if the city region is to capitalise on the opportunities – and mitigate the risks – created by the major expansion now underway in its older population.

It is this challenge which led to the establishment in spring 2016 of the GM Ageing Hub. This was a landmark moment for ageing in GM, creating a mechanism via which action could be taken on a city-region basis to generate resource, insight and impact. The Hub's ambition is to establish the city region as an International Centre of Excellence for Ageing, built around a vision – for older residents to contribute to and benefit from prosperity and enjoy a good quality of life.

This report confirms these priorities, and the depth of analysis has enabled the development of a new level of aspiration for GM's approach to ageing. It can be best described as a desire for GM to respond to the ageing agenda in the same way the city region responded to MIER[4], which galvanised a wide body of stakeholders to take individual and collective action around a common ambition.

Life expectancy in developed countries continues to increase, at a rate of around five hours per day[5]. The scale of demographic change is not unique to GM – ageing societies are an international phenomenon. But what is unique to GM (in the UK, at least) is its capacity to influence the experience of ageing via its research capabilities, devolution opportunities, leadership, governance and scale.

'Business as usual' approaches to communities, public services and our economy are not an option when faced with such significant demographic change. Instead, transformational change is required to our key institutions, as well as to our communities if ageing is to deliver a net benefit to GM. It is not possible to deliver societal change without reforming institutions, and vice-versa.

This report argues that GM needs individuals and communities that are better able to take control of their futures, supported by reformed, integrated public services. This requires leadership and strategy that enables change across the city region at all levels – from the individual and family, to our neighbourhoods, towns, local services and right through to our largest established institutions.

There is a major prize in being an early adopter. GM already has a strong national and international reputation for its work on ageing. But shifting from the relatively small scale of current activity to deliver the transformation required would achieve huge benefits for GM's residents, its economy and its public services – such as through greater prosperity, better health, reduced inequalities.

In recognition of this, the report recommends the Ageing Hub progress a handful of key recommendations that converts the enthusiasm and potential around the ageing agenda in GM, into significant progress that delivers

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1   Population Projections, ONS/Nomis, 2014
2   Population Projections, ONS/Nomis, 2014
3   Manchester University, Life on the Line, 2016
4   The MIER (Manchester Independent Economic Review) was published in 2009, the first independent economic review of a city-region in Europe. It provided a strategic understanding of the GM economy and underpinned the rapid progress made on city-region working and devolution that has followed since.
5   Kirkwood T, Ageing: Too fast by mistake, Nature Vol 444, 2006

results for our residents, communities and economy. Guided by GM's Public Service Reform (PSR) principles, the five recommendations centre upon:

- Building a broader-based, polycentric, dynamic leadership of the ageing agenda at all scales and geographies

- Strengthening links that enable more of GM's immense research and innovation capacity to translate into innovative, effective service delivery

- Scaling and mainstreaming more of GM's existing successful practice in relation to ageing

- Strengthening the voice and role for GM residents in shaping and responding to ageing opportunities and challenges

- Creating a GM narrative on ageing, enabling the city region to tell a story about ageing to others and to itself

History has shown that cities that stand still in the face of change wither and decline. Successful places anticipate and adapt to change. On ageing, GM has a fantastic opportunity to become an international leader in the policy and practice of responding to an ageing society. If implemented, the recommendations of this report will enable GM to take a big step towards that goal.

CONTEXT

Greater Manchester is home to a population and an economy of national significance, both of which are growing. However large parts of GM continue to be affected by after-effects of economic restructuring and de-industrialisation in the second half of the twentieth century, resulting in high levels of deprivation and inequality.

At the same time, societies worldwide are in the midst of a transformation in later life. The United Nations predicts that the number of people aged over 60 globally will more than double from 813 million in 2013, to over 2 billion by 2050. More people are living longer and the nature of ageing is changing, creating new opportunities and challenges for people, places and business. Changing employment patterns and practices, home ownership and pensions means we can expect the experience of ageing for current younger people and those in mid-life to be notably different to those currently seen. Reports by the OECD[6], WHO[7] and the 2016 G7 summit declaration on ageing and health[8] all highlight the pressing priority of ageing and the role of cities in responding.

The pace and scale of this demographic change is stark. While the overall GM population is set to grow by 13% by 2039 to reach 3.1 million, it will be driven by growth in the number of older people:

- By 2039 GM's working age population is set to grow by 5%; the number of GM residents aged 65+ will expand by 53% over the same period to reach 650,000[9]

- The same period will see a doubling of the number of over 85s in GM, to over 100,000[10]

- Overall, the number of residents over 50 in GM will grow by a third by 2039[11]

- Currently 93.6% of over 50s in GM are from White ethnic groups, with 4.4% from Asian ethnic groups, 1.2% from Black ethnic groups and 0.8% mixed race or other ethnicities. An increase in the ethnic diversity is anticipated in our population over time, resulting in a more diverse older population[12]

- The geographical distribution of older residents across GM shows concentrations in Stockport, and more affluent, outlying parts of the conurbation, e.g. 56% of the population in Marple South ward are aged over 55[13]; reflective of longer life expectancies in these areas

- There is evidence that inequalities in levels of frailty widened between 2002 and 2010. Perhaps more troubling is that among the poorest third of the population more recent cohorts appear to have higher levels of frailty compared with earlier cohorts. Levels of frailty are increasing over time for the poorest in our population[14]

- Nationally, 2017 is expected to see a rise in the ratio of non-workers to workers for the first time since the early 1980s[15]

Demographic forecasts can reliably predict the inevitability of an ageing population, but the experience of ageing – by individuals and their communities – is not pre-determined and can be shaped if individuals, communities and institutions work together. The risk however is that, unless outcomes for older people in GM improve, an ageing population will amplify existing trends, e.g.:

- Significant concentrations of income deprivation affecting older people can be found across GM. 45.8% of lower super output areas are within the 30% most income deprived areas in England (of which 18.9% are in the 10% most deprived)[16]

- Already, 114,000 over 50s in GM are likely to experience social isolation. With a 66% rise forecast in the number of people aged over 75 living alone, this issue could grow significantly[17], resulting in increased demands on health and other services

- 21% of people currently treated for substance misuse in GM are aged over 50; this figure rises to 34% for alcohol services alone. A rise in the older population could create significant additional demand for treatments such as these[18]

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6   OECD (2015), Ageing in Cities, OECD Publishing, Paris
7   WHO (2015), World Report on Ageing and Health, WHO Publications, Luxembourg
8   G7 Ise-Shima Leaders' Declaration, http://www.who.int/kobe_centre/mediacentre/g7_ise_shima_summit/en/
9   Population Projections, ONS/Nomis, 2014
10 Population Projections, ONS/Nomis, 2014
11 Population Projections, ONS/Nomis, 2014
12 Census, ONS, 2011
13 Census, ONS, 2011
14 Nazroo J., 2016
15 The Guardian, The new retirement; how an ageing population is transforming Britain, 2017
16 Income Deprivation Affecting Older People Index (IDAOPI), Indices of Deprivation, 2015
17 Buffel et al, 2015
18 NDTMS, 2016

- Current trends suggest an increase in the diversity of our older population, which runs the risk of increasing current inequalities between different cohorts of older people; e.g. In 61-70 year olds, 34% of White English people report fair or bad health, compared to 63-69% for Indian, Pakistani and Caribbean, and rising to 86% of Bangladeshi people reporting fair or bad health[19]

- Employment rates of people aged 50-64 are lower in GM than the UK average. An additional 19,000 over 50s would need to be in work to meet the current national employment rate. Forecasts suggest this performance gap will not close over time, and would require an additional 24,000 over 50s to be in work to meet the UK average by 2027[20]

- In 2011 there were 36,000 GM residents diagnosed with dementia. Forecasts suggest this figure will rise to 61,000 (+70%) by 2036

The benefits of a successful strategy for ageing would apply most obviously to older people themselves. But a progressive, positive response to ageing would also yield major benefits for our neighbourhoods, communities, public services and economy. It is not inevitable that an ageing society will lead to greater strain on our public services, higher levels of economic inactivity, isolation and inequality. On the contrary, positive action across GM will generate net financial and social benefits.

The current position in many areas of GM provides a difficult starting point for this journey. High levels of deprivation, inequality and weak social capital – the relationships between people in places that help each other - makes the challenge of delivering the Ageing Hub's ambition for GM a difficult one. However GM is unique in being able to leverage a number of key opportunities not found in any other parts of the country. These include:

- **Devolution** – GM's devolution opportunities are more far-reaching than those found in any other part of England, giving us more freedom to do things differently. This includes:
  - Funding and policy levers (e.g. over health and social care; employment and skills, housing)
  - Accountability and leadership, including via the election of a city region mayor in 2017
  - Early experience of cross-silo working via GM's Public Service Reform programme, established in 2011 as one of the first of its type nationwide
  - New powers, including further anticipated devolution deals that could offer an opportunity to better effect change in our communities and institutions

- **Scale** – GM is home to 2.8 million residents across ten districts. The boundaries of the city region conform to the functional economic area. As a place GM is of sufficient scale to generate impact of national significance; but nor is GM too large as to be unwieldly, with well-established governance and a track record of delivery.

- **Leadership and partnerships** – GM was a front runner in developing the Combined Authority model, a system of governance which has been modelled in many areas since. In ageing, this is embodied in the GM Ageing Hub, which convenes the city region's key academic, policy, research and delivery agencies. Nowhere else in the country would such partnerships be so prominent and the commitment to an age-friendly place so evident. GM's partnership with the Centre for Ageing Better marks an early success for the Ageing Hub, reflecting the well-developed arrangements already in place.

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19 Ibid
20 ONS, Annual Population Survey, New Economy calculations

The Greater Manchester Ageing Hub

Established in spring 2016, the GM Ageing Hub was set up to a vision for ageing agreed by the GM Combined Authority and Local Enterprise Partnership:

"*for older residents in Greater Manchester to be able to contribute to and benefit from sustained prosperity and enjoy a good quality of life*"

The Ageing Hub has identified three key priorities that will drive work towards achieving this vision:

- GM will become the first age-friendly city in the UK

- GM will be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues

- GM will increase economic participation amongst the over 50s

The Hub is led by a steering group that brings together knowledge, resource and expertise to the challenges and opportunities presented by an ageing society. Chaired by Tameside Council Chief Executive, the steering group also features members from organisations such as New Economy, MICRA (Manchester Institute for Collaborative Research on Ageing), Public Health England, GM Centre for Voluntary Organisations, GM Public Service Reform team, GM Health & Social Care Partnership and the Centre for Ageing Better.

- **Academic and technical excellence** – the combined power of GM's higher education centres presents a golden opportunity for GM to transfer knowledge (such as via age-related research at the University of Salford, Manchester Metropolitan University and the Manchester Institute for Collaborative Research on Ageing at the University of Manchester) in to the delivery of mainstream services and budgets. GM is also a centre of excellence for analysis and research practice, most obviously via its best-in-class approach to cost-benefit analysis – helping the social and economic value of decision making to be understood across the whole economy.

- **Existing activity** – more so than other places, GM already has a range of strong initiatives and age-friendly activities that provide a solid foundation from which further work can be built. This takes the form both of activity delivered by organisations represented at the GM Ageing Hub, as well as other work delivered by entrepreneurial public servants, communities and business, all of which serves to make GM a city region renowned for its age-friendly approach.

- **Research and innovation** – GM's Science and Innovation Audit identifies a wide range of GM 'core strengths' and 'fast growth opportunities' relevant to ageing that sit within our businesses and universities. These include a myriad of world-class assets in the fields of health innovation, digital, advanced materials and biotechnology. All have a part to play in developing the products and services that will help people lead better later lives, as well as creating significant commercial opportunities so that GM's economy can access the growth benefits of ageing.

- **Business base** – GM is home to the largest functional economic area in the UK outside south east England, with many small and large companies that are well placed to capitalise on the opportunities created by ageing. This, combined with a rapidly-growing older population, combines to create a significant emerging market with major potential to drive economic growth – such as via growing entrepreneurship by older people, the visitor economy, health and care, leisure and culture services.

KEY FINDINGS

Equipped with findings from the desktop review of data and literature, an extensive programme of interviews and focus groups was undertaken in autumn 2016. Six focus group sessions – one for each of the Ageing Hub's key policy themes – drew together a broad range of key stakeholders from across Greater Manchester to consider the opportunities and challenges presented by ageing. This was supplemented by 13 one-to-one interviews with Ageing Hub theme leads and senior members of the GM Ageing Hub, generating significant volumes of qualitative evidence to supplement the data gathered via the desktop review. More detail about the project methodology can be found at Annex B.

In distilling large amounts of quantitative and qualitative data (Annex A), this section begins by identifying the opportunities identified via each theme for the Ageing Hub to accelerate the scale and impact of its work; before moving on to discuss key findings that can underpin a transformation in the approach to ageing across Greater Manchester, led by the Ageing Hub.

THEMATIC FINDINGS

Highlighted below are some of the key opportunities emerging from the thematic workshops which provide a basis for future action led by the GM Ageing Hub's theme leads. Some of the opportunities identified are specific to older people; others are all-age proposals that will benefit older residents.

Economy and Work

- Develop new models of delivery across GM, providing GP and health system-led early intervention support to people in work but off sick, addressing ill-health barriers, retaining employment and reducing sickness benefit on-flows (links to healthy ageing theme)

- Develop over 50s employment and skills programmes using resources now controlled by GM via devolution powers, such as Work & Health Programme, to close the employment gap for older workers in GM

Culture and Leisure

- Build on Culture Champions programme to expand and diversify the background and geography of the project, shaping cultural activities in addition to promoting

- Mainstream culture within ageing priorities (e.g. seek to integrate culture and leisure fully within expansion of retirement planning activity in GM), and practice and mainstream ageing into culture (e.g. when programming, commissioning and developing new audiences)

- Develop a 'Centre of Excellence' in Arts and Ageing in GM – creating profile, partnerships, raise awareness and attract funding

- Show and tell the positive story – in partnership with cultural & media sector, develop a campaign and narrative and create opportunities

Housing

- Develop age-friendly proposal that shapes GM's draft spatial framework so that future residential developments respond to our ageing population

- Explore practicalities of replication across GM of age-friendly design principles and approaches such as those used on the Old Moat estate

- Consider routes for lobbying at a national level to address legislative barriers to the delivery of more age-friendly homes in GM

Healthy Ageing

- Supporting healthy ageing through social rather than medical approaches should be a driver which shapes wider policy and delivery e.g. economy and work; neighbourhood and spatial planning; housing; and culture etc. to achieve health improvement goals by 'designing in' ill-health prevention and wellbeing

- Increase the emphasis on public health activity that targets and supports the 50-70 year old age group

- Improve our predictive and planning capacity by cross-referencing population ageing forecasts and

epidemiology with local knowledge about deprivation, ethnicity etc. to more effectively understand and plan for our response to ageing in the next 5-10 years

- Prioritise the redevelopment of vacant NHS estates as housing for an ageing population

Innovation, design & technology

- Gather and disseminate research evidence that highlights the commercial market opportunities presented to GM businesses by an ageing population

- Develop opportunities to support older people as entrepreneurs

- Drawing upon local science and research strengths more generally (e.g. in health innovation and digital) to support businesses designing age-friendly goods and services

- Foster further age-friendly design innovations, potentially via prize funds

- Extract learning from Cityverve – the UK's smart cities demonstrator – to test better services for older people across transport, healthcare, culture etc

Age-friendly neighbourhoods

- Develop an approach to Age-friendly neighbourhoods which looks at all the places and spaces people use, including businesses and public buildings

- To develop engagement with resident - activities need to be an enjoyable experience in their own right and good local governance is critical

- Communities can do more for themselves but this needs direct encouragement and support from local public and voluntary institutions, who sometimes may have to give up power

CROSS-THEMATIC FINDINGS

The above findings represent a selection of the opportunities and priorities for each of the Ageing Hub's policy themes. However for major change to be delivered, the GM Ageing Hub must consider how age-friendly approaches become mainstream policy and practice for individuals, communities and services. Research conducted in developing this report suggests that to achieve this transformation, the GM Ageing Hub must prioritise the issues and opportunities highlighted below:

- **A desire for strong leadership and excellence in governance**. The work of the Ageing Hub was highly regarded by respondents; however there was also recognition that more, visible leadership was required from those managing and commissioning mainstream services. In short, the work of the Ageing Hub risks being considered as a 'nice to have' rather than a 'must do' for GM.

- **Position ageing more centrally within GM strategies**. Respondents felt that the limited visibility of age-related issues and opportunities with strategies in GM created a risk that, with the returns from ageing rarely accruing quickly, short term policy and investment decisions could run counter to GM's commitment to become an age-friendly city region. The Ageing Hub can play a major role by socialising and normalising age-related issues among politicians, commissioners and providers; promoting long-term planning by individuals and service managers; acting as a critical bridge between GM's academic research base and frontline services; providing the technical support – such as via Cost Benefit Analysis – to enable better commissioning and decision-making. Work currently being led by MICRA to develop policy recommendations and priorities for action in creating an age-friendly Greater Manchester should be read in conjunction with this report, and dual responses developed by the Ageing Hub.

- **Many excellent age-related initiatives are already underway in GM that merit scaling and/or replication**. There is a strong foundation of innovation and activity that provides the Ageing Hub with a good starting platform of knowledge and good practice. Feedback in this report from each of the Hub's policy themes below will highlight specific examples. This presents an opportunity for the Ageing Hub to mainstream, scale up or just share this excellent practice via our communities and services.

- **Some of the biggest gains from the Ageing Hub will be derived from 'cross silo working'**. Leveraging relationships and links across usual policy boundaries creates new possibilities that would struggle to be realised without a mechanism such as the Ageing Hub – such as 'designing in' health outcomes in infrastructure and housing developments; or better connecting GM's work to raise labour market participation among the over 50s with culture and leisure activities that build confidence and skills.

- **Individual choices matter**. Many respondents pointed out that more needs to be done to understand what people want from their later lives. Person-centred and place-based approaches should be adopted to minimise the risk that presumptions on the part of service providers could lead to poor or ill-conceived commissioning. Psychology and motivations matter hugely – not enough is understood about (for example) when and why older people choose to downsize home, or remain/move from a neighbourhood. In health, choices made in mid-life have major ramifications for the type and scale of health service demand in later life.

- **Segmented analysis of ageing is required, reflecting the diversity of our older population**. It is easy to lapse into generalised statements about older people, considering needs and desires as a single bloc. Variations in wealth, faith, ethnicity, family environment, geography and age itself all combine to produce a diverse range of requirements for older people. This issue was particularly keenly felt in relation to GM's stark inequalities; a number of the workshops, where participants identified that imbalances in knowledge and information about older people could often lead to service managers and commissioners defining older people in reductive terms as a single issue population (i.e. – an ageing strategy in health needs to be about much more than frailty and falls), rather than a diverse group with multi-faceted needs and ambitions.

- **Institutional change will be needed to deliver the transformation required**. 'Business as usual' approaches – disempowered, passive residents and unreformed services – risks a completely unsustainable cycle of high service demand, dependency and poor outcomes as our older population grows. Many respondents felt that major institutions need to be bolder in sharing power with communities, building social capital and, stepping back to allow individuals and communities play a bigger role in shaping their later lives.

- **Language is key**. Age-friendly can apply to households and individuals as much as it can to the biggest GM employers, districts and the whole city region. For a strategy on ageing to work it must develop some clear, positive narrative that is able to connect with residents and institutions. This language must also recognise that smart strategies for ageing should encompass all-age design, not just considering the needs of older people in isolation.

ANALYSIS

This study gathered an extensive, diverse qualitative and quantitative dataset. In considering how to distil this information into an actionable set of recommendations to shape a positive ageing future for GM, work was undertaken to develop future scenarios that provide the Hub with a route to consider the future options and opportunities. These scenarios are summarised in the diagram below:
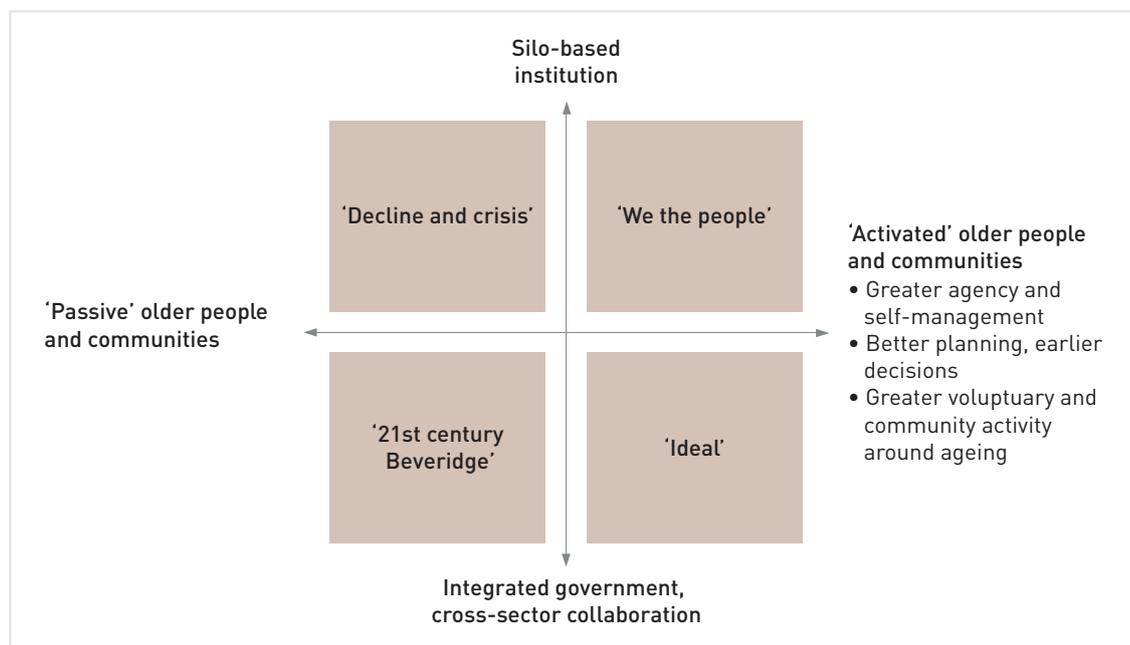
We argue that GM's ambition should be to develop strategies and delivery that enables integrated, cross-sector reformed public services and activated older people and communities, enabling better planning and greater self-management. Any of the other three scenarios represent sub-optimal results.

The findings presented above and in the annexes present a compelling case for a significant uprating of GM's strategic and operational response to ageing. This cannot be delivered by a factual assessment alone. For ageing to gain the wider traction it requires in GM, its priorities and activities must sit within, respond to and support the prevailing political, social and economic priorities and strategies, e.g.:

- The election of a city region mayor with the potential for a further devolution in Spring 2017;

- The refresh of the Greater Manchester Strategy, which is likely to include a focus upon further reform of public services and emphasis on inclusive growth

- Consultation on the GM Spatial Framework

- Challenges within key policy agendas, such as delivering the GM health and care devolution commitments, further reducing worklessness, and improving productivity and economic growth.

We recommend that the guiding principles for the Ageing Hub's future work should be drawn from GM's Public Service Reform strategy. This provides a clear operational and strategic context for the Ageing Hub, mirroring much of the feedback received via the workshops and 1-2-1s undertaken as part of the work to develop this study. GM's PSR principles are:

- Establish a new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do 'with', not 'to'

- Adopt an asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits

- Achieve behaviour change in our communities that builds independence and supports residents to be in control

- Take a place based approach that redefines services and places individuals, families, communities at the heart

- Commit to a stronger prioritisation of wellbeing, prevention and early intervention

- Offer an evidence led understanding of risk and impact to ensure the right intervention at the right time

- Supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations

Guided by the above principles, we have identified a handful of key enablers that have shaped the recommendations. These are:

Governance and Leadership: GM benefits from strong city region leadership that spans the public and private sectors. However, leadership is required at all levels if GM is to develop a comprehensive response to ageing, right down to the level of communities and individuals, building capacity and social capital. For the Ageing Hub, clear lines of accountability and visibility within the GMCA's governance systems will assist the task of prioritising ageing, enabling the Hub's influence to go far beyond the immediate reach of its projects.

Building a local narrative that mainstreams ageing as a topic: the Ageing Hub has a major role to play in normalising and socialising the issues and opportunities of ageing across multiple audiences. This requires a consistent set of messages to be agreed by the Ageing Hub to change the (often-negative) discourse on ageing, embedding the topic and the hub's priorities.

Partnership through engagement: GM already features strong partnerships between many of its key public services providers. Aided by a strong ageing narrative, the Ageing Hub has the opportunity to drive a wide and deep engagement of GM's residents, employers and service providers on ageing. This can support new partnerships that deliver innovation in service delivery; greater agency and social capital on the part its residents; and greater access to the economic opportunities created by ageing.

Demonstrating economic and social value: the Ageing Hub can create irrefutable cases for innovation that will provide the evidence that supports change to our communities, public services and our economy. This could include

- Providing robust examples of the 'do nothing' scenario if communities and services adopt 'business as usual' approaches to ageing

- Demonstrating the economic gains to individuals, companies and GM's economy if action is taken to prepare for and respond to ageing

- Making full use of GM's unique analytical capabilities – particularly Cost Benefit Analysis – to guide smarter commissioning decisions that incorporate the benefits and risks of ageing

Capacity to act: developing and implementing a response to ageing represents a major challenge for the city region, having suitably skilled staff, services and support in place will be key. To support this, capacity is required on three fronts:

- Within its institutions – finding the people to champion and drive change

- Within its communities – more residents willing and able to play an active part in creating better later lives

- Expertise – equipping capacity with knowledge that aids good practice and successful outcomes

RECOMMENDATIONS

Drawing on the findings and analysis above, outlined below are five main recommendations, with explanatory notes. The recommendations span existing policy silos, stressing the importance of the Ageing Hub's role in integrating and aligning different areas of activity across GM.

Theme leads will work on progressing activity and implementing the thematic findings in this report; however, to achieve the transformational change required this study has sought to develop recommendations that apply across themes, communities, public services and our economy. We recommend that the Ageing Hub undertake focused work in early 2017 to develop a detailed response to these recommendations, describes how each can be implemented.

1. FOSTER BROAD-BASED, DYNAMIC LEADERSHIP

Leadership does not boil down to a few high profile individuals. No-one can be said to 'own' ageing as a topic – instead the leadership required is at multiple scales (familial, community, district and city region) and multi-actor. Only through this can GM pursue the kind of bold strategy required to make the city region an international pace-setter in age friendly policy and delivery. For this to happen, we suggest the Ageing Hub could work with partners to:

- Facilitate action that is broader than public service commissioning, encompassing behaviour change on the part of residents as well as the services they access

- Development of nested implementation plans, covering GM, local authorities and sectoral actions

- Form an Ageing Hub 'view' and lobby shape national and local policy with well-evidenced dialogue and input, working in partnership with other policy themes in GM

- Building the Ageing Hub's convening power to mobilise a wider network of actors in pursuit of an age-friendly GM, via the Hub's governance and the active participation of hub members

- Undertake baseline audits/typologies of GM communities to understand degree of preparedness across people, places, services and business for the challenges and opportunities of ageing

2. STRENGTHEN LINKS BETWEEN GM'S RESEARCH EXPERTISE, POLICY POWERS AND RESOURCES TO SEED INNOVATION

There is a great opportunity to strengthen the connection between GM's research assets (such as via its universities), local/national policy, and service commissioning/delivery. The Ageing Hub can play a pivotal role in enabling this by:

- Maximising the use of Cost Benefit Analysis in building the evidence for public service commissioners to seed innovation and change, drawing on GM's research base

- Facilitating stronger, routine dialogue between GM's world-leading research on ageing and health, and local public service leaders and practitioners – starting with a couple of showcase examples as demonstrators in 2017

- Working with GM businesses, via the Growth Hub, to develop a workstream focused on highlighting the market potential created by an ageing society; and supporting the development and scaling of new age-friendly products and services by GM businesses, possibly via prize funds

3. SCALE AND MAINSTREAM SUCCESSFUL PRACTICE

This study has found multiple examples of strong, successful practice across geographies and policy domains within Greater Manchester. Replicating / scaling this requires careful thought by Ageing Hub partners as the context within which services and activities operate will vary significantly across GM. In approaching this task, this report recommends that the Hub:

- Establishes a method via which successful practice can be identified and scaled, including the development of compelling evidence that service managers and commissioners will respect

- Understands the routes that are available to mainstreaming good practice and learning, and strengthens this where required. Here the Ageing Hub has a critical role to play in connecting well-evidenced good practice and successful innovations with major service commissioners and providers

- Identifies the role that devolution can play in providing GM with the levers to scale and mainstream good practice – in particular whether gaps exist that can be helped by making full use of existing powers, or whether new devolved responsibilities will be sought

4. STRENGTHEN THE VOICE AND ROLE FOR GM RESIDENTS

Transformational change cannot be achieved via reformed public services alone. Activated, empowered residents and communities should form a critical part of GM's response to ageing – enabling more people to plan for their old age, maintain independence, grow self-management and ultimately, reduce reliance on public services.

Central to this challenge is the need to strengthen social capital in many parts of GM. These informal networks, best described as the relationships between people that help communities to function effectively, cannot be built via conventional service commissioning alone. Instead, the converse is often true – that public service providers on occasions need to create the opportunities and space for communities to assume responsibilities, networks to be built and engagement to take place. For the Ageing Hub, this leads to a number of recommendations:

- Top-down approaches rarely succeed in engaging and motivating local people. But the Ageing Hub can play a major role in establishing a platform for developing social capital more systematically – identifying the pre-conditions required in places to foster social capital and taking steps to boost the capacity of communities to participate in shaping their later lives

- An asset-based approach to communities should be adopted, whereby strengths are identified and built upon, emphasising the potential of places rather than their deficiencies

- The Hub should highlight and learn from strong case studies of community engagement and participation in age-related activities, most notably the Ambition for Ageing programme, using the key principles to foster activities through which older people can socialise and take part in activities that reduce isolation, build new relationships and enjoy contributing

- Recognition of reductions to funding and the impact this has had on the capacity to support community empowerment activities; including realism about the communities we would like to see most 'activated' are also those most likely to require the greatest levels of support and time to build social capital

5. CREATE A GM NARRATIVE

Supporting all of the above, the Ageing Hub should prioritise the development of a GM narrative on ageing, not necessarily to be standalone, more that it is able to be interwoven into future GM strategy, priorities and delivery. This is fundamental to the ability of the Hub to secure buy-in and support at all levels across GM. The narrative should tell a strategic story, explaining why ageing matters so much to GM's future, setting out the story that GM tells itself about its aspirations in relation to ageing, as well as the messages GM shares with other places about its approach to ageing. The GM narrative must create a life course understanding of ageing, highlighting significant transition points, setting the foundations for people, places and policies to start early, plan and prepare for ageing; making clear ageing is not an 'older person' thing, but an 'every person' thing.

This will require a comprehensive communications strategy to be developed...but the GM narrative must not be reduced to press releases and posters. Almost akin to brand values, the GM narrative needs to permeate any and all activity in GM by the Ageing Hub and other actors to respond to the challenges and opportunities created by ageing.

ANNEX A – EVIDENCE BASE

January 2017

CONTENTS

1. DEMOGRAPHICS

Population Estimates

1.1 According to the latest population estimates[21] there are just over 900,000 people aged 50+ resident in GM, representing a third of the entire population. Of those, there are slightly more women (475,000) than men (432,000). Within the 50+ population there are slightly more of the working age residents (age 50-64) at around 476,000, while there are around 431,000 residents of a pensionable age (65+). There are over 52,000 residents aged 85 or older, who account for nearly 2% of the population.

**Figure 1.1 Population estimates in GM, 2015**

	Male	% of total male population	Female	% of total female population	Total	% of total population
All ages	1,367,100	100.0%	1,389,062	100.0%	2,756,162	100.0%
Aged 16-64	886,639	64.9%	882,006	63.5%	1,768,645	64.2%
Aged 50+	432,445	31.6%	475,031	34.2%	907,476	32.9%
Aged 50-64	237,151	17.3%	239,267	17.2%	476,418	17.3%
Aged 65+	195,294	14.3%	235,764	17.0%	431,058	15.6%
Aged 85+	17,948	1.3%	34,535	2.5%	52,483	1.9%

Source: Population Estimates, Nomis

Population projections

1.2 Population projections[22] suggest that the total population in GM will grow by 13% between 2014 and 2039, reaching nearly 3.1m residents in 2039. Over this period the working age population (16-64) is projected to grow by 5.3%. The size of the 50+ population is projected to increase by nearly 30% over the same period, although within this group the 65+ age group will see much higher growth (53.0%) than the 50-64 age group (7.8%). As Figure 1.2 shows, the 65+ population is projected to overtake the 50-64 population by 2027. Meanwhile, the highest population growth in GM is projected for the 85+ age group which is predicted to more than double between 2014 and 2039, reaching over 100,000 people.

**Figure 1.2 Population projections for GM**
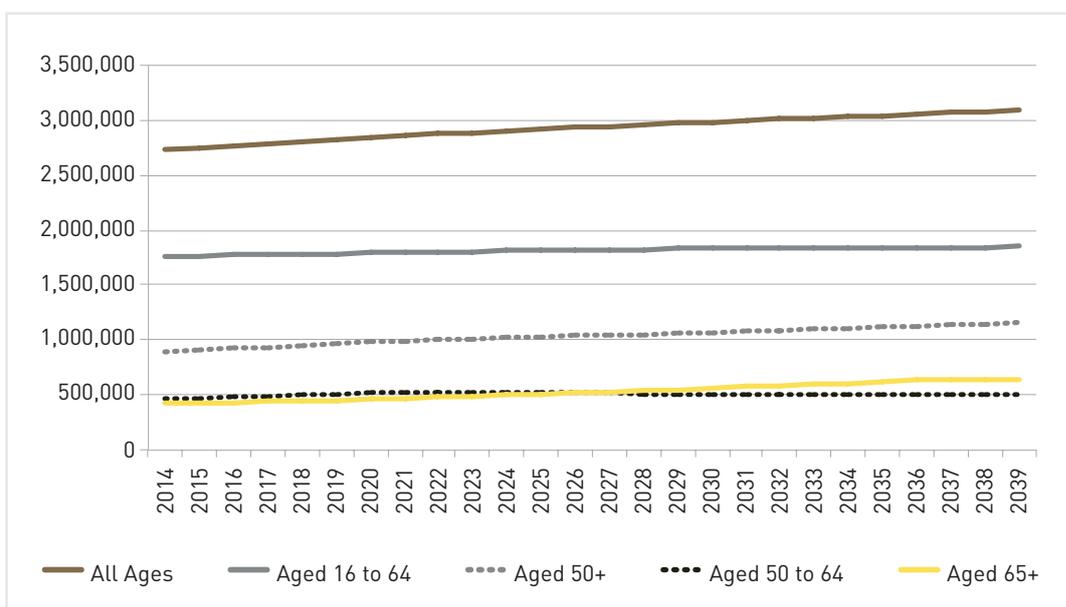
Source: Population Projections, ONS/Nomis, 2014

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21 Population estimates are sourced from ONS/Nomis and refer to 2015. Data are updated annually.
22 Sourced from Population Projections, ONS/Nomis, 2014

1.3   Population projections also highlight how the number of people of a pensionable age (65+) is predicted to grow much faster than the working age population, as Figure 1.3 shows.

Figure 1.3 Population projections for GM
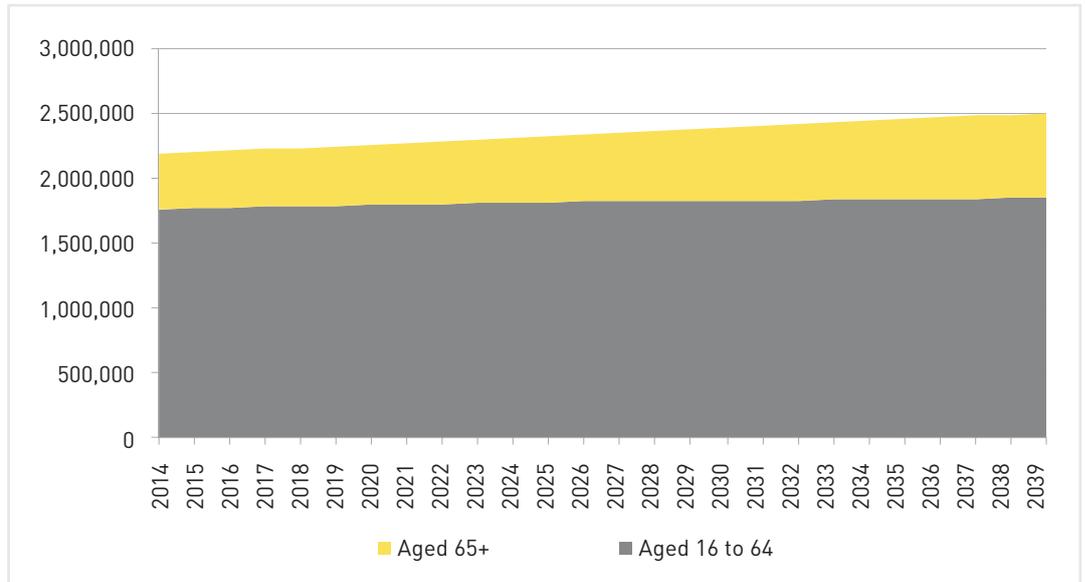
Source: Population Projections, ONS/Nomis, 2014

1.4   The spread of older people across GM varies. Manchester has the highest number of those aged 50-64 but proportionally to its size it has the lowest proportion of this age group compared to other districts. In relative terms Stockport, Tameside, and Wigan have the highest proportions of 50-64 year olds. For the 65+ age group, Wigan and Stockport have the highest numbers of residents both in absolute and relative terms. Notably, Wigan has seen a particularly high increase in the 65+ population between 2010 and 2015 compared to the other districts (16.7%).

Figure 1.4 Population estimates by GM district and age group, 2015

	Number	50-64 Proportion of population	Change 2010-2015	Number	65+ Proportion of population	Change 2010-2015
Bolton	50,496	17.9%	2.6%	47,439	16.8%	12.8%
Bury	35,342	18.8%	3.0%	33,413	17.8%	14.2%
Manchester	66,941	12.6%	10.9%	49,774	9.4%	3.6%
Oldham	40,066	17.4%	3.4%	36,432	15.8%	11.3%
Rochdale	39,311	18.4%	3.0%	34,333	16.0%	12.2%
Salford	39,968	16.3%	6.7%	35,767	14.6%	7.7%
Stockport	56,556	19.6%	3.7%	56,474	19.6%	11.6%
Tameside	42,591	19.2%	5.4%	38,343	17.3%	12.9%
Trafford	43,462	18.6%	8.3%	39,719	17.0%	10.1%
Wigan	61,685	19.2%	3.2%	59,364	18.4%	16.7%

Source: ONS Population Estimates 2015

1.5   Figure 1.5 below shows the areas across Greater Manchester that have the highest density of older people (over 55). As expected from the data above, there is a low density of older people in Manchester, and the higher density areas tend to be on the outskirts of the conurbation. A similar trend follows within each district, with relatively small concentrations of older people in the centre of the districts and higher concentrations towards the outskirts and borders with other districts. Stockport once again seems to show a large density of older people, with a large portion of the district registering over 30% older people. Similar high concentrations can be found in the northern and eastern parts of Oldham, and in south west Trafford.

Figure 1.5 Proportion of population aged 55+ in GM

Percentage of Population Aged Over 55
Census 2011

% of Population Aged Over 55 LSOA
Over 30%
20% to 30%
Less than 20%
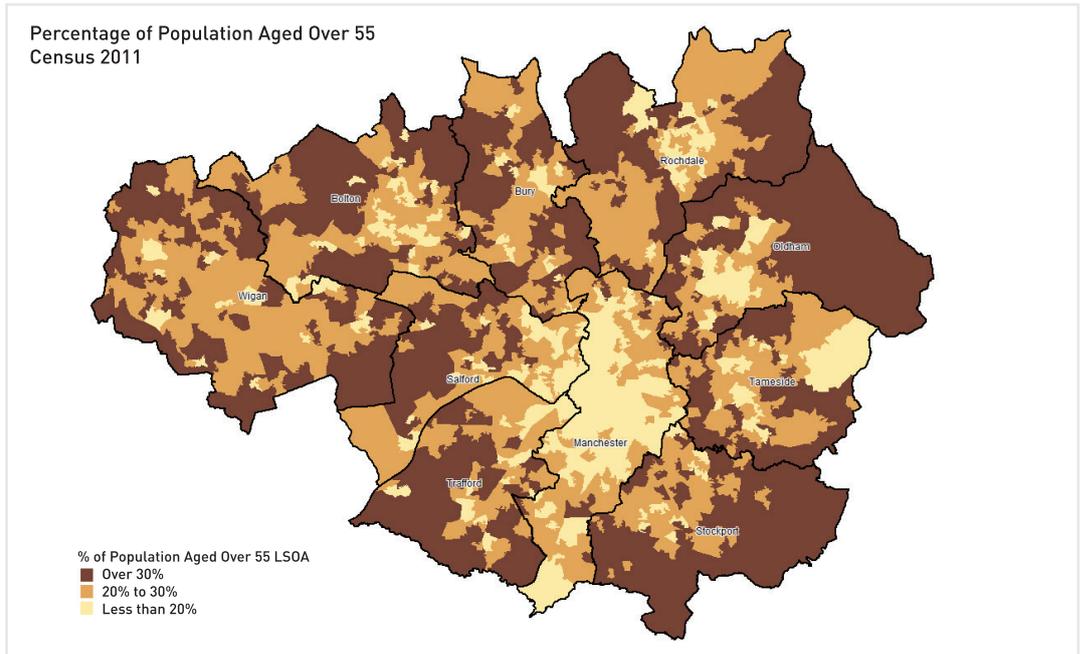
Source: Census 2011

Figure 1.6: Population density of older people in Greater Manchester compared to national average
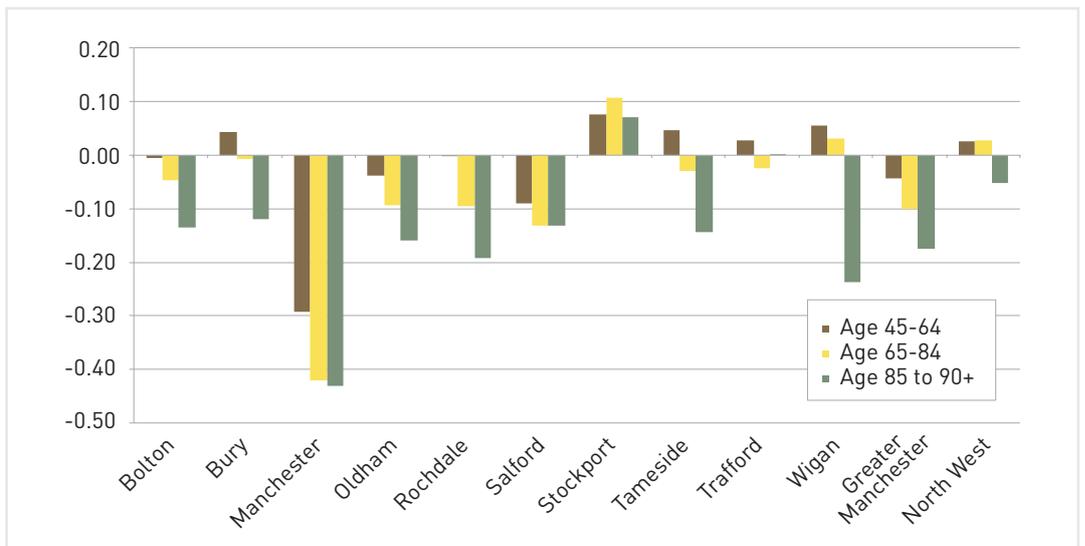
Eonomy using data from 2011 Census

1.6   Figure 1.6 shows the population density of different age brackets across the conurbation, with 0 representing a density equal to the national average and deviations representing percentage differences. Greater Manchester has a lower share of older people in every age category than the national average, and the figures decrease for each step up in age bracket; the conurbation registers a population density 18% lower than the national average for those aged 85 and above.

1.7   The stand-out districts from the data are Manchester and Stockport; Manchester has a significantly lower proportion of older people than the national average, with 43% fewer people aged 85 and over than national figures. Manchester is not alone in this respect; cities on the whole tend to have a younger populations, due to migration. This could be due to the idea that cities are designed for the young, not the old; many city-centre properties are high-rise apartment buildings, and many hospitality settings are geared to a younger audience. Furthermore, half of people over the age of 65 face problems[23] getting outdoors, and cities are

23 Handler S. 'A Research and Evaluation Framework for Age-friendly Cities', UK Urban Ageing Consortium, 2015

seen as inhospitable places with cluttered streets, uneven pavements and poor lighting and signage[24]. There have been efforts to change this, and the Age Friendly Cities project was set up by the World Health Organisation in 2006. Over 300 cities and communities have now signed up, with Manchester the first British city to join. The project aims to create better housing, public transport and infrastructure to make cities more accessible and promote ageing in cities.

1.8 Pockets of isolated older people have been left in some wards in Manchester (notably Rusholme, Ardwick and Hulme) as 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. Research has shown that older people in these environments face higher levels of disadvantage and social exclusion, and emerging evidence of heightened risk of isolation and loneliness.[25]

1.9 Stockport is the only district in Figure 1.6 to have a higher density of old people in every category analysed when compared to the national average, with a concentration 11% higher than the national figure for those aged 65 to 84. Trafford remains relatively close to national averages amongst all age brackets analysed. A number of districts such as Bury, Tameside and Wigan have a higher portion of 55-64 year olds, yet a lower share in the higher age brackets. Upon first analysis, this could be attributed to individuals choosing to leave these districts as they get older. However, it is important to understand the factor of life expectancy in these districts, as districts with a lower life expectancy than the national average will inevitably have lower portions of older people when compared to the country-wide figures.

1.10 In greater depth, we can see the specific wards in Greater Manchester with the highest and lowest concentrations of older people (all those aged over 55). Unsurprisingly, Figure 1.7 shows that wards in Stockport, Trafford, Oldham and Wigan make up most of the top 20. Marple in particular has a high concentration of old people, with Marple South and Marple North both in the top three wards. Other key areas are Bramhall (South and North) and Saddleworth (South and North). All of these wards are on the outskirts of Greater Manchester, supporting previous findings.

Figure 1.7: 20 GM wards with the highest proportions of population aged 55+

| Ward	District	Percentage of All Population Aged Over 55
E05000795 : Marple South	Stockport	56.2%
E05000676 : North Manor	Bury	55.3%
E05000794 : Marple North	Stockport	55.1%
E05000780 : Bramhall South	Stockport	54.7%
E05000821 : Bowdon	Trafford	52.2%
E05000671 : Church	Bury	51.8%
E05000830 : Hale Barns	Trafford	51.7%
E05000732 : Saddleworth South	Oldham	51.7%
E05000731 : Saddleworth North	Oldham	51.6%
E05000659 : Heaton and Lostock	Bolton	51.0%
E05000779 : Bramhall North	Stockport	50.9%
E05000651 : Bradshaw	Bolton	50.4%
E05000724 : Crompton	Oldham	50.0%
E05000858 : Shevington with Lower Ground	Wigan	49.7%
E05000754 : South Middleton	Rochdale	49.4%
E05000729 : Royton North	Oldham	49.3%
E05000861 : Wigan Central	Wigan	48.9%
E05000856 : Orrell	Wigan	48.8%
E05000827 : Davyhulme West	Trafford	48.8%
E05000790 : Heald Green	Stockport	48.7%

Source: 2011 Census

24 The Guardian, Our cities must undergo a revolution for older people, March 2015 http://www.theguardian.com/commentisfree/2015/mar/15/age-friendly-cities-design-future
25 Manchester City Council, 2016

2. ECONOMY AND WORK

2.1 The majority of GM's residents aged 50+ are economically inactive (nearly 60%), while 38.3% are in employment (some 344,000 people) and 4.5% are unemployed and actively seeking work (16,400 people)[26]. This economic activity profile differs considerably between those who are of working age (50-64) and those of a pensionable age (65%) in that the majority of 50-64 year olds are still working (65.8%) while the great majority of the over 65s are economically inactive (92.8%) and only 7.1% are still working. The unemployment rate is also much lower for the over 65s (1.3%) than for those aged 50-64 (4.8%).
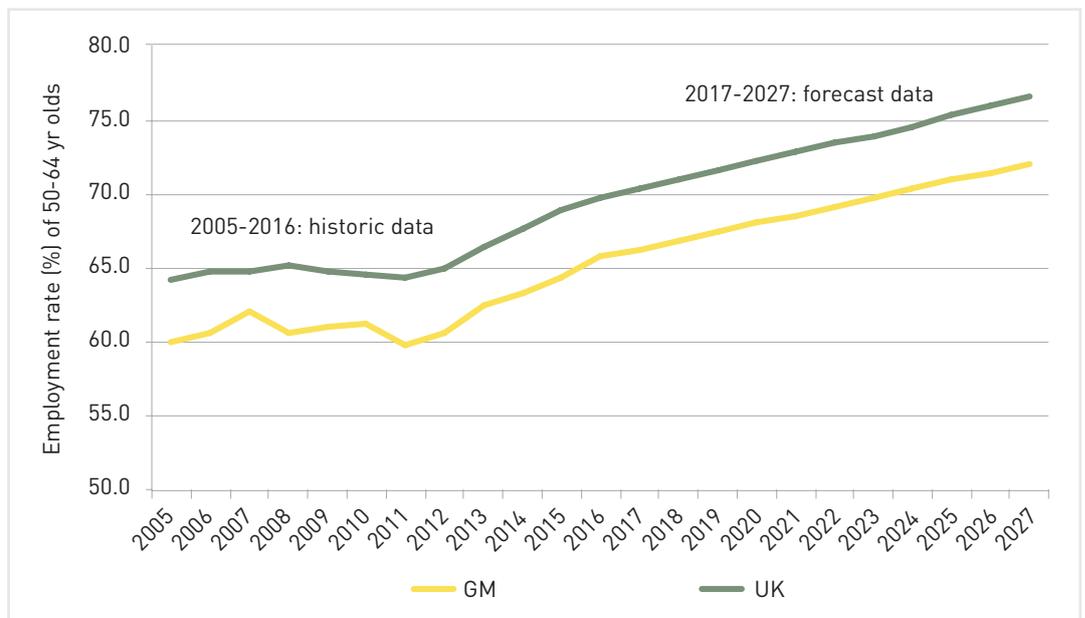
Figure 2.1 Employment, unemployment and economic inactivity rates in GM by age group, June 2016
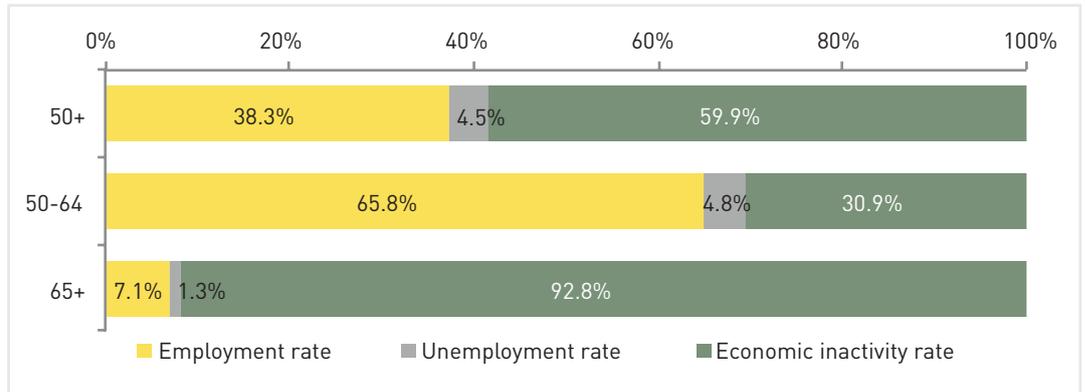
Source: Annual Population Survey, ONS/Nomis, June 2016

2.2 There is a persistent gap in the employment rate of the 50-64 group between GM and the UK, with GM lagging the UK by an average of 4 percentage points over the last decade. 19,000 additional people aged 50-64 would be in work in GM if GM met the UK average employment rate for this group. Analysis of past data shows that the number of people aged 50-64 and the number of people in employment within this group have been growing at a similar rate both in GM and UK. This indicates that the gap between the employment rate for 50-64 year olds in GM and UK is likely to continue into the future, based on historic trends. In 2027, 24,000 additional people aged 50-64 would have to be in work for GM to match the forecast average employment rate for this age group in the UK.

Figure 2.2 Historic and forecast employment rate for 50-64 year olds in GM and UK
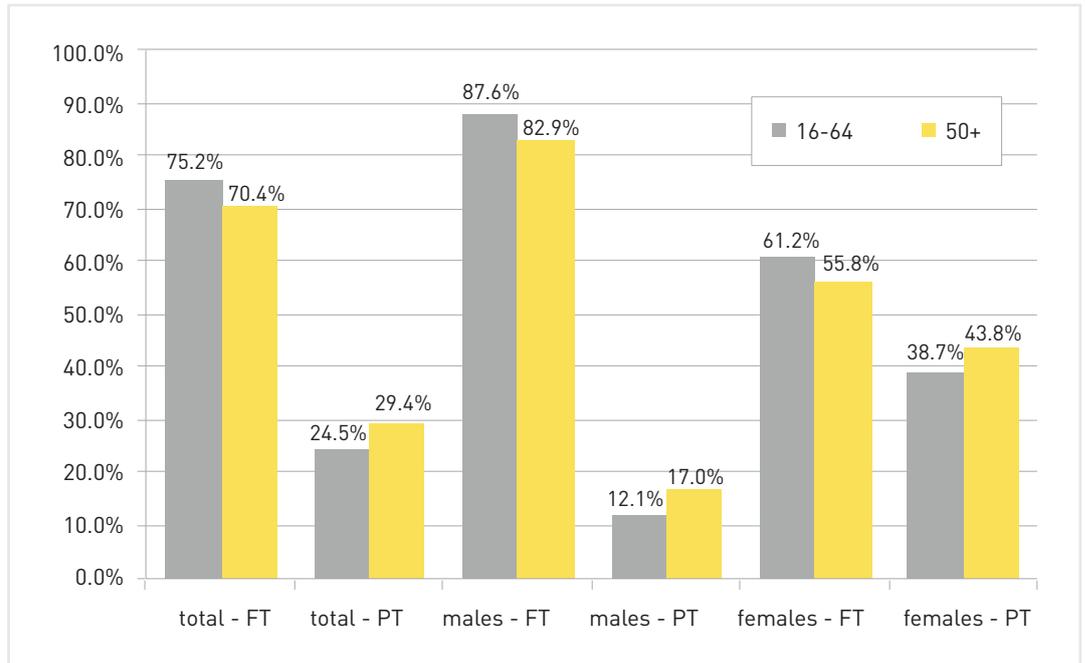

Source: ONS, Annual Population Survey, New Economy calculations

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26 Data on employment, unemployment and inactivity is sourced from the Annual Population Survey from ONS/Nomis and refers to the 12 months to June 2016. Data is updated quarterly in January, April, July and October, with a 3 month lag between the period that data refers to and the period when it is published.

2.3   For both the 50-64 and 65+ age groups, men are more likely than women to be in employment or unemployed and seeking work, while women are more likely to be economically inactive than men, largely due to additional caring responsibilities for women.

2.4   70.4% of those aged 50+ in employment in GM are in full-time work, while 29.4% work part time. Residents aged 50+ in employment are less likely to be working full-time and more likely to be working part-time than the overall working age (16-64) population in employment. This trend applies to both men and women aged 50+. At the same time, women in either the 16-64 or 50+ age group are less likely to be working full-time than men, and more likely to be working part-time.

2.5   In GM, 82.9% of employed men aged 50+ are in full time work, while 17.0% are in part-time work. For women in employment who are 50+, 55.8% are in full-time employment while 43.8% are in part-time employment.

Figure 2.3 Full-time and part time employment in GM by gender and age group, June 2016

Source: ONS/Nomis, Annual Population Survey, June 2016

2.6   The distribution of employment by industry of those in employment aged 50-64 in GM is broadly similar to that of the working population overall (aged 16+). The majority of those in employment aged 50-64, in line with the average across all ages, work in the public sector (public administration, education and health) although people aged 50-64 are more likely than average to be working in the public sector (38.0% compared to 31.2%). Those in work aged 50-64 are also somewhat more likely than average to be working in manufacturing (12.9%), construction (7.7%), transport and storage (6.8%) and mining, energy, water and waste management (1.5%).The current reliance on more traditional employment sectors, such as manufacturing and the public sector- which are forecast to decline in coming years - highlights the need to ensure older workers, and future cohorts of older workers need to be suitably skilled to fill future employment roles; many of which will be higher skilled and more technical than current opportunities. Meanwhile, they are less likely than the average 16+ working population to be working in all other sectors. The majority of residents aged 65+ who are still in work are concentrated in professional, scientific and technical activities (23.3%), the public sector (20.7%), retail and wholesale (13.1%), and arts, entertainment, recreation and other services (11.0%).

Figure 2.4 Industry of employment of the 50-64 and 65+ age groups in GM

Industry	No.	50-64 Proportion	No.	65+ Proportion	16+ Proportion
Agriculture, forestry and fishing	600	0.20%	0	0.00%	0.10%
Mining, energy, water and waste management	4,500	1.50%	600	2.40%	1.10%
Manufacturing	39,800	12.90%	1,700	6.50%	9.10%
Construction	23,800	7.70%	1,600	5.80%	7.20%
Retail and wholesale, motor trades	33,600	10.90%	3,500	13.10%	13.10%
Accommodation and food services	12,500	4.00%	600	2.20%	5.90%
Transport and storage	21,000	6.80%	1,600	6.00%	6.60%
Information and communication	5,300	1.70%	600	2.10%	3.20%
Banking & finance, real estate	11,500	3.70%	1,100	4.30%	4.40%
Professional, scientific and technical activities	17,800	5.80%	6,200	23.30%	7.60%
Administrative and support service activities	10,600	3.40%	700	2.50%	5.70%
Public admin, education and health	117,500	38.00%	5,500	20.70%	31.20%
Arts, entertainment and recreation, other services	10,300	3.30%	2,900	11.00%	4.80%

Source: Labour Force Survey

2.7   The incidence of self-employment increases among the older age groups. For example, 12.8% of those aged 16+ in employment in GM are self-employed, with 87.2% being employees, while for the 50+ age group the share of the self-employed increases to 17.5%[27]. The likelihood of being self-employed also increases with age within the 50+ cohort, for example, 15.3% of all those employed aged 50-54 are self-employed, while for those aged 65+ this goes up to 27.3%. This trend is evident for both men and women, although men are more likely than women to be self-employed across all age groups. Further local investigation into the nature of self-employment across GM will be required to understand whether self-employment rates are being driven by higher skilled, lifestyle type self-employed, or for other parts of the conurbation being driven by a lack of other employment opportunities and shift to non-conventional employment practices and the 'gig economy'.

Figure 2.5 Rates of self-employment in GM by gender and age group, 2011

	16+	50+	50-54	55-59	60-64	65+
% in employment who are self-employed - total	12.8%	17.5%	15.3%	15.9%	19.3%	27.3%
% in employment who are self-employed - male	18.0%	24.6%	22.1%	22.7%	25.5%	36.4%
% in employment who are self-employed - female	7.0%	9.1%	8.0%	8.3%	9.8%	14.9%

Source: ONS/Nomis, Census 2011

2.8   The main reason for economic inactivity among the 50+ population in GM is retirement (81.9%), followed by long term sickness or disability (11.5%), looking after the home or family (3.0%) and other reasons (3.3%)[28]. The proportion of the population who are economically inactive due to retirement increases as people approach the State Pension Age (SPA). For example, only 9.3% of those who are inactive and aged 50-54 are inactive due to retirement, while this is so for the majority of those aged 65+ (95.7%). Long term sickness or disabilities are the main reasons for inactivity among those aged 50-54 and 55-59.

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27 Census 2011 - DC6107EW - Economic Activity by sex by age
28 Census 2011 - DC6107EW - Economic Activity by sex by age

2.9   These trends are the same for men and women, although women aged 50-54 and 55-59 are more likely to be inactive due to looking after the home or family than men in the same age groups.

Figure 2.6 Reasons for economic inactivity in GM by age group, 2011

	16+	50+	50 to 54	55 to 59	60 to 64	65+
Economically inactive: Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Economically inactive: Retired	52.5%	81.9%	9.3%	26.4%	78.9%	95.7%
Economically inactive: Student	15.9%	0.3%	1.4%	0.6%	0.3%	0.2%
Economically inactive: Looking after home or family	10.7%	3.0%	20.8%	14.5%	1.9%	0.3%
Economically inactive: Long-term sick or disabled	14.6%	11.5%	56.3%	49.5%	15.4%	2.0%
Economically inactive: Other	6.4%	3.3%	12.2%	8.9%	3.5%	1.8%

Source: ONS/Nomis, Census 2011

2.10   Figure 2.7 presents the qualification profile of the 50-64[29] population in GM. The largest proportion (29.5%) of 50-64 year olds are qualified to NVQ Level 4 or higher (nearly 140,000 residents). However, on the other side of the scale, a considerable number of 50-64 year olds have no qualifications (74,500) accounting for 15.8% of the cohort.

2.11   Older residents (50-64) are not as well qualified than all residents of working age on average (16-64). For example, only 29.5% of 50-64 year olds in GM are qualified to Level 4+, compared to 33.7% across the working age population. In addition, 15.8% of 50-64 year olds in GM have no qualifications, compared to a much lower 10.1% among 16-64 year olds.

2.12   50-64 year old residents in GM are on average more poorly qualified than the same age group regionally and nationally, as seen from the lower proportion of older GM residents with Level 4+ qualifications, and a higher proportion of those with no qualifications.

Figure 2.7 Qualification profile of 50-64 population in GM, NW and UK, 2015

	GM Number	GM %	NW %	UK %
NVQ 4+	139,600	29.5	30.2	34.7
NVQ 3 only	63,000	13.3	13.6	12.8
Trade Apprenticeships	28,500	6.0	5.8	5.6
NVQ 2 only	69,400	14.7	15.7	14.0
NVQ 1 only	59,300	12.5	12.9	12.3
Other qualifications	38,700	8.2	7.3	7.5
No qualifications	74,500	15.8	14.6	13.2

Source: ONS/Nomis, Annual Population Survey Dec 2015

2.13   The qualification profile of 50-64 year olds in GM has improved significantly over the last decade or so, following the overall trend of increasing qualification levels nationally. However, over this period there has remained a consistent gap in performance between GM and the North West region as well as the national average.

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29 Data for 65+ population is not available on APS

Figure 2.8 Proportions of residents aged 50-64 with LV4+ qualifications or with no qualifications in GM, NW and UK, 2004-2015
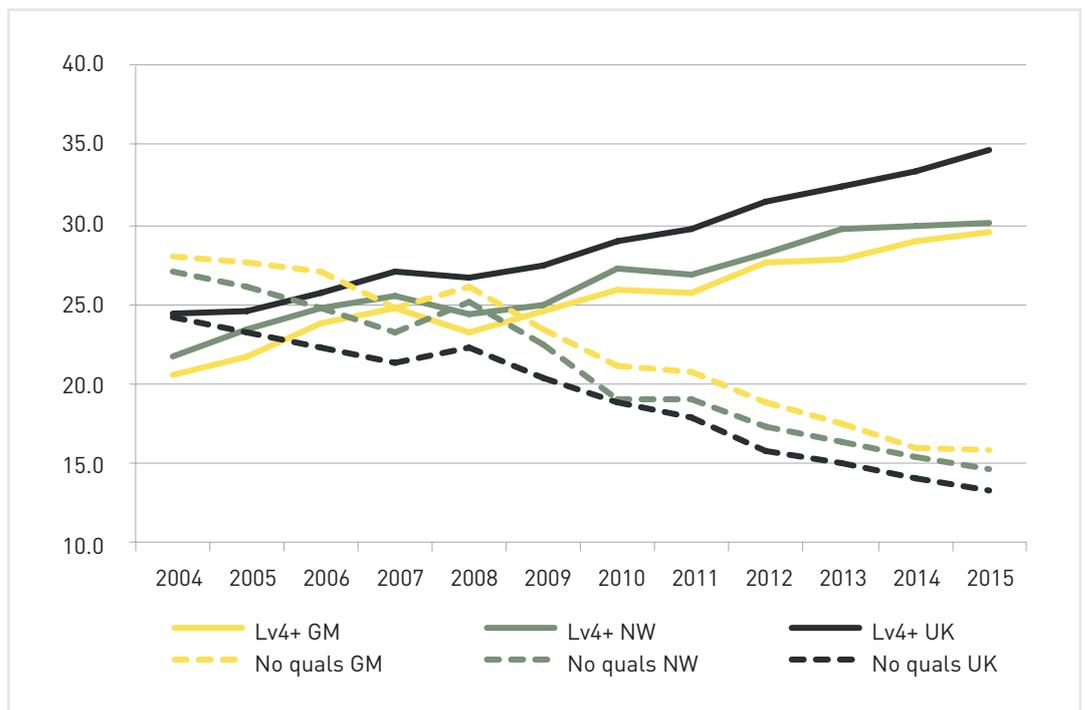
Source: ONS/Nomis, Annual Population Survey Dec 2015

2.14 Nearly 63,000 people aged 55-64 in GM were claiming DWP benefits in May 2016[30], accounting for over a quarter of all benefit claimants. The largest number of claimants aged 55-64 were claiming Employment Support Allowance (ESA) or Incapacity Benefit (IB) as their main type of benefit received, which accounted for nearly 40,500 claimants (64.4%). A considerable number of claimants in the cohort also claim benefits for caring responsibilities (8,900 claimants or 14.2% of all claimants in the age group). Other reasons why benefits were received included disability (7.4% of claimants), job seeking (6.6%), bereavement (2.1%) and being a lone parent (0.3%) as well as other income related benefits (5.0%). Claimants aged 55-64 are more likely to be claiming ESA or IB than claimants of all ages (56.0% of whom claim ESA/IB). They are also less likely than all claimants as a whole to claim Jobseeker's Allowance and much less likely to claim lone parent income support. These differences reflect the age of the cohort and the issues that may be affecting them more or less than the wider population.

2.15 The overall number of benefit claimants aged 55-64 in GM fell by 4.3% between 2007 and 2016, however the reduction has not been as great as for all claimants as a whole, where claimant numbers reduced by 15%. This may suggest that it is more difficult to reduce reliance on benefits among older people. However, there are differences in the trends seen for different types of benefits. The numbers of people claiming ESA/IB, lone parent income support, bereavement benefits and other income related benefits fell over this period, both for the 55-64 age group as well as total claimants. The number of jobseekers claiming benefits has dropped across claimants as a whole; however, for the 55-64 age group it has actually increased. What is more, the number of claimants of carer and disability benefits has increased for both groups, particularly so for the 55-64 age group, relative to its size.

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30 ONS/Nomis, DWP Benefits, May 2016. Data is not available for those aged 65+

Figure 2.9 Number of benefit claimants in May 2016, proportion of total claimants in age group, and change in number of claimants between 2007 and 2016, by age group and type of benefit in GM

|	Age 55-64			All ages		
	Number	Proportion	Change 2007-2016	Number	Proportion	Change 2007-2016
Total	62,850	100.00%	-4.3%	245,560	100.00%	-15.0%
Jobseeker	4,170	6.6%	50.5%	25,060	10.2%	-38.4%
ESA/IB	40,460	64.4%	-17.0%	137,630	56.0%	-14.1%
Lone parent	170	0.3%	-32.0%	21,530	8.8%	-46.2%
Carer	8,910	14.2%	114.7%	35,520	14.5%	89.8%
Disabled	4,680	7.4%	30.7%	18,080	7.4%	9.2%
Bereaved	1,330	2.1%	-36.4%	3,160	1.3%	-33.6%
Others on income related benefit	3,130	5.0%	-24.0%	4,590	1.9%	-43.4%

Source: ONS/Nomis, DWP Benefits, May 2016

2.16 Qualitative research findings from workshops and 1-1 interviews

- National activity by DWP already engaging larger employers to become age positive. But no-one appears to be talking to SMEs. Who can do this and can we capitalise on existing mechanisms (e.g. business support, Investors in People) to make progress?

- Job flexibility and adaptation is critical to allow more older people with caring responsibilities to remain in work. Both staff and employers may need help in job design to achieve this

- The rise in labour costs (national living wage, uprating of minimum employer pension contributions etc.) creates a risk to jobs but an opportunity for older workers to upskill and improve their earning potential and job security. What's GM's plan for economically precarious residents in their 40s, 50s and 60s?

- GM already has significant influence over employment, skills and health budgets – solutions are in our gift. What is required is a similar commissioning focus on the 50-70 age group as there is on 16-25 year olds. Potential to bring ageing activity under the umbrella of inclusive growth

- Self-employment a major opportunity, offers flexibility and control (but not job security). Technology a key enabler though access to this is uneven

- Decisions on employment and enterprise must be linked to individual values – what do people want from life in 5/10/20/30 years? This will vary and we don't know the answers

- Good practice examples include Healthy Manchester (working with GPs), DWP case studies, mandatory employer duties in other countries

3. HEALTHY AGEING AND LIFESTYLES

3.1   Life expectancy of GM residents is lower than the national average, and variations of up to 12 years can be seen between parts of the conurbation. Compared with all local authorities in England, Manchester ranks second lowest in terms of life expectancy for men and fourth lowest for women.

3.2   Figure 3.1 demonstrates the life expectancy across Greater Manchester and the North West compared to the national life expectancy. The expectancy is lower across GM than the national average, and as such the conurbation will have a younger population when compared to the national average with fewer older people than may be expected. Only two districts have higher or equal life expectancies for both males and females: Stockport and Trafford. It is no coincidence that it is these same two districts that registered higher or relatively equal elderly population densities in Figure 1.6. Similarly, the district with the lowest life expectancy for both genders (Manchester) had the lowest elderly population density in Figure 1.6.

3.3   Therefore, whilst Greater Manchester has a lower share of older people than may be expected nationally, it is not necessarily true that this is due to older people leaving the conurbation. While migration contributes significantly to an overall younger population profile, the factor of life expectancy must also be taken into account, and the expectancy generally correlates well with population density data. As such, GM's lower share of older people, particularly in the 85+ category, is more due to death rather than people moving elsewhere.

Figure 3.1: Life expectancy of a 65-year-old in 2011-13
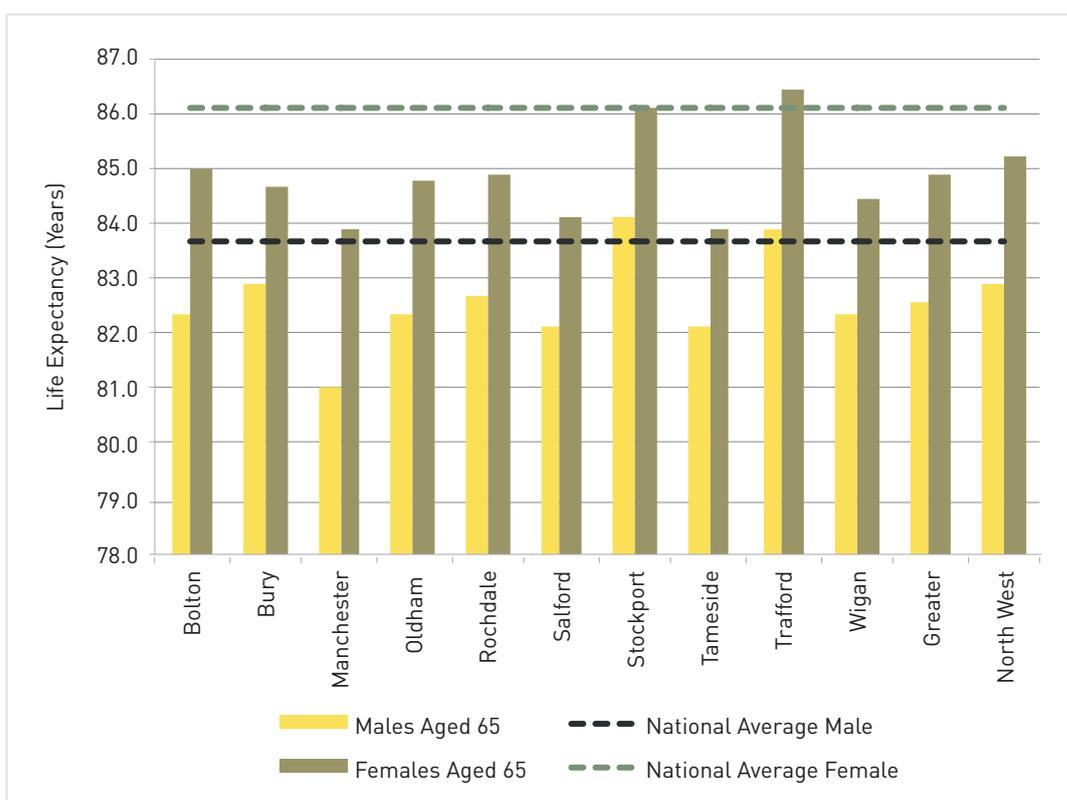
Source: Office for National Statistics

3.4   There is clear evidence nationally of large inequalities in health and well-being in later life, which relate to dimensions of socio-economic position, ethnicity, gender and area[31]. For example, the wealth differences in levels of frailty are stark. The trajectory of frailty for an individual in the richest tertile at age 80+ years is comparable to that for a 70–74 year old in the poorest tertile. Wealth-related inequalities in levels of frailty widened between 2002 and 2010. Similarly, in the age group 61–70, 34% of White English people report fair or bad health, compared with 63–69% of Indian, Pakistani and Caribbean people and 86% of Bangladeshi people[32].

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31 Foresight, Government Office for Science 'Addressing inequalities in healthy life expectancy - Future of an Ageing Population: Evidence Review' (2015)
32 Ibid

3.5 Area inequalities might impact particularly on older people, because of greater attachments to their neighbourhood that stem from living in an area longer, spending more time day-to-day within their neighbourhood and making more use of local services. After taking account of individual level characteristics (including education and wealth), average level of deprivation in the area relates to the health of older people.

3.6 Despite the evidence on inequalities in health in later life, both specific interventions and broader policy work in relation to health inequalities have failed to consider older people and relevant processes operating in later life. There is a small body of existing evidence suggesting that some health improvements in later life could be achieved from interventions focused on promoting valued social roles and broader social inclusion, physical activity and exercise, falls prevention programmes, and housing quality, particularly heating. However, there is insufficient evidence to assess whether, if appropriately targeted, such interventions would reduce inequalities in health in later life[33].

3.7 By 2036, 61,000 people across GM are expected to be diagnosed with dementia. This is an increase from 36,000 in 2011.

3.8 Using data from the English Longitudinal Study of Ageing (ELSA), it's estimated that 1.2m men over 50 and 1m women over 50 experience social isolation in England (Beach & Bamford, 2014). Extrapolating these figures for GM, around 61,000 (14%) men and 53,000 (11%) women are likely to experience social isolation (Buffel et. al., 2015).

3.9 Those from marginalised groups are likely to experience greater levels of social isolation, with 1 in 5 older LGBT people in Manchester having nobody to contact in times of crisis for support (LGBT Foundation, 2015).

3.10 It is likely that these figures will rise in future without intervention. Living arrangements are a risk factor for older people's social isolation. It's projected that there will be a 66% increase in the numbers of people in GM aged 75 and over living alone by 2036 (from 97,000 in 2011 to 161,000 in 2036), with one in three men aged 75 living alone by 2036.

3.11 Sport England's Active People survey indicates that in 2014 (the latest year for which data is available), 38% (England average 31%) of people aged 55-64 in GM and 48% (England average 45%) of people aged 65 and over in GM were physically inactive. Despite these high numbers of inactivity, the figures have decreased slightly since 2012 (39% and 53% respectively) (Sport England, 2016).

3.12 In GM, 54% of adults aged 55-64 and 46% of adults aged 65 and over eat 5 or more portions of fruit and vegetables a day, compared to an England average of 58% and 56% respectively (Sport England, 2016).

3.13 In England, nearly half (48%) of those in substance misuse treatment services are aged 40 or over, this figure reaches 68% among those being treated for alcohol alone. These figures are consistent with the pattern in GM, with 46% (11,063) of those in substance misuse treatment services aged 40 or over, with the figure rising to 69% (4,288) for alcohol alone. Those aged 50 and over account for 21% of all those in treatment in GM, and 34% of all those in treatment for alcohol alone in GM (NDTMS, 2016).

3.14 Business Lab's "Age Friendly Manchester" report[34] identified five generic areas of opportunity within the 'Extending Healthy Working Lives' theme, all focusing on collaboration and information, that may be relevant to Greater Manchester:

• Building collaboration across all sectors to develop more innovative opportunities for older people to contribute via volunteering

• Educating and informing businesses and individuals about their role in enhancing the longevity premium

• Promoting workplace wellbeing and staying healthy as a means of being able to work longer

• Engaging employers that are innovating in this area

• Developing policies and interventions to keep older people in the workforce

3.15 Devolution of health and social care provision in GM is set to radically transform the way services in the health and social care sector are delivered, with the conurbation now responsible for a devolved £6bn health and social care budget as well as an additional £450m of transformation funding from NHS England. The budget will be controlled by a directly elected mayor from 2017 who will also oversee transport, housing, policing and planning.

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33 Ibid
34 Business Lab (2015) Age-friendly Manchester: Getting Down to Business - The economic opportunities of ageing for Greater Manchester

3.16 The five-year plan for the sector in GM outlines how devolution will enable a fundamental change in the way communities take care of their own health and the development of local care organisations.[35] This is especially important in the context of a growing and ageing population, with the plan outlining opportunities for greater collaboration across the health and social care system and an approach to reconfigure the Health Sector estate. This will include the consolidation of secondary care and a re-thinking of primary care delivery to meet local needs and to become more cost-effective.

3.17 There are examples where collaboration is happening across sectors within Greater Manchester. For example, The Manchester Connected Health Ecosystem is the first of its kind to be set up in Europe and is based in Manchester. It aims to accelerate the adoption of connected health for health and social care and brings together the NHS, social care providers, industry and patient groups. There are already 70 members within the group. In addition to the Connected Health Ecosystem Manchester is also home to The Centre for Health Informatics, which provides a focal point for research, education and learning and develops e-health innovation partnerships with the NHS and industry.

3.18 Qualitative research findings from workshops and 1-1 interviews

- Arguably GM is in a recognisable pattern of delivery whereby service mirrors demand rather than effectively managing and reducing demand. GM risks not being on course to deliver the savings required to under the devolution agreement

- Leadership on ageing needs to be embedded at all levels. This goes beyond a figurehead 'champion' – it includes strong governance for ageing and good connections with those delivering services to deliver real culture change

- Governance will be key to locking people into the system. Currently the Ageing Hub operates as parliament, but needs more decision making capability and accountability built in

- Can Ageing Hub provide the thinking space and be the convenor that so desperately needed? GM is home to incredible award winning, leading edge academic, research and innovative resource in GM universities… which is often barely used locally in health and care service settings.

- A lot of ageing work is focused on public health and appropriate personalised health interventions. But a shift in thinking and planning is needed to focus more on 50-70 year olds

- Need to understand non-medical interventions better and the influence of these on health

- Need to ensure the stronger link between the Local Care Organisations and the place based PSR locality plans

- More diverse research methods are required, not just Randomised Controlled Trials. Need more real world techniques, maximising and applying CBA capability more widely in GM

- Housing and spatial framework seen as excellent opportunity – use of NHS land, 'designing in' good health to homes and neighbourhoods etc

- Care Act offers opportunity to take forward this agenda particularly for social care. I think this highlights the importance of prevention as much as care?

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35 http://www.gmhsc.org.uk/assets/GM-Strategic-Plan-Final.pdf

4. PLANNING, HOUSING AND TRANSPORT

4.1   Often referred to as 'baby boomers', the current generation of older people often own their own home, having bought at an early age when mortgages were more readily available and cheaper, and having reaped the benefits of continuous house price increases. Older people often have significant amounts of equity tied up their homes, yet are reluctant to downsize and realise this as a cash asset. 21% of what Legal and General define as 'Last Time Buyers' (over the age of 55, owning their own property, wanting to downsize in the future and having two or more unoccupied bedrooms) are living in the first property that they ever bought; 44% have been living in it for 30 years and a further 21% for 20 years[36].

4.2   There are a number of housing issues around older people and housing. A significant number of older people are owner occupiers, many of whom live in large family homes. Encouraging downsizing of homes may release more family homes to the market and provide suitable accommodation for families who seek larger homes. Aside from the economic benefits of encouraging downsizing in older age, there are a number of other health, community and personal benefits. Older people remaining in their current dwellings is not simply a matter of people refusing to move. Downsizing options need to be available, with appropriate housing stock to enable this, in locations where people want to live – usually close or near to their existing dwelling.

Figure 4.1 Breakdown of households occupied by over 65s

District	Total Number of Households	Number of Households Lived in by Over 65s	Percentage of All Households Lived in by Over 65s
Bolton	116,371	23,217	20.0%
Bury	78,113	15,835	20.3%
Manchester	204,969	25,667	12.5%
Oldham	89,703	17,721	19.8%
Rochdale	87,552	16,605	19.0%
Salford	103,556	18,701	18.1%
Stockport	121,979	27,923	22.9%
Tameside	94,953	18,788	19.8%
Trafford	94,484	19,747	20.9%
Wigan	136,386	27,255	20.0%
GM	1,128,066	211,459	18.7%
North West	3,009,549	629,481	20.9%
England	22,063,368	4,576,776	20.7%

Source: 2011 Census

4.3   Figure 4.1 shows the percentage of all housing that is occupied by over 65s across Greater Manchester, the North West and England. Once again, the data correlates to Figure 1.6 in that Stockport has the highest concentration of housing lived in by over 65s (22.9%), and Manchester has by far the lowest (12.5%). The remaining eight districts have relatively similar shares of properties lived in by over 65s, varying between 18.1% in Salford and 20.9% in Trafford. It should also be noted that whilst Manchester may have the lowest share of properties lived in by over 65s, its scale and size means that it actually has the third largest real number, with 25,667 properties, behind only Stockport and Wigan.

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36 Legal and General, Last Time Buyers http://www.legalandgeneralgroup.com/_pdfs/press-release/LTB_Front_Cover_Report_Final.pdf

Figure 4.2: Percentage of All Properties Lived in by Over 65s by Size (where all tenants are over 65)

District	Number of Bedrooms					
	1	2	3	4	5	All
Bolton	116,371	23,217	20.0%	10.4%	7.7%	20.0%
Bury	78,113	15,835	20.3%	11.9%	7.4%	20.3%
Manchester	204,969	25,667	12.5%	7.6%	4.3%	12.5%
Oldham	89,703	17,721	19.8%	9.1%	6.5%	19.8%
Rochdale	87,552	16,605	19.0%	10.3%	6.9%	19.0%
Salford	103,556	18,701	18.1%	10.1%	7.5%	18.1%
Stockport	121,979	27,923	22.9%	16.7%	10.7%	22.9%
Tameside	94,953	18,788	19.8%	8.5%	7.4%	19.8%
Trafford	94,484	19,747	20.9%	13.5%	9.0%	20.9%
Wigan	136,386	27,255	20.0%	8.5%	7.7%	20.0%
GM	1,128,066	211,459	18.7%	10.9%	7.5%	18.7%
North West	3,009,549	629,481	20.9%	13.0%	9.5%	20.9%
England	22,063,368	4,576,776	20.7%	14.2%	10.4%	20.7%

Source: 2011 Census

4.4 The majority of over 65s live in 1, 2 and 3-bedroom properties, with only a small number living in 4 and 5-bedroom properties. Stockport has the largest percentage of older people living in 4 and 5-bedroom properties: 16.7% and 10.7% respectively compared to the national average of 14.2% and 10.4%. This signifies an under occupancy issue in the district, with a number of larger properties being under-occupied by older people. Despite Oldham's large population of older people, the issue of under occupancy doesn't seem as potent, as older people in the district typically live in 1, 2 and 3-bedroom properties.

4.5 Across Greater Manchester 30.2% of all one-bedroom properties are occupied by people over 65. It is likely that much of this property is specialist housing. This figure is highest in Oldham but lowest in Manchester, where one-bedroom properties tend to be marketed towards young professionals within the private rented sector. The percentage of four and five-bedroom properties occupied by over 65s in Greater Manchester is lower than the national average. However, the older population in Stockport is once again apparent as over 65s occupy a greater share of all sizes of properties than the national average.

4.6 Nationally, 73% of over 65s are owner occupiers. Within Greater Manchester the overall figure is lower, at 67.6%, although there is considerable variation between districts. Stockport has the highest percentage of owner occupiers in this age group, with 79.3%, whereas Manchester has the lowest at 48%.

4.7 Of those that do not own their home, most live in social rented properties. The data shows more older people living in the social rented sector in Greater Manchester compared to national data, with 25.6% of all over 65 properties falling into this bracket in the conurbation, compared to 19.8% nationally and 20.2% in the North West. 7 out of 10 districts in Greater Manchester have a higher percentage of over 65s in social rented housing than the national figure. This figure is highest in Manchester where 42.4% of over 65 properties are in the social rented sector.

4.8 The private rented sector accounts for only a small share of household's over 65 housing, at 4.4% across England compared to around 15% for all age groups. Greater Manchester has a smaller private rented sector for over 65s compared to the national figure, at 3.6%. The only district to have a higher figure than England is Manchester, where 5.1% of over 65 properties are in the private rented sector.

4.9 Data from the Elderly Accommodation Council (2016) shows that in GM as a whole there are 1,108 specialist housing schemes for older people with a total number of 33,774 units within them. At district level, Manchester has the highest provision of specialist properties at 192 whilst Bolton has the highest level of

individual units with 6,285. Bury had the least number of properties at 53 with a total number units of 1,613. Provision is a mix between social landlords and private providers, with few significant private only providers operating in GM.

4.10 It is clear that the supply of housing for older people needs stimulus. A reinvigorated market offering could encourage downsizing, providing a range of economic and health benefits for older people and a trickledown effect across the housing market.

4.11 More retirement properties could be made available for sale. 'Baby boomers' can often afford to move house without a mortgage and do not want to start renting at a late stage in their life, yet many retirement properties seem to be advertised for rent and not sale. Allowing older people to purchase their own retirement property can quell fears about tenure and security and promote downsizing.

4.12 A major problem for this sector is how to cater for those that do not have housing wealth. Many, particularly in the North of England and Greater Manchester, cannot afford to purchase a retirement property outright. The APPG recommends spreading the use of alternative ownership models to ensure that the market is accessible to everybody and not just those with high property wealth. Shared ownership, whereby the occupier purchases part of the home and rents the remainder, is an increasingly popular and affordable model for older persons housing, providing both security for the occupant and immediate cash flow for the developer. An emphasis on shared ownership should be created, similar to the current focus on affordable housing.

4.13 There is great potential in the older people housing market to achieve both personal and national benefits. Encouraging and enabling downsizing as a positive choice can deliver a higher quality of life, reduced financial burdens and a trickledown effect in the property market. 'Baby boomers' could capitalise on their unique equity position and take a holistic approach to retirement, combining housing equity with pension pots.

4.14 The issue of housing for older people has a knock-on effect to the rest of the housing market, the NHS, and local communities. Encouraging older people to take a positive decision to downsize earlier in retirement can provide a range of benefits, providing that there is a suitably broad and diverse supply of properties to downsize into, in suitable locations.

4.15 Qualitative research findings from workshops and 1-1 interviews

- GM is better placed than anywhere to do something on housing. It has the need, the governance, the analysis (CBA), the partnerships, the investment, the GM Spatial Framework and the flexibility to innovate (devo)

- Ageing is mainstream issue for housing – 93% of older people will live in existing stock, so focused shouldn't be solely on specialist/supported accommodation, however there are opportunities for future stock to be well designed to address ageing challenges

- But we need to better understand what people want in future…psychology matters – do people want to downsize, move to a different area, sell/rent etc…? We don't know

- Market is fragmented – type of home, tenure…and a very crowded policy space inhibits action. Scope here for lobbying to take place via both Ageing Hub and GM Housing Investment Board

- Major housing/health link: independent living, NHS land, healthy homes – prevention rather than treatment

- No shortage of good examples – Southway Homes' development at Old Moat designed in age-friendly concepts; Home Improvement Agencies offer replicable or scalable approaches

- Significant capital rests in people's homes – 70% of over 65s own their property. How can this wealth be mobilised for investment purposes? Innovative ideas required

5. AGE FRIENDLY NEIGHBOURHOODS

5.1 The city of Manchester is recognised by the World Health Organisation (WHO) as an 'Age-friendly City'. This concept is to be rolled out across GM by creating age-friendly neighbourhoods that enable older people to be actively engaged in their local areas. The WHO age-friendly city framework has influenced the development of the Ageing Hub's six key themes.

5.2 The Ambition for Ageing (AfA) programme is a £10.2 million Greater Manchester level programme aimed at creating more age friendly places and empowering people to live fulfilling lives as they age. It is funded by the Big Lottery Fund's Ageing Better programme, which aims to reduce social isolation of older people. Led by GMCVO, the five year programme is delivered by a cross-sector partnership with Local Delivery Leads (LDLs) leading on the work in 26 wards across eight local authorities in GM. Putting older people at the heart of designing the places they live, the programme will facilitate the development of existing assets within communities allowing older people to make direct investments in their neighbourhoods.

5.3 The AfA programme started in 2015, and delivery commenced in early 2016. Over the five years, projects and strategies to build age-friendly neighbourhoods will be funded and led by older people. The programme's research and evaluation partners include New Economy, MICRA and the LGBT Foundation and will generate a range of insight and learning as to how to make GM an age-friendly place to live.

5.4 AfA's belief is that a series of small changes within our communities will bring large scale success in a practical and sustainable sense that will ultimately help to reduce social isolation. We will do this by providing small investments to help develop more age-friendly neighbourhoods in GM. We want communities to be more connected and for there to be more opportunities and activities for older people in the places they live.

5.5 As the programme is in the early stages of delivery, it is too soon to have produced full performance results. New Economy is the evaluator for the AfA programme in GM with an approach that looks at the places as a whole, rather than focusing on the individual projects funded through LDL panels.

5.6 The evaluation is split into three core components:

a) Programme evaluation: this focuses on measuring progress towards the first two outcomes (age-friendly neighbourhoods and social connections), as well as any unanticipated outcomes.

b) Strategic evaluation: this focuses on measuring progress towards the latter two outcomes (influencing delivery and influencing strategy). It is likely that this will materialise towards years 3-4.

c) Process evaluation: this will focus on questions relating to the process of how AfA has been implemented and run. It will include elements such as the impact of the Equalities Board and Older Persons' Network, whether the process has been participatory & representative, and partnership development.

5.7 Qualitative research findings from workshops and 1-1 interviews

• Focus is on the Ambition for Ageing project – encompassing 24 neighbourhoods, 18 month activities led by communities to make their areas more age-friendly

• Precondition of age-friendly places include 'practised space' (not just environment), engaged residents (this needs to be an enjoyable experience), good governance

• Communities can do more for themselves but this needs institutions to encourage and support

• Institutions must be prepared to 'give up' power to allow community capacity to grow and (ultimately) demand for services to ease

• Scepticism that there is a prescription for success, but connections between models are important

• Shared understanding across GM required about asset-based approach is

• Opportunity for further £3m not only to roll forward and spread best practice but also to integrate with PSR activity and wider Ageing Hub ambitions

6. TECHNOLOGY, DESIGN AND INNOVATION

6.1 Technology is likely to play an ever greater role in providing health and care support for older people.

6.2 The UK spends over 8% of GDP on healthcare and the domestic healthcare technologies market (estimated £17bn) is set to grow.

6.3 The Greater Manchester and East Cheshire Science and Innovation Audit, sponsored by the Department of Business, Energy and Industrial Strategy (BEIS) highlighted Greater Manchester and Cheshire East's sectoral strengths in health innovation and advanced materials[37]. The audit found the region had a high concentration of assets related to health innovation. Key assets include those clustered at Corridor Manchester, such as the Central Manchester University Hospitals NHS Foundation Trust, the NIHR Biomedical Research Centre and Manchester Science Partnership's Citylabs.

6.4 The audit also highlighted how the devolution of Greater Manchester's £6bn health and social care budget could be used to drive innovation to benefit both the region's health and wider economy.

6.5 The report highlights growth opportunities in digital, energy and industrial biotechnology and explores how creating synergies between these sectors can drive innovation, providing a boost to the local economy.

6.6 GM's strengths in technology and innovation can support the establishment of a sustainable health and social care system that keeps more people economically and socially active for a longer time.

6.7 According to the Business Lab's "Age Friendly Manchester" report[38] wearable technologies for health and sport are of particular relevance to Greater Manchester because of the expertise across a number of related disciplines including The Centre for Informatics and The Graphene Centre, both at Manchester University. These centres of excellence and innovation - along with the extensive health and sports ecosystems across Greater Manchester – as well as the presence of companies such as Adidas, sponsors of the recent Smart Fabrics and Wearable Technology 2015 global conference - suggest significant opportunities for the region.

6.8 Qualitative research findings from workshops and 1-1 interviews

- GM has lots of the key ingredients – world class science and innovation assets, good public/private sector networks, strong digital sector...but it has a poor track record of commercialising this strength

- Need to help older people access the goods and services they need. Also help GM employers deliver goods and services to a global market

- Some great examples of smart design and innovation, e.g.: MMU are developing an age-friendly home that is to unveiled at the Ideal Home Show in 2018; Health Innovation Manchester (dementia), CityVerve

- Scaling up is a challenge and opportunity– how age-savvy is GM's business support and business finance service both in terms of its clients and their products?

- Could challenge prizes help those in research think more commercially about their innovations and IP?

- Innovation not just about products – it's also about social/organisational systems

37 https://www.greatermanchester-ca.gov.uk/news/article/97/greater_manchester_and_east_cheshire_a_science_and_innovation_audit_report
38 Business Lab (2015) Age-friendly Manchester: Getting Down to Business - The economic opportunities of ageing for Greater Manchester

7. CULTURE AND LEISURE

7.1 The over 65 cohort tend to have a higher disposable income and substantially more leisure time than other groups. The leisure industry is a key sector where businesses ought to be focusing their attention on this age group and looking at how they can cater for the over 65s. As people retire, or work less many find they have more leisure time and are the heaviest users of museums, galleries and theatres. The average consumer-spend on hospitality and leisure services per annum is £2,468, but for those over 65 that increases to £3,372 per annum[39].

7.2 From interviews conducted with individuals in the tourism sector in Greater Manchester it is evident that most tourism campaigns and advertising activity tend to be generic rather than targeting the older age group[40]. There is an awareness of the relevance of an older generation within the tourism sector, but perhaps not enough information on how to market to this group, to encourage businesses to focus their advertising, products and services on an older age group.

7.3 A focus on the older population was particularly evident when it came to culture in Greater Manchester. A large number of galleries and museums have sections on their websites highlighting activities and information of relevance for older people taking place on a daily, weekly, and monthly basis.

Financial Investment in Culture

7.4 On 27th June 2014 AGMA Executive agreed to launch a new 3 year AGMA Grants programme to run from 1st April 2015 to 31st March 2018.

7.5 The agreed AGMA Grant programme priorities are:

i. to contribute to the recognition of Greater Manchester locally, nationally and internationally helping to create the conditions to attract new investment, new visitors and new talent to Greater Manchester

ii. to make a positive contribution to improving the skills and employability of the residents of Greater Manchester encouraging people to achieve their full potential

iii. to play a strong role in developing strong and inclusive communities, contributing to an improved quality of life and wellbeing for all residents and meeting our equality duties

7.6 The 2015/18 Programme includes a main fund which aims to contribute to all three priorities and a social fund which aims to contribute to priorities (ii) and (iii).

7.7 19 organisations, predominantly in the arts, culture and leisure fields were awarded grant funding in year 2015/16, including organisations such as Halle Concert Society, The People's History Museum, Royal Exchange Theatre and The Lowry.

7.8 Looking at the impact of AGMA Grant Fund in 2015/16, S48 funding has helped the projects in contributing around £154million in gross value added (GVA) to the Greater Manchester economy thus far. Total funding provided via Section 48 is £3.31million per annum, equating to around 8.3% of the 18 organisations' annual turnovers. Applying this percentage to the overall GVA estimate, £7.5million in GVA contributions to the Greater Manchester economy in 2015/16 can be attributed to the funding from Section 48 – i.e. for every £1 of Section 48 funding, £2.26 is generated in economic output in the conurbation.

39 Barclays, An Ageing Population, the untapped potential for hospitality and leisure businesses, 2014
40 Business Lab (2015) Age-friendly Manchester: Getting Down to Business - The economic opportunities of ageing for Greater Manchester

Figure 7.1 HLF investment/ Arts Council GM NPO investment – Grant awarded between 1 April 2011 and 31 March 2016

Local Authority	Number of projects awarded	Total grant awarded
Bolton	32	£4,653,900
Bury	11	£1,713,700
Manchester	113	£21,987,300
Oldham	33	£7,481,100
Rochdale	3	£103,700
Salford	50	£8,159,800
Stockport	11	£4,000,900
Tameside	20	£3,922,200
Trafford	24	£1,388,400
Wigan	27	£4,817,900
Total	324	£58,228,900

Source: Heritage Lottery Fund, 2016

Engagement/participation in culture and leisure

7.9 Taking Part is a household survey in England which measures participation in the cultural and sport sectors. Running since 2005, the survey was commissioned by the Department for Culture, Media and Sport (DCMS) in partnership with Arts Council England, Historic England, and Sport England. The data are widely used by policy officials, practitioners, academics and charities.

7.10 The latest results[41] for the year April 2015 to March 2016 show that in 2015/16, 76.1 per cent of adults (16+) had engaged with the arts at least once in the last 12 months, a similar rate to 2005/06 (76.3 per cent) and 2014/15 (76.8 per cent).

7.11 The proportion of adults aged between 65 and 74 who engaged in the arts has significantly increased since 2005/06 (from 70.7 per cent to 77.8 per cent). However, the proportion of adults aged 75 and above (60.4 per cent) who engage in the arts is significantly lower than in all other age groups. With the exception of libraries, adults aged 75 and over are less likely to engage with arts, heritage, and museums and galleries than younger age groups.

7.12 Since 2005/06, there has been a significant increase in arts engagement in the North West of England (from 71.5 per cent to 77.8 per cent). The North West region has seen the largest increase in the proportion of adults who visited a museum or gallery since 2005/06 (from 40.4 per cent in 2005/06 to 54.1 per cent in 2015/16). There has also been a significant increase in the proportion of adults who visited a heritage site in the North West of England (from 67.7 per cent to 72.2 per cent) and in the proportion of adults from the North West region who had volunteered in the previous 12 months (from 19.0 per cent to 24.3 per cent).

7.13 The Active People Survey is a national telephone survey about participation in leisure and recreational activity, including sport, physical activity and culture. Between 2008–2010, the Active People Survey measured adult engagement with arts and culture in each local authority area in England. The survey measured engagement with libraries[42], museums and galleries[43], and the arts[44]. In 2010, the latest year for which data is available, engagement with the arts was 40.2% on average across GM, 45.6% for engagement with libraries, and 50.1% for engagement with museums and galleries. These levels of engagement were generally a little lower than those in England and in the North West, however, as Figure 7.2 shows, there are different levels of engagement in each of GM's districts, some of whom perform better than the national average, while others tend to underperform.

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41 DCMS (July 2016) Taking Part 2015/16 Quarter 4 Statistical Release
42 Percentage of adults who have used a public library service in the past 12 months for leisure purposes.
43 Percentage of adults who have visited a museum or gallery in the past 12 months for leisure purposes.
44 Percentage of adults who have either attended an arts event or participated in an arts activity at least three times in the past 12 months for leisure purposes only.

Figure 7.2 Engagement with libraries, museums and galleries in 2010, by area

	Engagement with Libraries	Engagement with Museums and galleries	Engagement with Arts
Bolton	47.1%	53.0%	38.0%
Bury	45.8%	51.6%	41.7%
Manchester	47.4%	53.9%	40.3%
Oldham	48.3%	48.1%	41.0%
Rochdale	37.0%	42.8%	36.2%
Salford	45.6%	49.7%	35.4%
Stockport	45.7%	52.8%	51.2%
Tameside	53.1%	48.3%	36.5%
Trafford	45.7%	58.6%	47.6%
Wigan	40.0%	42.4%	34.1%
GM average	45.6%	50.1%	40.2%
North West	46.0%	50.5%	41.2%
England	45.0%	51.5%	43.8%

Source: DCMS, Active People Survey 2010

Older people's employment in creative industries and the cultural sector

7.14 DCMS Sectors Economic Estimates provide the estimates of gross value added (GVA), imports and exports of services, number of enterprises, and employment levels in DCMS sectors (which include Creative Industries, Cultural Sector, Digital Sector, Gambling, Sport, Telecoms and Tourism). The employment estimates for these sectors are based on data from the Annual Population Survey, and include breakdown by age group and employment status.

Figure 7.3 Employment in DCMS sectors by age in the UK, 2015. Unit: thousands (000s)

Sector	Employees and self-employed				
	16-24 years	25-39 years	40-59 years	60 years +	Total
Creative Industries	164	754	777	170	1,866
Cultural Sector	71	223	263	85	642
Digital Sector	112	587	632	90	1,421
Gambling	-	35	28	-	85
Sport	185	172	165	42	563
Telecoms	13	64	89	8	174
All DCMS sectors	411	1,121	1,185	242	2,959
Total UK	3,990	10,703	14,443	2,902	32,037

Source: DCMS Sectors Economic Estimates - Employment Industries 2015

7.15 Qualitative research findings from workshops and 1-1 interviews

- Strong cultural offer key to inclusive growth in GM, more so than in other city regions

- Strengths in culture, sport and landscape not capitalised upon in GM – great potential to get more older people involved in accessing and/or delivering GM's cultural and leisure offer, by connecting this activity more clearly to social welfare and reducing isolation goals

- There is a need to redefine GM's cultural offer so that it is as much about working with people and empowering them, as it is about culture and leisure activities and buildings

- Age-friendly not currently a strategic priority for GM cultural organisations – previous lack of leadership now appears to be improving via the recently-signed 'Cultural Leaders 2026 Ambition'

- However there are some good activities already underway that involve older people in culture and leisure, e.g. Manchester's 150 older cultural champions; Green and Blue Spaces project

- Language on ageing often unhelpful – false dichotomy youth/age

- Need to balance bottom-up (community, the everyday) with broader GM strategy

ANNEX B: METHODOLOGY

This study has been developed in two distinct phases, with findings compiled in the Evidence Base, Annex A. The first phase focused on building a detailed understanding of what we know about ageing in GM, based on a desktop review led by New Economy of key datasets and literature. This phase analysed a range of key datasets and evidence sources across the Ageing Hub themes, identifying trends and looking into future projections and anticipated change.

The second phase of activity, led by the consultants, has focused on the implications of these findings for policy, service design and delivery in Greater Manchester. A series of workshops and one-to-one discussions with key stakeholders (see Annex C for a full list of participants) enabled detailed discussion of the research to date, with a focus on the policy implications and impact on strategy and delivery for services across GM.

Both phases of work were structured around the GM Ageing Hub's six priority themes:

• Economy and Work;

• Healthy Ageing and Lifestyles;

• Planning, Transport and Housing;

• Age-friendly Neighbourhoods;

• Technology, Design and Innovation; and

• Culture and Leisure.

Following detailed review of the findings in each priority theme, it became clear that this study would require an integrated approach to its analysis and recommendations. Doing so provides an analytical framework and set of recommendations that better enables a coordinated approach to ageing across policy domains, rather than dealing with ageing via established policy silos. It is via these cross-silo links – such as between health and housing/planning, neighbourhoods and culture, innovation and the economy – that the full potential of GM and its Ageing Hub can be realised, rather than allowing policy areas to operate in isolation. While this approach places greater demands on individual stakeholders and their willingness to work with other sectors, it is also consistent with the development of policies and projects which are most likely to have a transformational effect on the culture and view of ageing in the city

Phase one activity focused on gathering key data around each of the Ageing Hub's six thematic areas. This focused on detailed review of secondary sources, including statistical data (derived from a variety of sources at the local, city regional, national and international level) as well as a review of key literature, including publications by the UK Government, GM partners and WHO.

Following the desktop work, 1-2-1 meetings were held with each of the Ageing Hub's six theme leads. These discussions allowed early analysis of the key data and policy drivers in relation to ageing within each policy theme. The sessions also enabled the consultants to work with the theme leads to develop a plan and approach to the subsequent workshop discussions.

Six workshops were held in total, one for each of the Ageing Hub's policy themes. Invitations were distributed to individuals identified in collaboration with the theme lead, with attendance typically between six and twelve delegates.

Each workshop followed a broadly similar format over a two to three hour period, comprising:

• Short presentation providing an overview of the phase one desktop findings for the policy theme, to sense check analysis to date with delegate

• Discussion of the key age-related risks, issues and opportunities

• Identification of existing good practice, both within GM and elsewhere

• Debate the gaps and opportunities that are specific to Greater Manchester

• Review opportunities to align activity with other Ageing Hub policy themes

In addition to the workshops, a total of 13 1-2-1 interviews were held with key individuals – typically senior level colleagues and partners who will be critical to the future development both of the Ageing Hub, GM strategy, communities and services. This provided an opportunity for more in-depth discussion, further developing and crystallising the report's analysis and recommendations.

Equipped with the findings from the phase one desktop review and phase two workshops and 1-2-1s, a one-off synthesis session was organised in mid-November. Bringing together key stakeholders and ageing hub theme leads, this session presented the headline findings from the work to date, including a draft analytical framework and set of recommendations, for discussion and review.

While the study has review a significant quantity of evidence and met with a large number of key individuals, organisations and stakeholders, limitations to this methodology include:

• Compared to foresight studies undertaken on a national basis, tight timescales and a limited budget meant that the GM study was constrained in terms of the number of individuals engaged via workshops and one-to-one meetings; as well as the extent of the desktop-based work to gather, review and analyse evidence

• A choice was made early on to undertake a finite number of quality interactions with key individuals and stakeholders. While this has enabled higher quality analysis and recommendations to be developed, engagement has not been able to reach as many individuals as would have been possible if, for example, online surveys or mass audience events had been held

• Challenging timescales meant that some parts of the project moved at a faster speed than others. In particular, the sequencing of the phases of work had to overlap at points if interviews and roundtables were to go ahead within the permitted timescales. This has not affected the output of the report, but it has meant that on occasions the project team has had to revisit key points with individuals following the planned workshops

• This report does not provide detailed recommendations that can be easily transferred into an action plan for the Ageing Hub. Instead it provides a basis for further action, identifying the strategic framework within which policy theme leads and members of the Ageing Hub's steering group can develop programmes of work

ANNEX C – LIST OF PARTICIPANTS (ALPHABETICAL ORDER)

Mat Ainsworth	GM Lead for Employment Initiatives, New Economy
Dr Jenna Ashton	Impact and Engagement Manager, Manchester Metropolitan University
Paul Bason	Director of Digital Innovation, Manchester Metropolitan University
Jon Bloor	Economic Policy Development and Commissioner, Oldham Council
Alison Burnett	Interim Head of Work and Skills, Salford City Council
Mike Burrows	Managing Director, GM Academic Health Science Network
Michael Contaldo	Deputy Director, Science and Business, New Economy
Claire Cowell	Age Friendly Cultural Coordinator, Whitworth Art Gallery
Amy Davenport	Community Navigation Manager, EasyCare Health
Marie-Claire Daly	Policy and Strategy Liaison Officer, University of Manchester
Bernadette Elder	Chief Executive, Inspiring Communities Together, Salford
Nidi Etim	Growth and Business Development Manager, Trafford Council
Amy Foots	Strategy Principal, New Economy
Steven Fyfe	Housing Strategy Manager, Association of GM Authorities
Dr Anna Goulding	Research Fellow, MICRA, University of Manchester
Tim Griffiths	Assistant Director, GM Health and Social Care Partnership
Patrick Hanfling	Project Manager, Age-Friendly Manchester, Manchester City Council
John Hannen	Programme Manager (Ambition for Ageing), GM Centre for Voluntary Organisations
Warren Heppolette	Executive Lead – Systems and Strategy Development, GM Health and Social Care Partnership
Matt Hennessey	Team Leader, Department for Work and Pensions
Jan Hopkins	Ageing Well in Work Project Manager, GM Public Health Network
Joanne Horrocks	Housing Strategy Manager, GM Health and Social Care Partnership
Mark Leith	GM Housing Programme Manager, GM Combined Authority
Barbara Lewis	Director, Limon Attire Ltd
Andrew Lightfoot	Deputy Head of Paid Service, GM Combined Authority
Claire Lowe	Partnership Manager, Corridor Manchester
Paul McGarry	Strategic Lead, GM Ageing Hub
Emma McNamara	Age Well Service Manager, Wigan Council
Nick Mellor	Planning and Partnerships, Department for Work and Pensions
Richard Mortimer	Head of Learning and Employment, Stockport Council
Dharma Nurse	Business Development Manager, GM Business Growth Hub
Jenny Osbourne	Senior Strategy Manager (Public Health), Manchester City Council
Prof Chris Phillipson	Professor of Gerontology, University of Manchester
Steven Pleasant	Chief Executive, Tameside Council and Chair of GM Ageing Hub Steering Group
Jo Russell	Strategic Allocations Manager, Great Places Housing Group
Pete Schofield	Senior Analyst – Planning and Housing, New Economy
Patrick Thomson	Senior Programme Manager, Centre for Ageing Better
Esme Ward	Head of Learning and Engagement, Manchester Museum and Whitworth Art Gallery
Rick Watson	Business Development Manager, GM Growth Hub
Dr Stefan White	Senior Enterprise Fellow, Manchester Metropolitan University
Zoe Williams	Cultural Manager, Manchester City Council
Simon Wilkinson	Technical Delivery Manager, Department for Work and Pensions