The Starting Point newsletter aims to summarise or highlight information projects and reports recently completed by Salford City Council and partners.

In this issue we start with a look at The State of the City report, a compendium of useful information about Salford, its people and assets. There is an article on issue of suicide in Salford, who it affects and what can be done to prevent it. We consider the growth of the older population, their changing needs and the impact on health and social care services. We also look at diversity, previewing the BME Health Needs Assessment which considers the changes seen in Salford over recent years and the challenges of meeting the health needs of our community.

If you would like to share an intelligence report or project in the next edition of this newsletter, please contact gordon.adams@salford.gov.uk

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Salford is a growing city

Billions of pounds of investment is planned over the next decade and the growth in jobs and people is set to continue.

Salford has just published its latest State of the City report. State of the City is a compendium of current facts, past trends and future projections, covering a whole range of topics.

This report is essential for anyone who needs to understand the city and its people.

http://www.partnersinsalford.org/3250.htm

State of the City has chapters covering the population, the economy, housing, education, crime and health and many more topics. It looks at Salford as a whole and also breaks down the information into the different neighbourhoods and wards within the city. Drawing on a huge range of sources including local surveys, national publications, council records and health data the State of the City is the most comprehensive picture of Salford we have produced.

The audience for this report is wide and varied. It includes city leaders responsible for developing strategies or planning services such as school places, businesses, housing developers and the local people within the communities it describes.

Within State of the City there are tables, charts and maps. These show the variation of assets and need across the Salford and how things have changed over time.

For those who don’t want all the details there are two summary reports. The Executive Summary has all the headlines from each section whilst the Narrative Summary gives some context to those headlines.

Headlines

• There are over 7,000 community assets within the city, most of which are local groups and services run by local people for local people.
• Salford’s population is increasing rapidly. In 2014 it was 242,000, an increase of 25,000 or 12% since 2001. It is projected to reach 284,000 by 2034.
• By 2021, the number of:
  • Primary school children is projected to increase by 1,500 or 50 classes,
  • Secondary school children is projected to increase by 2,300 or 77 classes,
  • The older population aged over 65 is projected to increase by 1,900 (5%).
• Ethnic diversity within Salford is increasing rapidly. The Black and Minority Ethnic (BME) component of the city’s population increased from 5% in 2001 to 14% in 2011.
• The number of households with someone aged over 85 is projected to increase by 93% in Salford.
• The last five years saw around 600 net dwellings built per year. However, during the next five years there will be an annual average of 2,100 net additional dwellings. Half of these will be in Ordsall.
• Since 2011 business GVA in Salford grew by over £1bn and is forecast to grow by a similar amount by 2021.
• 27% of Salford’s adult population have no qualifications compared to 22% in England.
• Salford businesses will need 11,000 more employees qualified to NVQ4 level by 2021.
• Salford is 22nd most deprived of the 326 local authority districts in England, an improvement of 4 places since 2010.
• Mean household income in Salford (£28,900) is 23% lower than the UK average (£37,500).
• 25% of Salford Children live in poverty compared to 18% in England.
• 9.6% of Salford’s working age population claim Incapacity Benefit/Employment and Support Allowance compared to 6.1% in England (DWP 2015).
• Male life expectancy in Salford is 76.7 years compared to 79.5 years in England.
• 24% of Salford residents smoke compared to 18% in England.
• Total recycling has increased by 30%, while general waste decreased by 21%.
• Carbon dioxide emissions have decreased by 8%. Domestic emissions decreased by a substantial 18%.

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Suicide prevention – 22 too many

What the audit found:

- Suicide remains much more common in males than in females, although the proportion of female suicides (currently 25%) is gradually increasing. Middle-aged people (aged 35 to 64) are more likely to commit suicide than either younger or older people.
- Mental health concerns were recorded for all women who died, and some men. All women who died, but less than half of men had seen their GP in the year before their death. Four of the five women received specialist mental health support, compared with only five of 16 men. Under-diagnosis and under-treatment of mental health issues in men appears to be a key problem that sustains a higher suicide rate in men.
- Drug and alcohol abuse were much more common in those who died from suicide than in the general population. About a quarter of deaths affected those who were known to abuse alcohol, and a further quarter those recorded as using drugs. Under-recording is likely.
- Many of those who died were socially isolated following a breakdown in their relationship. Suicide also affected people who are out of employment or in insecure employment more than those with permanent contracts.

What can be done:

- Ensuring the availability and accessibility of good quality mental health services
- Promotion of the recognition of mental health issues, particularly in men
- Training and supporting staff (including GPs) to consider and address people’s risk of suicide
- Building stronger communities and reducing social isolation, especially for middle-aged men
- Limiting access to the means of suicide

The Salford Suicide Reduction Partnership will receive a copy of the full audit and consider what action should be taken to reduce the number of suicides in Salford in the future.

Care Homes Admissions

According to a recent report from the Kings Fund ‘The social care system in its current form is struggling to meet the needs of older people. Six consecutive years of cuts to local authority budgets have seen 26 per cent fewer people get help. No one has a full picture of what has happened to older people who are no longer entitled to publicly funded care: the human and financial costs to them and those who care for them are mounting. Many social care providers are surviving by relying increasingly on people who can fund their own care, but those dependent on local authority contracts are in difficulty.’

Salford is no exception, Salford’s over 65s population is increasing at a significant rate, with the main driver being an increase in life expectancy. Whilst this is welcome, it will mean a large increase in the number of older people with health issues in Salford. This in turn will lead to the growing and unprecedented demand within the care home sector at a time of cuts in funding. Therefore with limited resources careful consideration has to be made to decide what offers are given to different segments of society based on need.

The Report looks at local data gathered from 2013-2016 and population projections for the next 25 years.

Key Messages:

- From 2025 the increase of over 65s will have a considerable effect on provision of care homes with an additional 922 people on average projected increase year by year.
- Estimated population of 65s living in Salford will be 36,100 people. This is projected to rise by 11.5% to over 40,800 by 2025 and by 48% to a total of 53,300 in 2039.
- The over 90s population is projected to increase by 2,400 (141%) by 2039.
- There is a greater demand for nursing homes compared to residential.
- The Government has allowed local authorities to increase the social care precept on council tax to 3% over the next two years (2017/18-2018/19) to address the funding issue but it is unlikely to prove sufficient.
- There is a need to improve recording in local systems to continue to effectively monitor residential care trends

To access the report visit: www.salford.gov.uk/people-communities-and-local-information/joinstrategic-needs-assessment/jsna-topic-areas/

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BME health needs assessment

Between the 2001 and 2011 Census the Black and Minority Ethnic (BME) population in Salford more than doubled in size. This trend appears to be continuing and the rate of increase is noticeably faster than the England or Greater Manchester average. Salford Council’s Public Health team has conducted a BME health needs assessment in order to describe the health problems faced by BME communities in Salford and outline recommendations to address them.

BME population in Salford – key facts

- Between the 2001 and 2011 Census the BME population in Salford rose by 20,728 residents
- The largest ethnic groups in Salford are Other White (including European migrants), Black African and White Irish
- The wards with the highest proportion of BME residents are the inner-city wards: Broughton (33%), Ordsall (32%) and Irwell Riverside (29%)
- There are now 16,085 people in Salford who do not speak English as a first language.
- Salford’s BME population has a much younger average age profile than the White British population.

Health outcomes in BME groups

Overall health outcomes are typically worse in BME populations. Explanations include variations in lifestyle, access to healthcare and the impact of deprivation. The report outlines specific health outcomes associated with BME groups, including:

- Coronary heart disease rates are higher in South Asian populations
- Diabetes is more common in people from an Asian or Black Caribbean background
- Certain BME groups are at increased risk of specific cancer types (e.g. myeloma and prostate cancer are more common in Black populations).
- Early-onset dementia is more common in BME populations

Recommendations

Detailed recommendations are made to address ethnic health inequalities in Salford. These are relevant to a wide audience, including front-line healthcare workers, CCGs and Local Authority departments. They are grouped according to themes which include:

Lifestyle factors: Interventions to address common risk factors in BME groups

1. Healthcare factors: Interventions to improve access to appropriate forms of prevention (e.g. screening) and treatment (e.g. culturally-sensitive mental health services)

2. Environmental factors: Interventions to address the underlying social causes of ethnic health inequalities (e.g. relating to housing and employment).

The needs assessment (available here: ) is designed to act as a practical resource for any organisation in Salford wishing more information on the BME population. Work is ongoing to develop and implement these recommendations in collaboration with BME groups.

To access the report visit www.partnersinsalford.org/3249

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This newsletter presents a picture of the range of data and intelligence work within the council.

If you are interested in finding out more or if you would like to publish your intelligence work in this newsletter please contact intelligence@salford.gov.uk