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Observatory

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The West Midlands' Changing Population



A State of the Region Thematic Report

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Executive Summary

Executive Summary

This thematic report focuses on how the changing West Midlands' population will impact on policy making in the region, across a range of different policy areas. However, to put this into context, it also includes a summary of the key changes which will affect the region's population in the future. More detail can be found in the 2007 State of the Region Update report.

How is the West Midlands population changing?

Four key population trends will have a major impact on the region in the future. They will influence all policy areas in a variety of ways.

The regional population has grown in the last decade and this growth is expected to continue. Alongside this growth, the age profile is changing. In particular, the number of people in older age groups is increasing, with numbers aged 85 and over expected to double in the next 20 years. At the same time, increasing birth rates mean that there will be more young people. In contrast, the working age population is relatively stable, meaning that it will form a smaller proportion of the total. The changes in the age profile will vary in different parts of the region - with the population in rural areas ageing significantly faster than that in urban areas, increasing the gap that already exists.

The future population of the region will also be increasingly ethnically diverse. Growth is projected in virtually all minority ethnic groups, driven by younger age profiles and continuing migration. The population from minority ethnic groups is also likely to become more geographically dispersed, although concentrations are likely to remain.

One important influence on population trends is migration, both within the UK and from overseas. The West Midlands has typically seen a small net loss of people to other parts of the UK but this has not had much impact. More important is the movement within the region, typically from urban to rural areas. This has slowed a little in recent years as a result of changes in policy but is likely to continue to some extent. International migration is harder to predict. It has been high in recent years, following the expansion of the EU, but its impact in the future is uncertain.

Some of these trends, along with lifestyle changes, will lead to smaller household sizes, and hence to the number of households in the region growing faster than the population.

The current economic recession is likely to have a short-term impact on some of these trends, particularly those associated with migration. In previous recessions, the number of people moving has reduced and early signs are that this is again the case. Patterns for international migrants are less clear but latest evidence suggests that levels have fallen. Whether these are short-term changes or whether they will be sustained is not yet clear.

These population trends will have different impacts on different places. Nationally produced population projections give a consistent way of assessing these trends. However, for many purposes, local projections are needed. For this report, we have gathered information from the region's local authorities about how they project population changes. Most use software called POPGROUP which allows them to model local populations, taking account of planning policies and testing different scenarios.

How will population change affect policy?

Within this report we have considered the impact of future population changes on four key areas of policy: safer and stronger communities, adult health and well-being, children and young people and local economies and environmental sustainability. Under each of these policy themes the impacts of population change are likely to be significant and far-reaching, including some which are not immediately obvious.

Policy-makers building '**safer and stronger communities**' will need to consider the implications of the growing diversity of the population across the region. This is not just ethnic diversity but diversity in cultural values, religion or belief, legal status, language, as well as along lines of gender, age, sexual orientation, disability and socio-economic group. It will become more and more difficult to categorise service users as belonging to one group that defines their needs. Service providers will need to become increasingly flexible, adapting to differing needs as a result of language, regional and local identities or cultural values and practices. It will be particularly important that the implications of increasing diversity on community cohesion are understood, particularly at a local level.

The ageing population means that there will be increasing numbers of older people, particularly in the over 85 age group, many of whom will have health problems. This will place an increasing strain on health services. Policy makers working on policy in the area of '**adult health and well-being**' will need to deal with the significant implications of the ageing population. A personalised healthcare service which allows individuals to manage their own long term conditions and healthcare in the home would reduce the burden on the NHS. Healthcare in the home requires new housing to be designed to allow healthy and independent living. Alongside this there needs to be a focus on the prevention of chronic conditions.

Rising birth rates over the coming years will have many implications for policy on '**children and young people**'. Child health and midwifery services will face increasing demand in addition to the current challenge in reducing the region's higher rates of infant mortality. Child poverty will also need to be addressed and this will involve providing more support to families to find sustainable jobs that provide a good work-life balance. School admissions may also come under pressure but this will vary across urban and rural parts of the region. In urban areas there is likely to be increased demand for school places whereas in some rural areas some schools may face a fall in demand. The uneven dispersion of migrants across the region also means that areas will be affected differently with urban, deprived areas likely to have to provide more support to new migrants including midwifery services and health services for infants and mothers.

The working age population will make up a smaller proportion of the future population in the West Midlands. This will place increasing pressure on those of working age to provide for the inactive population, particularly in rural areas. Furthermore, two of the growing groups, people aged over 50 and BME groups, are currently more likely to be workless. One of the challenges for '**local economy**' policy makers will be to make sure that these groups are supported to find employment, whilst employers will need to adapt their recruitment practices to attract people from these demographic groups, particularly in sectors where they are currently under-represented. Changes in the population will also provide new markets for businesses and services in the region. Efforts must be made to encourage entrepreneurial activity amongst growing numbers of young people and BME groups, who are often already more enterprising than average, in order to maximise the growth potential of the region.

The changing population also has significant implications for '**environmental sustainability**'. The rise in the number of people will place more pressure on infrastructure and increase demand for energy, water, housing, food and waste services. The trend towards smaller households means more houses will be needed at a time when changes in the climate mean that where these houses are built is important, because of increased flood risk and the growing importance of accessible green space. Single person households also do not require proportionally fewer services, such as water supplies, or create less waste. Policy makers will need to consider these changes in the size and structure of the population when considering future planning for environmental sustainability.

Introduction

Introduction

Since 2004, the Observatory has been publishing annual State of the Region reports to inform strategic thinking and policy development in the region. Whilst we will continue to publish the annual reports, we have restructured the State of the Region process so that it will bring the reports closer to the needs of policy makers across the region.

Evidence-based policy can only become a reality if those producing the evidence and those making the policy work together. There needs to be an ongoing dialogue between the two groups rather than just occasional contact. The new State of the Region process provides exactly that. It consists of a series of thematic dialogues. Each starts with a workshop bringing together the key policy and decision makers with the researchers and analysts who supply evidence. The workshops receive “think-pieces” from experts in the field drawn from across the country to provide a fresh perspective and stimulate debate. Following the workshop, a work programme is produced to develop the regional evidence base and link it to policy developments, involving colleagues from across the region, and beyond it, throughout the process.

One of the outputs of each dialogue is a thematic report, in some cases more than one. These set out the key evidence and how it links to policy. This report is one of these State of the Region Thematic Reports.

Background

This thematic report has been produced as a result of a State of the Region dialogue focusing on the key issues and challenges around the changing regional population. Activity so far has included:

- A workshop held at the Observatory in March 2009 which brought together policy makers, academics and the regional research community to hear a series of presentations about population change. A list of the speakers at the workshop together with links to view/listen to their presentations can be found in appendix 1.
- The key ideas that emerged from the workshop were developed into a work programme in collaboration with the Regional Data & Intelligence Network's Population and Society Topic Group. This group is made up of data analysts, researchers and academics from across the West Midlands who have an interest in population, society, migration and health.

One of the key issues that came out of the workshop was the need to understand how changes in the population might impact on policy making in the region across a range of different policy areas. Although population change itself is quite widely understood and reported, the impact the changes might have on policy is less well discussed. Future population change will affect many policy areas, some of which may not be immediately obvious.

In this report we have focussed on what population change means for policy making in the region. The next section looks at how the population is changing and how we understand this change. It sets out the most significant changes projected in the West Midlands population as well as examining what impact the recession might have on population change. Finally, the section also reports on how population projections are tackled across the region. We asked local authorities how they model their local population and have summarised the feedback we received.

The following section then looks at the impact of population change on policies. We have used the four policy themes from Local Area Agreements to structure this report. These are safer and stronger communities; adult health and well-being; children and young people; and local economy and environmental sustainability. Experts from each of these policy areas have written about the impact of population change on policy making in their field.

How is the West Midlands' population changing?

How is the West Midlands' population changing?

Much has already been written about population change including by the Observatory in the 2007 State of the Region Update Report. In this thematic report we aim to focus the debate on how the changing West Midlands' population will impact on policy making in the region. Before we move on to look at this however, we need to set out some of the most significant demographic changes projected to occur in the coming years.

This chapter provides an overview of the key population trends affecting the region. The last year has seen dramatic changes in the economy and we also look at what impact the recession may have on future population change. We examine evidence from previous recessions to look at the possible impact of the current downturn on population change.

Finally in this chapter, we look at how different organisations within the region deal with population projections.

Key trends

This section talks about population trends in general terms, rather than providing specific numbers. We recognise that there are some disputes about the validity and accuracy of population projections - this is discussed further below. However, the direction of travel is clear and disagreements about the details shouldn't stop us dealing with the significant implications of population change.

Changing Age Profiles

The West Midlands population has been growing significantly in recent years and this will continue into the future. One of the main reasons for this trend has been improvements in medical services which have led to increasing life expectancies. This means that the population is ageing and this trend will continue and accelerate in the coming years. There will be particularly strong growth in the oldest age group, those aged 85 and over, whose numbers will more than double over the next 20 years.

Whilst life expectancy will continue to rise, healthy life expectancy (the number of years an individual can expect to live without significant health problems) will increase less quickly. This means that there will be a growing number of elderly people with health problems, and that they will survive longer than has been the case in the past.

Nevertheless, healthy life expectancy is increasing and this will mean a growing number of healthy people in older age groups. These groups are likely to be more affluent than previous generations too, and will have different demands for services and activities in retirement.

Whilst the elderly population will be growing, the size of the working age population will be fairly stable in the coming years. Rising birth rates will also mean that the number of children will increase. Therefore, the working age population, who are the main generators of wealth, will form a smaller proportion of the total population of the region.

These changes will affect all parts of the region. However, the extent of the change will vary considerably. In major urban areas, the changes will be less dramatic, with slower growth in the elderly population and a continuing growth in the number of young adults, in particular. Growth in the older population will be particularly strong in the most rural parts of the region. This will lead to a further widening of the gap between the age profiles of different places within the region.

Ethnicity

How is the West Midlands' population changing?

The ethnic diversity of the region has been growing steadily and this trend will continue. Growth is likely across virtually all minority ethnic groups. This is driven partly by incoming migrants and partly by the younger age profile and higher fertility rates of most minority ethnic groups. The largest groups are those of Asian or Asian British origin, particularly those from Indian and Pakistani ethnic groups. The latter, in particular, will grow quickly.

The Asian or Asian British ethnic groups currently have a much younger age profile than the White British population. This is partly because of newly arrived migrants, who tend to be younger, and partly because of the high birth rates in these groups. This is likely to continue to be the case into the future but the gap between the age profiles in minority ethnic groups and the White British population will close, as more people from these communities reach older age.

Currently people from minority ethnic groups are concentrated in particular places, mainly in the region's largest urban areas. This situation is likely to persist. However, there is likely to be more dispersal to other areas, particularly as more people from second, third and subsequent generations reach maturity. These generations are likely to be more integrated into the wider population than their parents and hence less likely to stay close to where they have traditionally lived. This trend has been seen with minority ethnic groups who have been in the country for longer, such as the Black or Black British groups. It is also currently more apparent amongst the Indian community than those of Pakistani or Bangladeshi origin.

Migration

Whilst some important population changes are the result of natural changes, such as ageing and birth rates, migration is also an important factor. Historically, the West Midlands has seen a small net out-flow of people to other parts of the UK. Traditionally, the most significant flow has been to London and the South East but in recent years that has reversed and the region actually receives more migrants from those regions than it loses to them. Future trends in inter-regional migration are not particularly clear but are unlikely to have a major impact on the region's population.

Migration within the region is perhaps more important. For many years there has been a significant net flow from the region's main urban areas to the surrounding suburban and rural areas and, to a lesser extent, the more remote areas beyond. Despite some recent slowing, that trend continues and is likely to for some time, although regional policies aim to reverse the trend in the longer term.

International migration is another significant factor, but is much more difficult to predict. The region has usually seen more migrants arriving from overseas than have left for another country. Numbers arriving have increased since 2001, and particularly since the accession of new member states to the European Union in 2005. However, current economic conditions have seen a slowing of the number of incoming migrants and information about the number who have remained in the country is very limited. The purpose of migration, as well as the volume, is also important with the characteristics of migrants differing according to their reasons for migrating. It remains to be seen whether international migration will grow again as the economy recovers. Whether it does or not, future levels of migration will be influenced by a wide variety of factors making it hard to predict, both in terms of volume and of countries of origin.

Household Composition

The number of households in the region is driven in part by the size of the population. However, the number of households is projected to grow significantly faster than the size of the population. There are a number of reasons for this, all of which tend to lead to smaller household sizes.

The increase in life expectancies outlined above is one of the most important factors. Older people tend to live in smaller households, typically alone or in a couple. As they live longer, there will be more of these households than there have been in the past.

How is the West Midlands' population changing?

Other drivers of the increase in households are more related to lifestyle changes. The age of first marriage, and that of childbirth, has risen steadily and this trend is expected to continue. This means that increasing numbers of people will live alone for longer and that there will be more young, childless couples. In both these situations, household sizes are smaller than average. Growing numbers of family breakups also increase the number of households, since they inevitably mean one household becoming two.

Whilst the number of households is rising, the availability and affordability of housing means that they aren't always able to find their own home. This means that there will be increasing numbers of "hidden households", where more than one household unit is living in the same dwelling. Current economic conditions may ease this situation for some, as will plans for increasing levels of housebuilding in the future.

Impact of the recession

The last year has seen significant changes in the economy, with the West Midlands being particularly badly affected by the downturn. Participants at the workshop which started this State of the Region dialogue also felt there was a need to understand whether the recession will affect any of the key trends outlined above. In this section we examine how the current recession might affect the region's population by drawing on evidence about demographic changes that have occurred as a result of previous recessions.

The main components that contribute to population change are internal and international migration, births and deaths. Taking each of these in turn we look at whether these components have been affected by previous recessions.

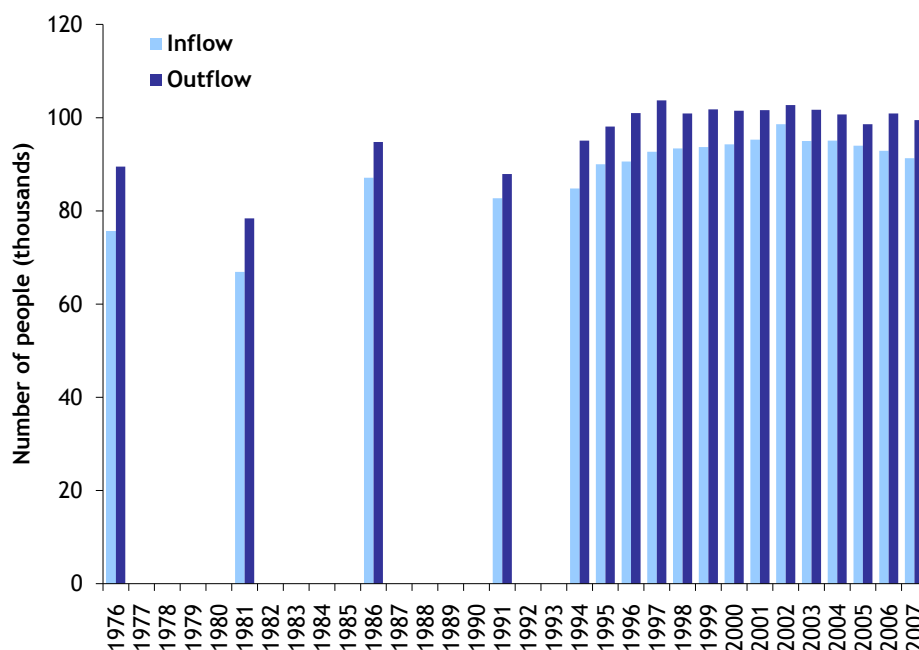
Internal migration

Internal migration data covers population moves within the UK. In a chapter in the ONS publication 'Focus on people and migration' Tony Champion explores trends in internal migration (Champion, 2005). He uses two sources of data on the numbers of people migrating within the UK - the Census and the National Health Service Central Register (NHSCR) - and finds that both show higher levels of migration during periods of economic growth than during periods of decline. Champion finds that the rates of internal migration recorded by the 1981 and 1991 Censuses (during times of recession) were significantly lower than during the 2001 Census (a time of economic growth). This is supported by data from the NHSCR which show that "the level of migration has been almost one-third higher at the peak of an economic cycle (as in 1987 to 1989 and 2000 to 2002) than in the depths of recession (as in 1990 to 1991)." (Champion, 2005, p93).

How is the West Midlands' population changing?

At a regional level, data from the NHSCR show that internal migration has resulted in a net loss of people from the West Midlands to other parts of the UK in all years since 1976 (see chart below).

Internal migration flows - West Midlands



Prior to 1994 data are only available every five years

Source: ONS Population Trends (National Health Service Central Register)

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These data show that inflows and outflows were at their lowest levels during 1981 (a period of recession) and outflows were at the second lowest level in 1991 (also a period of recession). This suggests that levels of internal migration can be partly understood with reference to economic cycles.

Champion suggests that the lower levels of internal migration during times of recession can be caused by people finding it harder to get new jobs or sell their homes. The housing market is likely to have an impact on internal migration, either on the levels of migration or on routes of migration, driven by the relative affordability of houses in different parts of the country.

Changes in the housing market may have an impact on one of the enduring trends in internal migration, that of the flow from urban to rural areas. This trend has been evident across the UK as well as in the West Midlands over the last couple of decades. In previous recessions this trend continued. Migration data from 2008 show a slowdown in the flow from urban to rural local authorities in the region compared to 2007⁽¹⁾. It is too early to say whether the current changes in housing market will have any long-term effect on this trend.

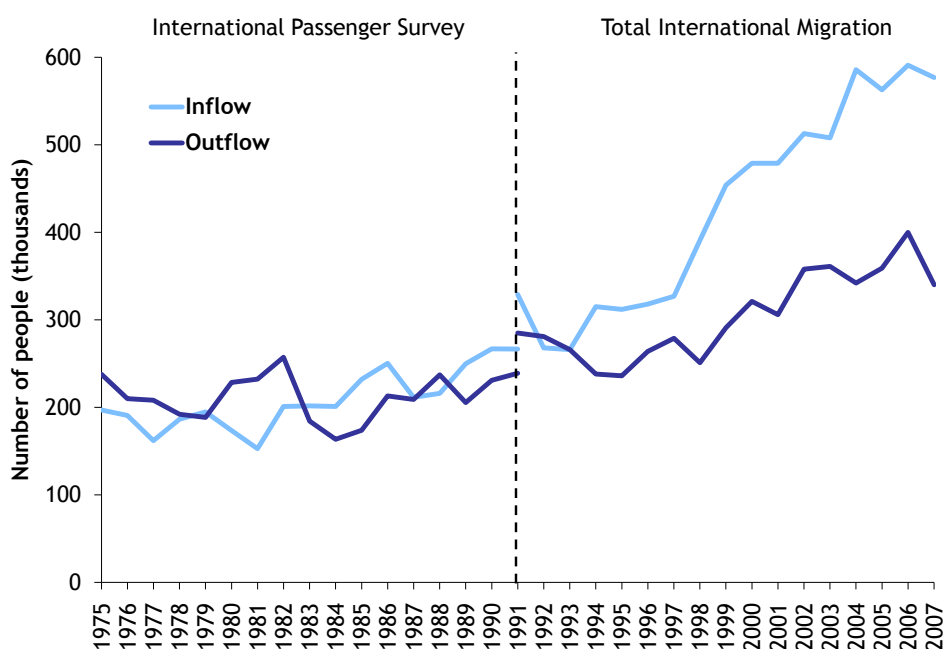
International migration

1 Source: ONS Internal Migration 2008 from the Migration Statistics Unit

How is the West Midlands' population changing?

International migration is difficult to measure and data sources have changed over time, making trends related to the economic cycle difficult to assess. The chart below shows the national trend between 1975 and 2007 using two different data sources - the International Passenger Survey (IPS) and Total International Migration⁽²⁾. The dotted line indicates that point at which the source changed from one to the other, introducing a slight discontinuity in the time series.

International migration flows - UK



Source: ONS International Migration (reproduced from 'Focus on People and Migration' -chapter 7)

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The chart shows that both inflows and outflows of international migrants have increased over this period with no clear relationship to the economic cycle. It is important to remember that migrants have many different motivations for migrating, not all of which will be economic and so this pattern is not totally unexpected. In 2007, less than half of the people entering the UK (42%) and about 50% of the people leaving the UK were doing so for economic reasons - either for a definite job or to look for work⁽³⁾.

In a report on international migration (Salt, 2008), John Salt shows that the net outflow of British citizens was higher in the few years before 2007 (a period of growth) than at any time since the early 1980s when the country was in a period of recession. He notes that it "appears that similar levels of net outflow by British people are associated with quite different economic circumstances and that different emigration drivers are at work."

The Local Government Association has looked at the impact of the recession on migrant labour (LGA, 2009) and suggests that the recession may have an impact on the levels of economic migrants. The report finds that the number of migrants entering the UK has slowed recently, following the high levels seen since 2004, and that there are indications that there has been an increase in migrants leaving the UK (although this is more difficult to measure). The report also quotes an

2 Total International Migration figures include migrants that are excluded from the IPS, such as asylum seekers and people who initially intend to stay in or leave the UK for less than one year but then extend their stay

3 Source: ONS Total International Migration data 2007

How is the West Midlands' population changing?

Organisation for Economic Co-operation and Development (OECD) report which found a positive correlation between the probability of a migrant returning to their home country and relatively better unemployment rates in their home country compared to host country.

The OECD produce an annual report on international migration and in the 2009 report say that "Net migration has tended to decline during past economic downturns, because employers need fewer workers, there are fewer job opportunities to attract immigrants and because governments themselves modify policies to reduce entries, for example by setting lower numerical limits on labour migration where these exist or by removing certain occupations from labour shortage lists." (OECD, 2009, p2)

Overall, it appears that economic conditions may play a role in determining levels of economic migration at an international level but the multiple and complex reasons behind migration mean that it is difficult to say what impact, if any, the current recession will have on levels of migration.

Natural change - births and deaths

Natural changes in the population occurring as a result of changes in the numbers of births and deaths seem unlikely to be affected by a recession and this is shown in the data.

Over the last century there were three main peaks in the number of births in the UK, the first two after each of the world wars and the third, larger, peak during the 1960s. Since the early 1990s the number of births in England fell and then started to rise again at the beginning of the 21st century.

The number of deaths has remained more constant, below the number of births, with small peaks around the world wars and a gradual reduction since the 1980s.

In general these trends do not relate to changes in economic conditions but rather much wider social changes.

References

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OECD (2009) 'International Migration Outlook summary'

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How is population change understood across the region?

Understanding how the population is changing is important for local authorities in the region as they need to know how any changes might affect future service needs. Population projections are important for local authorities as they enable:

- anticipation of short-term service requirements;
- planning for specific changes in population structure (e.g. the ageing population will have an impact on the need for social services);
- budget setting; and
- strategic planning for the longer term.

The Office for National Statistics (ONS) provides a set of sub national population projections every two years (the latest release are 2006-based populations projected to 2031). These projections are trend based and take into account births, deaths, internal and international migration. Although the projections are widely used, as they provide a consistent method for modelling population change, there are some problems with them. As they are based solely on past trends they do not take account of any policy changes nor do they provide any scope for taking account of particular changes that might be happening at a local level. They are also only available down to local authority level. Therefore many local authorities and other service providers also use other population models alongside the ONS population projections.

How is the West Midlands' population changing?

With a view to the forthcoming Strategy for the West Midlands and Local Economic Assessments there is a desire to standardise the approach to understanding changes in the population structure within the region. Therefore understanding how population change is currently modelled is important. We asked local authorities within the region to tell us how they project population change in their area.

All of the local authorities who replied said that they use a piece of software called **POPGROUP**⁽⁴⁾. POPGROUP is an Excel based forecasting model that was developed by Bradford City Council and Andelin Associates and is now managed by the Cathie Marsh Centre for Census and Survey Research. It uses a standard cohort component forecasting method to provide forecasts and is widely used by local authorities and the private sector.

POPGROUP provides a means to make estimates of the current population and forecasts of the future population for national, sub-national and local areas. It provides estimates for the whole population of an area and for sub-populations. It is part of a group of software that also includes modules to forecast the number of households (HOUSEGROUP) and the labour force (LABGROUP). Its flexibility allows integration of official statistics and ancillary data, for example locations of planned housing developments, numbers of plot completions and locations of vacant properties or second homes.

Local authorities need additional population projections to those provided by the ONS for several reasons. The main reason is that it allows them to use local knowledge in their forecasting. This could mean, for example, including a different timeframe of base data which takes account of short term fluctuations in the local population or including information about housing developments in the model.

Another important element of population forecasting is the ability to create 'what if' scenarios. Creating different scenarios of population change based on, for example, higher levels of internal migration or more house building, helps service providers to plan services more effectively. POPGROUP does allow users to input various assumptions to create different scenarios of change.

Creating local population projections also provides a means for local authorities to check the accuracy of the ONS figures. This is important when it affects the amount of grant an authority receives from the Government and authorities have made successful applications in the past where they thought the ONS populations were inaccurate.

Apart from POPGROUP, we received details from Shropshire County Council about how they produce their school forecasts. The County Council have a data sharing protocol with the Primary Care Trust who provide 'known children data'. This is information about the number of 0-4 year olds in each postcode area. This is then matched against catchment area data to provide a forecast of the number of applications each school might receive. Information about housing developments is also included in the model so that the impact that a new development might have on applications to a particular school can be understood. The model is very flexible and allows assumptions to be altered to calculate 'what ifs' and to take account of local knowledge.

Part of the challenge in the area of population forecasting is to get an agreed method for how this should be done, whether this is nationally, regionally or even locally. Population projections from different sources clearly provide different results. If service providers in different localities or sectors are planning future services based on different projections then this needs to be understood. Going forward there is scope both to standardise the approach to calculating population projections and to increase the impact of population forecasting in policy making and service planning.

Thank you to the following people for providing information for this section:

Greg Ball, Birmingham City Council
Neil Langford, Dudley Metropolitan Borough Council

Helen Harvey, Shropshire County Council
Ada Wells, Staffordshire County Council

4 <http://www.ccsr.ac.uk/popgroup/>

How is the West Midlands' population changing?

Thank you to the following people for providing information for this section:

John Baxter, Shropshire County Council

Gareth Wrench, Warwickshire County Council

How will population change affect policy?

How will population change affect policy?

The key demographic changes that are expected to take place in the West Midlands over the coming years have been described in the previous section. In this section we now look at how these changes might impact on some key areas of policy.

The discussion is structured around the four policy themes identified in Local Area Agreements: Safer and stronger communities; Adult health and well-being; Children and young people; and Local economy and environmental sustainability.

We invited experts in each of these policy areas to contribute to this report and as such would like to thank the following people for their contributions:

- Safer and stronger communities - Dr Chris Allen, Research Fellow at The Institute of Applied Social Studies, University of Birmingham
- Adult health and well-being - Tony Davis, CEO of Medilink West Midlands
- Children and young people - Karen Saunders, Senior Public Health Manager, Department of Health West Midlands
- Local economy and environmental sustainability - written by the Observatory

Each section in this chapter discusses how the changing population might impact on policy in each of these areas and raises issues that will be important for policy makers to address.

Safer and Stronger Communities

This section was written by Dr Chris Allen, Research Fellow at The Institute of Applied Social Studies, University of Birmingham

There is little doubt that the emergent patterns of population change that are occurring across the West Midlands are already having serious implications for the region's policymakers and service providers. It is also highly unlikely that, for the foreseeable future at least, things will become any less challenging. One area where this will have a particular impact is in the building of 'Safer, Stronger Communities'. A relatively broad thematic area of policy, 'Safer, Stronger Communities' incorporates amongst other things: reducing crime, especially anti-social behaviour and the misuse of illegal drugs; creating cleaner, safer, open public spaces; improving the quality of life for those living in deprived neighbourhoods; and ensuring that people from different backgrounds get on better together, through greater empowerment and more active citizenship.

As noted in the the previous section, the four primary population change trends in the region relate to age, ethnicity, migration and household composition. In terms of 'Safer, Stronger Communities', it is likely that each of these trends will have some impact, albeit some more than others. Consequently, some of the implications may be, at this stage, rather more anecdotal or even perceptual than they are tangible.

Take for instance the changes that are projected in terms of age. The two age groups where significant growth will occur - amongst the young and the old - are the same age groups where research has shown that the greatest fear of crime typically exists (Mental Health Foundation, 2009). This is something that may be further exacerbated by the projection that across the region there will be a greater number of older people living longer and living alone.

Research has also shown that the general population tend to equate the problems related to anti-social behaviour with young people and so this too may have implications for the perceptions of safety within communities (JRF, 2005). It is worth noting however that whilst anti-social behaviour does have a significant impact on the lives of a minority of people in the region, particularly in areas of social deprivation within the inner cities, it has little or no effect on the quality of life of

How will population change affect policy?

the majority of the population and so should be necessarily contextualised. Likewise, it is worth adding that overall crime rates across the region are falling, and so it may be that it is perceptions that need to be addressed rather than anything else.

The trends that will have the most significant and tangible implications for policymakers and service providers however will be in terms of ethnicity. Ethnic diversity across the region has been growing steadily for a number of years and projections suggest that growth will occur across virtually all the different black and minority ethnic (BME) communities. Headline reasons for this include higher fertility rates amongst some BME communities as well as ongoing inward migration.

At present, people from BME backgrounds tend to be concentrated in densely populated areas within the region's largest urban conurbations. Whilst there are some suggestions that this will begin to change as people from second, third and subsequent generations begin to disperse, it is likely that for the immediate future a similar situation will persist.

What is particularly challenging for policymakers and service providers however is that many of those areas where high density populations of BME people currently reside are also areas where the highest levels of deprivation can be found. In Birmingham alone, almost 60% of its wards are within the most deprived quintile nationally (DoH, 2009). Elsewhere in the region, similar levels of deprivation can also be found in wards in Stoke-on-Trent, Sandwell and Wolverhampton (WMRO, 2008). The challenge of 'improving the quality of life for those living in deprived neighbourhoods' is therefore already a significant one for policymakers, even before any future population change becomes evident.

However this may only be the tip of the iceberg. When the changes in ethnicity are considered in conjunction with the population change projections relating to migration, it may be more appropriate to speak about 'diversity' rather than any other marker. Due to the rapidity and complexity of change that is likely to occur, the increase in diversity will mean that policymakers and service providers will need to radically overhaul their current understandings, thinking and implementation. This will be especially important because as with London, so the West Midlands will become what has been described as 'super-diverse': a term used to underline a level and kind of complexity that surpasses anything that the region - or indeed country - has previously experienced (Vertovec, 2006).

Emergent and projected population changes are therefore significantly different to those that have gone before, distinguished by a more fluid interplay of variables among increased numbers of new, small and scattered, multiple-origin, socio-economically differentiated and legally stratified communities. No longer will it be possible to categorise diversity simplistically, rendering the use of factors such as ethnicity alone somewhat meaningless. Within the super-diversity that will characterise the region, policymakers and service providers will need to consider language, regional and local identities, cultural values and practices as well as other potentially more challenging and problematic factors that include migration route, means of arrival, legal status and access to employment.

Add into this the markers of gender, religion or belief, sexual orientation, age and disability that all have specific legal duties within the public sector, as well as the forthcoming Equality Bill's (BRAP, 2009) proposed marital status and socio-economic markers, and the landscape becomes even more complex. Given that levels of migration are also influenced by a wide variety of factors that make it hard to predict, whether in terms of volume or countries of origin, the impact of super-diversity will have profound implications for those seeking to build 'Safer, Stronger Communities'.

Paramount in all of this will be how the statutory sector is able to meet the challenge of 'ensuring that people from different backgrounds get on better together'. The report by the Commission on Integration and Cohesion (CIC) recognised that tensions between communities can arise anywhere and for a raft of different reasons: from ethnicity or faith to age or socio-economic status (2007).

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For policymakers and service providers, it is important that whilst tackling inequalities and discrimination will be key, the complexity of influences on cohesion - a resonant byword for 'ensuring people of different backgrounds get on better together' - means that it will be necessary for them to address multiple issues at the same time, particularly in terms of migration. At present, there exists little evidence that relations between migrants and established groups currently form an integral part of any mainstream policy agenda. At the very least, this anomaly will need to be addressed because, even within community cohesion policies, there is rarely a targeted strategy for promoting good relations with new migrants.

Because migration will continue to be a key factor in both population change and the multi-layered increase in diversity, it is also unlikely that a pan-regional norm will emerge: something that might have the potential for reducing the complexity facing those shaping regional policy. So as well as trying to respond to the perceptions and responses to super-diversity of local established populations therefore, policymakers and service providers will need to increasingly look to finding local solutions. Whilst this does not preclude attempts to address region-wide issues as and when they arise, it is worth reiterating the observation from the CIC report that the likelihood is that tensions between people from different backgrounds will take place at the local level.

Given the complexity of projected population change, no simple statements can be made that serve to address all of the issues raised. However for policymakers, there are some key observations that can be used to inform thinking at this present juncture.

As we know from the past, increased diversity can have a negative impact on individual and community perceptions, a particularly pertinent factor in building 'Safer, Stronger communities'. Given that research has shown that this is particularly true in three types of locality - urban areas that are just starting to experience diversity; rural areas that are just starting to experience diversity; and ethnically diverse urban areas that are experiencing new migration (CIC, 2007) - it is worth acknowledging that the West Midlands is home to all of these. As such, it might be presumed that some locations within the region will experience tensions. The task of policymakers now is to begin identifying these potential hotspots and plan accordingly, devising strategies to address the concerns and allay the fears of local people about the impact of super-diversity. In doing so all the issues of crime, safer public spaces, quality of life, and community relations will need to be taken into account.

Policymakers must also recognise that as increasing numbers of residents in the region come from a greater number of places around the world, so events that take place elsewhere will have the potential to have serious local ramifications also. Examples of this have already been evident in some parts of the region, such as in the backlash against Muslim communities following the attacks of 9/11 and the tensions that existed between Muslim and Sikh communities over Kashmir. Policymakers will also have to consider the political ramifications, considering how those from the growing far-right, for example, might seek to exacerbate tensions emerging out of any rapid population change as a tool for political gain.

Service providers too will need to address the perceptions of local established communities not least in relation to the fair allocation of public services. As before, evidence already exists in the region of how far-right groups can divide communities through exploiting the myth that immigrants and minorities are getting 'special treatment'. As well as this, service providers will need to begin the process of gathering basic information on new diversity as a means of identifying need and subsequently distributing resources. To do so, service providers will need to be more innovative and creative in their approach than ever before.

One approach that goes against most existing strategies and practices might be to identify service users as individuals with individual needs rather than as someone from a particular ethnicity, culture, religion or so on. In the health sector for example, a human rights based approach, as being pursued by both the Department of Health and a handful of PCTs in the region, may present a useful and workable framework within which this might be undertaken. Besides this, real and

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fundamental shifts in strategies concerning the assessment of needs, planning, budgeting, commissioning of services, identification of partners for collaboration and the gaining of a broader appreciation of diverse experiences will be needed.

Whilst a full review of the potential impact of population change and super-diversity on policymakers and service providers across the region is beyond the remit of this short piece, it has nonetheless offered the opportunity to highlight a handful of areas that those engaged in building 'Safer, Stronger Communities' might wish to begin to explore and consider in more detail. Time though is not an endless resource and if this process of exploration and further consideration is not undertaken now, given that most areas of policymaking and service provision failed to keep up with the population changes of the last decade, so it is that the likelihood of history repeating itself will be extremely high.

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Adult Health and Well-being - The age-old question of health and care - whose job is it anyway?

This section was written by Tony Davis, CEO of Medilink West Midlands

Advances in medicine and a concerted effort to remain healthy and active have led to a well-documented increase in the ageing population. The average life expectancy in the UK is 80 years, an increase of 3.1 years in the last decade. That equates to 12 more years the NHS has to support each person than when it was developed.

And in 2008 the percentage of the population aged under 16 dropped below the percentage of the population of state pensionable age for the first time, signalling a tipping point in the number of people contributing financially to the health system and those requiring additional services.

In the West Midlands and on a national level, this demographic change must have a huge impact on health and social care policy. Looking at the changing age profiles, ethnic diversity, migration and changes to the average household, the fragile nature of currently held attitudes and behaviours are clear. Can care for the elderly continue to be the responsibility of the state? As expectations for a long and active retirement increase, is free, accessible healthcare really sustainable? Will the smaller numbers of working adults be prepared to pay the vast taxes needed to meet the lifestyle expectations of their parents and the rest of their generation?

The new older generation has an increased expectation of its retirement, intending to remain fit and healthy with the opportunity to live full and active lives. This 'Saga' generation has witnessed huge advances in medical technology and knowledge, which appeared to promise them a 'back to new' success rate from any medical procedure or intervention. The recipient of a new hip, following a hip replacement procedure may simply expect to carry on with life as usual - placing great demand on the work of the surgeon and the product.

As a society, we condone the view that health and social care is the state's responsibility, using everyone's right to a free NHS as a way to absolve ourselves of the duty of caring for the elderly. In addition, the increasing number of smaller households through the breakdown of family units is increasing the isolation of older people in society and their dependence on the state.

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Within the NHS itself, despite unprecedented levels of funding and investment, reform and streamlining, the fundamental problem of creating an effective workforce remains. The persistent belief that throwing people and money at a problem will eventually result in a solution needs to be challenged. Many perceived problems and inefficiencies might be solved by the integration of technology to reduce the administrative burden on staff and enable managers to use people for the jobs they are best at - human interaction, personal care and individual attention.

In addition, the current public sector model for adoption of new technology is to run the new product, service or technology alongside the old, incurring duplicate costs, wasting time, and de-motivating staff. The result is to discourage innovation, as it is seen to increase workload and cost, rather than improve efficiency. This would never happen in the private sector, where an organisation will invest in and adopt a better solution while at the same time decommissioning the outdated technology. It's this speed of change that is so crucial.

Against this background, we have looked at the hopes and attitudes of the general public considering their old age. A YouGov poll (YouGov, 2007), conducted in June 2007 for MedilinkWM's intelligent healthcare initiative identified a great desire for independence, with 87 per cent of people wishing to remain in their own home during their retirement. There was a clear concern for the future, with 64 per cent of people surveyed claiming to be pessimistic about the healthcare system's ability to cope with an ageing population.

Studying people's attitudes to health gadgets and internet access also revealed that the majority of people were already aware of technology that is available to help provide healthcare in the home, while 67 per cent would like to use the internet if it had a function to improve their healthcare.

A similar survey (MedilinkWM, 2009) conducted by MedilinkWM from March to June 2009, showed that the British public, their carers and clinicians believe that user-friendly medical technology could be used in the home to improve people's independence, dignity and quality of life. 80 per cent of members of the public claimed to be very pleased about technology being involved in their healthcare, though respondents appeared to be more willing to purchase medical technology for a dependent than for themselves. This raises further questions about the role of the family in healthcare, which must be addressed.

The survey also looked at the attitudes of healthcare professionals, revealing some interesting differences of opinion between higher level managers within the NHS and its frontline staff. Asked how they felt about investing in more technology rather than more medical staff to deliver healthcare, 67 per cent of managers were very pleased, compared to just 39 per cent of frontline staff. Clearly this is driven by concerns over a decline of personalised care and a potential loss of frontline jobs.

The question of finance remains. While less than a third of 55-64 year olds interviewed in the YouGov poll acknowledged it could be their responsibility to pay for healthcare after retirement, 47 per cent of 18 to 24 year olds thought it was the responsibility of the patient, laying the path for resentment by the young of the old, in the not too distant future. In MedilinkWM's 2009 survey, 96 per cent of the public were willing to pay £5 extra on their monthly mobile phone tariff to upgrade their service to include the collection of biometric data that can be transmitted to their GP. Professionals within the NHS were less sure of a positive reaction from the public, with 43 per cent believing it to be too expensive or inappropriate.

There needs to be a radical change in the way we address finance and healthcare and change must accommodate these realities. If we still want and believe in free and accessible healthcare when we're old, the system has to be able to accommodate that. Our surveys show that the NHS workforce still has an emotional attachment to the current system and to the notion of 'throwing people at the problem'.

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There are three major principles driving future policy, intended to manage the crisis as it approaches. The first, a personal healthcare service, enables patients to take control of their healthcare. Home testing and tele-diagnostics enables individuals to monitor and proactively manage their own health or their own long-term condition, under the guidance and advice of a health practitioner, but without the frequent journeys to surgery or hospital.

In the retail world, companies like Amazon.co.uk have recognised the power of technology to personalise an interaction. By personalising recommendations and allowing users to leave comments and share experiences with other users, these firms have created a virtual 'local' experience, for a global audience. The ability of technology to personalise an experience can be adapted to healthcare, where by combining the face-to-face interaction of social care with healthcare technology the NHS can deliver personal healthcare on a far wider scale.

Existing healthcare providers have proved reluctant to address the wide range of health and well-being issues that are arising within the current networked community. Advances in social networking and the increasing role of companies such as Google and Yahoo, in healthcare, could result in a massive paradigm shift from the existing illness treatment services of the NHS to personalised healthcare. Advances in personalised healthcare, and the growing interest that the baby boomer generation is showing in wireless monitoring devices, will provide opportunities for e-health providers who wish to deliver healthcare services to the 'worried well', and people considered to be 'at risk'.

Prevention of chronic conditions is the second strand, with current campaigns to reduce the obesity epidemic aimed at preventing increases in long-term conditions that will prove costly to the NHS, for example diabetes. Similarly, smoking cessation initiatives and the Change for Life campaign is running across the UK, with regional focus to address specific local issues. By investing in prevention, and challenging the public to take responsibility for its own welfare, the NHS is hoping to reduce its future burden. Current trends, including a more sedentary lifestyle and the availability of cheap, high-fat foods are making this preventative route even more necessary.

Healthcare in the home is a growing trend and the third pillar in future policy, bringing healthcare and social care closer together. In the West Midlands the 2010 programme (Sandwell and the West of Birmingham Health and Social Care System, 2004) seeks to redesign healthcare services, infrastructure and buildings, by pushing more care into the community and home. The service redesign is looking to devolve 400 beds into the community using telecare, building of 16 new GP health centres (8 to 10 GPs) serving between 10 - 15,000 people.

Supported by five new community hubs for minor A&E emergencies, the health centres will serve 50 - 70,000 people. The new hub hospitals will have step up and step down beds, some surgery, MRI and diagnostics capabilities. This illustrates a significant investment by the NHS to create a more responsive, less reactive healthcare service. However for this to work successfully significant investment and development needs to go into developing robust products and services to provide patients with the tools to self manage their conditions. Closer monitoring through technology and management by community matrons can prevent a patient's condition from escalating to an acute episode.

The Government's National Strategy for Housing in an Ageing Society document 'Lifetime homes, Lifetime neighbourhoods' (DCLG, DoH, DWP, 2008) calls for all new housing by 2010 to adopt the new Lifetime Homes standard. The vision includes housing that supports healthy, active and independent living in welcoming communities. Housing, neighbourhoods and communities will be more inclusive, attractive and sustainable for an ageing population. New houses should also be built with an eye for their future use - incorporating flexibility that allows for healthcare technology and assistive technology to be added when it becomes necessary. For example, new homes should not have stairs that are too narrow to accommodate a stairlift.

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Population trends within the West Midlands support these policy drivers. The affluence of the older generations will aid adoption, while the migration of the older generation from city to rural communities will make it even more important for health data to be shared electronically to avoid unnecessary trips to GPs and hospitals, reducing patient miles. The regional investment in new housing also provides to local government the ability to raise standards of housing for older people, by adopting lifetime home standards.

The policy challenge is to get the population to believe it needs to take responsibility for its own healthcare, which in some cases may mean paying for it. Extended families must engage in using appropriate tools to help them be more preventative and responsible.

So are we now talking about a two-tier health system? Should the government supply a basic level and then those that can afford additional enhanced care for themselves or their dependents to pay on top? Or do those who invest in their own healthcare technology benefit from swifter, better services? Does this lead to means testing?

We don't need to go as far as the US system where everyone has to plan for their future care or else they may not receive it, but there has to be a balance as the system cannot sustain offering all care for free. So this is the real decision we all need to make - what is the right balance?

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Children and young people - Rising Birth Rates and Potential Impact on Children, Young People and Families

This section was written by Karen Saunders, Senior Public Health Manager, Department of Health West Midlands

Context

In addition to the trends discussed previously, the Office for National Statistics (ONS) recently reported that the United Kingdom (UK) has had its largest population increase in nearly fifty years with an increasing numbers of births bringing the number of people living in the country in 2008 to over 61 million for the first time ⁽¹⁾. Nearly 800,000 babies were born in the UK last year, almost double the number in 2000. The average UK born woman has 1.84 children, 10% more than four years ago. Women living here who were born abroad have on average 2.5 children. Almost a quarter of babies in England and Wales were born to mothers who came from outside the UK, most commonly women from Pakistan, Poland and India.

Infant mortality was the lowest ever recorded with 3,370 infant deaths in England and Wales in 2007 (rate of 4.8 per 1,000 births). However, infant mortality rates in the West Midlands are consistently higher than those in England and Wales at 5.9.

Future Challenges and Implications

There are a range of implications associated with rising birth rates. Some of the major impacts for health and wellbeing, inequalities, social care and education are explored here. This is by no means a comprehensive picture but provides a focus on some of the more challenging and wide ranging areas associated with children, young people and families.

1 Source: Office for National Statistics (2009) Population Trends 136

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In 2008 the Cabinet Office Strategy Unit published an assessment of the future strategic challenges for Britain in the context of population change, both growth in size and increasing diversity. The report outlined the potential consequences for the economy, society, the environment, public services and how people live their lives (Cabinet Office Strategic Unit, 2008). There are important messages in the report for the West Midlands, with many of these projections and scenarios applicable to our region including impact on life chances and family life and an ageing and increasingly diverse population. Long term challenges include improving education and skills; tackling poverty and promoting opportunity and life chances.

The priorities include:

- All children need to have the best start to life through early years learning and childcare provision
- Developing talents through childhood is key to making a successful transition to work or university
- Further focus on tailored action and personalised support for the hardest to reach groups to succeed
- The emphasis on parental engagement as an important factor in supporting children's educational and other outcomes
- The need to improving opportunities for adults which will impact on raising the aspirations of their children
- The need to balance work and family life
- The need for local communities to be important in supporting family life
- Integrating new migrants and their children
- Shift further to preventive work to tackle inequalities e.g. through initiatives such as the Family-Nurse Partnerships⁽²⁾.

Rising birth rates could put further pressure on the services that work to meet these needs and priorities and this is recognised in important government policy in support of children, young people and families.

In December 2007, the Government made a commitment in the Children's Plan to publish a child health strategy jointly between the Department of Health (DH) and the Department for Children, Schools and Families (DCSF, 2007). The strategy, launched in February 2008, sets out the Government's vision for children and young people's health and wellbeing. Aims include achieving high quality services and excellent experiences in using those services and reducing health inequalities.

The Strategy (DoH & DCSF, 2009) sets out what children and their families can expect from child health related services in their areas from birth through to the age of 19. As well as providing an additional £340 million to support children with disabilities and their families, there are packages of support for all children and young people, including:

- Stronger and better joined up support during the early years of life including more health visitors
- A strengthened role for Sure Start children's centres with having access to a named health visitor
- Expansion of the Family Nurse Partnerships programme to support first time mothers from 30 to 70 sites by 2011, with a view to rolling it out across England over the next decade

2 The Family Nurse Partnership Programme is an evidence-based home-visiting programme delivered by specially trained nurses and targeting some of the most vulnerable teenage mothers and their families. It was first developed in the USA where the programme was proven to have lasting health and wider impacts, such as reduction in children's injuries

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- The development and testing of a new antenatal programme and preparation for parenthood package for mothers and fathers
- Free School Meal pilots looking at the health and educational benefits of universal access.

The strategy reflects Public Service Agreement priorities⁽³⁾ such as reducing inequalities in infant mortality, reducing teenage pregnancy, increasing uptake of breastfeeding, reducing obesity, reducing experience of bullying, reducing hospital admissions for children's injuries, reducing preventable child deaths and improving Child and Adolescent Mental Health Services and services for disabled children.

Our rising birth rate means more risk to manage and a growing target group for preventive work and early intervention. Many challenges persist in the region including high rates of infant and perinatal mortality, high levels of teenage pregnancy, obesity, challenges around long-term condition management, disability and mental health. Future services need take account of children with complex and profound needs including support for users and their carers. The health of mothers and babies needs to continually be improved. More children must be immunised against childhood diseases. Levels of obesity need to be halted. Pregnancy amongst teenage girls must be reduced and lone and teenage parents need more support to achieve economic wellbeing. Child poverty and its impact on children must continue to be tackled. The responsibility to safeguard children and young people must be further embedded, understood and prioritised by all agencies and partners. These and other child priorities are recognised in regional strategies and actions to tackle them described.

Although there are differences between regions, data suggest that the most significant influence on children's experiences growing up is likely to be income deprivation. A recent Joseph Rowntree Foundation report (JRF, 2009) states that by 2020, without new policies to help low-income families, child poverty is projected to rise to 3.1 million. While the recession brings an increased short-term need for financial support, getting people back into sustainable jobs is central to a longer-term strategy. Policies need to take account of job quality and sustainability in order to provide a satisfactory solution to child poverty. As the economy recovers, getting parents into jobs will be particularly important. A wider focus than simply reducing 'worklessness' is needed, including developing parents' skills and enabling them to get jobs that can be combined with family life; providing affordable childcare that meets children's and parents' needs and ensuring benefit levels provide a solid foundation for families seeking to improve their lives. Earnings, job quality and sustainability need to improve.

The West Midlands Health and Well-Being Strategy was launched in January 2008 (WMRA, 2008). The vision is 'to maintain, enhance, improve and protect the health and well-being of people in the West Midlands Region and to reduce health inequalities by 2020 within environmental limits, so as not to compromise healthy life for future generations.' It is not a strategy about improving NHS service delivery, although it will influence complement and support NHS West Midlands' strategic framework "Investing for Health" (NHS West Midlands, 2007).

The West Midlands Health and Well Being strategy includes regional priorities around children, young people and families. The priorities include child poverty, infant and perinatal mortality, safeguarding, teenage pregnancy and sexual health, obesity, accidents, mental health and well-being, parenting support, participation and extended and healthy schools.

"Investing for Health" was produced in 2007 by NHS West Midlands. It describes how the NHS in the West Midlands was planning for the future. The vision for the development of all children's services is 'to provide high-quality children's healthcare that focuses on the needs of the child and is delivered at home, or as close to home as possible'. The needs of children and their families drive this vision. The top priorities in children's care have been identified for the future and include the sick newborn; childhood obesity; the vulnerable child and safeguarding; the child with trauma/head injury; the child with a long-term conditions; emotional health and well-being;

3 http://www.cabinetoffice.gov.uk/about_the_cabinet_office/publicserviceagreements.aspx

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palliative care and paediatric surgery. Maternity services in the West Midlands aim to provide improved access with locality based care, improved choice in all areas of care and increases in the home birth service.

A significant factor in planning maternity services is the rising birth rate. The number of births has risen by nearly 4,000 within the West Midlands between April 2005 and March 2008⁽⁴⁾. The trend looks set to continue with the greatest increases in birth rates occurring in urban and deprived areas⁽⁵⁾. This poses challenges for midwifery services around physical and staffing capacity. This is being addressed by service redesign, an increase in the numbers of midwives and capital investment in maternity services.

To support the increase in workforce capacity the numbers of midwives in training has been increased by 15% in the last two years, return to practice programmes are available with associated funding and skill mix is being supported through investment in the education and training of Maternity Support Workers.

The SHA has developed a capacity modelling tool to assist commissioners and providers in planning the workforce and capacity implications of a rising birth rate and any changes to configuration of current services (i.e. creation of maternity led units for example).

On migration "Managing the Impacts of Migration: A Cross-Government Approach" sets out the Government's approach to managing the impacts of international migration locally and nationally (DCLG, 2008). The focus includes understanding the change that is taking place in our communities by improving local population and migration statistics and research; helping public services respond to migration through specific funding streams for local services and sector support and supporting community cohesion. Understanding the population change remains a challenge. There are current figures on National Insurance number registrations for people from overseas from the Department for Work and Pensions⁽⁶⁾. This can be broken down into parliamentary constituency and LA boundary. The weakness is that it does not show where people may have gone since registering. The migrant health sub group on birth data helps identify the changing shape of births in region and local authority areas⁽⁷⁾.

The West Midlands has a large and expanding migrant population and high infant mortality compared with the rest of the country. Work has been undertaken in Birmingham looking at the impact of migration on maternal and infant health (HoBT PCT & WMSMP, 2008). The findings highlight the need to improve the assessment and management of new migrant women during pregnancy, particularly those who are destitute, and to jointly commission maternity care, which is flexible, offers outreach, social, financial and legal support. The report also illustrates the considerable scale and impact of migration on maternity services, especially those serving deprived areas, and the need to take this into account when deciding priorities for investment and improving health. Areas requiring further exploration include the impact of child poverty on specific communities in this group and the impact of the recession on new migrant families.

Consideration must also be given to an increasing number of people with multiple caring responsibilities, caring for their own parents as well as their children. Equally, grandparents will be a key source of support in family life, especially informal childcare. This will lead to more pressure for flexible working and allowances for carers. The national Carers' strategy sets out the Government's short-term agenda and long-term vision for the future care and support of carers (HM Government, 2008). Commitments in the carers' strategy include improving planned short breaks for carers; supporting carers to enter or re-enter the job market and improving support for young carers.

4 Source: Local Supervising Authority Annual Clinical Activity and Workforce Trends for Maternity Services across West Midlands for 2007 - 2008

5 Source: ONS, 2006

6 Source: <http://www.dwp.gov.uk/asd/tabtool.asp>

7 Source:

http://www.statistics.gov.uk/downloads/theme_population/Mothers_country_of_birth_Further_tables_commentary.xls

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The dependency rate compares the number of people younger than 16 and the number of people of retirement age against the number of working age people. The rate is important because as it increases, there is increased strain on the productive part of the population to support the economically dependent. A rate of 50% would indicate the same number of people of working age as dependents. In 2006 in the region the old age dependency ratio in rural areas was 35% compared to 29% in urban local authorities (WMRO, 2009).

Growth in the birth population will have implications for local authority services. Fluctuations in the size and age composition of the child population, largely dependent on variations in births, will lead to different implications for schools.

The current rise in birth rates may lead to a removal of any surplus capacity in schools and the need to add capacity to cope with birth rates alone. Any additional housing, which adds to demand, therefore needs to provide the associated additional school places. Expanding existing schools is always the preferred option, where it is achievable without having a negative impact on educational standards. Consideration is needed regarding feasibility studies to confirm how many additional places can be accommodated in existing schools. Future planned changes to Higher Education institution intakes also need to be considered. Nationally, the Department for Children, Schools and Families (DCSF) anticipate around a 12 per cent rise in the primary school population at the same time as the government is reducing its capital expenditure on infrastructure. Population increases will not be uniform across the country or even within individual LAs. In some LAs changing demography will mean falling pupil numbers. This is particularly the case in rural areas, for example Hereford whilst in some LAs rises will be particularly significant for example Birmingham. This can lead to a situation in which some schools are unable to cope with the demand for places while others have falling roles.

Children's early experiences can have lifelong consequences and so there must be a continued focus on prevention, early intervention and support for families from pregnancy onwards. The importance of minimising the impact of poverty and social inequalities on child health must remain a focus. Services increasingly need to be more locally available through extending the roles of Children's Centres and schools to provide health, education, and social care services. Future services must respond to the specific challenges faced by vulnerable groups and ill children, as well as promoting healthy behaviour by all children and young people. Meeting some of today's health and wellbeing challenges and worrying trends is a challenge but an even bigger challenge for the future as the number of children increases.

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Local economy and environmental sustainability

This section was written by the Observatory

Local economy and environmental sustainability is the final area of policy in which we assess the impact of population change. This broad policy area includes themes covering employment, worklessness, skills, business, enterprise, and environmental sustainability. The changing population structure is likely to have wide-ranging implications for each of these areas.

The composition of the region's 'available for work' population is changing significantly, with older workers accounting for a greater proportion in rural areas and people from minority ethnic communities accounting for a greater share in key urban centres. People from both of these groups, however, are currently less likely to participate in education and training and are more likely to be disadvantaged in the labour market than the working age population as a whole.

The employment rate for the region peaks amongst those aged 35-49 at around 80% but falls to 72% for those aged 50 to retirement age⁽⁸⁾. These figures reflect the fact that many older people retire early. However a significant number have done so involuntarily and more could potentially be done to help them to remain in employment.

While the region does not have a lower than average employment rate amongst older workers, engaging older people successfully in the labour market is a challenge the region faces alongside the rest of the country. This is particularly important in certain sectors that have not traditionally employed many older workers, such as hotels, catering and retail.

The region has a diverse ethnic profile and due to the younger age profile of minority ethnic groups, these groups are set to continue to make up a greater proportion of the region's working age population. This is particularly the case in the region's urban areas, where minority ethnic groups are concentrated. It is crucial to the region's future success that the population of the region is able to participate fully in the labour market.

The region's minority ethnic communities are more likely to live in deprived areas, more likely to be workless, and more likely to lack qualifications, than the general population. The region's largest minority ethnic groups have historically been characterised by lower rates of employment and skills and a greater risk of poverty than the general population. Significant gaps in engagement between these groups and the white British population persist, and pose a continuing challenge to the region.

One of the key policy challenges for the future will be finding a way to make sure that older people and ethnic minority groups, who will make up a bigger proportion of the population, are able to participate in the labour market. It is increasingly important that the region utilises the strengths of its resident populations and ensures that communities are included in the economy and labour market.

The increasing ethnic diversity of the region in urban areas and the ageing of the population also present a challenge to employers. If they are to meet their labour and skills needs in the future employers need to adapt their recruitment policies to take account of these changes.

Some sectors, such as hotels & catering and retail and the tourism & leisure cluster, have a predominantly young workforce (see table 1) and already represent a key source of employment for the growing numbers of young people in urban parts of the region. A different approach to recruitment may increasingly be required in rural areas however, where older age groups are accounting for a much greater share of the working age population.

8 Source: ONS Annual Population Survey 2008

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Conversely sectors such as education, manufacturing, engineering, public administration, health and social care and the education & entertainment media, transport technologies and building technologies clusters have a significant percentage of staff aged 45+ who are set to retire in the next few years, taking their skills and experience with them. To avoid skill gap and shortage problems in the future, organisations will need to widen their appeal as a career choice to all sections of the population - and notably to young people and people from minority ethnic groups in urban areas.

While some sectors already represent a key source of jobs for the growing numbers of people from minority ethnic groups (for example hotels and catering and health & social care and the food & drink and tourism & leisure clusters) the proportion is much lower in others such as construction, ICT & telecoms, electricity, gas and water and the lifestyle & interiors, environmental technologies, building technologies and ICT clusters. Employers, and particularly those based in urban areas, will need increasingly to target these groups in their recruitment if they are to meet their future employment needs.

Table 1: Sectors and clusters with a high proportion of key demographic groups in their workforce

	Sectors	Business clusters
16-24 year olds	Hotels & catering (41%) Retail (28%)	Tourism & leisure (38%)
People aged 45+	Education (46%) Manufacturing (44%) Engineering (43%) Public administration (41%) Health & care (38%)	Education & entertainment media (57%) Transport technologies (45%) Building technologies (38%)
People from a minority ethnic group	Hotels & catering (21%) Health & social care (18%)	Food & drink (25%) Tourism & leisure (15%)

The changes in population in the West Midlands, both in terms of the number of people and the demographic make-up, are likely to have significant influence on business and enterprise. Changes in population will affect the supply of and demand for goods & services and businesses will be faced with changing markets and a demand for new products from differing communities.

As discussed, two key groups in population, the number of people aged over 65 and the number of people in the minority ethnic community, are both predicted to grow significantly. The supply of public services, like healthcare, will obviously be an issue as there is predicted to be not only a larger population but that population will also live longer. There must be the capacity in both the public and private sector to fulfil that requirement. What must also be understood is the change in the demand for all kinds of goods and services that will be required from this changing population.

There are already many businesses catering for the 'older generation' (from specialist travel agencies to dedicated financial services companies) however there are more recent markets that are only beginning to be accessed such as the provision of computer services and internet facilities to the

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so-called 'silver surfers'. The growing ethnic minority community is also already a very important market but there is also a growing demand for community-specific goods and services, be it Polish food aisles in supermarkets or Sharia-compliant bank accounts.

Anti-discrimination legislation regarding age equality will also affect the make-up of the workforce where no-one can be denied a job purely on the basis of age. This coupled with the pension funding gap due to a population living longer will create pressure to increase the retirement age meaning there will be more older workers in the workforce affecting access to employment for younger workers.

As well as the demand and supply of goods and services and the changing face of the workforce, the changing population will also affect the type of businesses being created and also the type of person starting up these businesses.

According to the Global Entrepreneurship Monitor (GEM, 2008) there is more entrepreneurial activity in the West Midlands than the national average across all age-bands and, significantly, the most entrepreneurial age in the West Midlands is between 25 and 34, younger than for the country as a whole. This shows that not only is there more entrepreneurial activity in the region but it is by younger people. As the West Midlands also has the highest proportion of under-20's in the country the hope will be that this trend continues.

Furthermore the GEM data suggests that non-white ethnic groups are far more likely to engage in successful entrepreneurial activity and as this group also provides the strongest responses to the question regarding their expectation to take on more than 20 employees over the next 5 years. The rapid growth of the non-white ethnic groups in the West Midlands, particularly in the urban core, suggests that this section of the population will be providing a much larger proportion of business start-ups than at present and therefore a much larger proportion of economic growth. Efforts must be made to identify and assist this growth in order to maximise the growth potential of the region.

Despite this entrepreneurial spirit, self employment in the region is low and due to the lack of a comprehensive sub-regional ethnic breakdown in self employment statistics the full enterprise potential of minority ethnic businesses (as well as women's enterprise) is likely to be underestimated. More work is needed in order to understand and stimulate this activity.

One further consequence of population change is the changes to the working age population in rural areas. Due to the rising birth rates and increasing numbers of over 85's (scheduled to double in the next 20 years) the amount of young and old people will make up a larger proportion of the population when compared to the working age population which is predicted to remain largely constant. This will have major consequences for the rural areas where growth in the older population will be strongest, which will widen the gap in age profiles between these areas and urban areas where the population will be considerably younger. This will have consequences for the ability of a rural area to retain its young population and also for that rural area's attractiveness to a prospective investor looking for a skilled and available workforce.

Many of the rural areas surrounding the urban core have become commuter-belt towns where many residents travel into the towns and cities to work thus generating wealth in the places where they work rather than the places where they live. Therefore population changes have implications for the location of not only employees but the location of the businesses themselves.

Population change will have a dramatic effect on business and enterprise and it is crucial to understand that change in order to maximise economic potential. The requirements of a changing population will shift and the supply of goods and services needs to change with it as will the type of business starting up and the type of entrepreneur starting up those businesses.

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Another policy area where the changing population make up of the region will have a number of implications is environmental sustainability. First and foremost is the simple fact that the region's population is expected to continue to grow for the foreseeable future. An increase in population places greater demand on the region's infrastructure. Based on current lifestyles there will be increased requirements for housing, energy and natural resources and more waste will be generated.

How the population grows and changes has much broader consequences for environmental sustainability. Many of these relate not to the size of the population but to the way we live compared to previous generations.

There is currently projected to be a large increase in the proportion of single occupier homes. The traditional "family" house is being replaced. In simple terms a growing population who increasingly live alone will require more housing.

Housing presents the greatest challenge to the environment from population change. We know that in the next 20 years there are plans to build around 400,000 new homes in the region. Where these homes are built has serious implications. The changing climate is starting to demonstrate itself in more frequent flood events and a greater demand for housing will almost inevitably see increasing pressure to build on floodplains. How the planning and construction sector adapt to the threat of flooding and the increased pressure from the new housing will be important.

Single person households do not use proportionally less energy, water or generate proportionally less waste. Therefore the demand for energy and water will rise and the amount of waste needing to be dealt with will increase.

The region already has low levels of renewable energy generation and is currently looking at ways of generating more. The water supply for an increased number of households is also problematic with the current supply already under strain. Consumers will need to reduce their water consumption; supply will need to be more efficient with less loss to leakages and more innovative solutions such as rainwater capture for non-drinking uses will need to increase.

In terms of the impact new housing has on the environment, design standards mean that the emissions from new housing will be low but there are other impacts. The increase in hard surfaces can cause greater run off for rain speeding up the time taken for rain water to enter the water course, raising the potential of flash floods.

The evidence shows that there is still out migration from the region's urban areas to the rural parts of the region and if this trend continues it will increase the pressure on the natural environment. Urban renaissance policy aims to reduce this flow and greater effort will be needed to try and keep the population in the already developed urban areas.

The West Midlands is currently around 80% rural with a large proportion of agricultural land. Growth in population will see an increased demand for food and the region needs to consider how much of this demand it can meet. Local food production offers greater supply security than relying on importing food from elsewhere. The more of the region's requirements that can be met internally the stronger the position. However, as discussed earlier, there is the potential for the demand for housing to impinge on the supply of agricultural land.

The population make up of an area can influence the willingness to act on climate change. DEFRA's framework on pro-environmental behaviours (DEFRA, 2008) looks at how different socio-economic groups act on climate change. It considers both their willingness and ability to act. It demonstrates that different age and income groups have very different approaches to climate change.

References

DEFRA (2008), A Framework for Pro-environmental Behaviours
Global Entrepreneurship Monitor (2008)

Conclusion

This State of the Region thematic report has considered the impact of future population changes on four key areas of policy: safer and stronger communities, adult health and well-being, children and young people and local economies and environmental sustainability.

Under each of these policy themes the impacts of population change are likely to be significant and far-reaching with each author identifying many areas of policy which will be affected by changes in the population and which policy makers will need to consider. Many of the implications of population change may not be those which are immediately obvious.

Policy-makers building '**safer and stronger communities**' will need to consider the implications of the growing diversity of the population across the region. This is not just ethnic diversity but diversity in cultural values, religion or belief, legal status, language, as well as along lines of gender, age, sexual orientation, disability and socio-economic group. It will become more and more difficult to categorise service users as belonging to one group that defines their needs. Service providers will need to become increasingly flexible, adapting to differing needs as a result of language, regional and local identities or cultural values and practices. It will be particularly important that the implications of increasing diversity on community cohesion are understood, particularly at a local level.

The ageing population means that there will be increasing numbers of older people, particularly in the over 85 age group, many of whom will have health problems. This will place an increasing strain on health services. Policy makers working on policy in the area of '**adult health and well-being**' will need to deal with the significant implications of the ageing population. There are several policy strands that can be developed to deal with the growing demand for healthcare created by the ageing population. A personalised healthcare service which allows individuals to manage their own long term conditions and healthcare in the home would reduce the burden on the NHS. Healthcare in the home requires new housing to be designed to allow healthy and independent living. Alongside this there needs to be a focus on the prevention of chronic conditions.

As well as an ageing population the region is likely to experience rising birth rates over the coming years which will have many implications for policy on '**children and young people**'. Child health and midwifery services will face increasing demand in addition to the current challenge in reducing the region's higher rates of infant mortality. Child poverty will also need to be addressed and this will involve providing more support to families to find sustainable jobs that provide a good work-life balance. Schools admissions may also come under pressure but this will vary across urban and rural parts of the region. In urban areas there is likely to be increased demand for school places whereas in some rural areas some schools may face a fall in demand. The uneven dispersion of migrants across the region also means that areas will be affected differently with urban, deprived areas likely to have to provide more support to new migrants including midwifery services and health services for infants and mothers.

One effect of the rising birth rates and longer life expectancy is that the working age population will make up a smaller proportion of the future population in the West Midlands. This will have significant implications for the region's economy with increasing pressure on the working population to provide for the inactive population, particularly in rural areas where older people will make up a larger proportion of the population. Furthermore, two of the groups which are increasing in size relative to the total population, people aged over 50 and BME groups, are more likely to be workless. One of the challenges for '**local economy**' policy makers will be to make sure that these groups are supported to find employment. Employers, also, will need to adapt their recruitment practices to attract people from these demographic groups. This will vary according to the current make up of the workforce in different sectors. So, for example, hotel, catering and retail sectors, which have predominantly younger workforce may have to adapt their recruitment practices to attract older workers, particularly in rural areas where older people will make up increasingly larger proportions of the population.

Conclusion

These changes in the population structure will also provide new markets for businesses and services in the region and impact on enterprise. There are greater levels of entrepreneurial activity in the West Midlands than nationally and younger people and ethnic minority groups have higher rates of entrepreneurial activity than other groups. The projected growth in the proportion of the population from an ethnic minority group therefore means these groups will be providing greater proportions of business start ups in the future. Efforts must be made to identify and assist this growth in order to maximise the growth potential of the region.

The changing population also has significant implications for '**environmental sustainability**'. The rise in the number of people will place more pressure on infrastructure and increase demand for energy, water, housing, food and waste services. The trend towards single person households means that many more houses need to be built at a time when changes in the climate mean that where these houses are built is very important. Single person households also do not require proportionally fewer services or create less waste and so will also increase demand for energy and water. Policy makers will need to consider these changes in the size and structure of the population when considering future environmental sustainability.

Appendices

Workshop speakers and presentations

Population change workshop - 31 st March 2009	
Speaker	Presentation (with links to presentation and audio)
Dr Jammi Rao , Deputy Regional Director of Public Health and WMRO Board Member	Introduction
Stephen Howarth , WMRO Deputy Chief Executive	Background to State of the Region process
Anthony Szary , ONS Regional Statistician	Sub national population projections for England
Dr Anne Green , Institute for Employment Research, University of Warwick	Labour Migration
Dr Chris Allen , Birmingham Race Action Partnership	Beyond Being Statistically Challenged: Moving the equalities agenda forward
Dr Richard Wilson , Head of Information and Intelligence, Sandwell PCT	Understanding our Local Populations

Appendices

Full document information

Title	The West Midlands' Changing Population: What does it mean for policy making?
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Contributor	
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West Midlands Regional Observatory

Level 3
Millennium Point
Curzon Street
Birmingham B4 7XG

Telephone: 0121 202 3250
Fax: 0121 202 3240
email: enquiries@wmro.org

www.wmro.org