



# **'A Christmas Carol'**

**Cambridgeshire past present & future**

**Michael Soper**

# Past, Present & Future

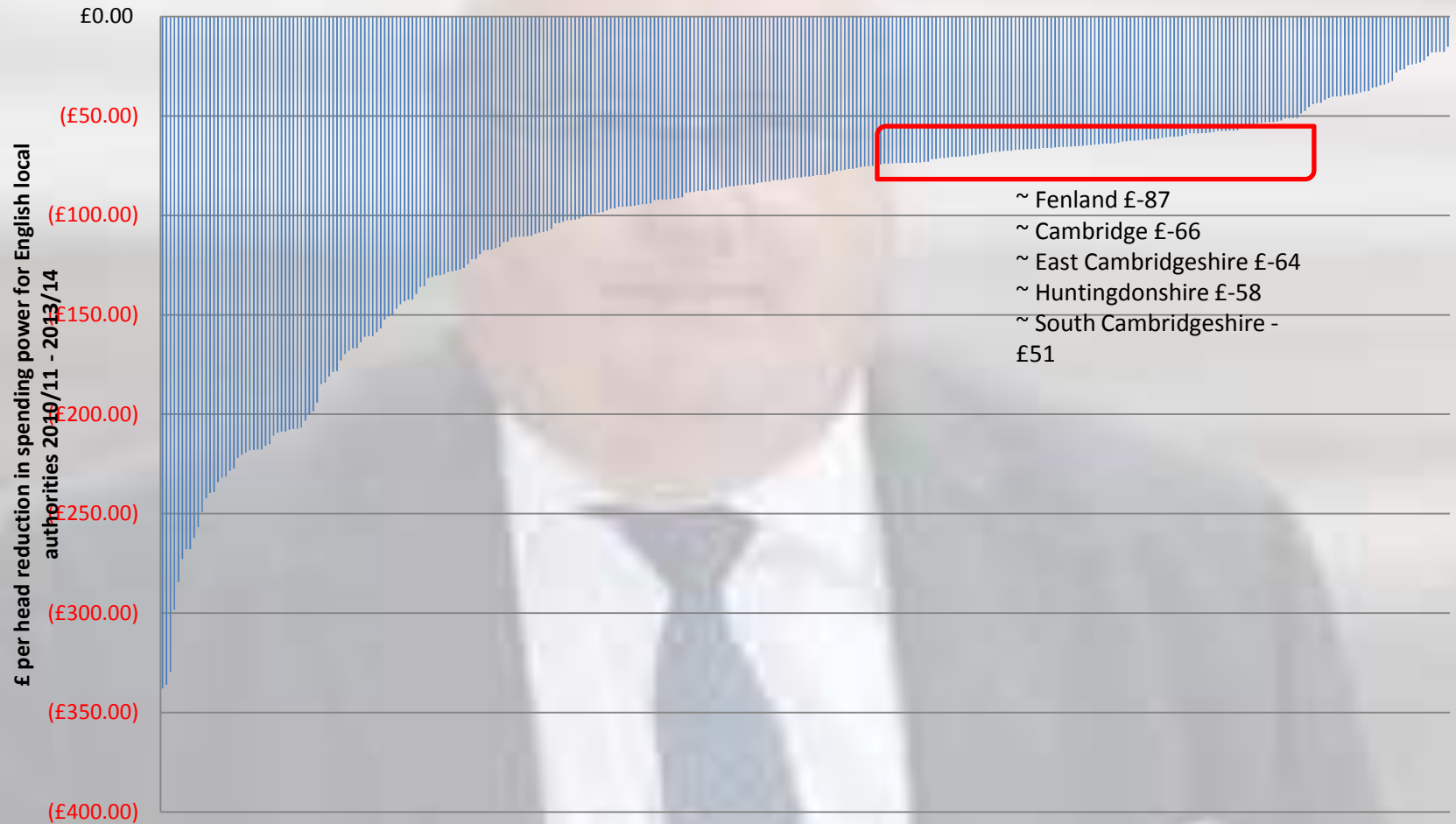
- Budget / Business Planning
- Demography
  - Implications
- Demand for services
  - numbers
  - determinants

# The budget!

- 'like a bad lobster in a dark cellar'

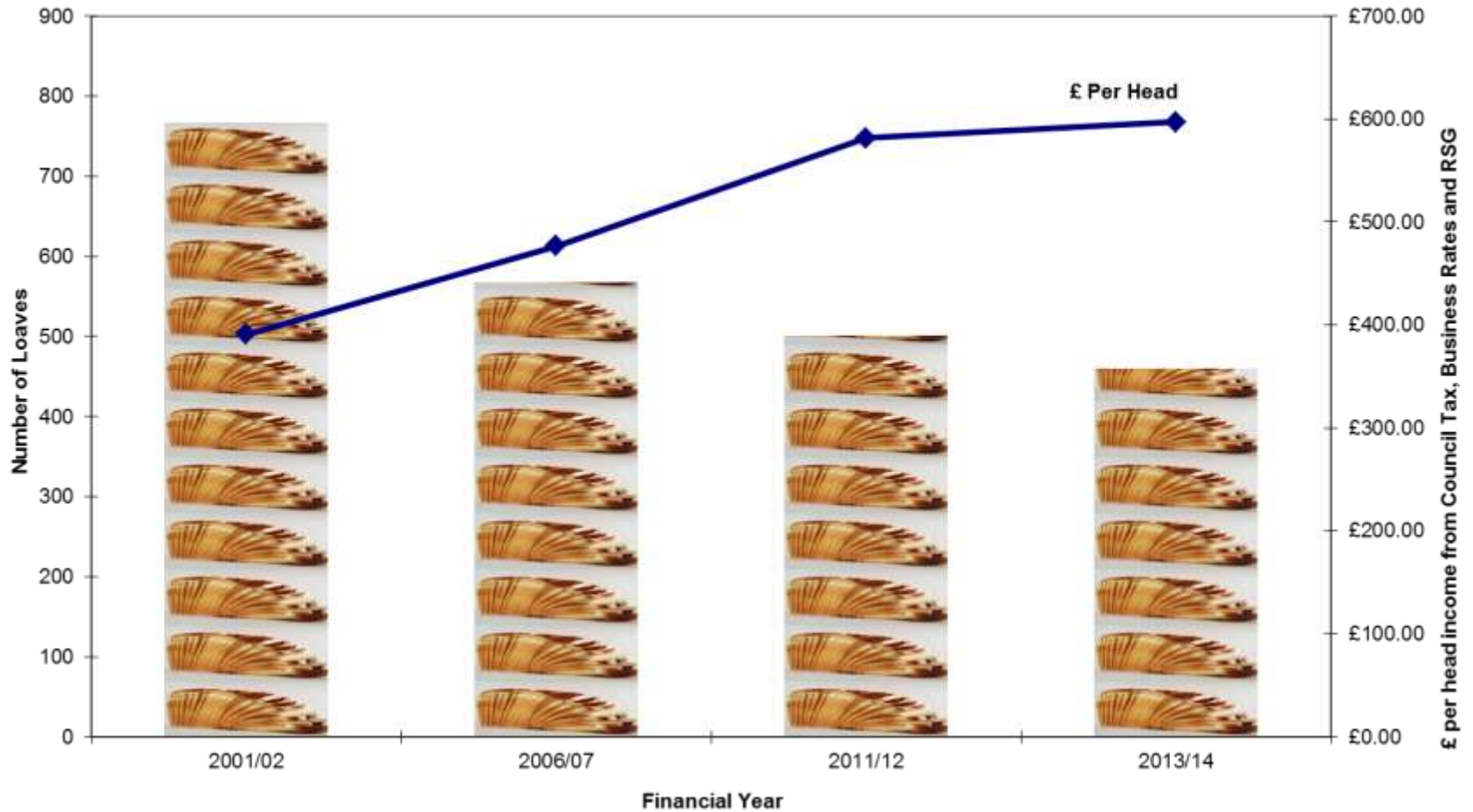


# Local authorities Reduction in spending power per head



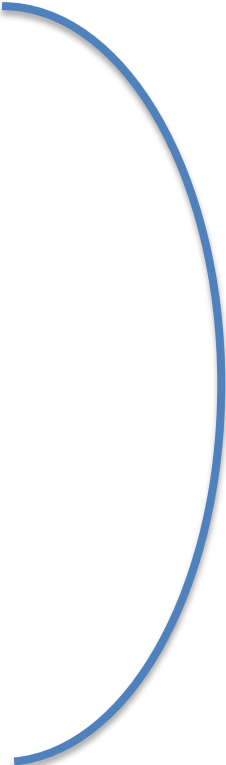
# A word about inflation

County Council income per head over 15 years compared with the number of loaves of bread that that income could purchase at the time



# Demography

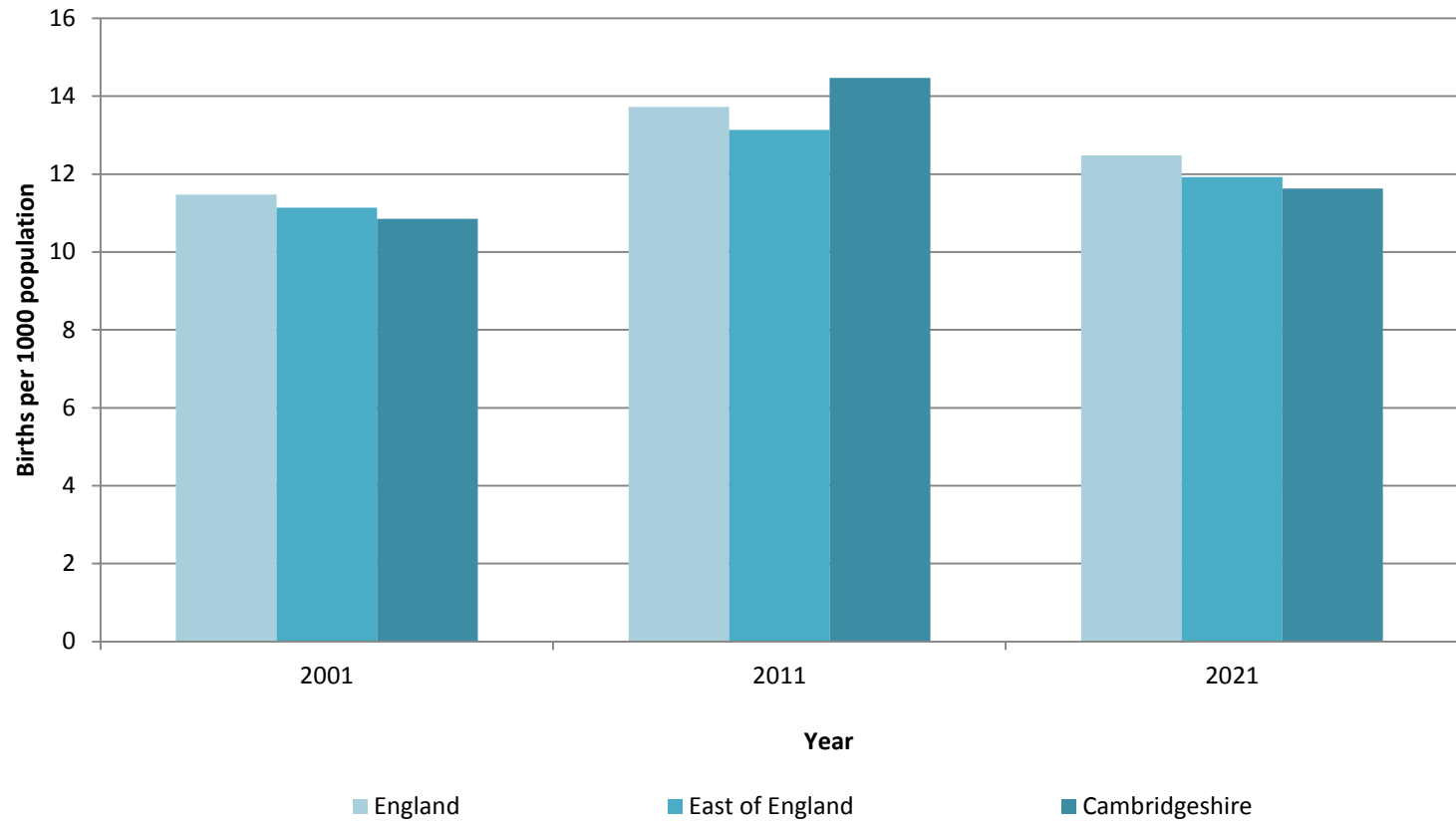
- Born
- Move
- Age
- Die



Modelling  
these  
components

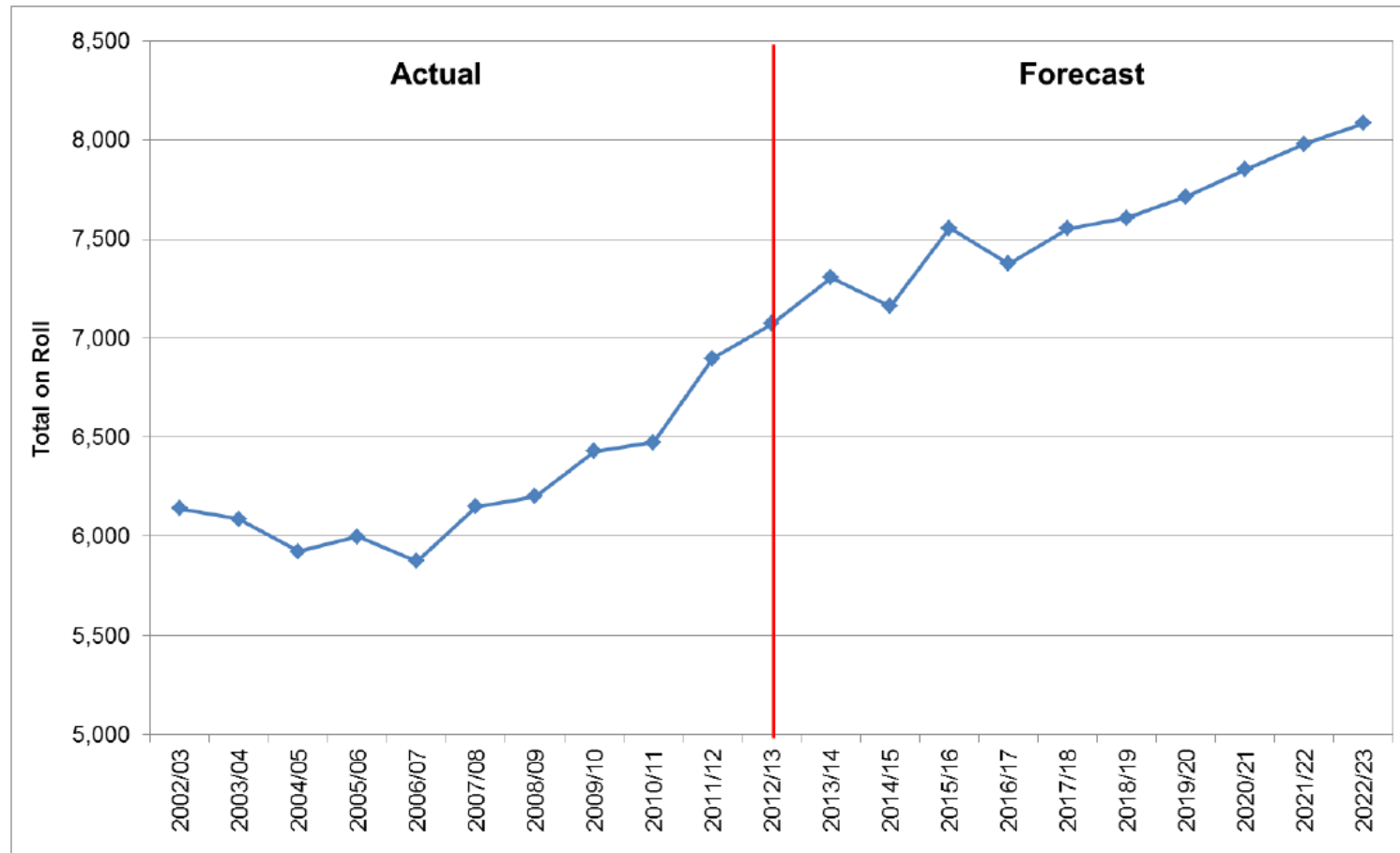
# Births

Crude birth rates



# Children of Reception Age

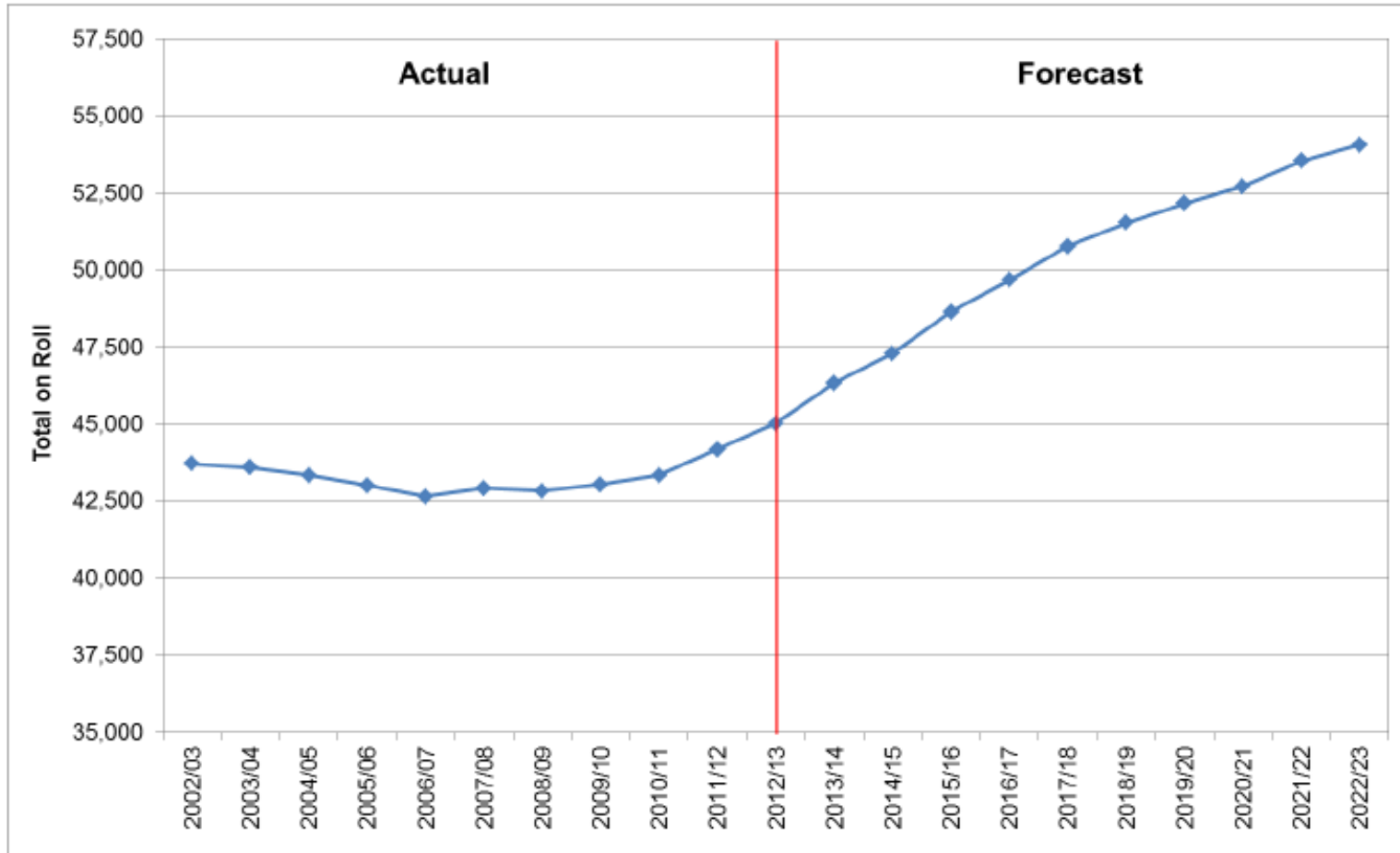
**Figure 3:** Actual and forecast reception numbers in Cambridgeshire, 2002/03 to 2022/23





# Pupil forecasts

**Figure 1:** Actual and forecast primary aged pupil numbers in Cambridgeshire, 2002/03 to 2022/23



# Moving



# New Dwellings

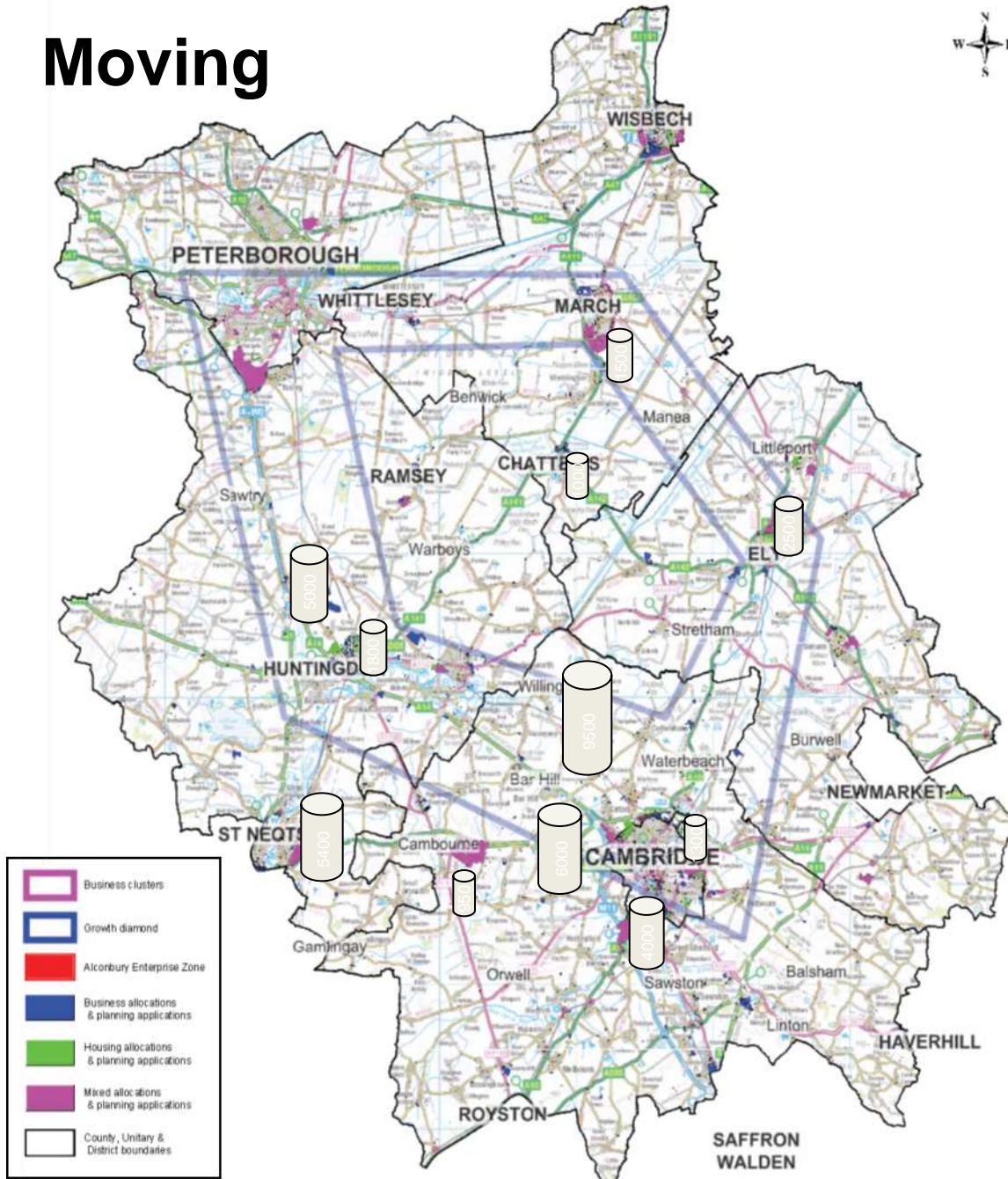
Task Name	Dwellings
<b>Cambridge Area</b>	<b>11,500</b>
Cambridge Southern Fringe	4,133
Cambridge North West	6,080
Cambridge East	1,300
<b>South Cambridgeshire</b>	<b>11,850</b>
Camboume	950
Northstowe	9,500
<b>Huntingdonshire</b>	<b>12,650</b>
Alconbury	5,000
St Neots	5,400
St Ives	500
Huntingdon	1,000
Godmanchester	753
<b>East Cambridgeshire</b>	<b>2,500</b>
Ely	2,500
<b>Fenland</b>	<b>2,450</b>
Chatteris	1,000
March	1,450

**Total 41,000**

# Future Developments

- South Cambridgeshire
  - Bourne (3,500)
  - Waterbeach (9,000)

- Huntingdonshire
  - Wyton (4,000)

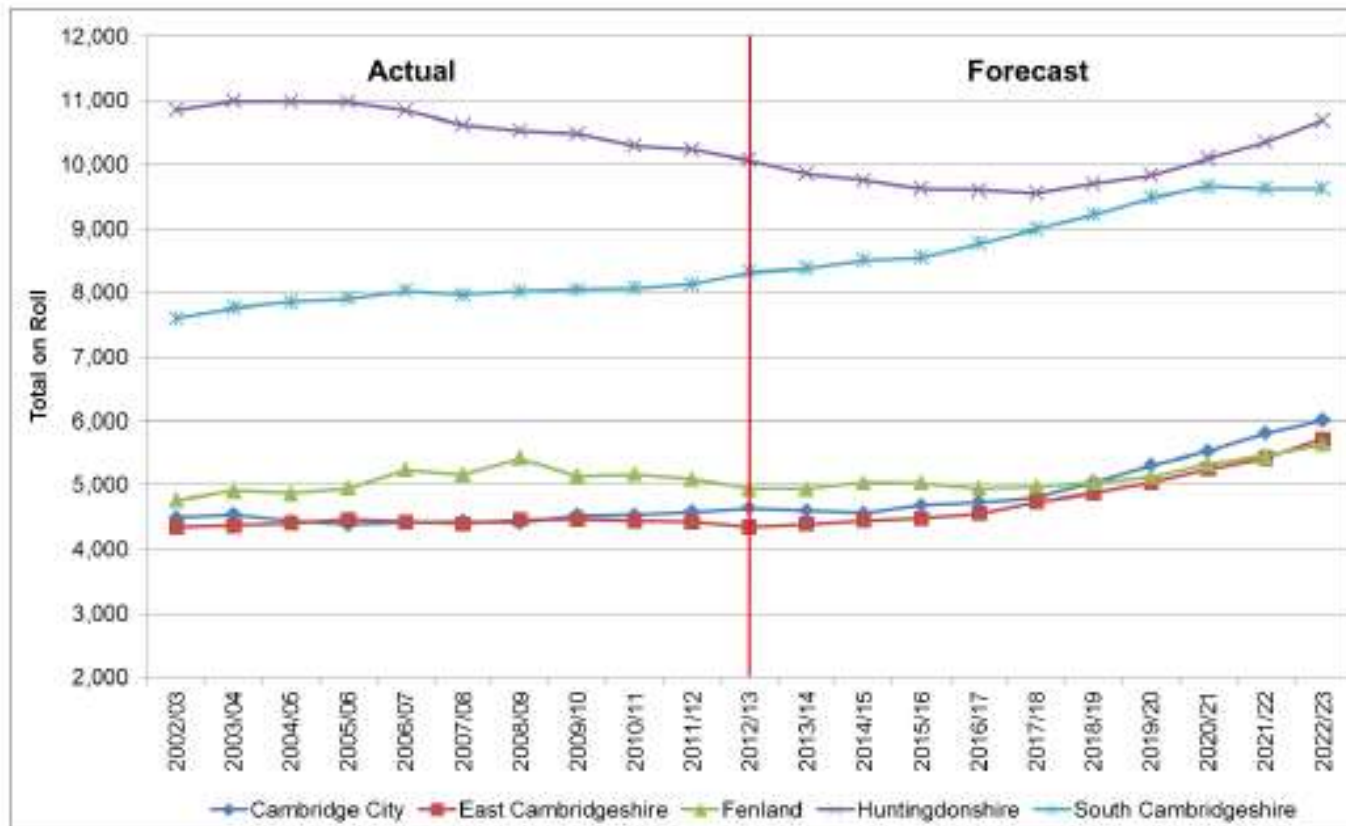


**Legend:**

- Business clusters
- Growth diamond
- Alconbury Enterprise Zone
- Business allocations & planning applications
- Housing allocations & planning applications
- Mixed allocations & planning applications
- County, Unitary & District boundaries

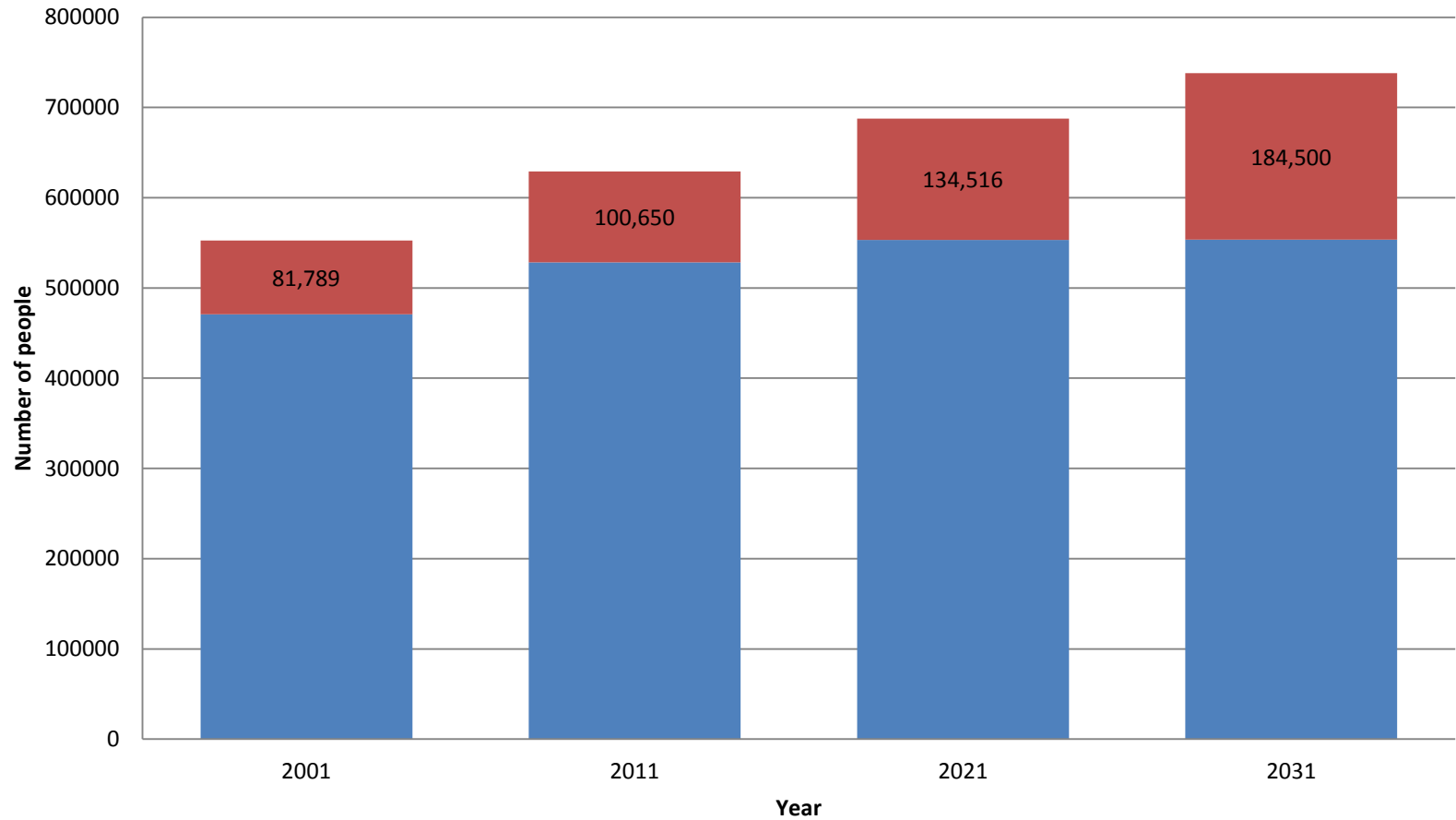
# Children of secondary age

**Figure 6:** Actual and forecast secondary aged pupils by district, 2002/03 to 2022/23



# Aging

Change in number of over 65s 2001 to 2031



# Service Implications – One year ahead



# Response – lead in to discussion groups

- Improve on the wider determinants for service demand
- Demand management



# Wider Determinants

## What is the Born in Bradford (BiB) study?



The Born in Bradford (BiB) cohort study allows us to understand how genetic, nutritional, environmental and social factors affect health and development during childhood and subsequently in adult life.

We can also examine how nutritional, environmental and social factors influence the BiB mothers' health and wellbeing.

The findings from BiB will help us learn how to improve childhood and adult health in Bradford and more generally.

## What are the health-related behaviours of BiB mothers?

Approximately 60% of White British mothers still smoked or had previously done so compared to less than 10% of Pakistani mothers. White British mothers started smoking around 3 years earlier than Pakistani mothers (14 versus 17 years old).

Fifteen percent of all mothers smoked during pregnancy, most of them of White British origin (33% versus 3% among Pakistani mothers). Also, around 21% of White British mothers were exposed to passive smoking, compared to 7% among Pakistani.

Over 60% of White British mothers drank alcohol 3 months before pregnancy, versus virtually no Pakistani mothers. Almost 20% of all mothers drank during pregnancy, mostly from White British origin (43% versus 0.2% among Pakistani mothers).

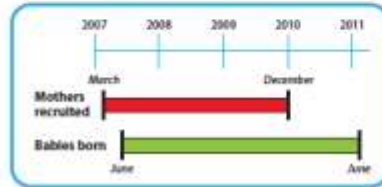


## Is the BiB study sample representative of Bradford's population?

Yes. Bradford is served by a single maternity unit at the Bradford Royal Infirmary (BRI) with approximately 5,800 deliveries per year.

Almost all women in Bradford book and give birth in the maternity unit. Mothers were eligible to enter the study if they planned to give birth in Bradford.

Compared to Bradford mothers, BiB mothers are very similar in their demographics and socioeconomic conditions.



## What are the delivery outcomes?

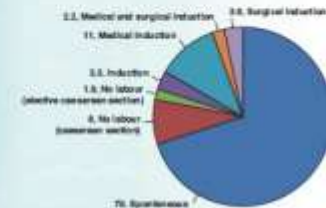
Almost 80% of mothers had vaginal births and this was slightly higher among Pakistani mothers than those from "Other" ethnic origin (79% versus 75%).

Only about 10% of mothers received instrumental assistance during vaginal delivery, and this was less frequent among Pakistani mothers (around 7% versus around 11% among White British and "Other" ethnic groups).

On average, babies were delivered at 39.5 weeks of gestational age, without differences by ethnicity. Fifty-one per cent of babies were males.



Types of onset of labour (%)



# Wider determinants

## Public Health Outcomes Framework

### OUTCOMES

Vision: To improve and protect the nation's health and the health of the poorest fastest

**Outcome 1: Increased healthy life expectancy**  
Taking account of the health of the poorest

(Note: This measure would be applied to life expectancy)

**Outcome 2: Reduced differences in life expectancy between communities**  
Through greater improvements in health and mortality, addressing within-area differences

(Note: These two measures would work together to improve health and mortality, addressing within-area differences)

### DOMAINS

**DOMAIN 1:**  
Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

Indicators } Across the life course

**DOMAIN 2:**  
Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators } Across the life course

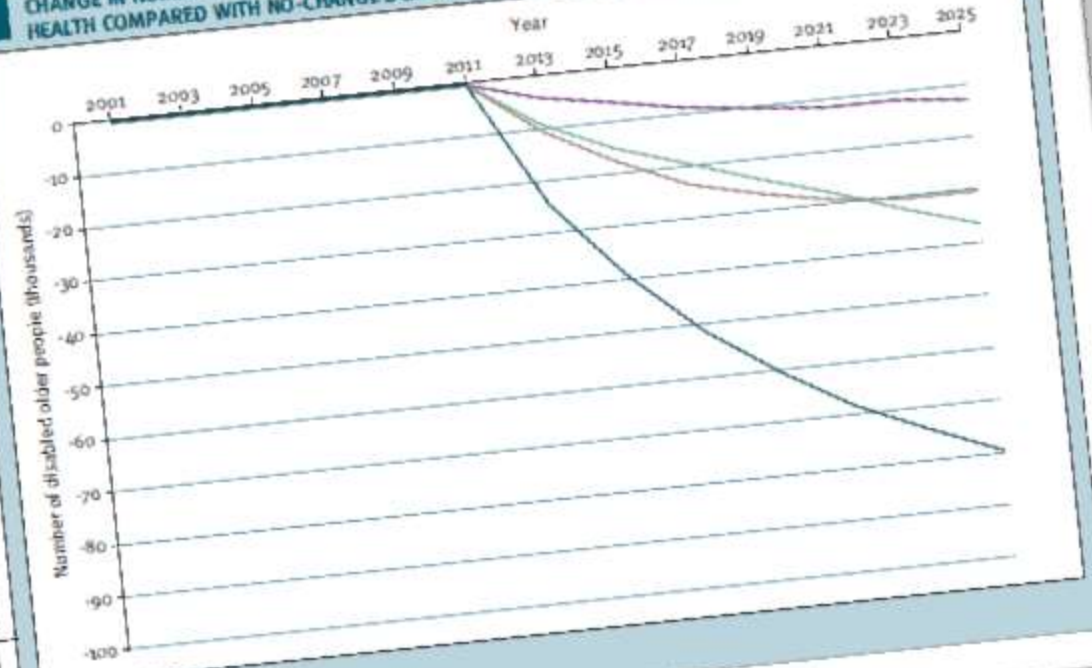
Objective: Reducing health inequalities

Indicators } Across the life course

Objective: While reducing the gap between communities

Indicators } Across the life course

**6 CHANGE IN NUMBERS OF DISABLED OLDER PEOPLE UNDER SCENARIO OF IMPROVING POPULATION HEALTH COMPARED WITH NO-CHANGE SCENARIO, 2001 TO 2025**



**KEY**  
 — 65-74 years  
 — 75-84 years  
 — 85+ years  
 — Total

Source: Jagger et al 2006



# Demand Management

- Addressing mismatched expectations through changes in process and communication.
- Ensuring that over-supply (where it exists) is reduced.
- Reducing costs of those who do have needs by tapping into citizen-driven innovations: personalisation with a purpose.
- Building the community skills and capacity to take on more responsibility and reduce needs in the long term – transforming the relationship with the citizen.

LGA 2013

# Conclusions

- Pressures on budgets are coming from a variety of directions
- Increasing pressure for Cambridgeshire from demographic growth
- Demand management is one of the solutions