Bristol Clinical Commissioning Group

Bristol's rising child population – JSNA Summary Factsheet (Jan 2014, v2 by CCG locality)

1. Background

Bristol's Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy have highlighted that a key factor of our city's population profile is the rapid and continuing growth of our child population, particularly in the Inner City wards. This Factsheet provides an updated summary of key data, and has 2 versions for different geographies: v1 for Council Children & Young People Services (CYPS) Areas and v2 for NHS CCG (Clinical Commissioning Group) Localities.

In 2013 the JSNA process worked with teams across the Council and NHS CCG, as well as health partners and the Children and Young People Outcomes Board, to review evidence and potential impacts (present and future) on the whole health, care and education system to assist the Health and Wellbeing Board and partners to develop a strategic response to the growing child population and demand on services. The Board set up a short life working group to identify cross-partner links and strategic actions (due Feb 2014).

Overview of child population in Bristol (CCG) locality in last 5 years

	Bristol Total	Inner city & East	North & West	South
Live Births 2012	6781	2248	2190	2343
Birth % increase, 2007-2012	14%	19%	11%	14%
Number of 0-4 year olds, 2012	30663	9941	10299	10423
% increase, 2007-2012	22%	31%	19%	17%
%of 0-4 year olds who are BME (2011)	29%	54%	20%	14%
Number of 0-15 year olds, 2012	80652	24699	28264	27719
% increase, 2007-2012	11%	18%	10%	7%
%of 0-15 year olds who are BME (2011)	28%	50%	20%	13%

Table 1. Source: ONS Birth data; ONS Mid-year estimate 2012; ONS 2011 Census (re BME); ONS Mid-year estimates 2007-12, revised 2013 (re % increases)

2. Overview

In the last decade, Bristol's child population has been consistently rising, and is now at its highest level since the mid-1980's (figure 1). The change has not been equal across the city (latest details in table 1). The increase in Bristol's child population has been concentrated in the increasingly diverse Inner city and East (in 2001-12, Inner City alone increased by 47%, compared with Bristol overall, 10%), but in the last 5 years 2007-12 all areas have risen significantly (fig 2) including South Bristol, where child numbers were previously falling.

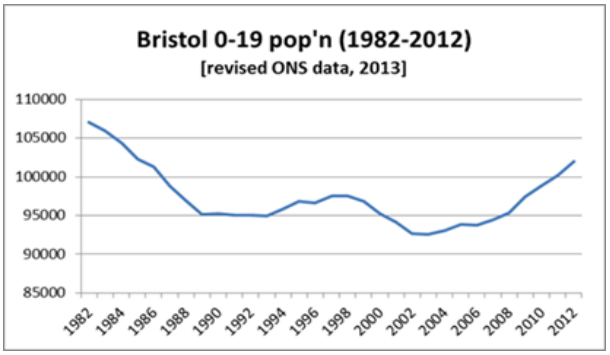

Fig. 1, source: ONS revised data, 2013

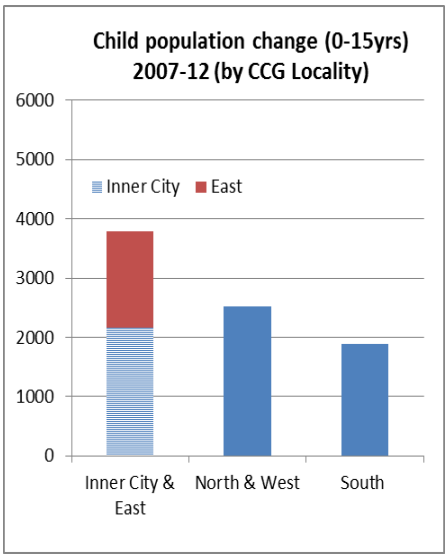

Fig. 2, source: ONS revised data, 2013

"Bristol has a growing child population and one of our biggest challenges is addressing their needs. Lifestyle and habits formed in childhood can influence a person's health throughout their life."
Bristol Mayor George Ferguson, Jan 2014

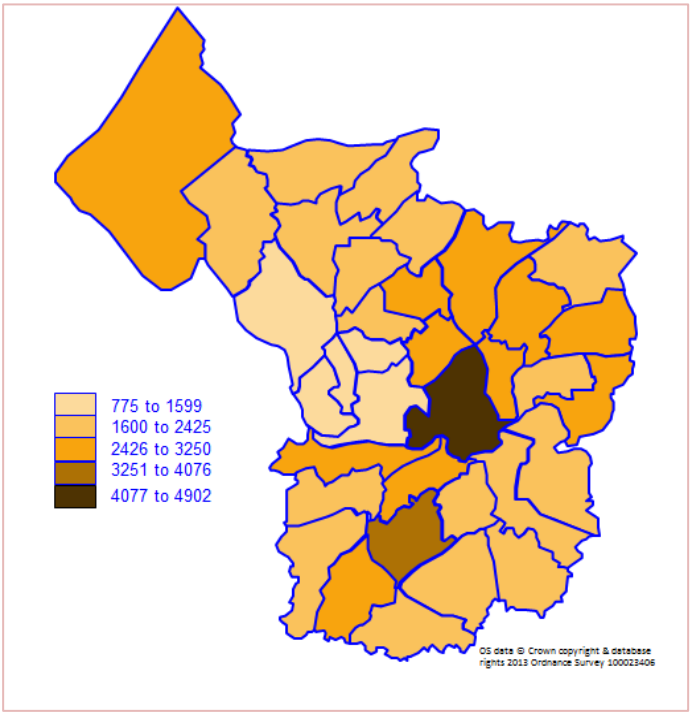

Fig. 4, Number of children under 16 in each ward; source: ONS 2012. mid-year estimate

Population trends for 2001-12 highlight the growth in young children under 5 (fig 3a), and by different areas highlight that, although all areas have been increasing since 2007, the rise in Inner city and East is faster and has been in place for longer (fig 3b). There is an increasingly uneven distribution of the child population across the city (see fig 4), from under 800 children in Clifton East to 4,900 in Lawrence Hill, and also increasing ethnic diversity within this growing child population (more in section 6).

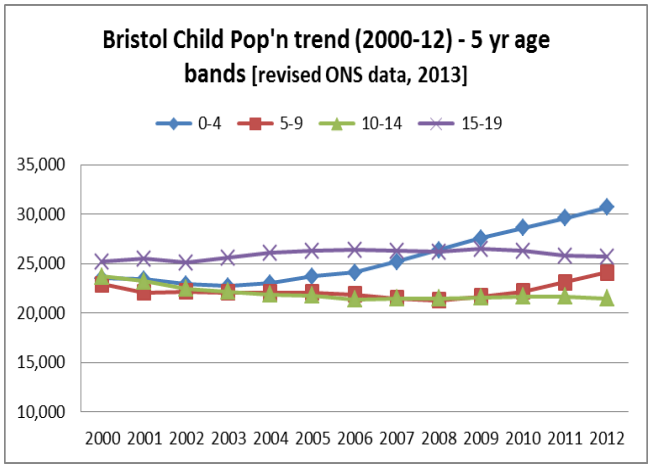

Fig. 3a, source: ONS Mid-year estimates, revised 2013

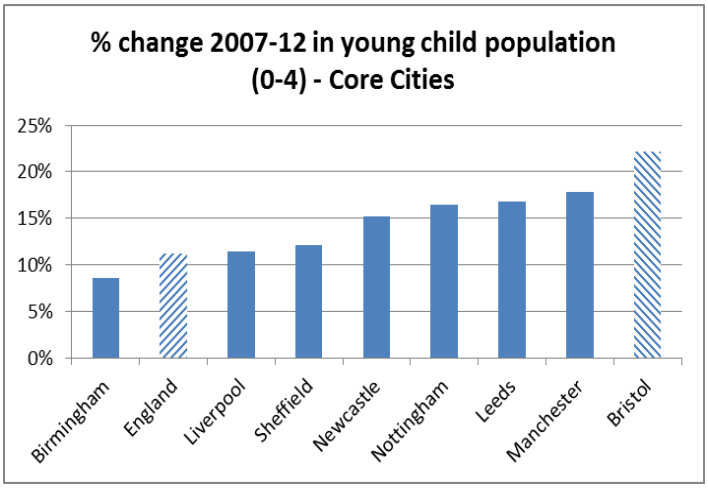

Fig. 5, Core cities; source: ONS revised data, 2013

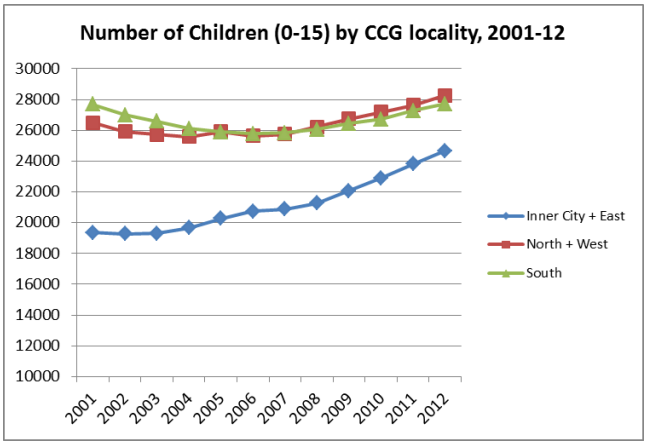

Fig. 3b, source: ONS Mid-year estimates, revised 2013

There has been an increase in the child population nationally, but the rise in Bristol is significantly greater than average. Numbers of children and young people 0-19 in Bristol rose 10% between 2002 and 2012 (almost 3 times national average rise of 3.5% and 3rd highest of the Core Cities). Looking at the change over the last 5 years alone (2007-12) Bristol's increase is relatively greater, with an 8% rise in child population (0-19), over 3 times national average of 2.3% and 2nd highest of Core Cities.

For young children (under 5), this picture is even sharper. In the decade 2002-12, under 5's in Bristol rose 34%, almost double England (18%) and 2nd highest percentage rise of the Core Cities. Taken over the last 5 years only (see fig 5), numbers of young children under 5 in Bristol rose 22%, double England rise (11%) and the highest of the Core Cities. This is the highest percentage increase of any 5-year age band in Bristol (over both time periods), and only adults of young working age (20-34) have a greater population than under 5's. This in turn is linked to increasing births (section 5).

3. Children under 16

Bristol's child population is rising in all areas, and rising fastest in the Inner city and East. However, this area also has the least number of wards. Fig 6 illustrates the *average* rate of increase within wards, highlighting the increasing pressures within the Inner city and East. The North and West locality now has the highest *total* number of children (fig 3b), but the lowest *average* number in each ward.

Looking at selected individual wards (fig 7) highlights the striking growth in Lawrence Hill (4900 children, Inner City) where numbers almost doubled in the decade and are still rising rapidly: 38% rise in last 5 years. Easton (3080 children, 5th biggest, Inner City) rose 19% since 2007, similar to Hillfields (3200, 3rd, East) where there has been an 18% rise. These compare to Filwood (3340, 2nd, South) which rose 4%, Ashley (3140, 4th, Inner City) rising 9% and the Bristol average rise of 11%. The child population in Clifton East (775 children, lowest, North and West) fell by 8% since 2007.

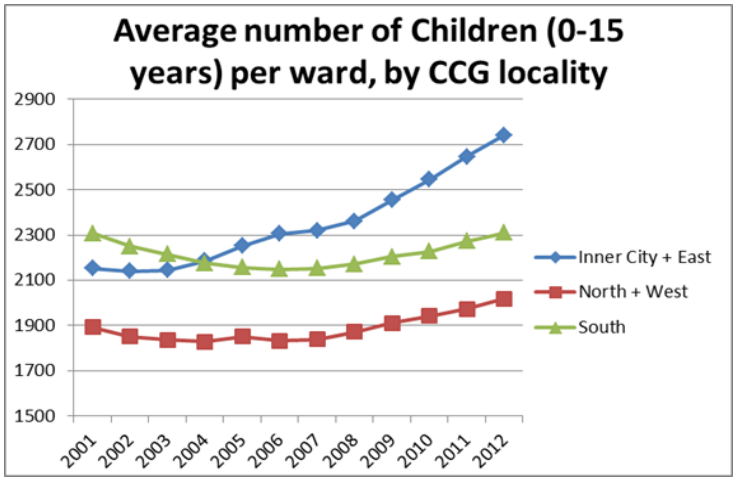

Fig. 6, source: ONS Mid-year estimates, revised 2013

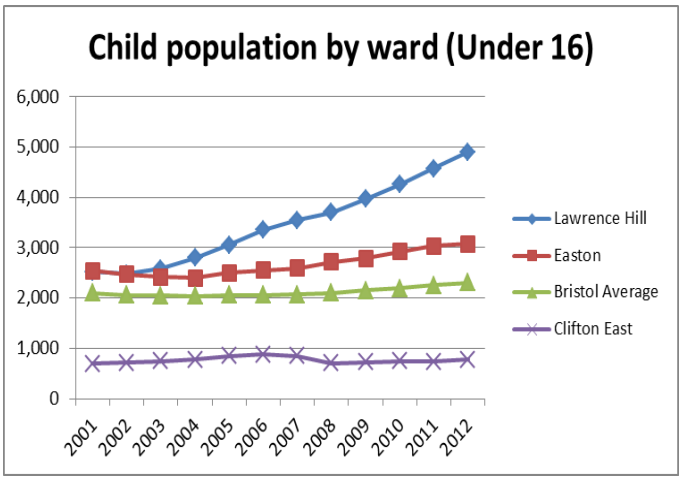

Fig. 7, source: ONS Mid-year estimates, revised 2013

4. Young children under 5

The current child population rise has been predominantly an increase in young children under 5 (accounting for 67% of total rise since 2007). The *average* number of under 5's per ward has risen sharply in all areas of Bristol (fig 8), and that is particularly increasing in the Inner city and East.

Looking at selected individual wards highlight Lawrence Hill (2160 children under 5, Inner City) has grown much faster than all others, rising 130% in the decade and 46% since 2007 (fig 9). Easton (1350 children under 5, 2nd biggest, Inner City) rose 47% and Hillfields (1180, 3rd, East) rose 31%. Also of note, Lockleaze (970, 10th, North and West) rose 55% since 2007 and St George West (1100, 6th, East) rose 45%, whereas Filwood (1070, 8th, South) had the highest under 5's population in 2001 but 8th in 2012 as numbers remained the same, but Bedminster and Southville (South) increased 39% and 34% in last 5 years. The Bristol average increase was 22%.

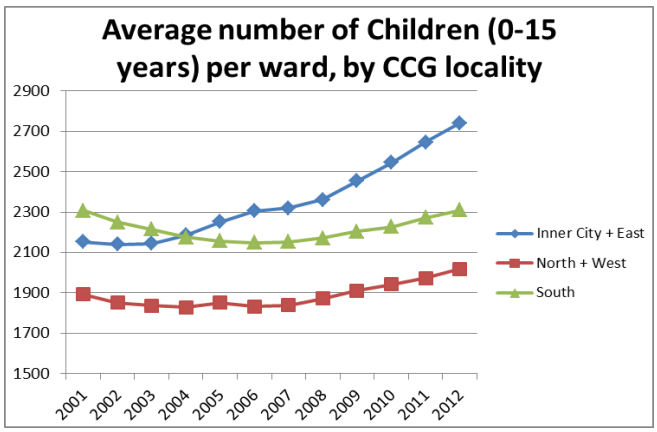

Fig. 8, source: ONS Mid-year estimates, revised 2013

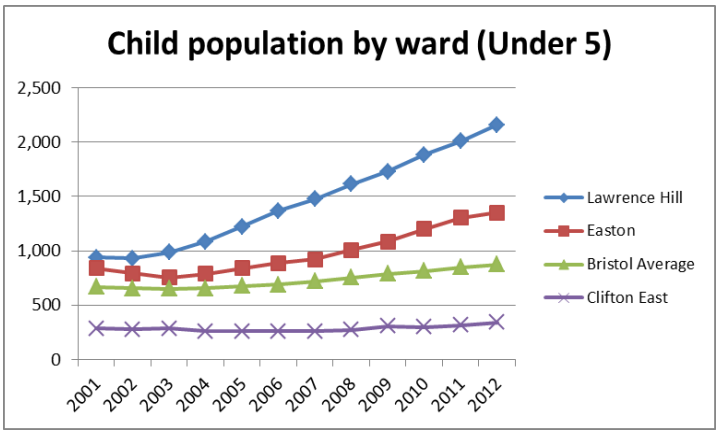

Fig. 9, source: ONS Mid-year estimates, revised 2013

5. Births

Numbers of births in Bristol (2012) are now 25% higher than they were in 2005 (14% more than 2007). Numbers of births have risen consistently across all areas of the city, rising proportionately faster in the Inner city and East (fig 10). Annual numbers of new births, 2012, varied from 90 (Cotham) to 470 (Lawrence Hill).

Recent data suggests births in the North and West of Bristol show signs of stabilizing, but not in the other areas, and certainly not in Lawrence Hill or Easton (the 2 highest).

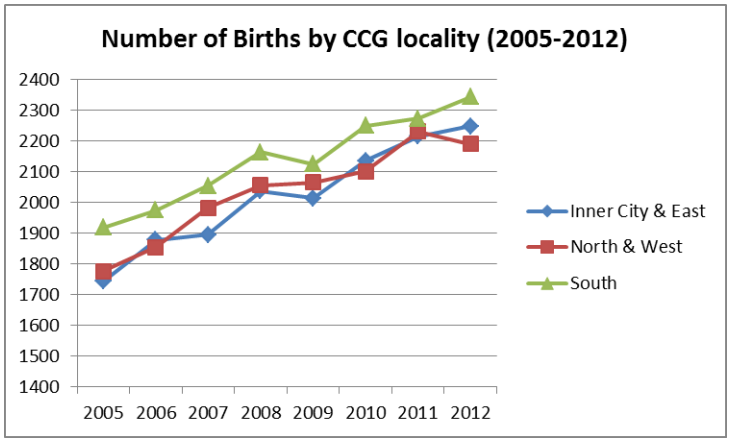

Fig. 10, source: ONS birth data, 2013

One factor that may help explain this is the fertility rate which varies across the city, with two of the wards with the highest number of births per 1000 women being Lawrence Hill and Easton, although this also links to areas of deprivation. Other drivers include international migration to Bristol, including families with children and young working-age adults settling in the Inner City areas and have since had children here, explaining some of the rise in this area.

6. Ethnicity

The child population is increasingly ethnically diverse. For children (0-15), the Bristol average is 28% Black & Minority Ethnic, BME (32% BME including non-British white children), considerably higher than the all-age rates in Bristol of 16% BME (22% BME including non-British white).

However, diversity is not equal throughout Bristol. Half (50%) of children in the Inner city and East are BME, a much larger ratio compared to the other areas (20% North/West and 13% South) (fig 11). This figure varies dramatically across wards, ranging from 6% BME in Whitchurch Park to 83% in Lawrence Hill.

The number of children using English as an alternative language has also been rising. By 2013, 8 wards had between 340-1850 school pupils using English as an alternative language compared to just 4 in 2008 (fig 12). This, along with ethnic diversity and a rising population of young people has consequences on the education, social care and health services, which will need to accommodate for these changes.

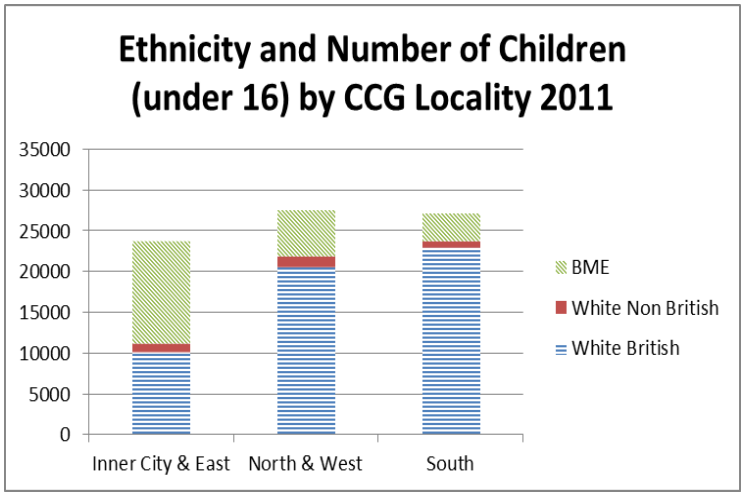

Fig. 11, source: ONS census 2011

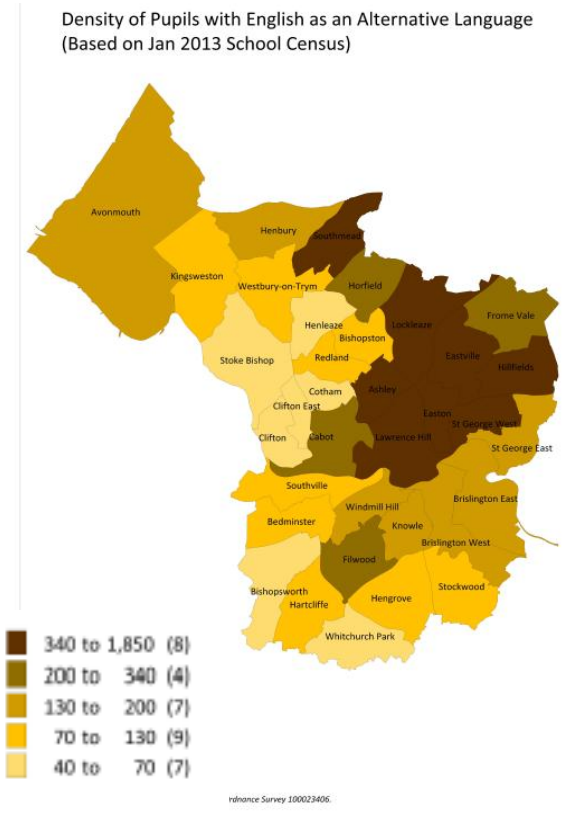

Fig. 12, source: School Census 2013

7. Service Impact

The growth of Bristols child population has implications for service planning and delivery. Using current data and projections some implications are highlighted here, though this is not exhaustive.

7.1. Children in Low-Income Families (Child poverty)

Children in low income families (family income 60% below the national median) was formerly called Child Poverty. Latest figures for Bristol (2011) indicate 24.9% children are living in low income families, around 1 in 4 compared to national average of 1 in 5 (20.1%). This is a 2.1% reduction compared to 2007 Bristol figures (27%) and is the third lowest of the core cities. However this reduction could be contributed to by both an increase in child population and a fall in the national median income, meaning children moved out of the category may not have seen any actual benefit or life improvement. The number of children in low income families is not equal across Bristol, from only 3% in Henleaze to over half of children in Lawrence Hill (51%). Fig 14 shows the distribution of this inequality, darker areas have a high percentage of children in low income families.

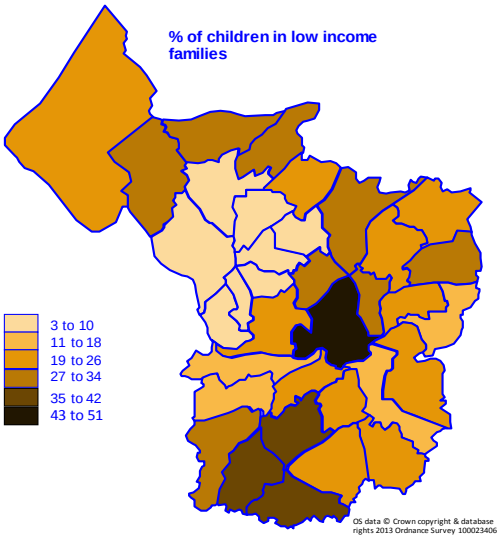

Fig. 14, Low income families, source: HMRC 2013

7.2. School Places

A growing child population will clearly impact on educational services. School roll was about 53,000 places in 2013 which has been increasing rapidly since 2008 (was just below 48,000). These pressures are currently faced by Early Years and Primary schools, but will impact on Secondary school needs in a few years, and these pressures are faced across the city. The School Organisational Stragegy (2013-17) provides projections of the increasing numbers expected to join primary reception classes in each area (see figure 15), and how the additional school places (up to 800 by 2017) will be provided. These include council or academy school places, not private or outside-Bristol school placements.

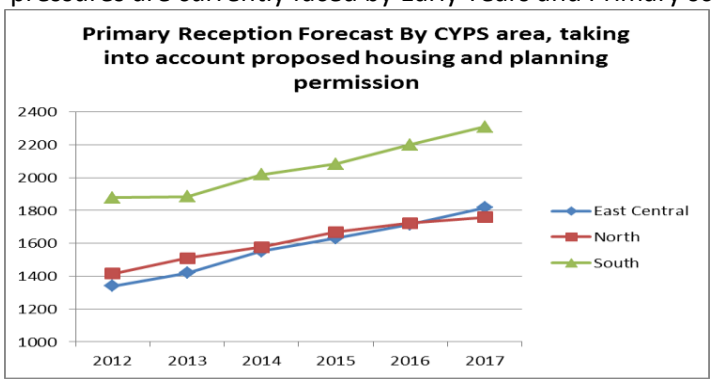

Fig. 15 (actual numbers up to/projected from 2013), source: School Organisational Strategy 2013-17

7.3. Special Educational Needs (SEN)

As child numbers increase with more children attending schools, but also with more children in need of additional services, the number of children requiring SEN is going to also increase. Projections show an expected increase in children needing SEN support in all areas (fig 16).

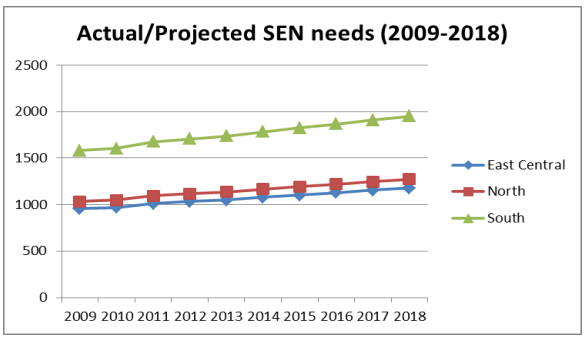

Fig.16 (CYPS areas, actual numbers up to/projected from 2013) source: Bristol School Census 2009-2013

7.4. GP Registrations

GP registrations also reflect the increased number of children in need of services. The number of children registered to GPs in Bristol has increased in all areas by the hundreds in just the last few years, but this is particularly impacted by the increase in the under 5's population.

7.5. Hospital Services

The increase in the under 5 population has a disproportionate impact on health services. Fig 17 shows how the already higher numbers of 0 to 4 year olds attending A&E (with quarterly fluctuations) has been steadily increasing over the past few years.

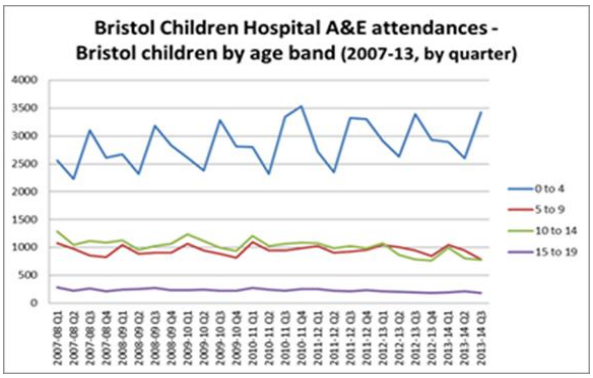

Fig. 17 source: Bristol Children's Hospital, University Hospitals Bristol, 2014

7.6. Child Obesity

A key child health issue to be addressed is a rise in the rate of obesity. 19.1% of 10-11 year olds in Bristol schools (almost 1 in 5) were measured as obese in 2011/12, which has been rising slightly year on year (was 17.5% in 2007/08). The rate of Reception age children (4-5yrs old) identified as obese has been broadly steady over the same 4 year period, around 9.8% (2011/12).

7.7. Immunisations

Childhood immunisation coverage is different across the city, with significantly lower rates in Inner city and East. There is a need to support people, especially recent migrant families, to understand the health system, self-care and the need for immunisations in a culturally sensitive way.

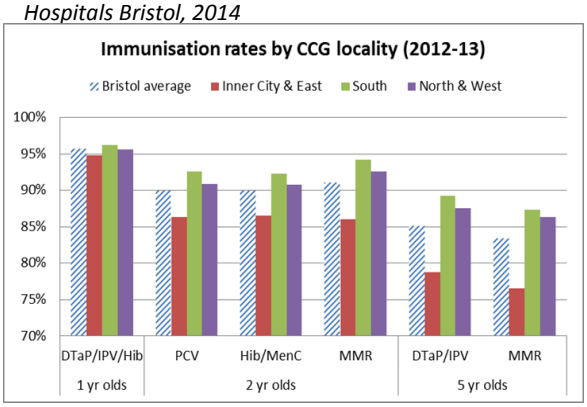

Fig. 18; source: NHS Bristol CCG, 2013

7.8. Children's social care

Numbers of Children in Need in Bristol, including those allocated Social Workers, on Child Protection registers and Looked After Children (in care) have been increasing along with the rise in the overall child population rise. The rates (per 10,000) for these categories have been broadly stable (with a small rise in the Child Protection rate), which are slightly above national average but similar to other comparable cities. However, as the child population increases further, pressures will continue.

8. Future Population projections

Official projections for future Bristol Child populations, broken down by age band, expect a less dramatic increase of 0-4 year olds (fig 19). However as the increased number of young children get older we will see an increase in the subsequent age bands and impacts on relevant services for these ages. A basic local projection by area (fig 20, polynomial projection based on past trends only) suggests that all areas will be impacted, but pressures will continue to be disproportionately felt in the Inner city & East locality. *[Note - Whilst these projections overestimate the actual increases, they show relative change likely between the different areas. More detailed projections will follow ONS 2014].*

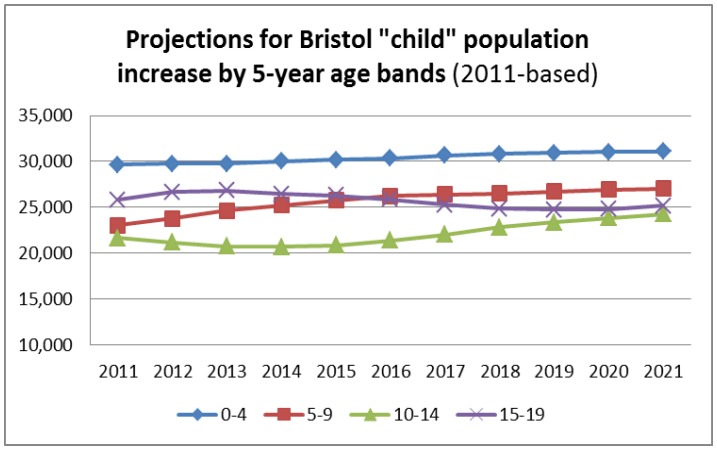

Fig. 19 (actuals up to/projected from 2011), source: ONS 2012

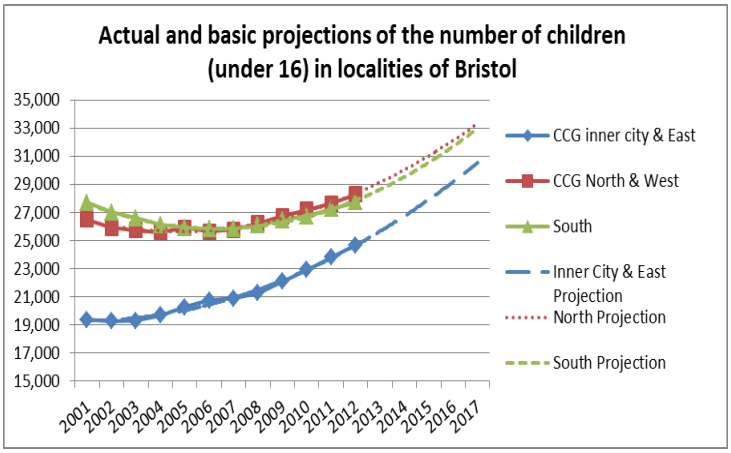

Fig. 20, Illustrative projections based on past trends only