



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Report from the short-life working group on the rising child population in Bristol	
Author, including organisation	Claudia McConnell, Service Director: Bristol City Council and Bristol Clinical Commissioning Group
Date of meeting	3 April 2014
Report for Discussion	

1. Purpose of this Paper

This group was commissioned by the Health & Wellbeing Board (HWB) following discussion of the Joint Strategic Needs Assessment (JSNA) report in September 2013 highlighting the rise in the child population in Bristol. The purpose of the short-life group was to inform and assure the HWB about our collective 'readiness to respond' and to identify gaps where the HWB can work with or influence partners to take action.

2. Context

A key feature of our city's population is the rapid and continuing growth of our child population, particularly in the central wards of the city. The child population is now at it's highest since the mid-1980s. The overview table on the front page of Appendix A (the January JSNA summary factsheet) shows that in 2012 we had 30,663 0-4 year olds in the city, a 22% increase since 2007. Bristol's under 5s increase in recent years is the highest of all core cities. There is also an increasingly uneven distribution of the child population across the city, and increasing ethnic diversity within certain areas. Some wards and parts of the city have much higher

% rise than others, which needs to be taken into account when we are planning and delivering services.

3. Short-Life Working Group

The short-life working group was developed following a JSNA Child Population seminar in May 2013 and subsequent report to the HWB in September, and the group has met 3 times: November 2013 and twice in January 2014. Although membership has been from across many organisations and key statutory providers in the city, the most consistent membership was from health partners and this is reflected in some of the findings. The group has met during a very busy period for all partners and has been dependent on what individuals were able to provide and collate in the time available. **If further work is done on this, then it is recommended that other partners, such as the voluntary and community sector, be asked about the impact on their provision and planning.**

The findings and recommendations are based on the information the group has now - it is a snapshot in time. We know that the large cohort of current under 5s will get older and move through the various services they access at different age groups, and we know that some areas have a larger increase than others. We also know that we have increasing diversity in the city – 28% BME (black, minority, ethnic) for children 0-15 versus 16% all age rates – and the potential for increasing numbers of children living in poverty. What we are less certain of is whether the current rate of child population increase will continue, so the **group recommends that the HWB continues to keep the issue under close review, using the JSNA and any additional projections and future trends work that can be done.**

4. Key risks and Opportunities

The working group has identified that most key areas and actions are already being addressed through existing work programmes and agencies (see Issues sheet, Appendix B), but there are a few areas that have been flagged where the Health and Wellbeing Board can use its influence to improve the strategic response to the rising population, or specific groups within it. This includes:

4.1 Access to a single set of detailed service planning data: for all partners this has been flagged as an area where the HWB can add value, as different services and lead agencies use their own data sources with slightly different figures for Bristol or parts of Bristol. The JSNA can act as a central place to co-ordinate data at a strategic level, and be used more to hold a wider range of data-sets to support cross-agency service planning (and/or to signpost to more detailed data-sets as appropriate). This could also link to the 'Open Data Platform' currently being developed through the Council's Future City programme. **We recommend that the HWB provide a clear lead to all partners to use a central data hub for data hosting and for information that supports joint planning and collaboration in delivering services.**

4.2 Services that are designed to meet the needs of an increasingly diverse population:

- i) Coordinating the commissioning and provision of interpretation and translation services: We identified that most agencies, including health trusts, housing, social care, and education have some form of service with specialist staff with specific language skills (link workers, key workers). The Council offers some service but not all agencies use it. The commissioning of English as a Second Language support is also fragmented. **We recommend that the HWB ensures that these services are reviewed and, where possible, a single service is commissioned that builds capacity to work across services while also retaining specialist skills and expertise where needed.**

ii) Services supporting improved access and outcomes for the gypsy/Roma population: members of the group became aware through discussion that services and expertise for this group within the overall population felt fragmented and possibly facing reduced capacity and leadership. For example, there is a specific post in education, but reduced capacity for work in other areas such as site identification, and reduced capacity in the Council's equalities team (and within Public Health) to coordinate and lead on this. **We recommend that the HWB request a review of current provision and whether it is sufficiently robust to meet growing demand.**

4.3 A continued focus on the impact of welfare reforms and rising numbers of children living in poverty: although the JSNA summary reports that the actual proportion of children living in poverty has reduced slightly between 2007 and 2012, there is anecdotal information that this could be changing. Bristol's child poverty strategy (2011–2020) is part of a wider focus on welfare reforms work: **This needs to be reviewed in 2014/15 to ensure that the city is doing all it can to mitigate the causes and effects of child poverty.** Key initiatives such as the Mayoral commissions on education and fairness should be used to ensure a sustained focus on this issue.

4.4 More joined up signposting to children and family services across the city: both the Council (People Directorate and Public Health) and the CCG are planning websites to publicise services to children and families. **It would make good strategic sense for these to either link better to each other or be developed together to ensure that information for families is shared across the community.**

5. Conclusions

The group found that all agencies are very aware of and working hard to ensure that services are sustained and accessible, especially at a time of reducing resources in the public sector. In some areas, such as school place planning, additional funding has been secured and robust planning and identification of new provision is clearly in hand. All of our health providers are working closely with commissioners to ensure that children and families use the right services eg primary care to avoid unnecessary attendance at Emergency Departments. Housing planners are focused on a wide range of needs, with a small number of large families requiring housing at the same time as needing accommodation for a growing number of small and/or single person households.

Overall the conclusion of the group is that the impact of the rising child population is being felt and is known about, and is generally being responded to well. A continuing focus is required to ensure that it is set in the context of joint planning and commissioning across the city.

6. Recommendations

The HWB continues to keep the issue under close review, using the JSNA and any additional projections and future trends work that can be done. If further work is done, then it is recommended that other partners, such as the voluntary and community sector, be asked about the impact on their provision and planning.

The HWB provide a clear lead to all partners to use a central data hub for data hosting and for information that supports joint planning and collaboration in delivering services.

The HWB ensures that the commissioning and provision of interpretation and translation is reviewed and, where possible, a single service is commissioned that builds capacity to work across all agencies, whilst retaining specialist skills and expertise where needed.

The HWB request a review of current provision for Bristol's gypsy/Roma child population and whether it is sufficiently robust to meet demand.

The HWB asks for a review of progress with the Child Poverty Strategy in 2014/15 to ensure that the city is doing all it can to mitigate the causes and effects of child poverty.

The HWB ensures that the development of websites and signposting services is done in collaboration across agencies to ensure that information for families is shared across the community.

7. Appendices

Appendix A: Rising Child Population - JSNA Summary factsheet (Jan 2014)

Appendix B: Rising Child Population - issues reviewed

Bristol's rising child population – JSNA Summary Factsheet
(Jan 2014, v1 CYPS areas)

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 Central 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 (CYPS Areas) in last 5 years				
	Bristol Total	East Central	North	South
Live Births 2012	6781	2129	2309	2343
Birth % increase, 2007-2012	14%	19%	11%	14%
Number of 0-4 year olds, 2012	30663	9433	10807	10423
% increase, 2007-2012	22%	31%	20%	17%
% of 0-4 year olds who are BME (2011)	29%	54%	22%	14%
Number of 0-15 year olds, 2012	80652	23593	29394	27719
% increase, 2007-2012	11%	19%	10%	7%
% of 0-15 year olds who are BME (2011)	28%	49%	19%	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 East Central (in 2001-12, Central alone increased by 42%, 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.

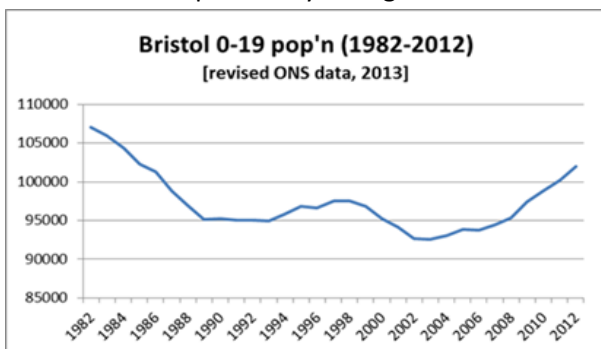


Fig. 1, source: ONS revised data, 2013

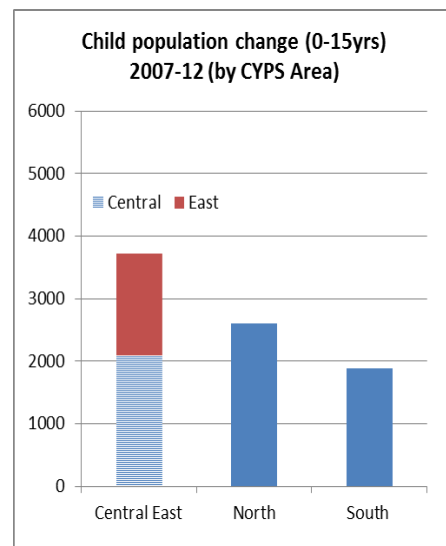


Fig. 2, source: ONS revised data, 2013

*"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*

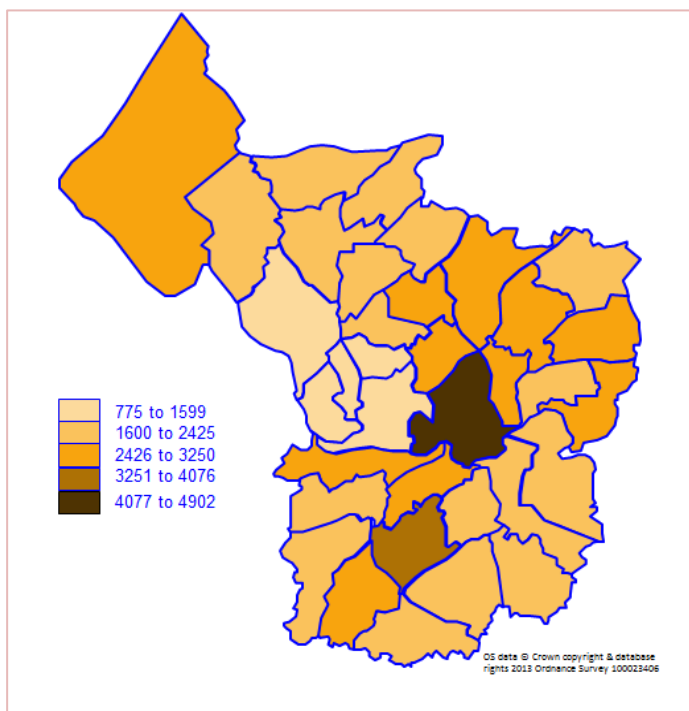


Fig. 4, Number of children under 16 in each ward; source: ONS 2012, mid-year estimate

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 East Central 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).

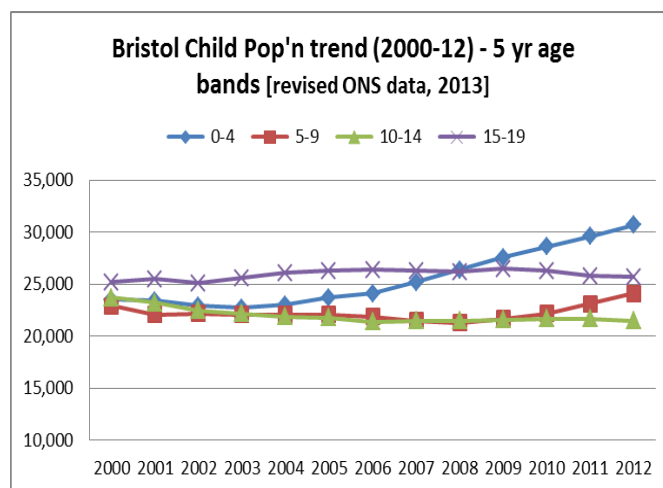


Fig. 3a, source: ONS Mid-year estimates, revised 2013

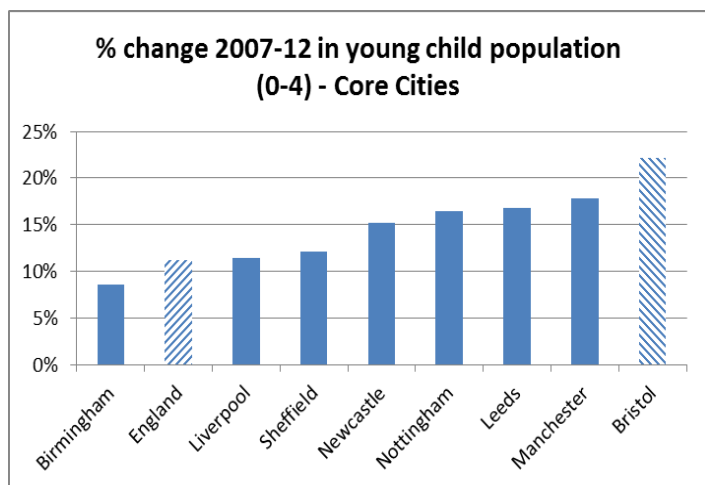


Fig. 5, Core cities; source: ONS revised data, 2013

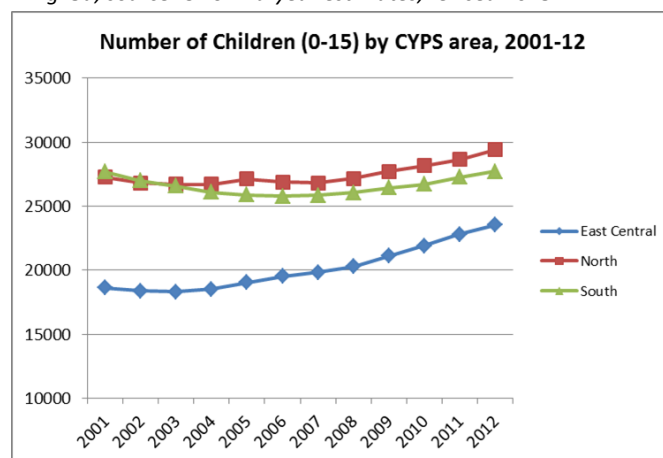


Fig. 3b, source: ONS Mid-year estimates, revised 2013

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 East Central. 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 East Central area. The North area 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, Central) where numbers almost doubled in the decade and are still rising rapidly: 38% rise in last 5 years. Easton (3080 children, 5th biggest, Central) 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, Central) rising 9% and the Bristol average rise of 11%. The child population in Clifton East (775 children, lowest, North) fell by 8% since 2007.

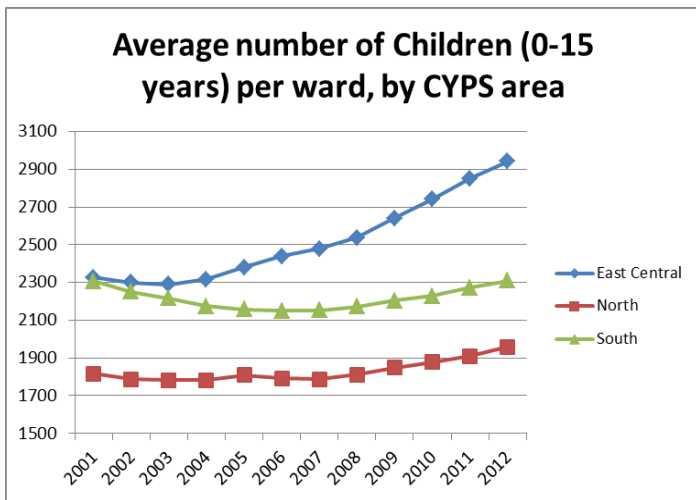


Fig. 6. source: ONS Mid-year estimates. revised 2013

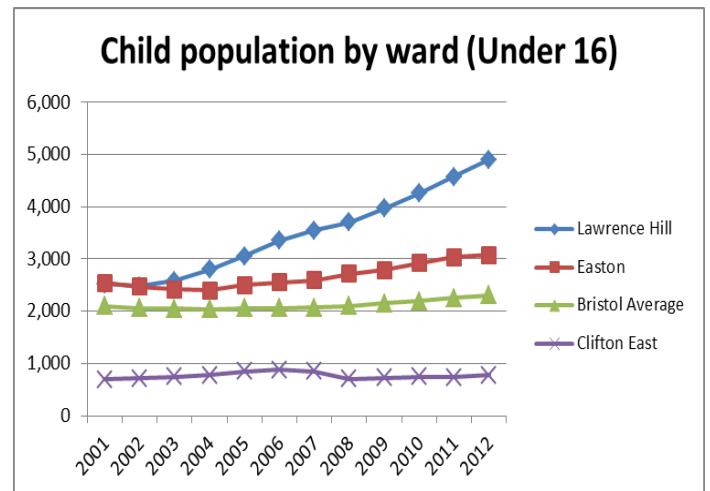


Fig. 7. source: ONS Mid-year estimates, revised 2013

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 East Central wards.

Looking at selected individual wards highlight Lawrence Hill (2160 children under 5, Central) 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, Central) rose 47% and Hillfields (1180, 3rd, East) rose 31%. Also of note, Lockleaze (970, 10th, North) 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%.

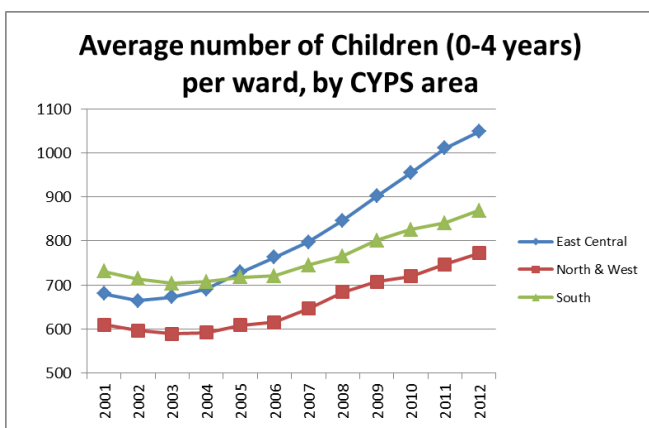


Fig. 8. source: ONS Mid-year estimates, revised 2013

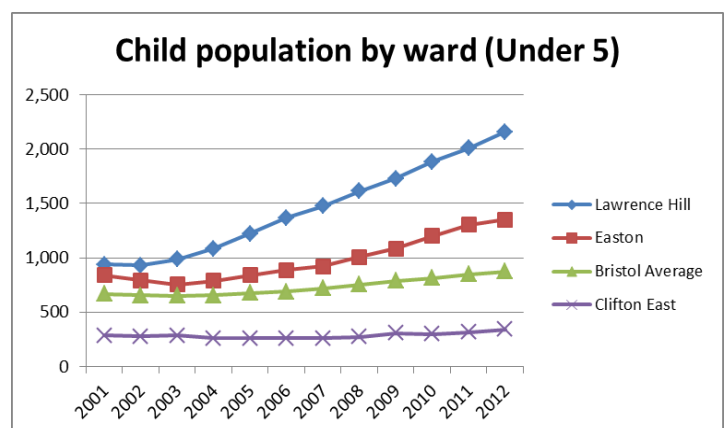


Fig. 9. source: ONS Mid-year estimates, revised 2013

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 East Central (fig 10). Annual numbers of new births, 2012, varied from 90 (Cotham) to 470 (Lawrence Hill).

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

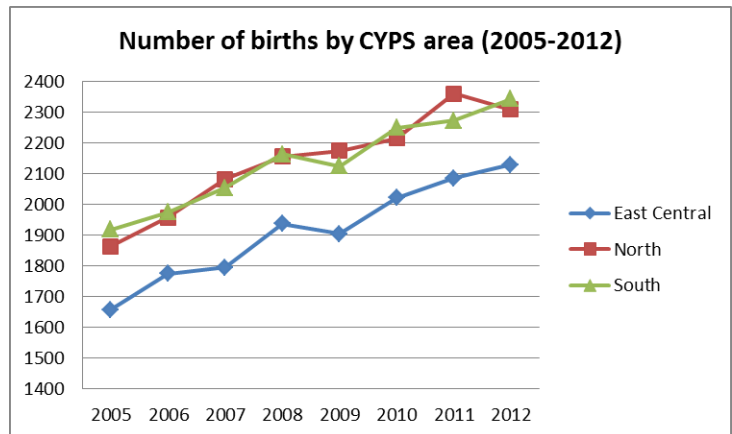


Fig. 10, source: ONS birth data, 2013

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 Central 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 (49%) of children in East Central are BME, a much larger ratio compared to the other areas (19% North 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.

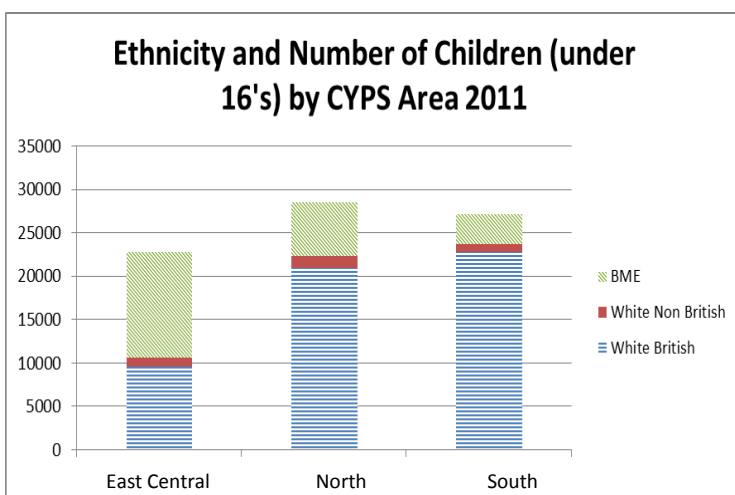


Fig. 11, source: ONS census 2011

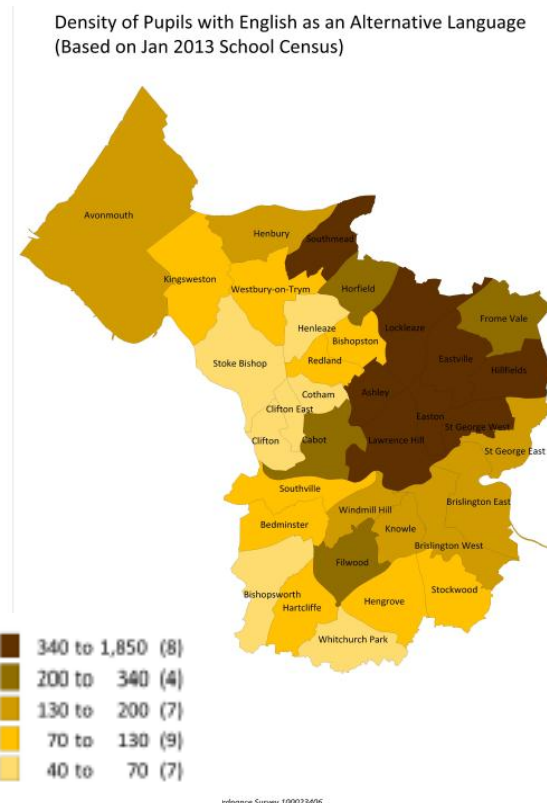


Fig. 12, source: School Census 2013

7. Service Impact

The growth of Bristol's 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.

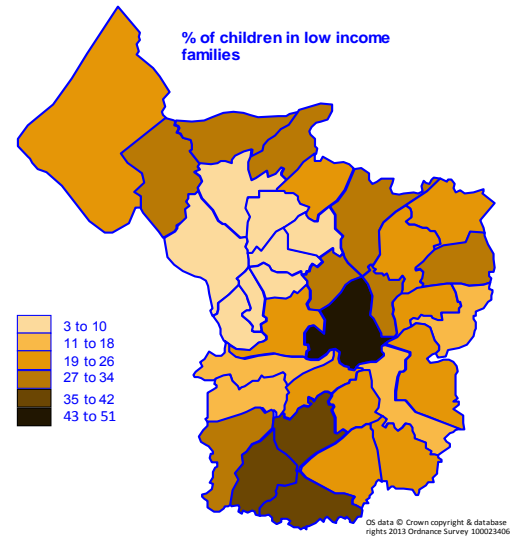


Fig. 14, Low income families, source: HMRC 2013

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.

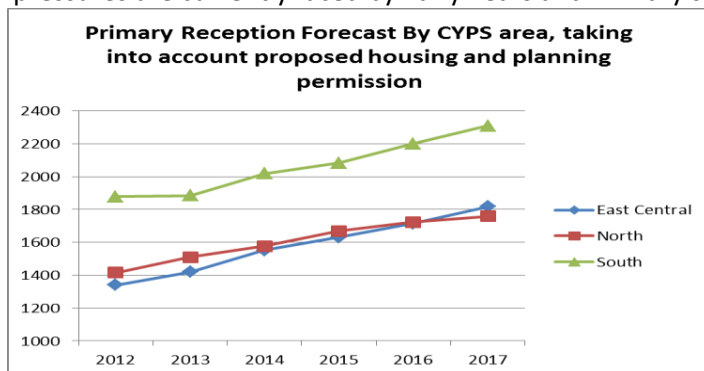


Fig. 15 (actual numbers up to/projected from 2013), source: School Organisational Strategy 2013-17

The School Organisational Strategy (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.

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).

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.

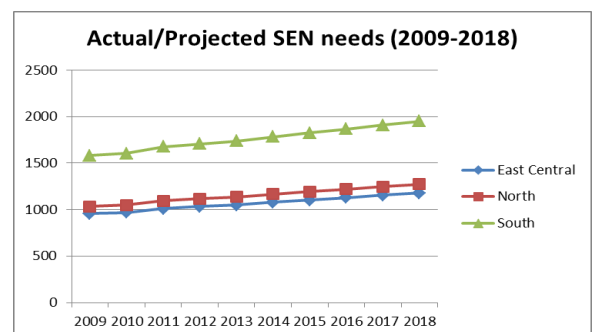


Fig.16 (CYPS areas, actual numbers up to/projected from 2013) source: Bristol School Census 2009-2013

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.

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 East Central. 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.

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 East Central area. [Note - Whilst these projections overestimate the actual increases, they show relative change likely between the different areas. More detailed projections will follow ONS 2014].

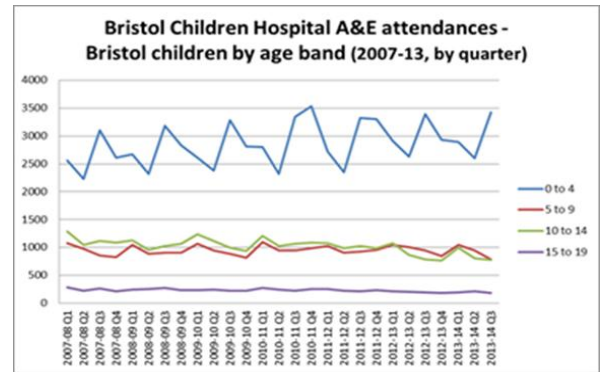


Fig. 17 source: Bristol Children's Hospital, University Hospitals Bristol, 2014

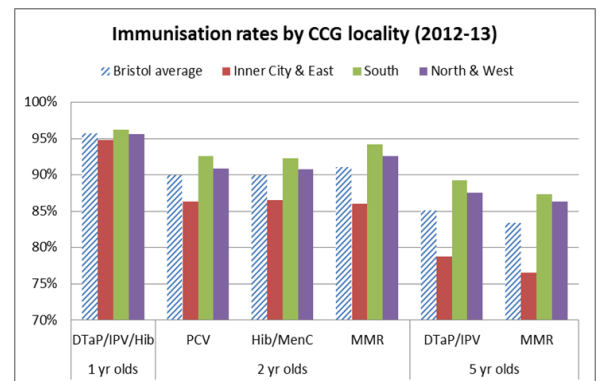


Fig. 18; source: NHS Bristol CCG, 2013

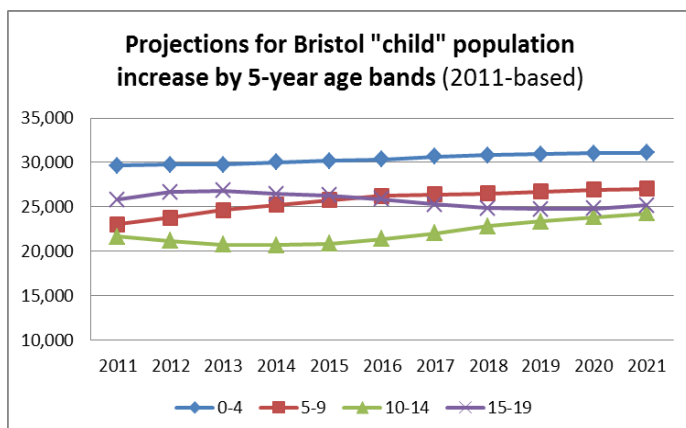


Fig. 19 (actuals up to/projected from 2011), source: ONS 2012

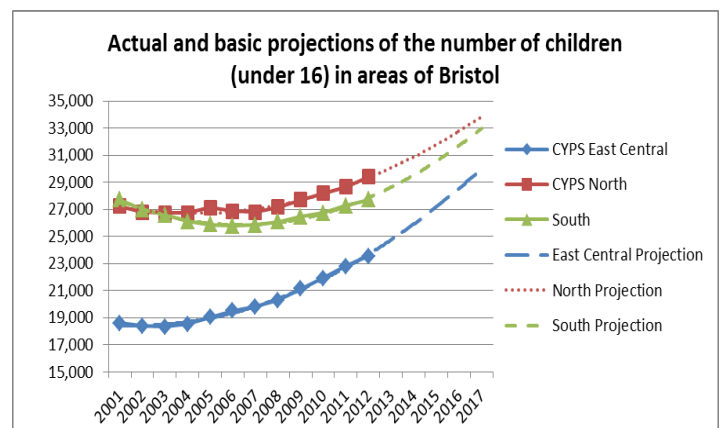


Fig. 20, Illustrative projections based on past trends only

Rising Population Issues Table

Issue to be addressed	Work area/Lead partner	Current service/status of proposed changes in service	Forecast change	Gaps/Actions Identified	Who should lead next steps
Interpretation and Translation Services	All	Each partner has own service (contracted or otherwise). Expense and duplication.	Increase in demand for all services Increase in diversity and range of needs	Can services be combined or shared? Combine with sign language and commission one service?	HWB Board to identify lead
Who holds information about population and demographics?	All partners have their own data sources and information sets. For the HWB Board, the JSNA should be the main overarching source of strategic data.	Current population projections (inc those in JSNA) are city-wide, with limited info at ward level. Use birth more for projections NB is a disparity, as births are 'flat' across the city but ↓ in North masks ↑ in South and Central East. Some data production is commissioned (eg school data packs) – could be better joined up	Difficult to predict if population will continue to increase, but need for central point on information and demographics to support planning and commissioning is agreed by all partners	HWB Board to agree that the central repository of strategic data and a reference point to plan services is the JSNA. Join up with shared data projects to ensure good access to ward level and more granular data.	HWB Board, led by Public Health working closely with the Council's Open Data Platform
Health Services 'front door'	Hospital Trust's emergency departments and admissions (UHB, NBT until April)	Numbers relatively stable, complexity increasing (work to improve access to primary care for children and young people appears to be having an effect, offsetting the ↑pop). ED attendance /admission	Complexity of cases continues to rise (deprivation, new families to UK, complex needs) and need more services per admission; access to primary care needs to continue to improve	All NHS partners and other services (Early Help) to ensure up to date information is available re GP & Out of Hours services, prevention and self-care	The CCG with its local partners, including all health providers

Issue to be addressed	Work area/Lead partner	Current service/status of proposed changes in service	Forecast change	Gaps/Actions Identified	Who should lead next steps
		numbers are tracked.		strategies	
In-patient hospital services and pathways with primary and secondary care	Hospital Trusts	Pattern/place of provision is changing. Centralisation of all children's at BRHC changes access for families, especially in the North.	Minor injuries units, ED and other children's services will be seeing more children and young people unless info. and access is clear	Good robust comms about changes with support from all partners (eg schools, early years) and review impact on activity.	NHS – providers and the CCG
Public Health nurses - Health Visitors	NHS England is the current commissioner until transfer to LA (Public Health) in October 2015. Current provider is NBT, new contract in place from April 2016. NB Family Nurse Partnership (FNP) starting in Bristol – commissioners as above	Investment in service (national drive) leading to drop in case loads per worker (especially Inner & East) thus more capacity of service. FNP additional resource	Growing numbers under 5 and some evidence of increased complexity eg large families, poor housing, language, complex needs. Transfer to Public Health commissioning could be time of risk	Investment needs to continue to maintain current caseloads and/or review skill mix and opportunities for better joint working with other Early Help services and as part of First Response. NB links with FNP	NHS England working with Public Health and other Council staff
Public Health nurses - School Health	Local Authority Public Health took over commissioning from CCG in April 2013.	Under-resourced, not all schools and education settings covered, confusion nationally about how provision to new free schools and academies	As current under 5s cohort progresses through, and school landscape changes, resources will be further stretched.	Review of current workloads and targeted resource allocation based on highest need (by area or school) is	PH in Local Authority with Council staff and schools and education settings

Issue to be addressed	Work area/Lead partner	Current service/status of proposed changes in service	Forecast change	Gaps/Actions Identified	Who should lead next steps
		should be funded	National Child Measurement Programme (NCMP) and immunisation programmes both responsibility of Public Health within council.	underway. PH keen to invest from ring fence grant but will only address now, not projected rise in child population.	
GP Services	<p>NHS England (NHSE) commissions primary care from GPs; Bristol CCG is responsible for quality.</p> <p>GPs refer to and manage demand for secondary care</p>	<p>GP workloads high and increasing; funding formula doesn't take account of under 5s or older people numbers; GP recruitment difficult nationally.</p> <p>Limited number of GPs have paediatric training and ill health in children often seen as high risk and may require referral to secondary care</p>	<p>As numbers of children increase, need primary care to respond to those needs (see above).</p> <p>Predicted regional shortage of GPs will increase pressures on workforce.</p>	<p>Increase childhood illness expertise (eg ICE paediatric network) and train more GPs in child health.</p> <p>Improve liaison with other universal services (early years) and improve self-care to reduce demand.</p> <p>Improve access to out of hours service because of work patterns and cultural diversity of parents and carers.</p>	NHSE and CCG
Dentistry/Oral Health	NHS England commissions	Current good news story, more supply than demand	<p>Very strong link between deprivation and poor oral health so need to increase usage for early prevention</p> <p>Orthodontics need may increase as those with</p>	<p>Help publicise service through all channels (eg early years, schools, health visitors).</p> <p>Ensure good quality information and</p>	NHS England working with other HWB Board members

Issue to be addressed	Work area/Lead partner	Current service/status of proposed changes in service	Forecast change	Gaps/Actions Identified	Who should lead next steps
			poor oral health grow up	signposting.	
Gypsy/Roma Population (all services)	All – appears to be some fragmentation of commissioning and provision for this vulnerable group of the population	Some provision is under review, but we are unclear of details and lead on this. Some services available through Education	Potential for numbers to increase at a time of risk of loss of services due to reorganisation (BCC), key people leaving and adjustment of priorities	Priority for the HWB Board to clarify who 'owns and leads' this agenda and how outcomes can be improved.	HWB Board to prioritise and identify lead
First Response and Early Help	BCC People Directorate with partners Designed to improve pathways, signposting and early help for families and prevent escalation to social care referrals unless necessary, with police, health and social care involved.	Service based response to rising demand (both numbers and complexity) Rolled out across the city in December 2013, early indications are that it is reducing referrals to social care and reducing multiple assessments across partners.	As numbers and complexity of children and young people and needs rise, we need to know that our responses are meeting and reducing demand on high cost targeted services	Robust analysis of demand and activity to inform future planning Need more accurate forecasting of additional needs. Build stronger links across agencies.	People Directorate with partners

Issue to be addressed	Work area/Lead partner	Current Service/status of proposed changes in service	Forecast change	Gaps? Actions Identified.	Who should lead next steps
Children and young people with disabilities, SEN, complex health needs and transitions.	People Directorate with NHS providers	Current fragmented arrangements not fit for purpose for the future eg requirement for single Education, Health & Care plan	JSNA summary on child population shows projected increase in numbers, so new ways of working required to meet increasing demand.	0-25 integrated service in development to meet rising demand and requirements of new legislation, and to better support young people and young adults preparing for adulthood.	People Directorate with key partners.
Children in Care and Leaving Care	People Directorate	Commissioning plan for post 16 accommodation and support, including engaging with foster carers and stakeholders on how to improve in-house Family Placement Service	Potential for rising numbers as cohort moves through the age bands, so provision needed to meet demand.	Ensure right accommodation is in place. New service planned for March 2014	People Directorate
School Places - SEN Education Places	People Directorate	School Organisation Strategy (2013-17) identifies school places needed in all areas of the city, but short in East central where population is rising.	Potential for rising numbers as cohort moves through the age bands, so provision needed to meet demand.	Shortfall of 25 places *Officers are prioritising to ensure that provision is available from 2014	
School Places - Primary	People Directorate	School Organisation Strategy identifies shortfalls in some parts of the city, especially in Inner and East.	The rising numbers and likely shortfalls are affected by current housing plans, and where families with school age children will be in the city.	Successful bids were submitted for capital funding for 2 new academies to be opened [Avonvale Rd, Sept 2014; Fairlawn Rd 2015].	People Directorate

Issue to be addressed	Work area/Lead partner	Current Service/status of proposed changes in service	Forecast change	Gaps? Actions Identified.	Who should lead next steps
School Places - Secondary	People Directorate	School Organisation Strategy identifies shortfalls in some parts of the city.	With additional housing, a shortfall is projected for 2016; without 2017.	The situation will be reviewed annually and considered against Building Schools for the Future Programme	People Directorate
Nursery / Early Years Places	People Directorate	These are the responsibility of BCC's Early Years' Service, the plans for which are set out in the Early Years' Service Delivery Plan: Sept 2012 – March 2015	Significant increase in demand due to demography and also Government action in increasing 2 Year Olds entitled to free early years provision.	BCC has a statutory duty to review and maintain the sufficiency of Early Years places and this is a regular part of the function of the Early Years service.	People Directorate
Signposting to children's services (across partners)	People Directorate, Bristol CCG, Public Health	Customer Service points /BCC Website /Bristol CCG Website plus development of local offer for disabled children.	All 3 partners are building new or revising resources, including revised websites.	Consider linking projects to reduce any duplication and ensure that pages/info are linked appropriately. Business case to combine projects to create a super portal for information for children and their families across partner agencies?	HWB Board
Housing	People Directorate	Housing strategy in place, identifies more requests for smaller size accommodation in the city as a whole, and the need for more housing to be fit for disabled/complex needs (cost is an issue)	Increasing demand for 4+ bed housing in Central area only, with stock available outside of Central area. More people moving to affordable private housing may affect quality of housing stock.	HWB Board will wish to seek assurance that the city has sufficiently robust data to enable plans for housing to be projected.	People Directorate

16 Feb 2014