

Wiltshire Council

Children's Select Committee

Date: February 2018

Population growth for children/young people and the supporting data sets

Purpose of Report

1. To provide Children's Select Committee with an overview of **the population growth data sets** which are and will be informing commissioning decisions in future years, with a particular working example of how this is being used in the **special schools provision project**.

Background

1. The Local authority has a strategic responsibility to develop, maintain and utilise data sets to inform commissioning decisions and create strategic responses.
2. These data sets are diverse and the Local authority both contributes to and utilises a number of different sources.
3. This paper is particularly exploring the data sets which identify the characteristics of the growth in the children's population in Wiltshire.
4. This will influence how we understand need and adapt and change services and approaches for children provision.
5. In addition this information is important for liaising with adult services, health colleagues and the wider community to support joint commissioning directions and developments, but fundamentally how we understand children's services within the life of the whole of Wiltshire Council's priorities and objectives.
6. Data sets are collated and developed by a number of different organisations, but there are some which are more pertinent to children's services and forecasting future trends. Public Health England, the Local Government Association, the Department for Education, the Institute of Public Care, the Joint Strategic Needs Assessment (JSNA), Office for National

Statistics and our own Wiltshire Children and Young people’s Health and Wellbeing Survey¹ (to name but a few) all identify or collate assessments of demographics, health, wellbeing, and lifestyle.

7. Within limits these data sets can be used, based on current percentages, to extrapolate future need in Wiltshire, but are the foundation stones of good analysis.

Main Considerations for the Council

8. There are three main contributing factors to the projected number of children who will be living in Wiltshire over the coming 9 years. These include:
 - a. The birth rate
 - b. The housing development plans for Wiltshire
 - c. The military redeployment into Wiltshire

9. There are then a number of anticipated variables which influence how commissioning may interpret this data. These include:
 - a. Changes in legislation and policy at a national level – for example the Children and Families Act 2014 or NICE guidelines.
 - b. The knowledge that we have about our existing population which will come from the sources identified at point 6, but also both local and national research (e.g. From the Centre of Social Justice, the King’s Fund, national and international journals etc). The chimat profiles for 2014 and 2017 are shown in [Appendix one](#).
 - c. The strategies and plans that Wiltshire Council and our partners take forward to meet need and support communities and individuals – for example the Sustainable Transformation Plan for Wiltshire, BANES and Swindon.

10. Then there are the more indefinable influences such as cultural change and wider national and international influences – for example the trend towards starting families later in life or the economic conditions which, in turn, influence the rate of house building.

A picture of population growth for Wiltshire

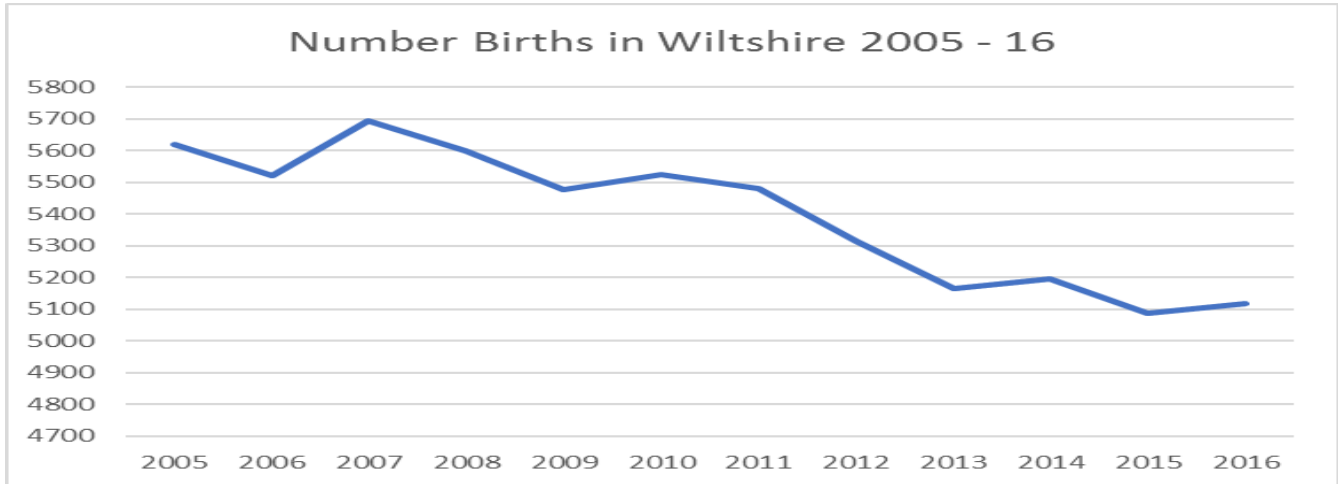
Birth data in Wiltshire

Year of birth	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016 ²
Number Births 2005 - 16	5619	5520	5693	5598	5477	5524	5481	5316	5165	5196	5087	5119

¹ <https://www.wiltshirehealthyschools.org/partnership-projects/fab-research/>

² National office for Statistics

11. Overall Wiltshire has seen a fall in births, nationally there has been a more consistent number of births year on year which does not show this reduction. This may be related to the greater number of older people living in Wiltshire over latter years. There is a slight increase in 2016 (+32 or 1%), but as yet it is too early to know whether this will become a trend as our (unvalidated) local data is suggesting a drop again in 2017.



Military Redeployment

12. A significant increase in Armed Forces personnel is expected in 2019 as part of Army rebasing and the development of a Super Garrison on Salisbury Plain.
13. This will see more than 4,200 additional military personnel and their families housed on a more permanent basis in Wiltshire.
14. The additional school places including early years, primary, secondary and some specialist provision to support the returning military families have been finalised and work is well underway to deliver the additional school places required. Some expansion work has already been undertaken and projects to expand secondary schools and the provision of two new primary schools in the Salisbury Plain area are included in the latest School Placement Strategy implementation plan. All the new school places are planned to be delivered by September 2019.
15. In order to predict how military population growth will need to be understood, the commissioning activity does however need additional analysis. It is necessary to look at the additional factors which affect or are characteristic of military families. So for example a report commissioned by The Royal Navy and The Royal Marines Children's Fund in 2009 (*The Overlooked Casualties of Conflict – November 2009*) found that within the Wiltshire County area, the percentage of children with a parent/carer in the military with a statement of SEN (now EHCP) was reportedly twice that found in the general population. The Centre for Social Justice also reports a number of issues³ that cause concerns for military families which would increase the likelihood of them needing additional support and that can lead to higher incidence of involvement with social care.

³ <https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/06/MILITARY-FAMILIES.pdf>

16. As noted above this kind of research will be reviewed by Commissioning teams to enable higher level responses of support agencies, but will then need to be supported with direct local information which can only be acquired through developing relationships with the families and those agencies currently supporting military families. As such we have been working closely with the Army and Defence Infrastructure Organisation (DIO) to determine the more specific numbers, locations and timing of the troops and their families moving back to the Salisbury Plain area.
17. This will also need to include an evaluation of potential increase in the need for support services or social care intervention.

Housing Development

18. Wiltshire is committed to a significant expansion in housing over the next nine years with an additional 25,481 homes. New homes, in particular, tend to attract families and the completion of housing estates may in part link to the slight increases in birth rate, despite the overall downward trend. It is expected that for every 100 new homes there will be 25 pre-school children, 31 primary age children and 22 secondary age children⁴.

Community area	New houses 2017 - 2026	Additional 0-3 children	Additional primary pupils	Additional Secondary Pupils	Total
Trowbridge	4325	1081	1341	952	3374
Bradford on Avon	484	121	150	106	378
Melk sham	1469	367	455	323	1146
Devizes	1550	388	481	341	1209
Marlborough	570	143	177	125	445
Corsham	865	216	268	190	675
Calne	995	249	308	219	776
Chippenham	3156	789	978	694	2462
Malmesbury	865	216	268	190	675
Wootton Bassett	902	226	280	198	704
Pewsey	372	93	115	82	290
North	15553	3888	4821	3422	12131
Salisbury	3757	939	1165	827	2930
Wilton	158	40	49	35	123
Southern Wiltshire	381	95	118	84	297
Westbury	1001	250	310	220	781
Warminster	1277	319	396	281	996
Mere	177	44	55	39	138
Tisbury	260	65	81	57	203
Amesbury	1727	432	535	380	1347
Tidworth	1190	298	369	262	928
South	9928	2482	3078	2184	7744
Total	25481	6370	7899	5606	19875

⁴ National Office of Statistics formulas.

19. Housing developments will have by far the greatest impact on service capacity over the coming years and it will be vital for all parts of the council and our partners to share detailed forecasting and active data, such as within the Housing Land Supply Statement, which develops these long term forecasts into information about how many houses will specifically be built in each coming year.

Commissioning Considerations

20. Using these figures and those, for example, from Public Health England (see Appendix one) we can make projections about the number of children who may need to be supported.
21. Data is currently being actively used to support the commissioning provision project for Special schools in Wiltshire. This project is a response to growing pressures within the special school system and the commitment to our independent parent carer organisation WPCC⁵ to sustain and stimulate quality and sufficiency. From the population growth figures identified above we have been able to create initial forecasts of how many children and young people in Wiltshire are likely to have special educational needs (SEND) in the coming 9 years. Overlaying this with knowledge about how children are currently placed and our aspirations and strategic intent⁶ to enable children to be educated closer to home and the impact of the 2014 Children and Families Act, we are then able to predict how many additional special school places we might need. This then needs to be informed by our operational experiences and other factors, such as the increasing improvements in neonatal care.
22. It is acknowledged that the significant improvements which are being made in survival rates during the neonatal period, particularly for infants born prematurely, will impact on demand for services in paediatric, educational, social care and adult services in the longer term. This is difficult to quantify, however the data from the Office for National Statistics shows that the infant mortality rate in 2012 was the lowest ever recorded at 4.0 per 1,000 live births compared to 10.8 deaths per 1,000 live births in 1982. This improvement in survival rates relates predominantly to improvements in keeping our most prematurely born infants alive, however it is acknowledged that these infants are more likely to have ongoing health needs or complications for example cerebral palsy, respiratory problems, learning difficulty and behavioural problems.
23. This appreciation of influencing factors produced the table in [Appendix two](#) which has enabled us to quantify indicative levels of future need within the special schools project.
24. This will continue to evolve, but is enabling us to take forward discussions with schools, councillors and other stakeholders to seek to meet this growing need.
25. As a result the data sets are vital to forward planning, but also need interpretation and the benefits of local knowledge. This paper is only looking at the data around population growth and how this is specifically being used. However a more thorough appreciation of data in the

⁵ Wiltshire Parent Carer Council - https://www.wiltshireparentcarercouncil.co.uk/en/Home_Page

⁶ http://wiltshire-wiltshirepathways.azurewebsites.net/wp-content/uploads/2017/05/SEN-Schools-Strategy-Sept-2015-final_CH6.pdf

whole commissioning cycle is available on the Wiltshire pathways website: <http://wiltshire-wiltshirepathways.azurewebsites.net/joint-commissioning/>.

Safeguarding Considerations

26. Safeguarding is fundamental to all provision and support in Wiltshire for children and young people both internally and externally. Excellence in safeguarding practice continues to be at the heart of everything we do and as the population grows we will need to ensure that we are able to continue to prioritise support to vulnerable children and young people. Using this data and local intelligence and operational knowledge enables us to forecast how we need to develop our safeguarding support.
27. This will be particularly important as we meet military families and those who have been supporting them to understand, for example, if thresholds for intervention are consistent and therefore whether families moving to Wiltshire may be deemed at risk whereas they may not have been in Germany.

Public Health Implications

28. Currently through the JSNA and other data collections we are able to show the current demographics of our populations. This paper is intended as an overview of data the JSNA has to offer; further use enable us to firm up the evidence base and give closer analysis by area, inequality, service provision, employment levels, housing and more. Wiltshire has committed to programmes of community support evidenced in a number of strategies e.g. the Reducing Child Poverty strategy 2014 – 2020 as well as the wider commitments in the Children’s Trust and Health and Wellbeing Boards agendas. These include a commitment to preventative activities which are led by and directed by communities. There will need to be further commitment to these activities, if not a radical re-placing or envisaging of these activities to enable the development of social capital and the capacity of communities and families to meet their needs in a growing population.

Environmental and Climate Change Considerations

29. Clearly population growth has a keen impact on the green spaces that we have in Wiltshire and also to our commitments to recycling and renewable energy. Children’s commissioning may not have a direct role in achieving these goals, but there is data/research available which suggests that in homes with lower incomes there is a lower level of commitment to recycling and environmental practice⁷. These kind of links suggest the need to work closer together and find solutions that support both community and wellbeing goals as well as environmental aspirations and targets.

Commercial considerations

30. Shared data around population growth also enables us to see the synergies between the remits of diverse departments. The work around sufficiency for childcare highlights the

⁷ <https://www.magonlinelibrary.com/doi/abs/10.12968/bjhc.2016.22.7.360> (2016 British Journal of Healthcare management, based on research in the South west)

inter-relationship between childcare and employment, and we need to look further into how meeting social care needs in creative approaches supports and influences the commercial landscape of Wiltshire.

Equalities Impact

31. A key consideration will be how we use this data to inform future developments. Equal and appropriate access to services is fundamental to good commissioning. It is also beholden upon us at times to create better access for our most vulnerable children and families. The data, the local and national interpretation is again important to understanding which communities may need this differentiated and balanced support.

Risk Management and Financial Implications

32. One of the key issues will be whether there is sufficient funding to meet the needs of the vulnerable children within these growing communities. Some funding is linked to population growth (e.g. Community Infrastructure Levy - CIL), however other budgets, for example the high needs budget for pupils with SEND, is independent of population calculations. In such cases hoped for savings may be limited as the budgets may not grow in line with need and commissioning will need to focus on cost containment and more creative ways to ensure cost savings.
33. Clearly however, such significant population growth will put pressures on budgets which support the safeguarding, education and wellbeing of children and young people. It will be appropriate that commissioners alongside operational teams from across the Local Authority and our partners are able to be creative with these budgets and work to together to draw in additional resources through grants, government initiatives and wider opportunities to support ambitious approaches to meeting need.
34. It is also important to note that the funds that the local authority secured for the 30 hour provision and the funding for future special school provision will be dependent upon having accurate and accessible population data.
35. Equally so, good forecasting is a significant factor in reducing and/or managing risk. There will always be unforeseen changes and knowing, for example that improved neonatal care will increase the likelihood of children and young people having SEND, will not identify exactly how many children there will be in Wiltshire with additional needs. However these appreciations show us the need to anticipate change and take proactive action to commission and develop actions that explore and research the scope of the issues and the needs of the children and young people.

Legal Implications

36. The key legal implication is that as a Local Authority we are obliged to contribute to data sources, make strategic decisions and provide services based on this traceable data and information. There is always a legal risk where our decisions or strategic directions are not

based on clear data. Equally so despite the clear need to share this data more widely between key organisations who partner with Wiltshire council we will need to be mindful of imperatives around data sharing and protection for example with the forth coming General Data Protection Regulations⁸. This would also suggest that sometimes we need to look to data alignment as well as the long term goal of data sharing.

Conclusions

37. The purpose of this report is to focus attention on the role of data sources and anticipated growth in numbers of children and young people. This report has shown how this is used in practice and also identifies the need to:
- a. Share data sets widely across Wiltshire Council and our partner organisations being mindful of data protection requirements
 - b. To use this shared appreciation of growth and need as a platform to future innovation and creativity across diverse departments to support both the specific and corporate objectives of Wiltshire Council and our partners.

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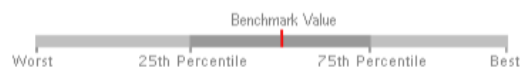
⁸ <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

Appendix One - Chimat Profiles 2014 and 2017

Wiltshire Child Health Profile

March 2017⁹

Compared with benchmark ● Better ● Similar ● Worse ○ Not Compared



Indicator	Period	Wiltshire		Region England		England		Range	Best
		Recent Trend	Count	Value	Value	Value	Worst		
Infant mortality	2014 - 16	–	44	2.8	3.4	3.9	7.9		1.6
Child mortality rate (1-17 years)	2013 - 15	–	31	10.5	10.5	11.9	20.7		6.5
MMR vaccination for one dose (2 years)	2015/16	↑	4,984	94.2%*	92.9%	91.9%	69.3%		97.7%
Dtap / IPV / Hib vaccination (2 years)	2015/16	↓	5,141	97.2%*	96.5%	95.2%	73.0%		99.2%
Children in care immunisations	2016	↑	270	93.1%*	82.9%*	87.2%*	26.7%		100%
Children achieving a good level of development at the end of reception	2015/16	–	4,081	70.8%	69.5%	69.3%	59.7%		78.7%
GCSEs achieved (5A*-C including English & Maths)	2015/16	–	2,931	59.9%	58.4%	57.8%	44.8%		74.6%
GCSEs achieved (5 A*-C inc. English and maths) for children in care	2015	–	8	24.2%	14.3%	13.8%	6.4%		34.6%
16-18 year olds not in education, employment or training	2015	↓	710	4.4%*	4.1%	4.2%	7.9%		1.5%
First time entrants to the youth justice system	2016	↓	167	366.0	327.3	327.1	739.6		97.5
Children in low income families (under 16s)	2014	↓	10,445	12.2%	16.1%	20.1%	39.2%		7.0%
Family homelessness	2015/16	→	234	1.2	1.2*	1.9	10.0		0.1
Children in care	2017	↑	440	42	53	62	184		20
Children killed and seriously injured (KSI) on England's roads	2014 - 16	–	39	14.1	13.5	17.1	46.8		1.3
Low birth weight of term babies	2015	→	98	2.1%	2.7%	2.8%	4.8%		1.3%
Obese children (4-5 years)	2015/16	→	424	8.0%	8.5%	9.3%	14.7%		5.1%
Obese children (10-11 years)	2015/16	→	711	15.7%	16.3%	19.8%	28.5%		11.0%
Children with one or more decayed, missing or filled teeth	2014/15	–	-	21.8%	21.5%	24.8%	56.1%		14.1%
Hospital admissions for dental caries (0-4 years)	2013/14 - 15/16	–	233	272.8	223.0	241.4	1,143.2		9.2
Under 18 conceptions	2015	↓	125	14.0	16.8	20.8	43.8		5.7
Teenage mothers	2015/16	↓	28	0.6%	0.7%	0.9%	2.2%		0.2%
Persons under 18 admitted to hospital for alcohol-specific conditions	2012/13 - 14/15	–	123	39.6	44.8	36.6	92.9		10.9
Hospital admissions due to substance misuse (15-24 years)	2013/14 - 15/16	–	173	110.8	97.7	95.4	345.3		34.1
Breastfeeding initiation	2014/15	→	4,036	80.1%	79.0%	74.3%	47.2%		92.9%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	–	2,199	*	*	43.2%*	18.0%		76.5%
Smoking status at time of delivery (current method)	2016/17	↓	432	9.7%	11.3%	10.7%	28.1%		2.3%
A&E attendances (0-4 years)	2015/16	↑	11,010	388.9	469.3	588.1	1,836.1		335.0
Hospital admissions caused by injuries in children (0-14 years)	2015/16	→	818	94.9	105.0	104.2	207.4		53.5
Hospital admissions caused by injuries in young people (15-24 years)	2015/16	→	859	164.6	153.2	134.1	280.2		72.0
Hospital admissions for asthma (under 19 years)	2015/16	→	121	109.9	168.0	202.4	591.6		84.3
Hospital admissions for mental health conditions	2015/16	→	96	92.3	95.1	85.9	179.8		33.8
Hospital admissions as a result of self-harm (10-24 years)	2015/16	–	466	586.2	597.8	430.5	1,444.7		102.5

⁹ <https://fingertips.phe.org.uk/profile/child-health-overview/data#page/1/ati/102/are/E06000054>

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Significantly better than England average
- Not significantly different
- ◆ Regional average



	Indicator	Local no.	Local value	Eng. ave.	Eng. worst		Eng. best
Premature mortality	1 Infant mortality	22	4.0	4.3	7.7		1.3
	2 Child mortality rate (1-17 years)	16	15.7	12.5	21.7		4.0
Health protection	3 MMR vaccination for one dose (2 years)	5,383	94.2	92.3	77.4		98.4
	4 Dtap / IPV / Hib vaccination (2 years)	5,576	97.6	96.3	81.9		99.4
	5 Children in care immunisations	275	96.5	83.2	0.0		100.0
	6 Acute sexually transmitted infections (including chlamydia)	1,474	27.2	34.4	89.1		14.1
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	2,789	51.9	51.7	27.7		69.0
	8 GCSEs achieved (5 A*-C inc. English and maths)	3,211	61.0	60.8	43.7		80.2
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	15.3	0.0		41.7
	10 16-18 year olds not in education, employment or training	920	6.2	5.8	10.5		2.0
	11 First time entrants to the youth justice system	180	377.7	537.0	1,426.6		150.7
	12 Children in poverty (under 16 years)	10,325	11.9	20.6	43.6		6.9
	13 Family homelessness	229	1.2	1.7	9.5		0.1
	14 Children in care	445	43	60	168		20
15 Children killed or seriously injured in road traffic accidents	15	16.5	20.7	45.6		6.3	
Health improvement	16 Low birthweight of all babies	370	6.9	7.3	10.2		4.2
	17 Obese children (4-5 years)	377	7.6	9.3	14.8		5.7
	18 Obese children (10-11 years)	645	15.0	18.9	27.5		12.3
	19 Children with one or more decayed, missing or filled teeth	-	26.1	27.9	53.2		12.5
	20 Under 18 conceptions	211	22.9	30.7	58.1		9.4
	21 Teenage mothers	72	1.4	1.2	3.1		0.2
	22 Hospital admissions due to alcohol specific conditions	55	52.9	42.7	113.5		14.6
23 Hospital admissions due to substance misuse (15-24 years)	36	65.8	75.2	218.4		25.4	
Prevention of ill health	24 Smoking status at time of delivery	668	13.3	12.7	30.8		2.3
	25 Breastfeeding initiation	4,080	81.0	73.9	40.8		94.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	2,499	47.6	47.2	17.5		83.3
	27 A&E attendances (0-4 years)	10,379	364.0	510.8	1,861.3		214.4
	28 Hospital admissions caused by injuries in children (0-14 years)	801	94.0	103.8	191.3		61.7
	29 Hospital admissions caused by injuries in young people (15-24 years)	881	162.5	130.7	277.3		63.8
	30 Hospital admissions for asthma (under 19 years)	143	130.4	221.4	591.9		63.4
	31 Hospital admissions for mental health conditions	64	61.8	87.6	434.8		28.7
	32 Hospital admissions as a result of self-harm (10-24 years)	424	521.8	346.3	1,152.4		82.4

Appendix Two: SEND existing and extrapolated future projections.

The table below shows the breakdown of where children and young people with an EHCP are as of 2017 and how many new children/young people are anticipated in addition to this by 2026. The breakdown shows where they might live, the type of school they may need and what their main special educational need might be. (e.g. ASD etc.)

Breakdown of existing Special school places and forecast for 2026

2017 Existing	In county Special school places	Out of county Special school places	ISS places	All special 2026	ASD/CI	SEMH	Complex	Sensory
Trowbridge	64	16	18	98	29	15	52	2
Bradford on Avon	6	4	4	14	2	3	9	0
Melksham	34	3	3	40	11	6	23	0
Devizes	40	1	9	50	23	12	14	1
Marlborough	15	5	6	26	9	6	10	1
Corsham	23	5	7	35	14	7	13	1
Calne	45	6	4	55	21	11	22	1
Chippenham	72	9	9	90	44	14	30	2
Malmesbury	6	4	4	14	8	5	1	0
Wootton Bassett	10	12	2	24	9	4	11	0
Pewsey	6	2	4	12	1	2	9	0
North	321	67	70	458	171	85	194	8
Salisbury	73	8	43	124	38	24	57	5
Wilton	5	1	2	8	4	0	4	0
Southern Wiltshire	0	0	0	0	0	0	0	0
Westbury	27	4	6	37	15	6	14	2
Warminster	47	5	10	62	23	15	22	2
Mere	1	3	0	4	1	1	2	0
Tisbury	1	0	0	1	1	0	0	0
Amesbury	31	2	4	37	18	6	12	1
Tidworth	22	6	7	35	13	7	14	1
out county	10	0	1	11	3	5	3	0
South	207	29	72	308	113	59	125	11
Total	538	96	143	777	287	149	322	19

2026 New	In county Special school places	Out of county Special school places	ISS places	All special 2026	ASD/CI	SEMH	Complex	Sensory
Trowbridge	21.41	4.25	5.75	31.40	10.90	5.57	14.19	0.74
Bradford on Avon	2.29	0.68	0.83	3.80	1.10	0.75	1.89	0.06
Melksham	8.42	1.22	1.66	11.29	3.81	1.98	5.32	0.19
Devizes	9.27	1.08	2.30	12.65	5.09	2.61	4.65	0.29
Marlborough	3.44	0.83	1.10	5.36	1.92	1.11	2.17	0.17
Corsham	5.24	1.02	1.47	7.72	2.95	1.49	3.08	0.20
Calne	7.76	1.19	1.31	10.26	3.85	1.99	4.20	0.22
Chippenham	17.99	2.85	3.81	24.64	10.09	4.35	9.61	0.59
Malmesbury	3.64	0.92	1.19	5.76	2.39	1.30	1.96	0.11
Wootton Bassett	4.15	1.70	1.03	6.88	2.55	1.24	2.97	0.12
Pewsey	1.89	0.42	0.72	3.04	0.80	0.55	1.64	0.05
North	85.47	16.17	21.16	122.80	45.43	22.92	51.70	2.75
Salisbury	23.19	3.67	8.33	35.19	12.24	6.66	15.23	1.06
Wilton	1.03	0.19	0.34	1.56	0.67	0.15	0.72	0.02
Southern Wiltshire	1.36	0.24	0.36	1.96	0.72	0.37	0.82	0.05
Westbury	6.09	1.01	1.50	8.61	3.30	1.52	3.47	0.32
Warminster	8.95	1.28	2.14	12.37	4.57	2.63	4.81	0.35
Mere	0.72	0.39	0.17	1.28	0.43	0.26	0.57	0.02
Tisbury	1.02	0.17	0.24	1.43	0.59	0.25	0.56	0.03
Amesbury	17.86	2.86	4.32	25.04	9.63	4.60	10.18	0.63
Tidworth	6.30	1.32	1.77	9.39	3.47	1.80	3.88	0.25
out county	0.94	0.00	0.09	1.03	0.28	0.47	0.28	0.00
South	66.52	11.13	19.16	96.82	35.61	18.25	40.23	2.73
Total	152.93	27.30	40.42	220.65	81.32	41.64	92.21	5.48

Appendix four – data sources

1. Public Health England,
2. the Local Government Association,
3. the Department for Education,
4. the Institute of Public Care, the Joint Needs Assessment (JSNA),
5. Office for National Statistics,
6. Wiltshire Children and Young people's Health and Wellbeing Survey,
7. LAIT,
8. DfE statistical releases,
9. Impulse, Care First and BRIGHT,
10. Direct data and information from local operational practice.