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Nottingham 0-19 Population Needs Report

Introduction

This report was developed to support Nottingham City Council's review of the 0–19 Children's Public Health Services and to inform the future commissioning of these services.

It brings together demographic, socioeconomic and health intelligence to provide an overview of the health and wellbeing needs of children and young people aged 0–19 years in Nottingham. The report highlights key population characteristics, health inequalities, trends and wider determinants of health that were considered as part of the commissioning review.

The report is being published to provide transparency about the population needs and supporting evidence used to inform the review, including the identification of key priorities for future service provision.

Population needs

Birth Rate

Crude birth rate in Nottingham was 10.4 live births per 1,000 people which is similar (no statistical difference) to England average of 10.1 (ONS 2022).

Age Group	Population	% of Total Population
0 to 4 years (Early Years)	17,862	5.40%
5 to 9 years (Primary School Age)	19,658	5.90%
10 to 14 years (Early Adolescence)	19,754	6.00%
15 to 19 years (Older Adolescents)	29,727	9.00%
Total 0 to 19 years	87,001	26.30%
Total all ages	331,077	100%

Table 1 Total population and age breakdown - 2024 (Source ONS)

Table 1 shows the age profile of Nottingham's population. Children and young people aged 0 to 19 account for approximately 87,000 residents, representing just over a quarter (26.3%) of the city's total population. Older adolescents aged 15 to 19 form the largest subgroup, accounting for over one-third of the 0 to 19 population. This age profile highlights the need for a life-course approach to service delivery, with particular consideration given to supporting older adolescents and young people as they transition into adulthood and adult services.

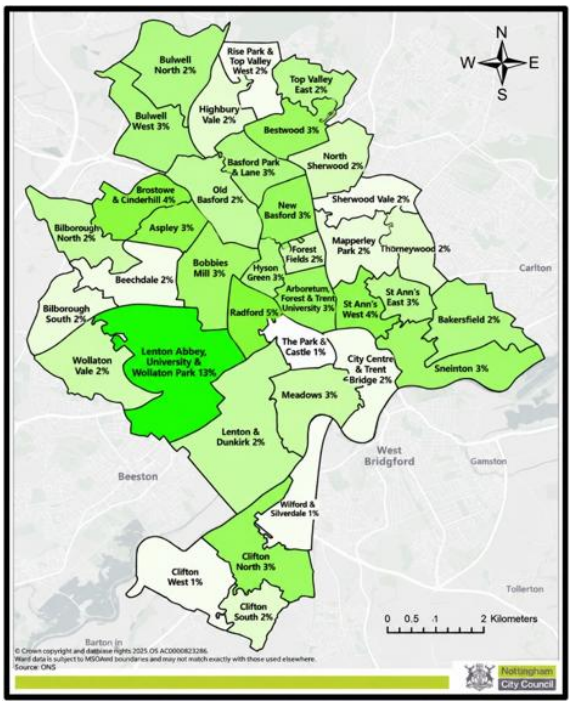


Figure 1: Distribution of the Nottingham 0-19 population by ward: Source (ONS)

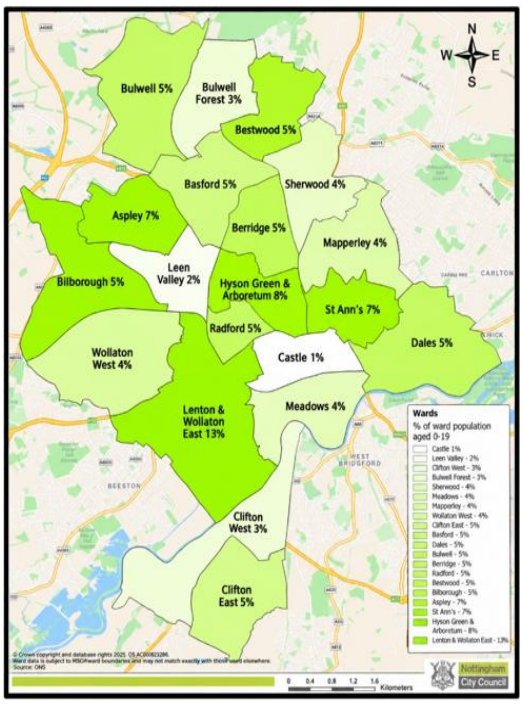


Figure 2: Distribution of the Nottingham 0-19 population by MSOA: Source (ONS)

Figures 1 and 2 illustrate the geographical distribution of children and young people across Nottingham. Whilst the 0 to 19 population is spread across all areas of the city, the concentration of children and young people varies considerably between wards and neighborhoods. The highest proportions are found in Lenton and Wollaton East, Hyson Green and Arboretum, Aspley and St Ann's, indicating areas of relatively greater demand. These geographical variations highlight the importance of ensuring that the future Children's Public Health 0 to 19 Nursing Service is accessible, responsive and proportionate to local need, whilst maintaining equitable coverage across the city.

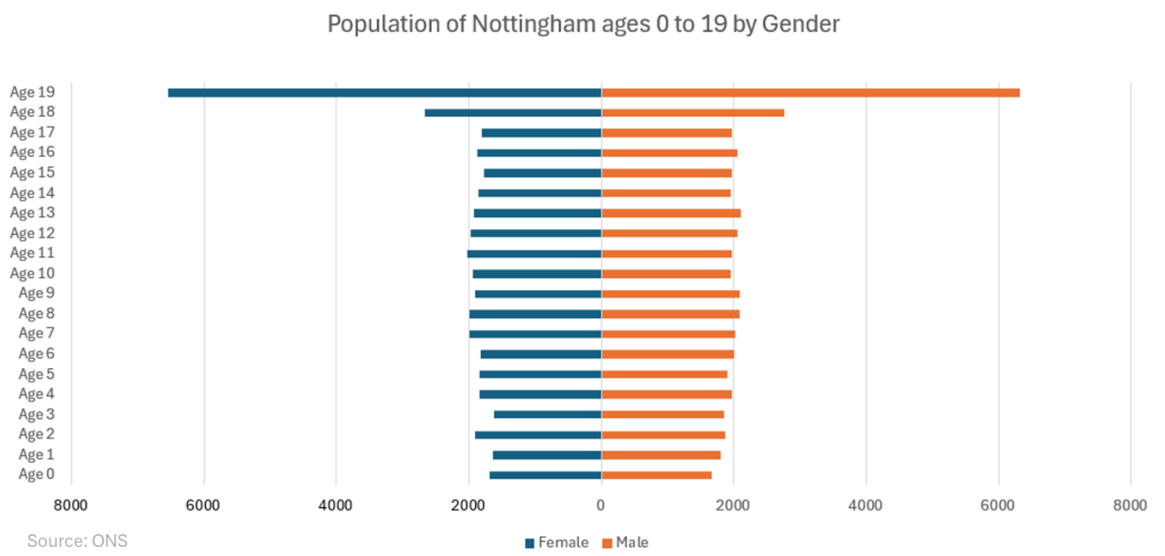


Figure 1 Age and Gender Profile of the 0 to 19 Population, Nottingham (Source ONS)

Figure 3 shows across almost all age groups, the number of boys and girls is very similar, with a slight male majority overall (51% male, 49% female). The future service needs to be designed for both genders equally, although some interventions (e.g. emotional wellbeing, sexual health, healthy weight) may require targeted approaches for specific groups.

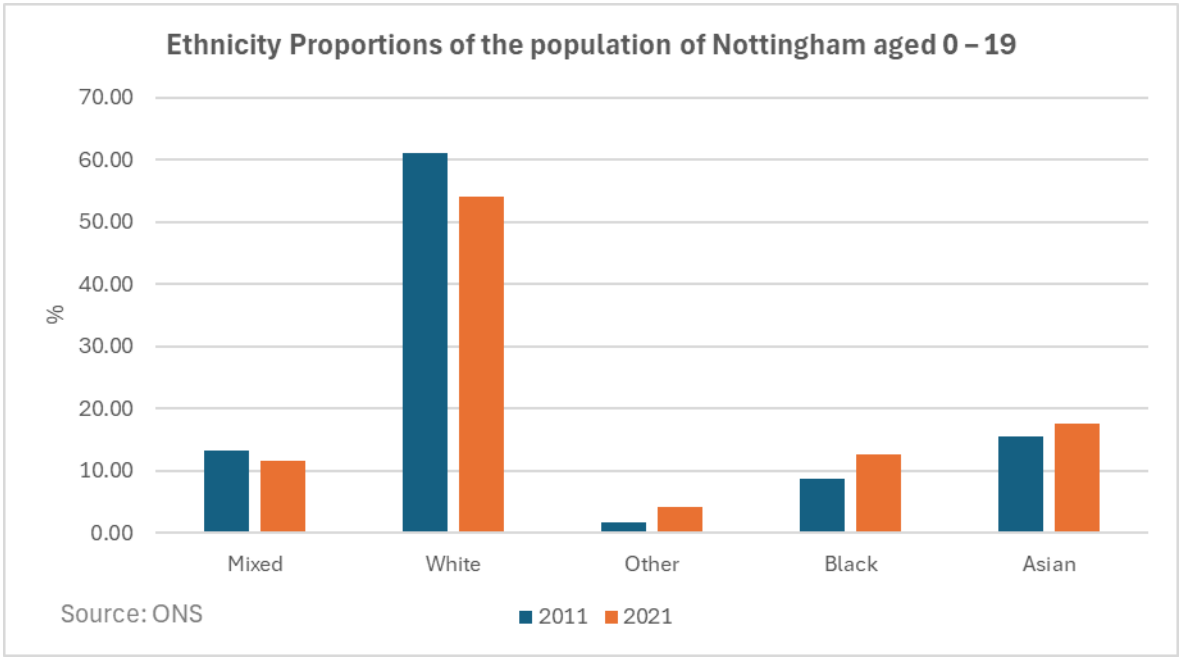


Figure 2 Ethnicity Profile of the 0 to 19 Population, Nottingham (Source ONS)

In addition to age and gender, understanding the ethnic composition of Nottingham's 0 to 19 population is important to ensure that services are culturally appropriate, inclusive and responsive to the diverse needs of children and young people. Ethnicity can influence health outcomes, access to services and educational experiences, making it a key consideration in commissioning decisions. Figure 5 shows the ethnic composition of Nottingham's 0 to 19

population in 2011 and 2021. Over this period, the proportion of children and young people from White ethnic backgrounds decreased, whilst the proportion from Black ethnic groups experienced the largest increase. This increasing diversity highlights the importance of ensuring that the future Children's Public Health 0 to 19 Nursing Service is accessible, culturally competent and able to meet the needs of Nottingham's diverse communities.

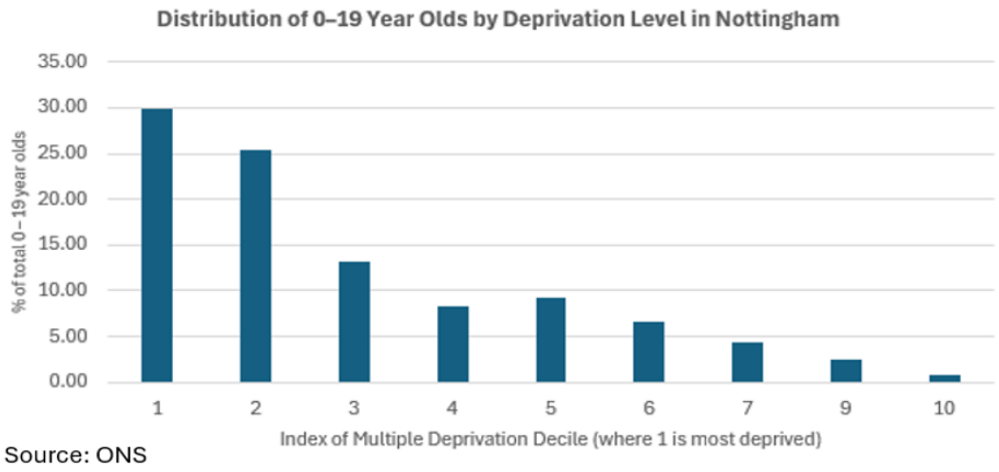


Figure 3 Distribution of Children and Young People Aged 0 to 19 Years by Deprivation Decile, Nottingham (Source ONS)

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and ranks neighborhoods from the most deprived (decile 1) to the least deprived (decile 10) based on factors including income, employment, education, health, crime, housing and the living environment.

Figure 5 illustrates the distribution of children and young people aged 0 to 19 years across IMD deciles in Nottingham. More than half of children and young people live in areas within the two most deprived deciles, highlighting the significant socioeconomic disadvantage experienced by many families across the city. This is further reflected in earnings data, with the average annual wage in Nottingham (£30,151 in 2023) being almost £5,000 lower than the England average.

These wider determinants of health have a substantial impact on health outcomes, educational attainment and life opportunities, reinforcing the need for a proportionate and targeted approach to service delivery.

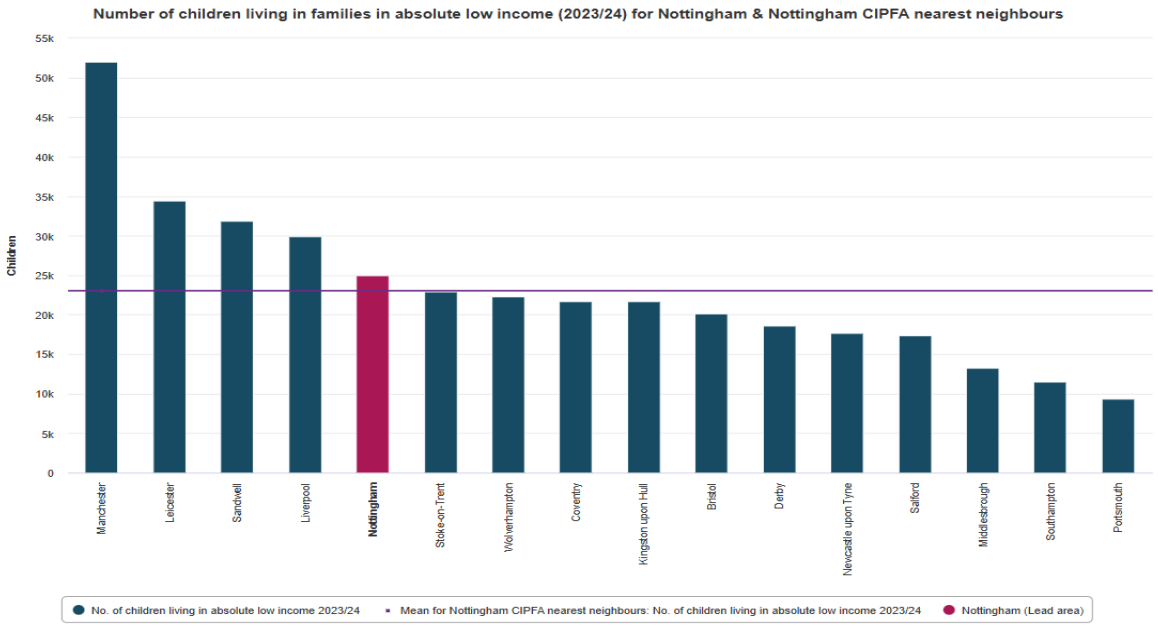


Figure 4 Number of Children Living in Absolute Low-Income Families (2023/24): Nottingham and CIPFA Nearest neighbours.

Figure 6 compares the number of children living in absolute low-income families across Nottingham and its CIPFA nearest neighbours. Approximately 25,000 children in Nottingham are living in absolute low-income families, placing the city above the average of its statistical neighbours. Poverty is a key driver of health inequalities and is associated with poorer physical and emotional health, lower educational attainment and reduced life opportunities. Addressing the wider determinants of health and supporting families experiencing financial hardship remain important priorities for improving outcomes and reducing inequalities across the life course.

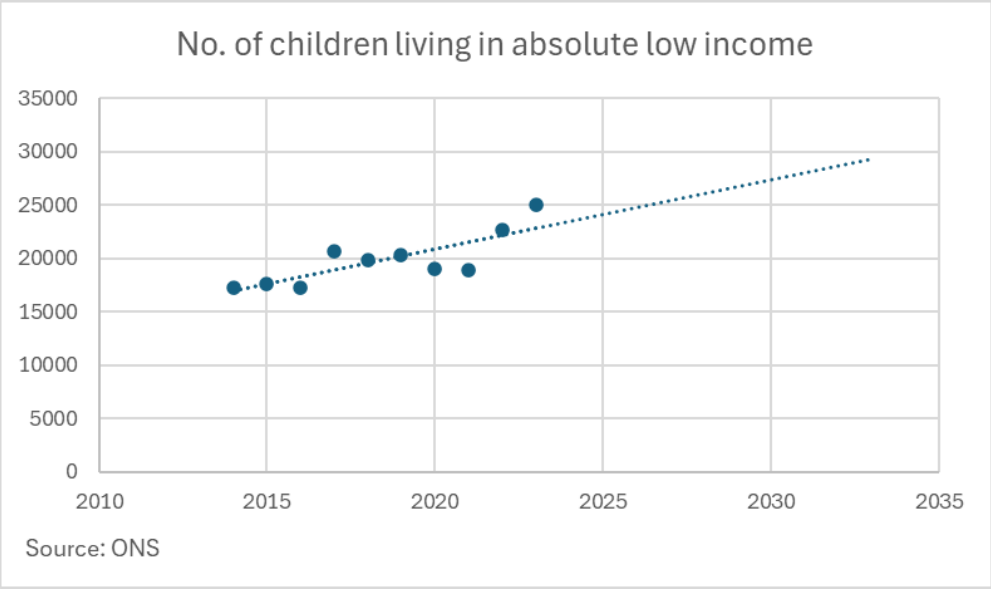


Figure 5 Trend in the Number of Children Living in Absolute Low-Income Families, Nottingham (2014 to 2023)

Figure 7 shows that the number of children living in absolute low-income families in Nottingham has increased over the last decade, reaching around 25,000 in 2023/24. This upward trend highlights the growing impact of poverty on children and families and reinforces the importance of prevention, early intervention and proportionate support for communities experiencing the greatest disadvantage.

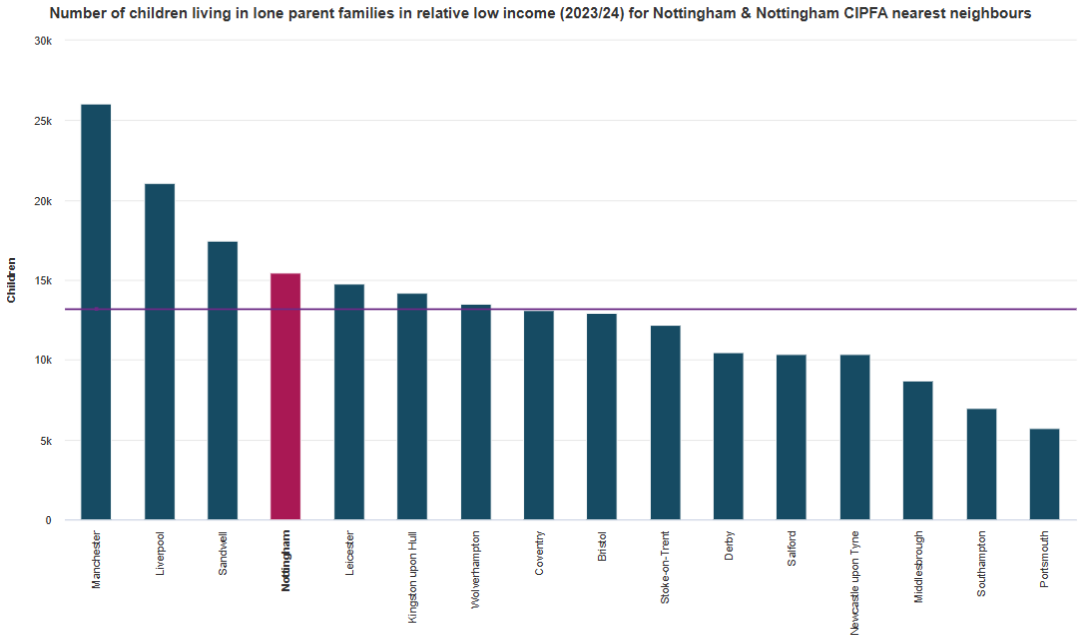


Figure 6 Number of Children Living in Lone Parent Families in Relative Low Income (2023/24): Nottingham and CIPFA Nearest Neighbours

Figure 8 compares the number of children living in lone parent families experiencing relative low income across Nottingham and its CIPFA nearest neighbours. Approximately 15,500 children in Nottingham live in lone parent families with low incomes, making Nottingham the

fourth highest among its statistical neighbours and above the comparator average. This highlights the scale of financial hardship experienced by many families in the city and reinforces the importance of providing proportionate support and addressing inequalities to improve outcomes for children and young people

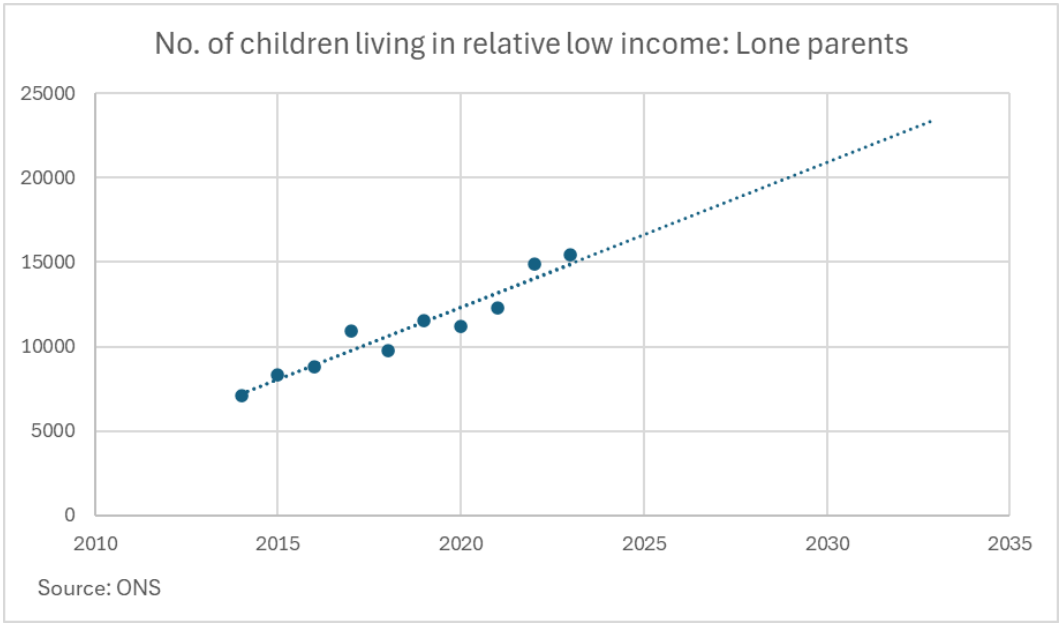


Figure 7 Trend in the Number of Children Living in Lone Parent Families Experiencing Relative Low Income, Nottingham (2014 to 2023)

Figure 9 shows that the number of children living in lone parent families experiencing relative low income has increased steadily over the last decade, reaching approximately 15,500 children in 2023/24. This upward trend highlights the increasing financial pressures faced by many families in Nottingham. If current trends continue, the number of children affected could rise to over 23,000 over the next decade, representing a projected increase of around 50%. This would place further pressure on services supporting children, young people and families and reinforce the importance of early intervention and reducing inequalities.

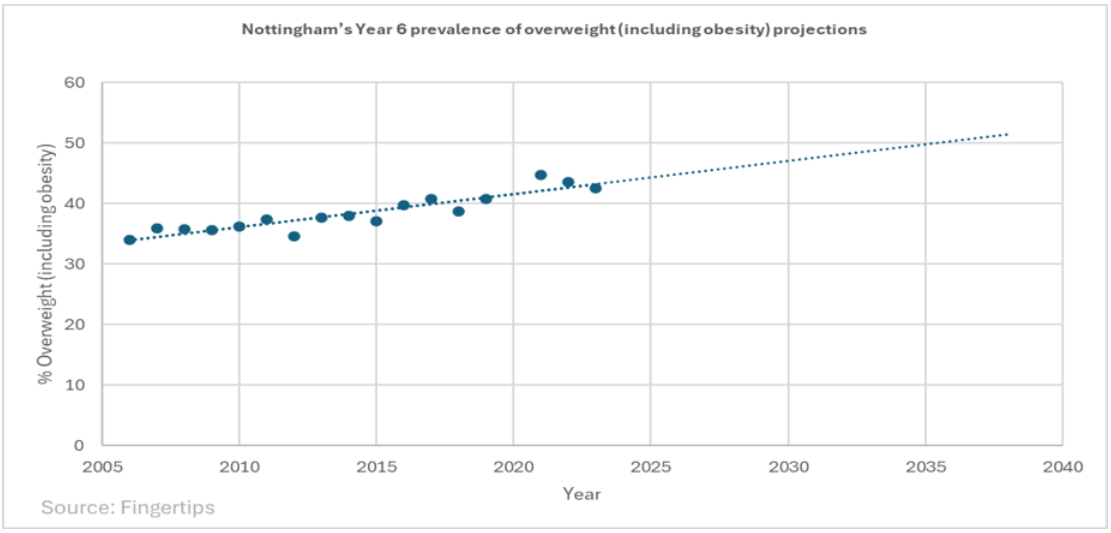


Figure 8 Projected Prevalence of Overweight and Obesity Among Year 6 Children in Nottingham

Population size and distribution provide an important understanding of current and future service demand, but key health indicators also help to shape priorities for the future service. Childhood obesity remains a significant challenge in Nottingham. In 2023/24, 42.5% of Year 6 children were classified as overweight or obese, compared with 35.8% nationally. This increasing trend highlights the growing burden of excess weight on children and young people's health and wellbeing. If current trends continue, more than half of Year 6 children in Nottingham could be overweight or obese by 2035, reinforcing the importance of prevention, early intervention and promoting healthy lifestyles across the life course.

Children and Young People Special Educational Needs and Disabilities (SEND)

Children and young people with Special Educational Needs and Disabilities (SEND) represent a significant and growing proportion of Nottingham's child population and experience disproportionately poorer health, education and life outcomes than their peers. The Children and Young People's Public Health Nursing Service plays a key role in reducing these inequalities through early identification, prevention, coordinated support and partnership working.

In Nottingham City, 17.0% of pupils are identified as having SEND, comprising 14.1% receiving SEN Support and 2.9% with an Education, Health and Care Plan (EHCP). Although the majority of children with SEND have their needs met through SEN Support within mainstream education, the number of children requiring statutory EHCPs continues to increase, reflecting rising complexity of need and increasing demand across education, health and care services (Nottingham City Council, 2025).

Nationally, the number of children and young people with active EHCPs has continued to rise, reaching 638,700 in January 2025, an increase of 10.8% compared with the previous year. Autism Spectrum Disorder (31.5%), Speech, Language and Communication Needs (21.3%) and Social, Emotional and Mental Health needs (20.7%) remain the most common primary needs identified within EHCPs (Department for Education, 2026).

Children and young people with SEND are more likely to experience poorer physical and mental health, lower educational attainment, increased school absence, social isolation and barriers to accessing universal services. They are also more likely to require coordinated support across health, education and social care throughout childhood and into adulthood (Department for Education and Department of Health and Social Care, 2015).

The provider must ensure that services are fully accessible, inclusive and responsive to children and young people with SEND, recognising that need extends beyond those with statutory EHCPs. The service should work collaboratively with education, health and social care partners to identify needs early, contribute to statutory Education, Health and Care Plan (EHCP) processes where appropriate, support effective transitions between services, and deliver equitable access to universal, targeted and specialist public health interventions. Providers should demonstrate compliance with the SEND Code of Practice and ensure reasonable adjustments are embedded throughout service delivery to reduce health inequalities and improve outcomes.

UK - Fertility Rates

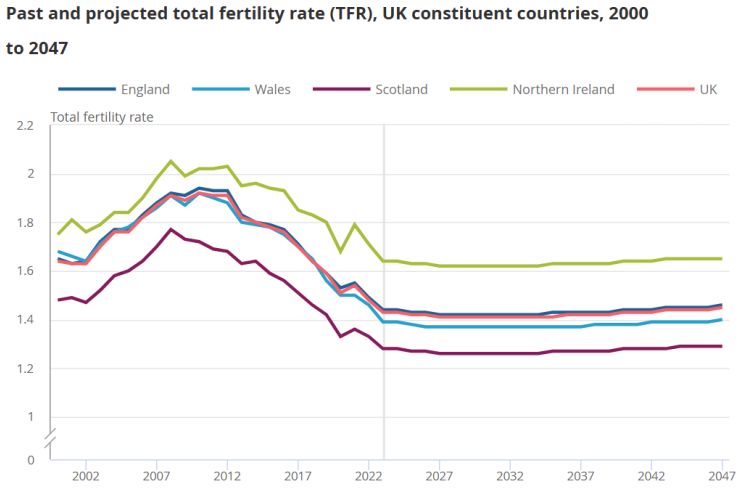


Figure 9 Past and Projected Total Fertility Rates Across UK Countries, 2000 to 2047

Figure 11 shows that fertility rates have declined across all UK countries and are projected to remain below historical levels over the coming decades. Whilst this may lead to a gradual reduction in the number of births and demand for some universal early year's services, increasing complexity of need, health inequalities and population diversity are likely to continue to place significant demands on the services, therefore service models will need to remain flexible and responsive to changing patterns of demand

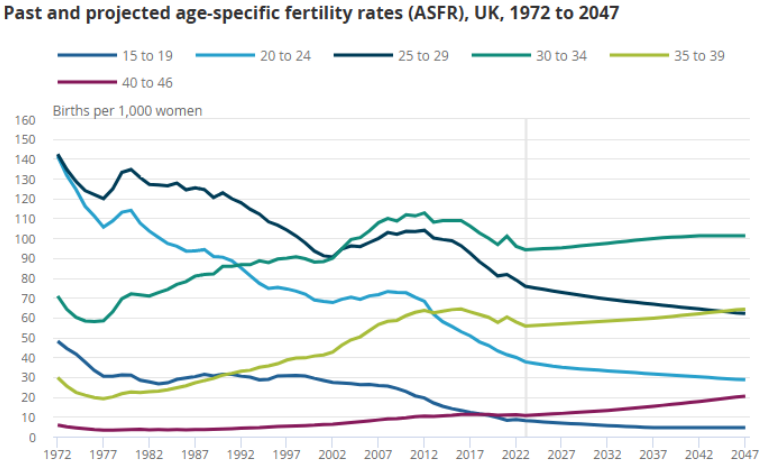


Figure 10 Past and Projected Age-Specific Fertility Rates in the UK, 1972 to 2047

Figure 12 demonstrates changing fertility patterns across the UK, with women increasingly having children later in life. Birth rates among younger women have declined significantly, whilst rates among women aged 30 to 39 have increased and are projected to remain higher over the coming decades. These changing demographic trends may influence the profile of families accessing services and, alongside increasing complexity of need, highlight the importance of maintaining flexible and responsive early years provision.

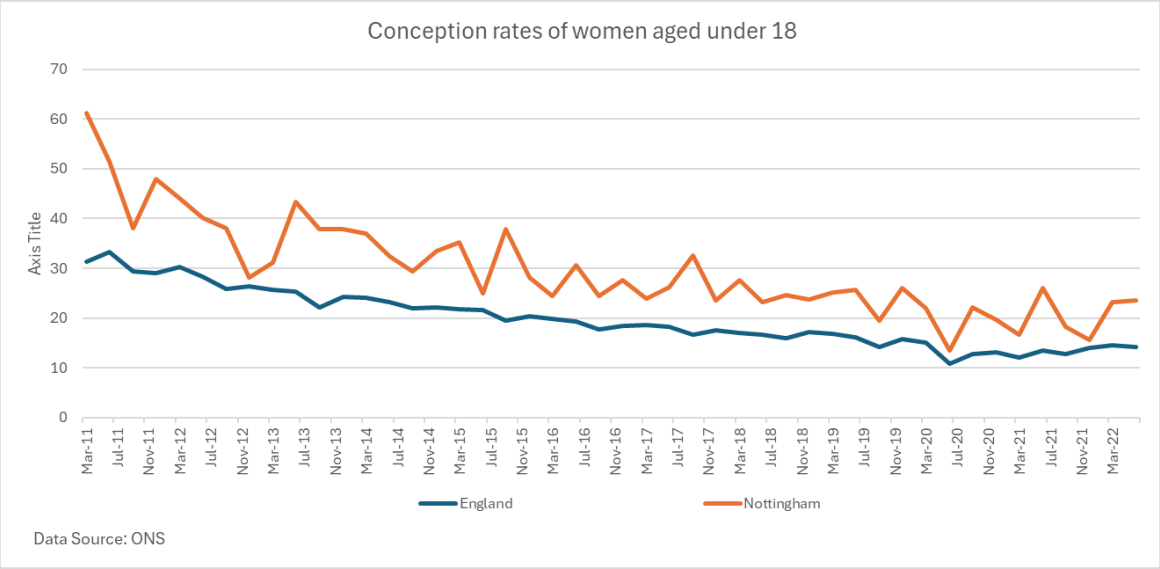


Figure 11 Under-18 Conception Rates in Nottingham Compared with England, 2011 to 2022

Figure 13 shows under-18 conception rates in Nottingham compared with England between 2011 and 2022. Both Nottingham and England have experienced a steady decline over this period, reflecting improvements in prevention and sexual health support. Although conception rates in Nottingham have consistently remained above the national average, the gap has narrowed over time, suggesting that Nottingham is benefiting from similar improvements seen nationally. Greater fluctuations in the Nottingham trend are observed due to the smaller population size compared with England as a whole. Despite these improvements, under-18 conception remains an important area of focus, highlighting the continued need for effective prevention, relationship and sex education, and accessible sexual health services for young people.

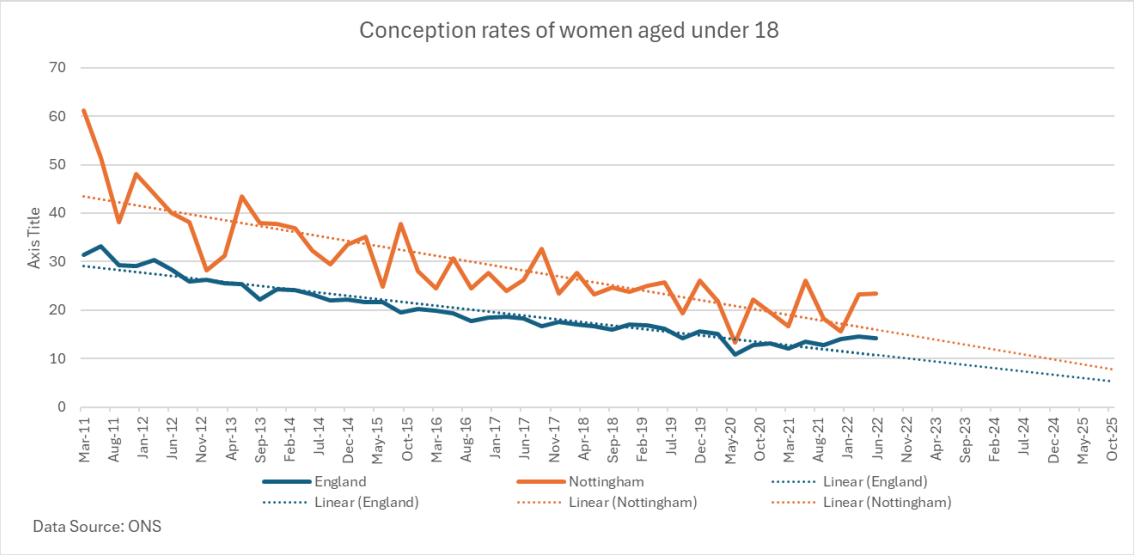


Figure 12 Historical and Projected Under-18 Conception Rates in Nottingham Compared with England

Figure 14 shows under-18 conception rates in Nottingham compared with England between 2011 and 2022, together with projected trends to 2025. Both Nottingham and England have experienced a sustained decline over the last decade, reflecting improvements in prevention and sexual health support. Although conception rates in Nottingham have consistently remained above the national average, the gap has narrowed over time, suggesting that Nottingham is benefiting from similar improvements seen nationally.

Greater fluctuations in the Nottingham trend are observed due to the smaller population size compared with England as a whole. If current trends continue, under-18 conception rates are projected to continue to decline over the coming years. Despite these improvements, under-18 conception remains an important area of focus, highlighting the continued need for effective prevention, relationships and sex education, and accessible sexual health services for young people.

Looked After Children and Care Leavers

Looked after children and care leavers experience poorer health, educational and social outcomes than their peers and are more likely to have complex emotional wellbeing, safeguarding and transition needs. These groups therefore require coordinated, trauma-informed support and effective partnership working across health, social care and education (Department for Education, 2024; Department of Health and Social Care, 2023).

In February 2026, there were 581 Looked After Children (0–17 years) in Nottingham. This included 91 children aged 0–4 years, 97 aged 5–9 years, 221 aged 10–15 years and 172 aged 16–17 years, indicating that the greatest demand is among older children and young people.

During the same period, Nottingham supported 859 care leavers, comprising 5 Relevant, 741 Former Relevant and 113 Qualifying care leavers. Statutory care leaver data are reported by

legal status rather than age; therefore, an age-specific breakdown for 18–25-year-olds is not available within the dataset.

These data highlight the need for the 0–19 Children and Young People's Public Health Nursing Service to provide targeted support for looked after children, care leavers and care-experienced young people, ensuring effective transition planning and close collaboration with Children's Social Care and Leaving Care Services.

Looked After Children and Care Leavers (February 2026)

Population group	Number
Looked After Children (0–17 years)	581
• Aged 0–4 years	91
• Aged 5–9 years	97
• Aged 10–15 years	221
• Aged 16–17 years	172
Care Leavers (all statutory categories)	859
• Relevant	5
• Former Relevant	741
• Qualifying	113

Table 2 Looked After Children - Source: Nottingham City Council Children's Social Care Dataset (February 2026).

Health and Wellbeing Outcomes: Nottingham Compared with England

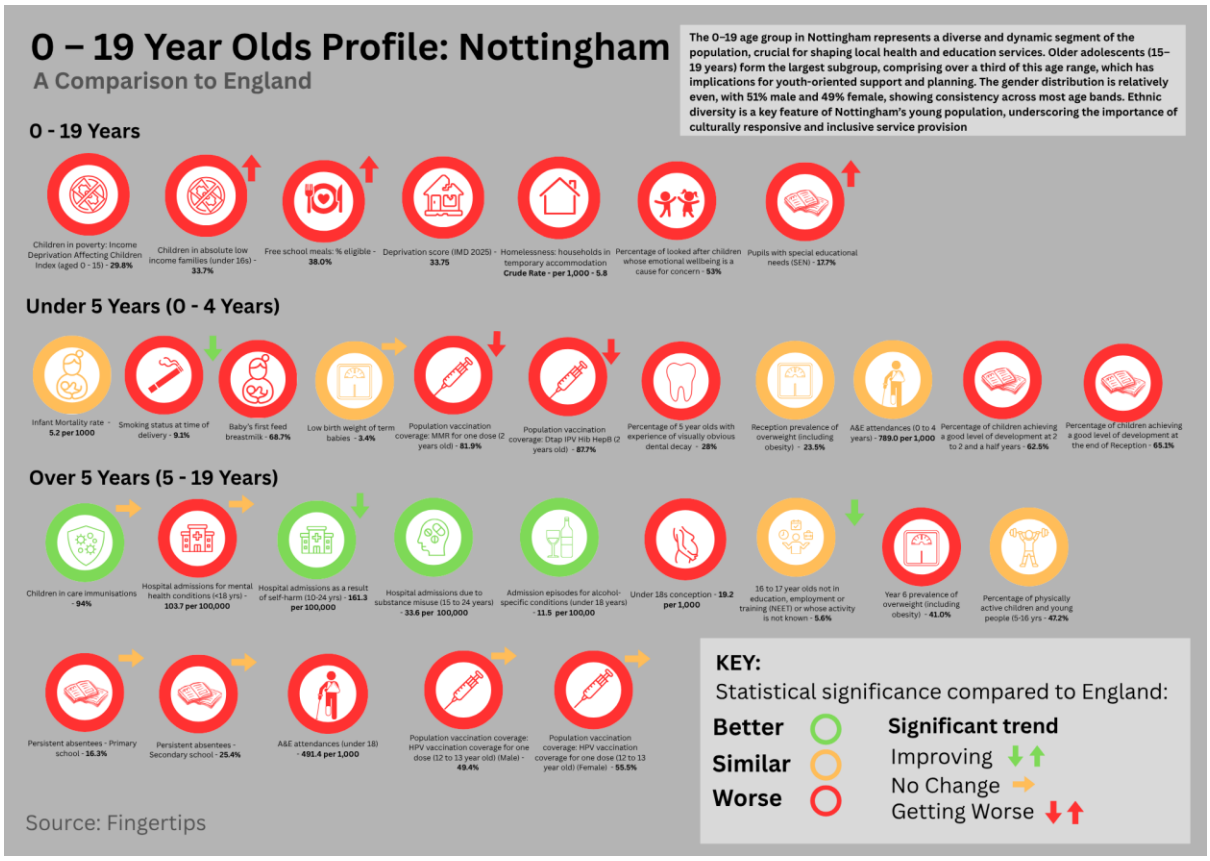


Figure 13 Nottingham Compared with England: Key Health and Wellbeing Indicators for Children and Young People

Health and Wellbeing Profile

Figure 16 provides an overview of key health and wellbeing indicators for children and young people aged 0 to 19 years in Nottingham, benchmarked against England using the Office for Health Improvement and Disparities (OHID) Fingertips profiles and other national datasets. It highlights both the scale of need across the city and the areas where outcomes are improving (OHID, 2025).

Overall, Nottingham experiences poorer outcomes than the England average across several indicators associated with the Healthy Child Programme, reflecting the city's high levels of deprivation, health inequalities and increasing complexity of need (Department of Health and Social Care, 2021; OHID, 2025). Areas of greatest challenge include childhood obesity, oral health, vaccination uptake, school readiness, educational attainment, persistent school absence, child poverty and the prevalence of children and young people with special educational needs and disabilities (SEND). Mental health also remains a significant concern, with higher rates of emotional wellbeing concerns amongst looked after children and increased hospital admissions for mental health conditions (OHID, 2025).

The profile also highlights the wider determinants of health that influence outcomes for children and young people, including poverty, homelessness, deprivation and educational disadvantage. These factors contribute to increasing demand for preventative and early intervention services and reinforce the need for providers to work collaboratively across health, education, children's social care, the voluntary and community sector and wider partners to address the broader influences on health and wellbeing (Office for Health Improvement and Disparities, 2022; World Health Organization, 2008).

Whilst challenges remain, there are areas of positive progress. Nottingham performs better than the England average in relation to immunisation uptake amongst looked after children, and has seen improvements in hospital admissions related to alcohol-specific conditions, substance use and self-harm. Smoking during pregnancy has also reduced over time, demonstrating the positive impact of sustained partnership working and targeted public health interventions (OHID, 2025).

Collectively, these findings demonstrate that the future 0 to 19 Public Health Nursing Service will operate within a context of significant inequality and diverse population need. Consistent with the Healthy Child Programme and the principles of proportionate universalism, providers shall deliver a service that combines population-level prevention with targeted support for children, young people and families experiencing the greatest disadvantage (Department of Health and Social Care, 2021; NHS England, 2023; Michael Marmot, 2010).

Commissioning Implications

The future provider shall demonstrate how the service will:

- Deliver a proportionate universal model, targeting support towards communities and population groups experiencing the poorest outcomes
- Reduce health inequalities through prevention, early intervention and targeted support, in line with the Healthy Child Programme
- Improve school readiness, healthy weight, emotional wellbeing, oral health and vaccination uptake, contributing to national public health priorities
- Improve outcomes for children and young people with SEND, care experienced children and other vulnerable groups, working in partnership with education, children's social care and other agencies.
- Work collaboratively across the system to address the wider determinants of health, recognising that health outcomes are shaped by social, economic and environmental factors
- Use population health intelligence to continually target resources towards areas of greatest need and evaluate the impact of service delivery

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