

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE: Ready and Healthy for School: A Child Health Equity Lens	
REPORT OF: Director of Public Health	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 13 March 2024
<p>SUMMARY OF REPORT</p> <p>This paper considers the importance of child health equity for our ‘Ready and Healthy for School’ strategic priority. It provides updates on existing programmes of work which address important aspects of child health equity: the whole-schools approach to food, its application to Family Hubs and other settings, and the wider role of equity and inclusion within Family Hub settings. This paper then introduces Camden’s child health equity strategic programme and invites partners to consider their role within this.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officers:</p> <p>Piers Simey Assistant Director of Public Health, Camden Council 5 Pancras Square, London N1C 4AG Piers.simey@camden.gov.uk</p> <p>Debbie Adams Head of Early Years, Camden Council 5 Pancras Square, London N1C 4AG Debbie.adams@camden.gov.uk</p> <p>Abigail Knight Consultant in Public Health, Camden Council 5 Pancras Square, London N1C 4AG Abigail.knight@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>It is recommended that the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Note the report. 	

Signed:

A handwritten signature in black ink, appearing to read 'K. Watters', with a horizontal line striking through the middle of the signature.

Kirsten Watters
Director of Public Health

Date: 4th March 2024

1. Introduction & current context

- 1.1 Child Health Equity ensures an equitable baseline level of physical, mental and emotional wellbeing for all children and young people. This is achieved through two intertwined considerations, the first of which being taking action on the upstream determinants of child health and social issues. A strategic example of this is addressing school exclusions to reduce youth violence, whilst a policy example would be pregnancy grants to reduce low birth weight prevalence. The second consideration is ensuring that an equitable approach is taken to each intervening action with reference to the impact of discrimination and oppression resulting from individual characteristics.
- 1.2 Child Health Equity has become an increasingly pressing concern for a number of systemic reasons:
 - 1.2.1 In recent years, **the intergenerational pact has been broken**. The UK has one of the lowest levels of social mobility in Europe, and for the first time a majority of parents are concerned their children will be worse off than previous generations. During Covid-19 lockdowns childcare, education and social interaction were severely disrupted – primarily to protect the health of older generations. However, their long-term health is likely to suffer as a result.
 - 1.2.2 **Rates of child poverty are increasing**. This has led to increasing rates of infant mortality, low birth weight, poor child development in early years, mental ill-health conditions, childhood obesity, and tooth decay; and will lead to increased levels of ill-health in adulthood and a mounting economic burden if left unaddressed.
 - 1.2.3 When looking at trends over the past 15-20 years, child poverty rates have been consistently higher for children living in large families and among families where the youngest child is under 5. Since 2020/21 similar rates were also seen in families where the youngest child is 5-10 years old. **It is increasingly difficult for family circumstances to improve from a low base in the early years into primary school age.**
 - 1.2.4 Child Health Equity is distinct from health equity more broadly as **parents play an influencing and intermediary role**. The Family Stress Model demonstrates how external stressors, such as deprivation, can cause stress within a family unit and impact on the parent-child and interparental relationships, and lead over the longer term to an increased risk of poor parental mental health, child mental health and conduct problems, and domestic abuse.
 - 1.2.5 An interesting observation about this trend, however, is that **children from low-income families are less likely to reach a good level of development if they live in high-income areas**, compared to if they live in low-income areas, illustrating a complex relationship between family-level and regional deprivation and the potential impact of targeted

interventions within low-income areas. This will have implications for both Camden's affluent and disadvantaged residents.

- 1.3 **Good food and nutrition in childhood** is vital for development, attainment, health and wellbeing. This is fully recognised in Camden's Health & Wellbeing Strategy, Camden's Education Strategy, and Camden's Food Mission. Children living in deprived circumstances are more likely to have poorer nutrition, and rates of obesity are more than double those in less deprived areas. We are in the foothills of an obesity crisis that requires concerted action on a range of issues both nationally and in Camden to reduce/prevent further impact. Underpinning this response is the need to ensure that all children and young people have access to good nutrition and food, regardless of social circumstances.
- 1.4 Food and nutrition in schools has a vital role in this response. Camden's schools are committed to following a whole school approach to food which can have major impact. Key elements of this approach include leadership by the school, delivering the Healthy Schools programme, meeting curriculum requirements, ensuring nutritious and tasty food at school in an extended offer, having nutrition and cooking lessons, and developing a positive food culture.
- 1.5 Family Hubs play an important role in supporting families' relationship with food, and in shaping their choices, as one of many aspects of healthy child development. The Family Hubs are introducing an enhanced model of universal support in a child's first 2 years with parents and babies seen every 3 months in the first year. The contacts will include weight and measurement to enable early conversations about feeding and nutrition alongside a therapeutic conversation with parents aiming to support and nurture the parent child relationship, and secure attachment.
- 1.6 There is also additional investment in Infant Feeding Support. Breast feeding rates are high in Camden at 80% and research was undertaken recently to identify whether rates were lower for defined population groups. The results of the research will inform an outreach approach to supporting feeding.
- 1.7 The priority for 2024/25 is to further develop the 0-19(25) offer. Links are being developed between the designated Family Hubs and Youth Hubs and each locality is hosting its first Family Hub network meeting in the next few weeks. Additionally, a workshop with Primary Headteachers is scheduled for the 20th March to discuss and define our approach to a Team Around the School and how we can work together to ensure the needs of families with children of this age group secure the support they need. The Head of the school nursing service will also attend this meeting.

2. **Whole school approach to food**

Progress

2.1 Schools continue to be supported by Camden's Health & Wellbeing Department in progressing the whole school food approach, tailored to the circumstances of each school. This report focuses on five key initiatives: Healthy Schools; extension of free school meals in primary schools; working to address hunger in secondary schools; breakfasts at schools; and the Holiday and Activity Food (HAF) programme. There has been significant progress this year for all five of these initiatives, including:

- **Four out of five schools (79%) have registered as Healthy Schools** – 31/38 Primaries, 6/10 Secondary, 5 Special Schools. Healthy schools have up to date policies, strong curriculum planning & developments, work with parents, support for children & young people with greater needs, have a strong health enhancing culture & environment, and provided staff support to develop the programme further.
- **All primary school pupils can now eat lunch for free**, with high take up across schools, including take up from pupils affected by the cost of living crisis who were not previously eligible for free school meals (as reported by Heads). There was a 27% increase in the number of lunches eaten in schools last term (9,000 additional meals per week), with no signs of any important operational catering issues at schools.
- **Working to address hunger in secondary schools**, focusing on three key questions:- why aren't eligible families applying for free school meals, why aren't those registered for free school meals eating regularly at school, and how can those not eligible for free school meals be supported best?

The research phase of this work has been completed. Pupils, teachers and parents have shared a range of insights on the experience of hunger in schools, issues around applying for free school meals, and opportunities to enable greater uptake of meals at school. New interventions resulting from this learning are being tested in schools this term, including break time food in line with the National School Food Standards and strengthening pupil voice in developing the food offer across the school day.

- **Increasing access to free breakfasts**, 3,000 pupils benefit from the Magic Breakfast scheme in 22 of Camden's most deprived schools (a five fold increase in a year), providing 575,000 breakfasts per year. Other schools are either signed up to the National School Breakfast Programme, or have their own breakfast provision. Across schools, all pupils eligible for free school meals can have free breakfasts.
- **Extending access to the Holiday Activity and Food (HAF) programme** In 2023/24, Camden's Families in Crisis Fund allocated a non-recurrent investment of £100,000 to enhance the HAF places across Summer and Winter 2023, and Easter 2024 programmes. During Summer 2023, HAF supported almost 40 providers across over 50 venues, resulting in 1,935

places for children and young people. 173 of these places resulted from local funding.

Out of the 138 places for children with SEND requiring 1:1 support or specialised provision, HAF funded 81 SEND places, while Camden's local funding covered an additional 57 SEND places. This significantly enhanced support for children with SEND during school holidays.

Notably, the program reached one in three eligible for free school meals during the summer, indicating its broad impact. HvH Arts, one of the Camden HAF providers, also received national recognition by winning one of the five national awards at the DfE's HAF 2023 award ceremony held at the Houses of Parliament.

Key challenges

- 2.2 Significant leadership on this issue is provided by Head Teachers and their Senior Leadership Teams, within the context of a range of priorities across the school day. As a general rule, progress in secondary schools can be more challenging, as pupils develop more autonomy over their food preferences.
- 2.3 **Camden's Healthy Schools Programme** is well established, with a focus on healthy eating, as well as physical activity, personal social health & economic education, and emotional wellbeing & mental health. Four in five schools are signed up and delivering against key Healthy Schools objectives. Those schools not currently signed up are carrying out important work, but are not necessarily delivering fully across the range of impact areas. This is partly a consequence of the current paperwork-heavy Healthy Schools London programme. This admin load is under review and due for relaunch in September.
- 2.4 **Primary school universal free school meals:** The Mayor of London has confirmed that funding for all key stage 2 (Junior) pupils will extend for a full second year through to summer 2025, meaning that all primary school pupils will be able to have lunch for free during this time. A key concern flagged by schools has been to ensure that pupil premium funding is not reduced if parents no longer feel the need to enrol their children on free school meals (schools receive £1,455 for every pupil enrolled for free school meals to support educational outcomes). Concerted communications and support by schools has ensured that pupil premium levels have been unaffected so far, and in some cases have increased. This is in line with the experience in other boroughs, but will continue to be closely monitored.
- 2.5 The Council is investing in a new application IT module to streamline and make free school meal enrolment processes easier for parents across all schools (primary, secondary and Special Education Needs), embedded within the new school places application system. This will also enable active links to cost of living support. The new system is a significant undertaking and is scheduled to be available in the Summer term. If delayed, schools will be supported with continued pupil premium sign ups.

- 2.6 **Addressing hunger in secondary schools:** common themes apply, but each school needs school specific solutions that account for the current food service infrastructure (e.g. dining area, caterer, grab and go outlets), current school plans and priorities, and capacity within the Senior Leadership Team to oversee significant changes. Although the influence of pupil voice on the food offer varies, schools have appreciated support in strengthening this.
- 2.7 **Progressing school breakfasts in Camden:** while primaries can potentially feed the whole school roll through a combination of breakfast clubs, food on arrival and eating in first lessons, take up in secondaries is significantly lower. A free breakfast at school available to all can be stigmatising for teenagers (the perception that only those that really need support will go), and an early start to the day at school may go against instincts and social norms. Ideas raised by pupils to address this include renaming the offer, grab and go options, widening the offer beyond food, and using different promotions.
- 2.8 **Holiday Activity Food (HAF) Programme:** There are three clear challenges for the programme. Current providers cater more for primary school aged children, providing fewer options for older children. Increasing the offer for more children and young people with Special Educational Needs and Disabilities requires upskilling more providers. And the extension of the HAF programme in 2023/24 was supported by one year funding which needs to be made recurrent to maintain programme reach.

3. **Family Hubs**

Progress

- 3.1 We have commenced a pilot to employ quality improvement (QI) methodology to improve equity within services. The pilot is with our Starting Solids programme, delivered by the Early Years, Schools and Families team, as this is an important component of our approach to healthy nutrition, and we know has disproportionate uptake among our more affluent populations. The pilot will embed a review of service data against equality characteristics along the care pathway (eligibility, referral, uptake, experience, outcome) to assess whether services are designed to meet the needs of the families most likely to benefit from the service. QI methodology would then apply a combination of participatory appraisal techniques with Plan, Do, Study, Act (PDSA) cycles to inform and iteratively improve the way we centre families within the service offer.
- 3.2 In February, the Starting Well and Family Hubs Board approved the establishment of an Equity and Inclusion Delivery Group for Family Hubs. This Group will consider how we centre the needs of more marginalised families with highest propensity to benefit within the Family Hubs offer. Family Hubs are the organising vehicle for Camden's 0-19(25) offer at a neighbourhood level; they will need to consider what, why and how Camden's offer is also delivered across schools, youth hubs, community venues, outreach and virtual settings. The Group seeks to ensure the way in

which this offer is organised maximises child health equity, readiness for school and readiness for the workplace.

- 3.3 One example of settings and outreach approaches to Family Hubs is in collaboration with our health service partners. We are in conversation with the UCLH Paediatric A&E department, regarding their clinic for 'low acuity' presentations, which works with families whose needs could be better met in a non-emergency setting. Such presentations are often expressions of wider social needs and drivers for seeking support, which will remain if we only address the immediate concern. We want to assess the nature of the upstream drivers of these attendances and the extent to which they could be addressed within the Family Hubs offer.

Key Challenges

- 3.4 The QI pilot is due to report with recommendations for its wider adoption within services within 6 months. Scaling up an approach of this nature will require considerable commitment and resource to embed and maintain an equity improvement culture.
- 3.5 The Integrated Neighbourhood Teams (INT) programme is at an early stage and considerations of their application to babies, children and young people are at an early stage. The Estates and Neighbourhood Mission is also at an early stage of consideration of their role in both INTs and in their connection to Family Hubs. Both developments are highly relevant to the organisation of place-based health and care services, and will need to ensure engagement despite ongoing developments in the last year of the Family Hubs' funded programme.
- 3.6 The funded period for Family Hubs enters its final year in 2024/25. The future funding scenario is unknown however Camden is committed to continuing to use the delivery model as part of the wider neighbourhoods work. What can continue to be delivered if no further funding is made available will be the subject of contingency planning in the coming months.

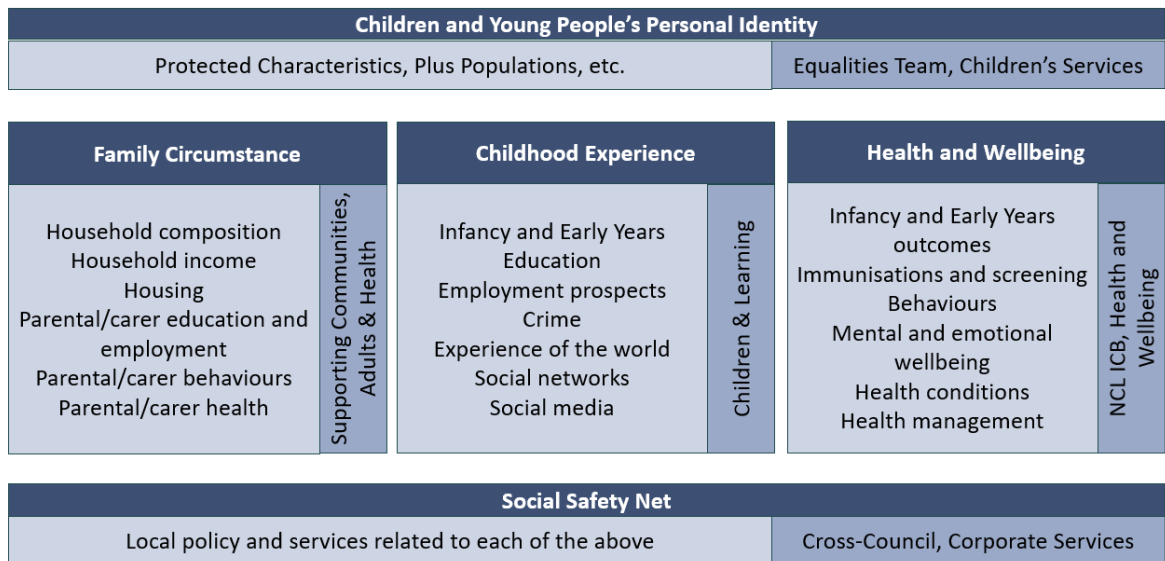
4. Child Health Equity Strategic Programme

- 4.1 In 2022, Barnardo's and the Institute of Health Equity launched a Child Health Equity Collaborative with the aim of ensuring that children and young people's health and their wider determinants were given proportionate weighting in ICS resource and funding allocations. Birmingham and Solihull ICS, Cheshire and Merseyside ICS and South Yorkshire ICS partnered with the Collaborative for a three-year programme, described in greater detail here: <https://authors.elsevier.com/a/1iSOX6ElwSsE7-> and an interim report of their progress is due for publication in Spring 2024.
- 4.2 Camden Council has since partnered with the Institute of Health Equity in order to establish a whole-systems place-based approach to child health equity. This includes an embedded cross-organisational post, analysis of

local data, review of local government policy options and an evaluation of the equity aspects of We Make Camden.

- 4.3 We first wish to established a shared recognition of the importance of, and a shared understanding of child health equity. We have designed a conceptual framework, based on the WHO social determinants of health framework, to apply to Camden’s child health equity strategic programme. This is shared below in its draft form for consultation:

Fig 1: A conceptual framework of Child Health Equity



The purpose of the framework is three-fold:

- As the basis for a child health equity audit which identifies metrics within each basket of indicators and disaggregates them as far as possible against the defined set of personal identity characteristics. This is critical to ensuring that our programme is evidence-based and is targeted proportionately to local need.
- The audit and its analysis will allow an informed approach to prioritised action to improve child health equity within Camden.
- It provides a working model through which to consider Health and Wellbeing Strategy ambitions and priorities, Camden’s Missions and Challenges, health and care system roles within emergent health and social challenges within the borough.

- 4.4 This framework has been developed to be directly applicable to children and young people. It could be easily adapted to consider adults (adopting comparable aspects of personal circumstance over which they/we have more or less agency). In this format it is relevant to adults insofar as adults play a defining role in family circumstance, childhood experience and social safety net, transition into adulthood is an important consideration for longer term health equity, and the role of intergenerational impacts of parent and carer experience. Whilst we primarily take a safeguarding lens to intergenerational impacts, an additional ‘cycle breaking’ lens could play an important role in tackling childhood inequities and social mobility.

4.5 A child health equity strategic programme needs to consider both equitable services (see the approach adopted within the Family Hubs programme) and addressing systemic inequities through strategy and policy design (under development with Camden's Strategy, Policy and Design team). Further consideration needs to be given to the role of NHS services in addressing child health equity, the means of embedding a child-led approach with the Tell Us team, and a vehicle for bringing together and adding weight to these collective efforts.

5. **Discussion points**

5.1 In response to this report to the Health and Wellbeing Board, members are invited to consider the following discussion points:

- What does Child Health Equity mean for your organisation and how can you contribute to the partnership's response, particularly on endorsing the case for use in undertaking the proposed child health equity audit, subject to data sharing protocols?
- What further opportunities are there for Family Hubs' whole-family approach to address health inequities?
- How can we widen the participation of the partnership organisations in our shared mission to ensure everyone in Camden eats well every day with nutritious, affordable, sustainable food and that healthy diets form a central element of our efforts to improve child health equity?

6. **Finance Comments of the Executive Director Corporate Services**

The Director of Finance has been consulted on the content of this report and has no comment to make.

7. **Legal Comments of the Borough Solicitor**

The Borough Solicitor has been consulted and has no comments to add to the report.

8. **Environmental Implications**

The contents of this report have no environmental implications.

9. **Appendices**

Appendix A: HWBB Child Health Equity Presentation

REPORT ENDS