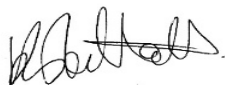


LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Annual Health Update on Children, Young People and Families – 2023/24	
REPORT OF Director of Health and Wellbeing, Supporting People	
FOR SUBMISSION TO Children Schools and Families Scrutiny Committee	DATE 16 July 2024
<p>SUMMARY OF REPORT</p> <p>The report summarises health outcomes for children and young people (CYP) and families in Camden focusing on population health metrics, inequalities and intersectionality data. Data is taken from the Office for Health Improvement (OHID) Fingertips Child and Maternal Health dashboard, annual public health report, HealthIntent as well as commissioned services across the council and health system. The report also provides updates on work undertaken to improve health and address inequalities across 2023/24 and plans for work in 2024/25 incorporating case studies, evidence of impact and children and parental voice.</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 Officer: Manuj Sharma, Consultant in Public Health for Children and Young People London Borough of Camden, 5 Pancras Square, NC1 4AG Manuj.sharma@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>The Committee is asked to note the report.</p>	



Signed:
Kirsten Watters Director of Health and Wellbeing, Supporting People

Date: 24 June 2024

1. Purpose of Report

- 1.1. The report provides an update on Camden's performance and activity against key health indicators relating to services for children and young people (CYP). Comparison data has been taken from Office for Health Improvement and Disparities (OHID) Fingertips Child and Maternal Health data dashboard (updated in 2023), HealthelIntent and other local and commissioned service data.

2. Background

- 2.1. Each year, the Committee receives an update on children's health services delivered by the North Central London (NCL) Integrated Care Board (ICB), Council and our partners. This report reflects our work to deliver Camden 2025's vision that people lead healthy, independent lives, the Children's Trust Partnership Board's priority that 'Good physical and mental health are promoted and health inequality reduced', and our contribution to the delivery of the work of the Local Care Partnership.
- 2.2. The report this year highlights the key health issues for CYP in Camden and is structured across the life course. The report includes information on the initiatives and services provided to address these issues, and ambitions for the next year.
- 2.3. Each section of the report relates to a service or health issue and starts with the context in Camden. This includes information on the populations affected, including intersectionality where available. Each section, where available, also includes evidence on the impact of Camden services, and voice of CYP and families via feedback and case studies, as requested by the committee.
- 2.4. The scrutiny panel are asked to note this report which outlines the key health outcomes for CYP in Camden and provides more detail on services and local initiatives in Camden to meet our health challenges.

3. Benchmarking data for Camden across the life-course¹:

- 3.1. The below data sets out key child health metrics for which we have regional and national comparators (OHID Fingertips dashboards). This therefore sets out national priorities but may not fully represent the local Camden priorities, which are covered elsewhere in the report.
- 3.2. **Infant and child mortality**
The infant and child mortality rates are similar to both England and London. In Camden, there was a rate of 3.0 deaths of infants aged under 1 per 1000 births for the period 2019-21, representing an average of 7 deaths of infants aged under 1 per year.

¹ Statistics are for the year 2022-23 unless otherwise stated. Data included is the latest data available.

3.3. **Maternity**

5.4% of women are smokers at the time of delivery, which is better than England (8.8%) and similar to London (4.6%). However, this has increased from 3.5% in 2019/20.

3.4. **Early years**

- 79% of children registered with GPs in the borough aged 1, had received their primary vaccines (June 2024). This is a 10% increase from data available for children of the same age in June 2021.
- During the same timeframe uptake in all-age vaccinations for children aged 2 has moved from 68% to 74% and uptake in children aged 5 has moved from 58 to 72%.

3.5. **School-age children**

- 79.6% of children achieve expected level of communication and language skills by end of reception, which is similar to London (79.2%) and England (79.7%).
- 18.0% of children in Reception and 36.6 % in Year 6 were overweight and very overweight (2022/23). Both rates are similar to the London and England average.
- 31.8% of 5 year olds have experience of dental decay, which has increased from 18.9% in 2018/19. This rate is worse than England but similar to London.
- Healthy Schools continues to be delivered in Camden with 69% of schools engaged (38 schools). 10 schools renewed Healthy School Recognition in 2023/24.

3.6. **Young People**

- The teenage pregnancy rate is similar to London and England (10.3 per 1000, 2021 data). 32 young women under the age of 18 became pregnant in 2021.
- In 2023, the detection rate for Chlamydia in young people in Camden (1,765 per 100,000) which is better than England (1,546 per 100,000).

3.7. **Hospital Admissions**

- Hospital admissions caused by unintentional and deliberate injuries for children aged 0-14 were 71.6 per 10,000, and 47.8 per 10,000 for young people aged 15-24
- Hospital admissions as a result of self-harm in young people aged 10-24 were 171.0 per 100,000, better than England and similar to London rates.
- Hospital admissions of children and young people related to alcohol in 2020/21 - 2022/23 were 40.7 per 100,000. Admissions for young people aged 15-24 due to substance misuse were 25.5 per 100,000 for the same period. Alcohol admissions are higher than London and England rates, while substance misuse admissions are lower.

4. **Child Health Equity Context**

4.1. **Context, Inequalities, and Intersectionality**

The UK has one of the lowest levels of social mobility in Europe – it takes six generations for families in the lowest decile to reach the median salary. The majority of parents are concerned their children will be worse off than themselves. Rates of

childhood poverty are increasing, and lasting for longer periods of time: previously this was most common in early years but it is now continuing into primary school age.

- 4.2. Camden has among the highest inequality in life expectancy in the country. A boy born in Hampstead Town in 2020 is expected to live 13.5 years longer than a boy born the same day in Somers town. The difference is 9.6 years for girls. By secondary school we see for every 10 young people, 4 attend private school and 4 live in poverty after housing costs. National evidence has shown that children from low-income families have worse health outcomes if they live in an affluent area compared to a more unilaterally deprived area. This is especially notable for mental health and wellbeing. There is an ethnic bias to these trends also. For instance, in Camden, Black households are almost 5 times more likely to be living in overcrowded conditions than White households (24% vs 5%) and 5 times less likely to own their home (7% vs 36%).
- 4.3. Recognising the challenges in Camden, health equity has been considered throughout the report. The following provides a summary of the health and wellbeing of Camden's children and young people across the life course and the local initiatives to improve health and reduce inequalities.
- 4.4. **Key areas of action for 2024/25**
Camden is introducing a child health equity programme to examine how we address the wider determinants of children's health and wellbeing and consider the health impacts of societal responses to personal identity characteristics. This will be a key priority workstream in the coming year.
- 4.5. We have also engaged the Institute of Health Equity (Sir Michael Marmot's team) to undertake a deep dive into child health equity within Camden and consider how we apply the evidence base within our Missions approach and generate new evidence. The collaboration is responsive to the local picture of health inequalities presented here, by focussing on the Estates and Neighbourhoods Mission, and on the determinants of children and young people's mental health.
- 4.6. The Equitable Services Initiative formed as part of this workstream will examine inequities in access and outcomes across Health and Wellbeing commissioned children's services and put in place pilots for quality improvement exercises to address these, commencing with the Starting Solids service

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Pregnancy and Early Years

5. Maternity

5.1. Context, Inequalities, and Intersectionality

Significant differences have been identified in the maternal health of women and birthing people from different ethnic backgrounds across NCL. Black women and birthing people, for example, have been found to have a significantly higher prevalence of obesity, while a higher prevalence of diabetes has been found among Asian women and birthing people. Babies born to Black and Asian mothers in NCL have also been identified as having higher rates of admission to neonatal units than those born to white women and birthing people.

5.2. There is a clear link between deprivation and adverse maternal health outcomes. 60% of neonatal admissions at NCL sites are for babies in the 40% most deprived quintiles of the population. The intersectionality between ethnicity and deprivation is also recognised, with some ethnic groups more likely to be living in the most deprived areas.

5.3. In 2021/22 NCL had a lower rate of take-up for perinatal mental health services than the national target; only 4.9% of pregnant women and birthing people in NCL accessed perinatal mental health services, significantly below the 8.6% NHS Long Term Plan ambition.

5.4. Progress in 2023/24

- In November 2021, the partner organisations who make up NCL's integrated care system (ICS) formally launched a long-term programme looking at maternity and neonatal services, called Start Well.
- The HWB (Health and Wellbeing Department) led an evidence review and supported the development of an Integrated Impact Assessment (IIA) for Start Well to determine potential impacts of proposed changes to services, and identification of potential solutions / mitigations to address these. The IIA focused on inequalities and which local population groups may be potentially impacted covering elements like health, equality, travel and access, sustainability, and digital impact. Following public consultation a recommendation will be published later this year with a proposed implementation plan,
- The mitigations identified will be taken forward irrespective of this consultation outcome as part of the NCL [Maternity Equity and Equality Action Plan](#), which sets out system-level interventions to address these specific inequities.

5.5. Key areas for actions 2024/25

- Undertake a Joint Strategic Needs Assessment on Perinatal Mental Health to inform future strategic and commissioning plans.
- Support delivery of the Maternity Equity and Equality action plan, and drive local, community-based action to enhance support for women and birthing people.
- Identify community venues for antenatal classes for Black women and birthing people.

- Engage in the codesign of antenatal classes for Bangladeshi women and birthing people being led by NCL.
- A new midwifery role has been established through the Family Hub and Start for Life programme to help further strength integration of services across maternity and early years. They will also focus on developing an antenatal offer for Camden Dads, Black women and birthing people, Bangladeshi women and birthing people, and exploration of an enhanced support for expectant care experienced parents.
- Continued advocacy and training for frontline staff on the Healthy Start Scheme which helps improve access to a healthy diet for low-income families (pregnant and parents to aged of 4)

6. Maternity and Smoke Free Campaign

6.1. Context

Across NCL region, 7.8% of mothers in the 40% most deprived areas are smokers at the time of delivery compared to 3% of mothers who live in the 40% least deprived areas.

6.2. Progress in 2023/24

- In 2023/24 Breathe Stop Smoking service has been delivering the quits for pregnant women. This year the referrals have started to reduce as hospitals have started picking up this work.
- Camden's rate of successful quitters as per Carbon Monoxide (CO) validation is almost 65% compared to 35% for London and 38% for England (Appendix 1).

6.3. Key areas of action for 2024/25

- Hospitals, with oversight from the NCL Integrated Care Board (ICB), are working towards implementation of the NHS Long Term Plan ambitions to treat all smokers who receive secondary care and maternity services. This entails a culture change of considering tobacco dependency as a long-term condition that can and must be treated, rather than a lifestyle choice.
- Breathe, our community provider, is contributing to the development and delivery of an integrated referral pathway from maternity into the community service.

7. Family Hubs

7.1. Context, Inequalities, and Intersectionality

Camden is one of 75 local authorities funded to deliver the Family Hub and Start for Life programme, 2022 - 2025 (Department for Education (DfE)/Department of Health and Social Care (DHSC)).

7.2. The programme is led by Camden's Early Years and Family Hub Service. Family Hubs are being developed as the focal point for families with children (pregnancy to age 19 and 25 with SEND) to access information and support within their neighbourhood. Family Hubs are also the key focus for our CYP universal public health offer. Camden has prioritised our integrated early years offer to date and is now considering integration of our community offer pre-birth and to school aged children and young people.

7.3. Attainment of a good level of development at Early Years Foundation Stage is considered a key indicator of the success of Early Years strategies and approaches. Camden schools, at 68.3%, is comparable to London and national average, but there is variation within the borough with lower rates of good development within our more deprived and more ethnically diverse localities, and the gap in achievement for those on free schools meals persists.

- 29% of Camden children in reception classes in 2023, who were receiving free school meals did not reach a good level of development in Communication and Language. This compares with 16% of children who were not receiving Free School Meals (FSM).
- In 2024, in 8 Camden Nursery Schools 74% of children have been identified as having between 6 – 12 months delay.

7.4. **Progress in 2023/24**

7.5. **Equity and Inclusion in Early Years**

The Family Hubs Equity and Inclusion Delivery Group was established in March 2024, bringing together colleagues across Health and Wellbeing, Children's Services, the ICB, School Health Service and Strategy. The following determinants of health inequalities have been identified as our priority areas of focus for the coming year:

- Childhood poverty
- Centring racialised families within our universal offer
- Whole family mental health and wellbeing.

7.6. This group is currently taking forward a user research proposal to understand how children, young people and their families from racialised communities want to receive support in the community for their health and wellbeing.

7.7. The group is also developing a pilot with the University College London Hospital (UCLH) paediatric Accident and Emergency (A&E) team for families in health crisis whose attendance often reflects the impacts of child poverty:

- 9 in every 10 attendances at UCLH Paediatric A&E do not result in admissions
- 1 in 4 of these attendances do not have a chief complaint recorded

7.8. This team run a follow up clinic within A&E for low acuity presentations, i.e. children under 5 attending A&E with minor ailments who do not feel that they have anywhere else to turn. Newcomers to the UK, children living in poverty, and children experiencing respiratory problems often linked to housing issues, are the most highly represented groups at this clinic. We intend to test and evaluate the benefits of relocating this clinic within Family Hubs and collocating with supporting advisory services.

7.9. An evidence review of interventions to address intergenerational patterns of childhood trauma has been undertaken and we are currently mapping Camden's response to this alongside wider whole family support for the determinants of mental health.

7.10. Perinatal mental health (PMH) parent infant relationships (PIR)

Camden's enhanced Healthy Child Programme: Best Start for Baby reflects the body of evidence emphasising the importance of the first 1001 days. Learning from pilot delivery in the Euston locality has helped to inform the design of a borough-wide offer, alongside best practice in supporting child development, the parent-infant relationship and parents' wellbeing. Camden has also adopted the use of the New-born Observation (NBO) tool at the health visiting "new birth visit" appointment to promote sensitive, attuned parenting. The principles of NBO practice have been established in the delivery of the baby feeding groups and postnatal baby bonding groups. Clinic staff support parents to understand and be attuned to their baby's communication from birth and enable early identification of the need for additional support. Family Hubs funding is being deployed to fund specialist staff who will support the approach: contributing to workforce development and training; increasing outreach activity and developing a campaign to destigmatise perinatal mental health challenges.

7.11. Family Hubs funding is being used to support the development and delivery of services, with additional group-based sessions such as Together Time, delivered in partnership with our Child and Adolescent Mental Health Services (CAMHS) provider, the Tavistock and Portman NHS Foundation Trust. Two practitioners have been employed to facilitate the delivery of these interventions alongside existing staff within Camden's commissioned CAMHS under 5s services.

7.12. Best Start for Baby includes additional universal and targeted contacts on top of the five mandated health visitor reviews. The extra contacts are being introduced across the service in 2024/25, giving parents additional opportunities to discuss their baby's development and their own wellbeing. ; producing a PMH pathways strategy working with multi-agency partners delivering PMH services across the first 1001 days, to ensure that pathways align and to help reduce gaps in service provision.

7.13. Parenting Support

To make the transition to parenthood smoother for parents/ carers with further needs, Camden used Family Hubs funding to enhance the small, community perinatal peer support service delivered by Family Lives, funding two practitioners to promote targeted outreach activities through Camden's family hubs. This has successfully increased connections to the voluntary, faith and community sector to work towards shared outcomes on parenting within the family hub network. The service has a wide reach, working with parents across Camden's diverse communities to improve their physical, mental and emotional wellbeing and supporting them to connect with and look after their baby. Programmes for fathers and peer support programmes have been developed resulting in increased attendance at Family Hubs by men.

7.14. Speech and Language in the Early Years

Camden KidsTalk, a comprehensive approach to ensuring staff working in early years settings and parents understand how to support speech, language and communication development and identify emerging issues as early as possible, was introduced this year.

A pilot project introducing 12-15-month speech and language screening by Health Visiting identified around 12% below-threshold, potentially identifying communication difficulties up to 18 months earlier than the Ages and Stages Questionnaire (ASQ-3), which is usually completed with the Health Visitor when the child is 2.5 years old.

7.15. **Key areas of action for 2024/25**

- Over the next 12 months, we are developing Camden's Best Start Strategy. This will integrate child health equity considerations within our existing start for life workstreams delivered through family hubs (infant feeding, perinatal mental health, parent-infant relationships, parenting support and communication and language and the universal Best Start for Baby service) as a unified approach to ensuring Camden's under 5 population achieve a good level of development regardless of social circumstance.
- Though the equity and inclusion delivery group and development of family hub networks we will continue to expand signposting, and where possible colocation provision of health and wellbeing support services for over 5s in family hubs

8. **Health Visiting**

8.1. **Context, Inequalities, and Intersectionality**

While birth rates in Camden declined by 16% between 2013 and 2021 - a trend expected to continue over the next decade, based on 2020 Greater London Authority (GLA) projections, the borough's children's population is arguably becoming more complex. Post-pandemic, there are rising numbers of children with special educational needs and disability (SEND), obesity, increases in communicable disease outbreaks and worsening mental health and wellbeing.

8.2. The Health Visiting Service is well placed to contribute to the early identification of need: for example, the Camden Kids Talk programme has shown significant benefit in identifying speech and language needs and improving early language development.

8.3. **Progress in 2023/24**

An evaluation led by HWB of the health visiting service, delivered by Central North West London (CNWL) NHS Foundation Trust as part of Camden's Integrated Early Years Service (IEYS) was undertaken in 2023/24. This included feedback from 48 parents through interviews and focus groups, a staff survey and an analysis of key performance indicators against neighbouring and regional figures. The data collectively showed that the Health Visiting service in Camden is performing well compared to other London boroughs and meeting its targets (Appendix 2).

8.4. Parents and carers highlighted multiple positive benefits of the service including knowledgeable, responsive and supportive staff and the ability to have appointments with health visitors in children's centres. Parents also identified some areas for change or improvement including: increased contacts, such as a visit at 3 months, to help strengthen the relationship with the health visitor and enhance the parent experience; further information that would help parents recall and understand the schedule for health visiting, and other ways of contacting Health Visiting staff e.g. WhatsApp. Parents suggested ways of optimising communication e.g. use of simple checks such as asking how parents would like to be addressed (by name or "mum"); information provision for

those for whom English is a second language and ensuring a supportive, non-judgemental communication style.

8.5. **Key areas of action for 2024/25**

- Review and revise the Integrated Early Years service specification, in development with health, local authority staff and parents, to launch in April 2025 when a new Section 75 partnership arrangement with CNWL will commence with a particular focus to further improve equity and integration of the service.
- The new specification will respond to family feedback and reflect Camden's Enhanced Healthy Child Programme: Best Start for Baby, with the introduction of additional universal and targeted visits, and a focus on the first 1001 days, parental wellbeing, child development and the parent infant relationship.

9. **Breast and Infant Feeding**

9.1. **Context, Inequalities and Intersectionality**

White British mothers are most likely to initiate breastfeeding but stop before 6-8 weeks, with a disproportionately higher rate (although very low volumes) of Bangladeshi mothers also being more likely to stop breastfeeding before 6-8 weeks (2021-23).

9.2. Mothers from the mid-range IMDs are also more likely to initiate breastfeeding but stop before 6-8 weeks, which has been hypothesised as relating to the need to return to work (potentially due to no eligibility for Universal Credit and lower disposable income).

9.3. **Progress in 2023/24**

In June 2023, Camden's IEYS, which includes Health Visiting and Children's Centres, received the prestigious UNICEF (United Nations Children's Fund) Baby Friendly Accreditation. Our efforts are reflected in our breastfeeding rates, with 80% of babies receiving breast milk at 6-8 weeks, significantly higher than the UK national average. The Baby Feeding Team have also developed a Volunteer Programme which has allowed breastfeeding practitioners to return to Maternity Wards at UCLH to offer feeding support. This coupled with increase peer support has seen an increased number of mothers engaged by the service with 82% of all new mothers having contact.

9.4. The Early Years, Schools and Families team delivers Starting Solids sessions to 400 unique families (892 total attendees). 99% of attendees followed up weaned around 6 months in line with recommendations. 39% of attendees were from black and minority ethnic groups.

9.5. **Key areas of action for 2024/25**

- The Equitable Services Initiative has been running a pilot within the Starting Solids programme and identified an under representation in the services of Black and Asian families, and those living in our most deprived postcodes. These groups will therefore form the focus of our participatory appraisal activity to develop our offer more equitably.
- The Infant Feeding Team is undertaking work to understand population groups where breast feeding is lower and undertaken targeted support and outreach work. They have also now begun to offer earlier support to mother in hospital prior to discharge

through increase staffing and peer support programmes adding further service capacity.

School Aged Children and Young People

10. School Nursing Service

10.1. Context, Inequalities, and Intersectionality

The Camden School Nursing Team, delivered by CNWL, lead the Healthy Child Programme (5-19) to identify the health needs of individuals and communities working collaboratively with multi-agency partners. A dedicated school nurse works alongside H3 Federation Schools: Heath, Harmond and Haverstock, which has a child-centred partnership approach for pupils unable to attend mainstream Schools.

10.2. The School Nursing Team operate a busy duty desk, attend half-termly GP meetings to share information and agree on care plans for children in Camden schools, and offer training to schools on long term conditions including asthma, epilepsy, managing allergies & anaphylaxis, diabetes and sickle cell disease.

10.3. Progress in 2023/24

Annual feedback and impact data from the service is produced in August. In 2023, of schools responding, 81% of schools rated the service as having high impact or significant impact. A total of 333 CYP who received face-to-face contact gave feedback indicating that the service is positively received and valued by children and young people with 100% ratings for the kindness and caring approach of staff, respondents feeling that their questions were answered, that they had been listened to, and that they had learnt from the nurse. All respondents would recommend the service to friends and family.

10.4. Secondary schools run School Nurse drop-in sessions. Young people have predominately attended to talk about emotional and mental health issues, e.g. stress & anxiety, and risk-taking behaviours. These sessions allow the nurses to establish a connection with specific students which enables any underlying issues to be disclosed.

10.5. The service has continued to play a key role in ensuring the safety of children by following up on red and amber Emergency Department (ED) attendances. By reviewing the ED summaries, school nurses can identify any exacerbations of medical conditions, safeguarding concerns, or support required for a new clinical diagnosis made following ED attendance. In the spring term of 2024 (January to March), they received 158 ED notifications, representing a 36% increase on last spring term. 50% (23) of the cases followed up by school nurses involved acute self-harm or mental health issues. The service has made an increased number of CAMHS referrals following young people presenting at school drop ins.

10.6. The service aims to increase the quality and quantity of service feedback, by making surveys more accessible to service users. A text system for parents with a link to an online survey, and a QR code system for 11-19 year olds (printed on a card, for young people to scan to take a survey) is being introduced.

10.7. **Key Areas of Action for 2024/25**

- The School nursing service plans to increase co-production and a rights-based approach to health and well-being by including CYP and family voices within their resources and service delivery (in line with You're Welcome quality criteria developed by the Department of Health). The service will work with a group of young people from Fitzrovia Youth Action to help better understand the needs of young people.

11. **Sexual Health and Teenage Pregnancy**

11.1. **Context, Inequalities, and Intersectionality**

Camden's young people's sexual health services are delivered by Brook in partnership with CNWL who provide the clinical interventions available through the service. This is a service that works across Camden and Islington with 2 main sites on Chalton St, NW1 and in Archway. As sexual health services are open access, people can choose to attend either site regardless of their borough of residence.

11.2. The DHSC's Framework for Sexual Health Improvement in England (2013) emphasised the importance of improving sexual health outcomes for young people including easy access to contraceptive services. Females attend contraceptive services more than males, reflecting the fact that the majority of contraceptive options are for women.

11.3. Unlike Sexually Transmitted Infection (STI) testing, online options for contraception are more limited and while an online service was started in 2022 the numbers remain low. Assuming that pharmacy and general practice provision of contraception has followed a similar trend, this suggests young people's access to contraception remains poorer than prior to the pandemic.

11.4. With data such as this now demonstrating some areas of challenge, Brook are undertaking a mapping exercise over the months to look at local demographic information and whether their attendees are representative of the local population.

11.5. **Progress in 2023/24**

A comprehensive sexual health needs assessment is in progress for publication in July 2024.

In the last year, Brook have:

- Engaged with young people on Grindr (location based online dating app targeting gay and bisexual men, men who have sex with men (MSM) and transgender people) through the chat function resulting in an increase MSM attending the service (this has doubled since the beginning of 2023/24)
- Delivered smaller Relationships and Sex Education (RSE) sessions within SEND schools
- Established a weekly unaccompanied asylum-seeking children's group in addition to sessions for homeless young people delivered at New Horizon Youth Centre
- Attended an additional language group at Camden and Islington college
- Delivered outreach sessions for National Sexual Violence week
- Established outreach sessions at the Rainbow Room (LGBTQIA+ space) at Westminster Kingsway

- Worked with alternative providers of education who work with young people who are not in mainstream schools via 3 providers.
- Led multiple sessions on LGBT+ equality at The Hive youth centre and delivered multiple trainings on LGBT+ inclusion.

11.6. Brook regularly collects feedback from people using their services. Recent feedback includes:

“As an autistic person, I felt completely at ease! I have difficulty with tablets, so they showed me what they looked like before any decisions were made. I’ll definitely be back when I need anything else :).”

“I really appreciated their patience as my appointment was last minute. They still managed to find time and they were sociable and kind. The treatment went so well and everything was straightforward. 10/10.”

“The staff was caring and compassionate – I felt very safe and comfortable”

11.7. **Key Areas of Action for 2024/25**

- We plan to develop a new sexual and reproductive health all age five year work programme, will include a focus on ensuring young people can access information, advice, guidance and support about sex, healthy relationships and reproductive health
- Brook are developing a network of black barbers to reach more black young men.
- They are working with Mosaic Young Persons’ Trust to speak with young LGBT+ people.
- Continue work with alternative education providers, SEND groups, homeless young people and migrants.
 - Develop Brook’s My Life programme delivery in the borough. My Life is a 1:1 support offer which helps young people to:
 - increase self-efficacy
 - own their issues / actions
 - work with us as equal partners
 - identify their own goals for support
 - be inspired and motivated to see a positive future
 - aspire to thrive
- Develop Brook’s Health Champions Programme through more targeted work and develop social media content (TikTok vids, Instagram) and blogs to help dispel rumours and myths that are widely found on the internet.

12. Vaping

12.1. Context, Inequalities, and Intersectionality

Worries around vaping and smoking have increased with 21% of primary aged pupils reported they worried about smoking/vaping quite a lot or a lot.

- 25% of Year 8 and 10 pupils responded that they have tried vaping, while 8% said they vape 'occasionally' or 'regularly'.
- Year 10 girls were the most likely to report that they have at least tried vaping (44%), 28% of Year 10 boys responded the same.
- 33% of LGBTQ pupils responded they have at least tried vaping compared to 22% of non-LGBTQ pupils
- Black (14%) and Asian (19%) pupils were least likely to report that they have 'at least tried vaping'.

12.2. This is similar to the results from previous reports. We expect to see a rise in vaping among young people in line with national figures in the next Health Related Behaviours Questionnaire (HRBQ) that will be completed in 2025

12.3. Progress in 2023/24

FWD, Camden Young Person's Substance Misuse Team, provides 1-2-1 support for young people referred to their service. The Early Years, Schools and Families team collaborated with FWD to develop a Vaping workshop for Secondary school pupils. Delivery started in summer term 2024 with 150 pupils from year 7 and year 9 attending. The Council and FWD have also produced and distributed a new Vaping leaflet for young people and parents.

12.4. Between September 2023 and April 2024, Trading Standards conducted over 100 visits to retailers, issuing advice and guidance on the legal responsible sale of vapes including recycling information, tobacco notices and refusal logs. Over 4,000 vapes had either more than the legal limit of nicotine or greater than the legally permitted size were seized with a street value of over £54,000. 20 premises were tested for age restricted sales of vapes, with 7 of the premises tested selling vapes underage.

12.5. Key Areas of Action for 2024/25

- Trading Standards continue to develop and deliver the Camden Responsible Retailer programme. This initiative is aimed at providing all retailers with the tools they need to comply with laws regarding age restricted products currently with specific emphasis on knives and corrosives. The program will not only tackle health education on knives and corrosives but will extend to cover smoking, vaping and drinking.
- Further vaping workshops will be offered across secondary schools. Work has been undertaken to map the availability of vapes around schools to enable a focused approach to tackling underage sales.

13. Substance and alcohol misuse services

13.1. Context, Inequalities, and Intersectionality

Camden's young people's drug and alcohol service (FWD) operates within the Integrated Youth Support Service (IYSS) of Camden Council. A drug and alcohol needs assessment was completed in January 2024 and is available [here](#).

- 13.2. The needs identified by the provider FWD are:
- Low representation of young people who identify as females accessing treatment (this is also happening nationally).
 - Fewer number of the global majority accessing treatment in comparison to white ethnic counter parts.
 - Low representation of the LGBTQ+ community accessing support.
 - A high volume of complex cases (having more than 3 needs identified)

13.3. FWD is addressing the under representation of young people who identify as female accessing service by setting up female only brunch clubs in care placements as well as providing Camden School for Girls with drop-in services and group sessions.

13.4. FWD have also been delivering targeted work with voluntary organisations such as the British Somali community centre, Coram's field and the Detached team in Camden.

13.5. **Progress in 2023/24**

- Number of Young people access FWD for T2 & T3 intervention: 251 Young people accessed support which is an increase from previous year.
- Successful discharge: on average 85% of YP leave in an agreed and planned way.
- Planned discharged users' satisfaction rating: 100% of young people stated they were happy with the service they received from FWD and would recommend the service to others.
- 1073 YP & parents access substance misuse workshops, which is the highest amount to date.
- Evaluation of workshops delivery: 98% of YP and parents stated they were happy with the content provided in the workshops.
- 198 professionals have attended training
- 93% of professionals were satisfied with the training programme.

13.6. **Feedback from young people**

"There's so much to say about this incredible service, I felt so safe in my sessions, and I had an incredible FWD worker who guided me and believed in me when I didn't ... Without this service, I wouldn't be the person I am today."

"As I'm getting discharged I thought I'd let you know that my time with FWD has been so useful. You've actually helped me change my mindset and life. What I've enjoyed the most is coming in and hearing about real life facts and stories which has made me realise where my life could go if I continue making unhealthy lifestyle decisions".

13.7. **Key Areas of Action for 2024/25**

- Continuing to increase the number of young people in structured treatment through system wide promotion and awareness initiatives
- Strengthening partnership work with the LGBTQ+ community and developing a group that specifically looks at drug and alcohol support needs for the LGBTQ+ community
- Working in partnership with voluntary sector organisations in order to reach out to parents and young people from global majority.

14. **Youth Safety**

14.1. **Context, Inequalities and Intersectionality**

Violence against the person and drug offences continue to be the two most prevalent offence types involving young people in Camden, mirroring trends in London and Great Britain². [The rate of Camden children](#) (under 18 years old) in the youth justice system has been decreasing (from 8.9 per 1,000 children in 2013-14 to 3.6 per 1,000 in 2020-21), similar to the rate of London (3.5 per 1,000).

14.2. Our Camden 2022 Youth Review found that 59% of young people believed that Camden is a safe place to live and perceptions of safety varied across age, gender and ethnicity³. Younger adolescents felt less safe compared to older ones, with 50% of 12-15-year-olds reporting feeling safe in Camden compared to 70% of respondents aged 16+. Only around half (52%) of Black respondents felt Camden was safe, compared with 73% of white respondents. This difference may reflect young people's lived experiences, with young Black men being more likely to be victims of knife crime in the borough compared to young white men.

14.3. Violence against women and girls is an area of cross cutting focus for the London borough of Camden. The consequences of exposure to domestic violence for children are significant:

- In 32.4% of cases of partner abuse, there was at least one child under the age of 16 years living in the household.
- Repeat victimisation is common 44% of victims are involved in more than one incident. No other crime has a repeat victimisation as high
- 51% of people experiencing an adverse childhood experience are a victim of violence in future and 52% become perpetrators. It is further associated with significantly increased rates of incarceration, teenage pregnancy, heroine, crack or cannabis use, binge drinking, smoking and poor diet.
- Domestic abuse referrals account for approximately 20% of all contacts received by the front door.
- Sexual health service has embedded Independent Domestic Violence and Abuse Advocate, receiving 25 Camden referrals per month of which 40% are high risk.

14.4. **Progress in 2023/4**

- Redthread was evaluated and recommissioned to delivering their Youth Violence Intervention Programme at University College London Hospital. The programme provides personalised support to young people aged 11 - 24 affected by violence

² Data and Insight within the Belong Theme: Camden Resilient Families: September 2021

³ London Borough of Camden. 'Camden youth review – Appendix 1 growing up in Camden survey analysis' 2022

and exploitation that present to A&E. In 2023/2024, 43% of young people that Redthread worked with identified as Bangladeshi or from a Black background.

- Project 10:10 was evaluated and recommissioned to provide intensive support to a number of young people at risk of criminal, gang and antisocial. There are currently two cohorts running one with approximately 27 young people aged between 22 - 26 and the other of approximately 22 young people aged 18-22. This project operates on a peer-referral basis and is innovative and effective in engaging with marginalised young people and building up trust and safety.
- The HWB Dept completed an online youth safety research project aimed to understand more about how adult perspectives of online harms may differ to those of CYP. The report put forward a range of recommendations and suggestions for schools and councils which will be being put forward this year.
- An assessment of the priority areas for health and wellbeing action for violence against women and girls, was undertaken and identified the following themes:
 - Health support for those who have experienced gender-based violence
 - Taking an equitable approach to Violence Against Women and Girls (VAWG) support
 - Develop a cycle-breaking response for children and young people exposed to VAWG
 - Cement community wellbeing and safety within the Estates and Neighbourhoods Mission
- We have undertaken a review of the evidence for breaking intergenerational patterns of behaviour.

14.5. Feedback from Young People and Parents

“What made me trust the service was how they are so willing to help out and anything is possible; they want to genuinely help and listen to the wants and needs of the people they are working with. If you aren't comfortable with something, they will ensure there is a way around it.”

Young person receiving Redthread support

“Often young people feel like they're doing it [buying weapons] to protect themselves. You can't buy drain cleaner, but you can buy a weapon [online]. [...] This is mostly happening to young people who are already being bullied and are already isolated. Something that the most vulnerable are the most at risk of.”

Parent in reference to online safety

14.6. Key Areas of Action for 2024/25

- Mapping and consolidation of all work underway that links with the [PREVENT](#) workstream to identify any potential gaps and opportunities for new initiatives.
- Work on dissemination and implementation of online youth safety report recommendations. A particular focus is working with Personal, Social, Health and Economic (PSHE) education leads to update resources and programmes on bullying and mental health to incorporate more specific content on online safety.

- Support development of an enhanced data and evaluation framework to understand impact of collective multiagency youth safety work and VAWG work
- Strengthen our health response to victims and perpetrators of abuse.

Case Study - Camden Youth Tell Them (CYTT)

A group of Camden young people aged 16 to 22 are taking part in a paid communications and events training programme and working towards a Principles of Project Management, level 2 (equal to a GCSE 9-5). These young people have been instrumental in voicing their experiences and ideas about life in Camden. They developed a graphic novel for the annual public health report on adolescent health and are now creating a communications campaign to help their peers access essential healthcare services, aiming to reduce health inequalities in Camden.

One of CYTT's members, AJ highlighted the importance of involving young people in initiatives where their voices are heard:

"I've taken part a second time running because it's a really good environment, I enjoy the people we're working with and I enjoy what we're working to achieve. As young people, it's very important for us to be involved in something where our opinions are heard and our ideas can come to life."

Across the CYP life course

15. Children Looked After and Care Experienced Young People's Health

15.1. Context, Inequalities and Intersectionality.

Camden works closely with the ICB to commission a Children Looked After Health team (CNWL). We also provide mental health support to children and young people through an embedded mental health lead in the CLA team. In 2023/24:

- Of Children Looked After (CLA) for at least a year, 98% of children had an annual health assessment in the previous year compared to 89% in England
- Of CLA for at least a year, 84% of children had had their teeth checked by a dentist in the previous year vs 76% in England
- Of CLA for at least a year, 65% were up to date with their immunisations vs 82% in England overall. This is partly explained by the high number of Unaccompanied Asylum Seeking Children (UASC) and young people who make up the cohort in Camden, who have not had immunisations or do not have up to date health records in place.
- Of CLA aged under 5 who have been looked after for at least a year, the proportion whose development checks are up to date was 95% vs 88% in England overall
- Of the CLA aged under 5, 94% have had at least one Measles, Mumps and Rubella vaccine (MMR) dose and 90% have both

15.2. Progress in 2023/24

A regular liaison meeting with Camden CLA CAMHS has also been set up and commenced in February 2024 to improve communication and joined-up working for the

benefit of the children we all care for. CAMHS are also now attending Initial Health Assessment (IHAs) for UASC for specialist mental health screening.

- 15.3. Alongside our statutory health assessments, a 'Health Tracker' is maintained detailing actions that are required to meet the health needs of children and young people (identified via their IHAs and RHAs).
- 15.4. The Health Improvement Practitioner (HIP) supports and encourages young people and their carers to complete the recommended actions, liaising with other professionals and services to help facilitate this as required.
- 15.5. The Health Tracker is reviewed and updated by the HIP daily, as well as by the wider CLA health team monthly. Outcomes of referrals to other services (such as the infectious disease clinic, sexual health screening, dentistry, dermatology, endocrinology, genetic testing, audiology, and speech and language) are monitored.
- 15.6. UASC make up a fifth of Camden's CLA population (the highest proportion in North Central London ICB) and face additional challenges in accessing healthcare. The HIP works closely with the Respond refugee service at UCLH and placements to support attendance at health appointments for this vulnerable group.
- 15.7. The Healthy Smiles dentistry access project has been very successful for children placed with foster carers in London, but it is more difficult to get children placed in other areas prioritised in the same way; our CLA Health team have been assisting by contacting local CLA Health services where children are placed, but often there is no similar local offer.
- 15.8. Camden Council has expanded provision of mental health support for care experienced young people aged 18-25. There are now two dedicated mental health practitioner posts, one based at the Brandon Centre and one at the Hive, taking referrals from the Camden Young People's Pathway and working alongside the CAMHS CLA and refugee team. Between both services, they have capacity to see around 30 young people per year.
- 15.9. **Key Areas of Action for 2024/25**
 - A new Corporate Parenting strategy is planned, with a Wellbeing workstream. Key actions are likely to include a review of mental health support for care experienced young people, a focus on supporting healthy lifestyles in care experienced young people and ensuring senior NHS representation on our Corporate Parenting board
 - We are reviewing the specification for our care experienced Young People's supported living Pathway as part of a recommissioning process in 24/25, which will include a look at how of young people's physical and mental health is supported.
 - The Named Nurse and Health Improvement Practitioner to continue to look closely at the cohort of Camden CLA that are not fully immunised, to produce qualitative data on the reasons, to inform how we can offer targeted support in a joined-up way.
 - Work continues with health partners in the North Central London Immunisations Working Group to actualise plans for vaccinations to be available to young people, in particular UASC, at the point of their IHA.

16. SEND (Special educational needs and disabilities)

16.1. Context, Inequalities and Intersectionality

The 2024 Joint Strategic Needs Analysis for Children and Young People with SEND found that there are 1,534 0-25-year-olds supported by Camden Education, Health and Care Plans (EHCP) and 4,057 pupils with SEND in Camden's Schools. 211 children have an Exceptional Needs Grant (these are included within the SEN Support group). 1 in 5 children have an identified special educational need or disability. Camden is above London and England benchmarks for EHCP at primary and secondary school, and SEN Support at primary and secondary school. Growth in SEN support especially at secondary school is higher than both comparators with rapid growth in the 5-11 age group.

16.2. Autism Spectrum disorder, and to a less extent Social, Emotional and Mental Health (SEMH) is driving this growth. A small cohort of children with the most complex needs are supported within and outside of the Borough, with joint funding and family support. In February 2024, there were 414 children and young people within the Children and Young People's Disability Service (CYPDS). Of these, 401 (97%) were under the age of 18, 345 (94%) of whom were in receipt of Short Breaks provision.

16.3. Boys make up over 70% of the EHCP cohort, but around 55% of the SEN Support cohort. They are more likely than girls to be identified by the age of 5, girls after they are 13. There is faster growth among girls in MOSAIC mental health referrals ([MOSAIC](#) is an integrated service for CYP with disabilities and their families). Growth in depression among the GP SEND cohort is influenced by the increase among girls. There are indications of over-representation of Black/Black British and Mixed/Multiple ethnicity among the overall SEND cohort, and of Black/ Black British children among those with EHCPs. White children are under-represented among Camden EHCPs. There is a significantly lower prevalence of SEND among Chinese pupils than all other ethnic groups. The gender difference in Camden EHCP is greater among white and other ethnic groups. Health services are working to improve the completeness of their ethnicity data so patterns can be explored with statistical confidence.

16.4. Of the 401 children and young people under the age of 18 receiving care from the CYPDS, 56 (14%) were also either Children In Need, Children Looked After, Care Leavers, or had a Child Protection Plan.

16.5. Progress in 2023/24

The Camden Integrated Children's Service (CICS) continues to perform well in meeting the outcomes of children and young people with complex and additional needs, however unprecedented increases in referrals and complexity has caused increased waits for children and families. In Q4 (2023-24):

- 97% of families said they would recommend the service to friends or family against a target of 90%
- 97% of CYP and their families reported an improvement in confidence in managing long term conditions against a target of 90% (no change from the last reported figures).

- 16.6. Demand for SCAS (over 5s autism assessment service) remains high and a number of improvement plans have been developed to better meet need, including a pilot to shorten their assessment pathway which they anticipate will increase the number of children starting assessment from 60 per year to 132 per year and shortening the time it takes from referral to completion. Time from referral to completion of autism assessment currently stands at 86 weeks which is high in comparison to neighbouring boroughs. An NCL ICB bid has been submitted.
- 16.7. In occupational health (OT), speech and language therapy (SLT) and community paediatricians and dietetics, average waits reduced from 7 weeks to 6.5 weeks, compared to the target of 6 weeks. Good progress has been seen in OT, where a 4 week reduction may be linked to the recent establishment of an early help offer, providing advice and guidance to families at an earlier stage, and community paediatrics, whose waits reduced from 18 weeks to 14 weeks through better waiting list management. 50% of those waiting more than 6 weeks for community paediatrics are waiting for EHCP assessments where demand for appointments outstrips supply. In 2022/3, 795 primary pupils (7.5%) had a primary need of Speech Language and Communication, compared with 281 secondary pupils (2.7%). Around 90% of SLC needs were supported through SEN Support at primary school level.
- 16.8. The only service reporting a rise in average wait times was Child and Adolescent Mental Health (CAMHS) with wait times doubling to 11 weeks, the impact of increased referrals with a dual diagnosis is cited as the main reason for this rise and Royal Free and Tavistock and Portman colleagues are working on approaches to address this rise.
- 16.9. 75% of CYP had a shared multi-disciplinary team (MDT) care plan in place. We continue to work with staff to ensure that the agreed approach to recording is understood. All CYP who need it have a transition plan in place and the service continues to work on the preparation for adulthood agenda. 97% of the 225 learners at Swiss Cottage have a shared care plan in place and 96% of those requiring a transition plan have one in place as part of the preparing for adulthood agenda.
- 16.10. In March 2024, responsibility for leadership of commissioning of children's NHS community services moved from the Council's Integrated Commissioning function to a centralised team in NCL ICB. The Council continues to co-commission Speech and Language therapy services and to work closely with NHS commissioners and providers to deliver an integrated offer of health and social support wherever possible.
- 16.11. Specialist Short Break for CYP with a physical or mental impairment that is substantial and has a long-term negative effect on their ability to do normal daily tasks. There is also a Universal Short Breaks offer available to anyone in the community and offers a range of inclusive activities that can be accessed without social care involvement
- 16.12. **Key Areas of Action for 2024/25**
- Work closely with the ICB to reduce autism waiting times and ensure children waiting and their families continue to access support based on need without dependence on a formal diagnosis
 - Review our offer of Speech and Language therapy in schools to ensure children with speech, language and communication needs continue to have their needs met as effectively as possible within existing resources

- Use findings from the SEND Joint Strategic Needs Assessment (JSNA) to inform the SEND implementation plan and shape actions across the health, education and social care SEND landscape and inform commissioning decisions
- The Short breaks contracts end in March 2025 but extensions are available. We will review provision ahead of extending contracts to ensure it continues to meet needs and deliver within available resources.

16.13. **All Age Autism Strategy**

Coproduction work has been undertaken to inform priority areas of focus within Camden's all age autism strategy.

16.14. Feedback, focused on what is working well and challenges, has been gathered through the following routes:

- Groups and individual feedback sessions with parents of Autistic children
- Sessions with Autistic young people
- Feedback from partners and residents at the Autism Partnership Board
- A survey directed at parents whose voices may not always be heard in this space (particularly early years parents/carers)
- Sessions at Swiss Cottage Special School

16.15. The Autism Partnership Board parent advisory group have been meeting to look at common themes to consolidate feedback. The areas for action have been grouped under the priority areas of the SEND strategy (making life easier for families, supporting autistic young people to thrive in education, health and wellbeing and to enable Autistic young adults to build a good life locally). Themes such as basic Autism awareness and trauma informed training for all staff (not just specialist staff), improved mental health support for parents and siblings, a focus on social inclusion and proactive support for children and young people have been identified to be included in the strategy.

16.16. **Key Areas for Action in 2024/25**

- Finalise the autism strategy, working together with parents
- Implement actions including undertaking analysis of multi-agency workforce training around working with autistic children and improving communication of the support available to autistic children and their families in schools and community settings.

Case Study - Rebuilding Bridges

The Rebuilding Bridges project is funded through the DfE Short Breaks Innovation Fund. It aims to test innovative approaches to integrated delivery of short breaks and support services for disabled CYP and their families. The project is in year 3 of the current DfE funding programme, which comes to an end on 31st March 2025.

The Project specifically supports CYP aged 6-25 with SEMH needs, autism and learning difficulties. The project aims to improve school attendance and emotional well-being, reduce social isolation and ensure young people are better prepared for independent living in adulthood.

- In Year 1 of the project, 1:1 and small group support from experienced keyworkers VCS partner PACE alongside therapeutic interventions from MOSAIC CAMHS psychologists was provided.
- In Year 2, building on the above, Camden Education Psychology service worked alongside CAMHS to support links to schools and to embed learning from the Emotional Based School Avoidance (EBSA) framework. Additional DfE funding was secured in year 2 for:
 - Delivery of the LinkEd Up programme in partnership with the RFHS.
 - EBSA training and multi-agency reflective practice space for school staff, school attendance officers and other professionals involved in supporting school attendance.
 - Development of a new model for a visual support “map” that helps young people with SEND to better understand and identify their support network “Count Me In” (delivered by the IYSS) offers additional support to access universal services/holiday activities to children/young people currently unable to use these services independently.
- An Independent Living Hub service delivered by Wac Arts provides 1:1 and group support to support disabled young people with early transition to adult services, support community participation and development of skills for independent living.
- It has been cited as a best practice example by the DfE and Children Disability Council, with a year 2 evaluation report, focussing on the intersectionality of ethnicity, deprivation and school attendance, it due for publication in July 2024.

17. Child Death and CDOP

- 17.1. There are 10-15 child deaths per year in Camden and learning from modifiable factors arising from these, is discussed at the Child Death Overview Panel (CDOP) at an North Central London level in order to establish trends and identify inequalities and learning.
- 17.2. Since 2019/20, the rate of child deaths across NCL has slightly but not significantly increased (2.7 per 10,000 in 2019/20 to 2.9 per 10,000 in 2022/23). The rate remains similar to the four-year NCL average (2.7 per 10,000).

- **Neonatal deaths by gestational age:** In 2022/23, 71% of neonatal deaths were of babies born at a premature gestational age (before 37 weeks). Of those, 31% were under 24 weeks gestation.
- **Child deaths by age group:** Over half of child deaths were in children under 1 year old (61%). 60% of these deaths occurred in the first 27 days
- **Infant deaths (under 1 year):** The rate of infant deaths in 2022/23 was 3.5 per 1,000, was not significantly different compared to previous years and the four-year NCL average (3.0 per 1,000). Significantly more deaths occurred in the first 27 days (1.8 per 1,000 live births) compared to between 28 and 364 days (1.2 per 1,000 live births).
- **Child deaths (1- 17 years):** The rate of deaths was highest for children aged 15-17 years (9.2 per 10,000). This was significantly higher than the rate for those aged 5-9 years (2.7 per 10,000) and 10-14 years (2.9 per 10,000).
- **Child deaths (0-17 years) by sex:** The rate of child death was significantly higher in boys (12 per 10,000) compared to girls (9 per 10,000).
- **Child deaths (0-17 years) by ethnicity:** Between 2019/20 and 2022/23, the child death rate was highest among Other White ethnic group (15.2 per 10,000), followed by Black or Black British (12.8 per 10,000) and Asian or Asian British (11.8 per 10,000). These groups were statistically higher compared to children in the White British/ Irish ethnic group (5.4 per 10,000).
- **Neonatal deaths (under 28 days) by ethnicity:** There was a significantly higher proportion of neonatal deaths among those who were Other White (30%) compared to all other ethnic categories apart from Black or Black British (20%).
- **Infant deaths (under 1 year) by ethnicity:** There was a significantly higher proportion of deaths in those under 1 year among those who were Other White (23%) and Black or Black British (21%) compared to Other ethnic groups, Mixed ethnicity and Unknown/not stated. They did not significantly differ from Asian or Asian British and White British/ Irish.
- **Child deaths by disability status (excluding neo nates):** Between 2019/20 and 2022/23, 26% (55 deaths) of child deaths among those aged 28 days or above were recorded as having a disability. Across NCL child death by disability status was statistically similar, except Enfield which had a lower proportion of deaths among those with a disability (18%) compared to those without (46%).
- **Child deaths by learning disability (excluding under 4 years):** In NCL, 30% (30 deaths) of child deaths among those aged 5-17 years between 2019/20 and 2022/23 were recorded as having a learning disability. Across NCL child death by disability status was statistically similar, except Enfield which had a lower proportion of deaths among those with a learning disability (20%) compared to those without (60%).

17.3. A London-level analysis has shown that while birth rates are dropping, child mortality is increasing, largely driven by an increase in the prevalence of low birth weight babies.

17.4. **Progress in 2023/24**

Camden participates in the North Central London CDOP process, where local authorities take action on the following areas:

- Use of interpreters is critical for communication with parents, particularly in supporting neonates: a review of interpreting services has been established within London Borough of Camden.

- Marginalised families had difficulties in navigating health services: Camden is working with UCLH to establish clinics in Family Hubs to support wider system navigation, and to develop a signposting padlet for young people.
- Co-sleeping was identified as a modifiable factor in several sudden unexpected deaths in infants: advice is embedded across our integrated early years services to provide consistency in messaging.
- Deaths due to traumatic events are considered via a Joint Area Review and multi-agency action taken forward through Camden's Safeguarding Partnership Board.
- The Health and Wellbeing team has a suicide prevention team which responds to suicides in the borough to provide support to those affected and prevent a cluster of events occurring.

17.5. Key Areas of Action for 2024/25

- Learning from NCL CDOP on trends and modifiable factors will continue to be responded to with action to prevent child harm and death. Priorities include:
- Reducing the prevalence of low birth weight babies. This links to our perinatal mental health workstream, stress reduction in pregnancy and more tailored support in pregnancy for Black, Asian and mixed ethnicity women and birthing people.
- Addressing the underlying causes of suicide, self harm and youth violence – this is through action on mental health wellbeing and through the Camden Suicide Partnership Board.

18. Mental Health and Wellbeing

18.1. Context, Inequalities and Intersectionality

Nationally, data shows steep decline in mental health of CYP and unprecedented demand for support with mental health disorders rising from 1 in 9 in 2017 to 1 in 5 in 2023. In Camden it is estimated that 1 in 5 CYP aged 11-16 have a mental health condition, and 23% of 17–19-year-olds. Among younger children, results from the Camden Health related Behaviour questionnaire (HRBQ) showed 38% of year 5 and 6 children reported that they worry about their mental health

18.2. Prevalence estimates for mental health disorders in Camden are around 33% higher than the national average, with social risk factors playing a significant role. Children living in social housing are twice as likely to have a mental disorder and social housing is home for 52% of Camden's children and young people. 1 in 3 Children live in Poverty in Camden, and young people from low-income families are likely to have worse mental health as well. 1 in 3 young carers estimated to have a mental health issue, and there are estimated to be 1,370 young carers (aged 5–24) in Camden.

18.3. Incidence of self-harm is higher among young people than adults. A [national survey](#) found that 7.8% of children aged 7 to 16 years, and 33% of young people aged 17-24 had self-harmed at any point in their lives (parental responses). [Camden's rates of hospital admission](#) for CYP as a result of self-harm are below or similar to the England rate, at 171/100,000. The rate of admissions is highest (263/100,000) among 15–19-year-olds. Suicide rates peak in those aged over 40 however 10 Camden CYP under the age of 25 died by suspected suicide between 2020-2024, one of whom was under the age of 18.

18.4. **Progress in 2023/24**

18.5. **Support and Services in schools**

Support for mental health in schools continue to be delivered by a combination of NHS funded Mental Health support teams, VCS organisations as well as through the Early Years Schools and Families team in the HWB department.

18.6. In 2023/24 all Camden state-maintained primary and secondary schools were offered partnership with Mental Health Support Teams (MHST's), which included 0.5 day per week for Primary Schools and at least 1.0 days per week for Secondary Schools.

18.7. This is additional to the MHSTs operating in 28/40 primary and 9/10 secondary schools. MHSTs support schools with a whole school approach to Mental Health including staff training, reflective practice, consultation, audits, PSHE/Mental Health curriculum development and practice e.g. Child Mental Health Awareness Week, assemblies as well as Student Voice and Participation Projects. They also provide 1:1 therapeutic support for CYP and Parents, group work for CYP and Parents, whole class interventions as well as parent webinars/workshops

18.8. The Early Years, Schools and Families team also provide advice, support and training for schools on promoting positive mental health which includes parent and pupil workshops on topics such as Managing behaviour through a trauma lens, Supporting parent or pupils own mental health and Building resilience.

- 11 parent workshops were delivered attended by 143 parent/carers.
- 10 pupil workshops were delivered across 5 settings (3 schools, 2 early year settings) attended by 217 pupils.
- 84 pupils across 9 schools, (8 primary, 1 secondary) were trained to be Wellbeing Champions
- 4 staff training sessions were delivered attended by 88 school staff, focusing on staff wellbeing and managing challenging behaviour.
- 5 schools received Trauma Informed Practice training delivered by the Education Psychologists

18.9. **Support and services outside of schools**

Key updates and developments in 2023/24 include:

- Waiting times for the Tavistock's CAMHS services continued to be low in comparison with other NCL boroughs, with 82% of children seen within 4 weeks in Q4 23/24.
- A pilot of an Integrated Front Door model of multiagency triage was commenced for primary care referrals. Referrals for additional support come into a single point and are reviewed by early help, social care and mental health practitioners to ensure the right offer of support is in place. The pilot has had positive feedback from GPs and further evaluation is planned in 24/25, to explore the impact and potential to roll out to schools.
- Following a successful pilot, Camden Council continues to invest in **social prescribing** for CYP aged 12-24. A new service has been commissioned for 2 years, consisting of two link workers based at Fitzrovia Youth in Action and the Brandon Centre who will engage with individual young people through schools, GPs, Youth Early Help, Family Hubs and other networks. The workers will develop trusting

relationships with young people to identify and co-produce personalised plan of activities based on the young person's needs, preferences, and motivation and have access to a budget to fund individual activities as well as facilitating access to activities which are already available in the borough.

18.10. Camden continues to deliver Minding the Gap (MTG), with a focus on improving mental health service provision for young people aged 16-24, at the crucial age between transition from childhood into adulthood.

- The development of a Young People's Service at Camden and Islington NHS Foundation Trust (C&I), which includes dedicated psychologists in the mental health core teams working specifically with young people aged 18-25. This is the first time the adult mental health Trust has had a dedicated service for young adults, and it follows Camden's long drive for recognition of the specific challenges that this cohort of young people face. The purpose of this team is to facilitate transitions into adult mental health services, as well as supporting young people who may not meet the diagnostic criteria for adult services through providing a more flexible approach.
- Following an initial decline in attendance numbers to the Hive social hub following the Covid-19 pandemic, 2023/24 has been a fantastic year for the Hive as it engaged 325 individual young people, had 179 new registrations, and received a total of 1,777 total visits (a 272% increase between April 2023 and March 2024). There has been a big focus on equity of access and reaching unrepresented groups, in particular young black men. The Hive has seen a 265% increase in access by social minority groups, and a 325% attendance by young black men, a group which has long been recognised to be underrepresented in the access to mental health provision. There is now a dedicated post in the service to help engage young men, including outreach support.
- The Brandon Centre, which provides counselling and psychotherapy for young people aged 16-25 had 337 referrals in 2023/24. This is a service in high demand, and referrals have increased by 49% compared to 2022/23. The young people seen at the Brandon present with a high level of complexity due to experiencing multiple psychosocial difficulties. Many of these can be considered as "adverse childhood experiences". 26% reported having experienced abuse; 27% presented having thoughts of deliberate self-harm and 18% reported having attempted suicide in the past. Due to high demand for this service, it currently has a waiting list of approximately seven months. Service outcomes are good, with clinically significant improvements both in clinical outcomes scores as well as in goal-based measures.

18.11. **Key Areas of Action for 2024/25**

- Mapping of the mental health provision in the Borough. In the coming year we plan to bring together a working group with colleagues in the Council and Health to map all support available to schools, identify any gaps and align with findings from the 2025 HRBQ to best direct resource.
- Explore benefits of and scope to roll out the Integrated Front Door offer to schools
- Review offer of mental health support to care experienced young people
- Recommission our peer support and peer education service
- Map and expand our provision and opportunities for more joined-up whole family mental health from antenatal through to adulthood

19. Immunisation and Vaccinations

19.1. Context, Inequalities and Intersectionality

Childhood routine vaccination uptake rates have decreased nationally over the past 10 years. Camden vaccine uptake rates are lower on average than national and regional uptake however based on data extracted from Healthientent we are making steady progress. 72% of our children aged 5 have received all their childhood vaccines and 79% age 1 have received all of their primary vaccines (Healthientent, June 2024). Vaccination uptake is in general lower in those from black ethnic groups and those from more deprived populations though patterns vary by vaccination. We are taking a population health approach to improving vaccine uptake rates with a focus around engagement with our local communities, co-producing relevant communications and improving access to vaccination.

19.2. Progress in 2023/4

We have established a Camden Borough Immunisation group to steer programmes of work across the borough and one of the aims is to improve uptake of childhood immunisation with a strategy based on improving access, communication and training and engagement.

19.3. We have established stronger connections in both our Bangladeshi and Somali communities and have recently held meetings with different Voluntary Community Sector groups. Coffee mornings have been organised in Camden's British Somali centre and we have recruited the a Somali GP to attend and discuss immunisations and address concerns that families might have. A Somali academic who specialises in autism will also come and speak to families. We will also be recruiting members of the Somali community to co-produce workshops to develop a communications campaign to promote routine childhood vaccinations. We plan to run these workshops in September 2024.

19.4. We have been working with our asylum seeker and refugee populations in contingency hotels and displaced populations to promote the importance of childhood vaccinations and to ensure that this population are registered with GPs. Training has been offered and delivered to staff working with and managing accommodation where this community lives in relation to the importance of MMR vaccine and preparedness for measles cases.

19.5. New Horizons is a Pan-London centre where young people living with homelessness go for support. The health and well-being team delivered an information session to staff about the increase of measles cases and staff suggested we hold information sessions and through commissioning UCLH, we have also offered opportunistic MMR vaccination, blood pressure checks, BMI checks and smoking cessation advice.

19.6. We have worked with our colleagues in ICB, UCLH/ vaccine bus and family hubs to deliver outreach MMR clinics and information sessions with positive feedback.

19.7. Uptake of HPV vaccine is very low in Camden and work is ongoing at a NCL level to try and improve this. This includes a co-produced campaign. The latest published data (COVER) available for year 8 pupils who attend schools in Camden is for September

2022-2023. The female uptake for HPV in this cohort is 37.5% for females and 36.4% for males. The catch-up for those eligible for HPV vaccine (up to the age of 25) is currently delivered via GPs and we are exploring the possibility of a pilot with our sexual health commissioners and ICB colleagues to deliver HPV catch-up via sexual health services.

19.8. Measles and MMR communications has been a priority now for several months and we have used a variety of social media platforms, resident bulletins, electronic billboards and bus advertising to raise awareness of the increase of measles and the importance of MMR vaccination. We have also produced leaflets that have been translated for our population and these have been distributed via GPs, libraries, children's centres and at community events. We have also used our parent champions and school nursing team to hand out leaflets in schools where cases of measles have been reported.

19.9. We have started to introduce information sessions on the childhood vaccination schedule at our 0–6-month baby bonding sessions that are held by staff working in family hubs. These have generated a lot of conversations about what parents' concerns are and we are documenting the topics discussed to help inform communications with our population and highlight any concerns around access.

19.10. **Key Areas of Action for 2024/25**

- Establish Camden Immunisation Group with all key stakeholders using a population health approach to help prioritise improvement work.
- Continue to improve connections with VCS groups and faith leaders.
- Continue engagement work with Bangladeshi and Somali communities and people living with homelessness and coproduce communications campaigns
- Continue to connecting with other underserved groups where inequalities exist.
- Support mobilisation of our new school aged immunisation provider Vaccination UK, maximising opportunities for using community assets like family hub for delivery and catch up and improving data sharing to inform strategic approaches
- Understand and use different sources of vaccine uptake data to measure outcomes.
- Undertake a research project to explore why some of our practices have high numbers of unvaccinated children alongside our colleagues in ICB and our GP practices to find out reasons and implement actions to support improvement

20. Oral health

20.1. **Context, Inequalities and Intersectionality**

Camden data (2023) suggests hospital inpatient admissions for dental caries (tooth decay) in children are higher for those from more deprived populations, with Kings Cross ward having significantly higher hospital admissions than the Camden average. The main ethnic groups likely to have significant oral health needs in Camden are Bangladeshi and Somalian communities. Camden has worse than London and national averages for proportion of children in Year 6 with experience of dentinal decay.

20.2. Children from high-risk groups include but are not limited to children with learning and physical disabilities, those experiencing homelessness, and most recently refugees from the Afghan and Ukrainian communities.

20.3. The COVID-19 pandemic had a detrimental impact on the oral health of children and adults with closure of dental practices and interruption of the oral health promotion services exacerbating inequalities.

20.4. **Progress in 2023/4**

A new Oral Health Promotion (OHP) contract commenced in May 2023 with Whittington Hospital NHS Trust and will run for 8 years. Approximately 70% of the resource is spent on Children and Young People (CYP) services and 30% on adults' services. The strategic outcomes of the service are:

- Reduction in prevalence of tooth decay in children and adults
- Reduction in oral health inequalities
- Increased access to the NHS dental services in children and adults
- Increased adult oral health quality of life

20.5. The services commissioned under the contract includes brushing for life, supervised tooth brushing in early years settings, targeted oral health promotion including with looked-after children, a targeted fluoride varnish programme. A mobilisation plan has helped ensure annual targets were overachieved as highlighted in the table below.

Table 3. CYP monitoring data under the new Oral Health contract, 2023-24

Progress indicators	Actual (Target)
Total number of target schools receiving 2 FV application sessions per year	54 (38)
Total number of Fluoride Varnish applications	4044* (4200)
Proportion of total target group giving positive consent (%)	76% (65%)
No. of children's centre where toothbrushing established	17 (12)
Brushing for Life packs distributed	10,248 (10,000)
People trained	267* (350)

* Low uptake as most settings close during holidays; covered in subsequent visits

20.6. The service also promotes its NHS funded Community Dental Service which is offered by the Whittington to children who may find it challenging to be treated in general dental services. This includes those with severe anxiety, physical or learning disabilities., medical conditions that require special provision and Looked after Children.

20.7. Impact - parents feedback

Parent who attended family/parent online oral health promotion session

"Amazing! Learnt so much today, I would attend again, I will get my family to attend the next online session, thank you so much!"

Kingsgate Primary School parent regarding Fluoride Varnish application:

"This is healthcare at the doorstep, we are lucky our children are offered this treatment, without even going anywhere, within their school day by the dental team. I would want my child to continue getting it at school for as long as he is at school!"

20.8. Key Areas for Action in 2024/25

- Improve outreach across SEND children and increased parent engagement opportunities.
- Address barriers of uptake across key community groups like Bengali and Somalian.
- Roll out of NCL Oral Health Improvement Network **Supervised Toothbrushing Programme** Pilot 'Teeth for Life', in the five most deprived wards across the five NCL boroughs.

21. Asthma

21.1. Context, inequalities and intersectionality

Asthma is the most common long-term condition among CYP in Camden, as it is in the UK. In 2021, those aged 12–18 had a prevalence of 4.5%, children aged 0–11 a prevalence of 2.2% and young people aged 19–24 had 1.9% respectively. This pattern is broadly in line with the national data. A&E attendances for asthma remain relatively high compared to other clinical causes.

21.2. However, the rate of emergency hospital admissions for young people in Camden with asthma has been decreasing linked at least partially to improved early identification and management of asthma in children which has been the focus of work through the locally commissioned service in Camden and Camden Asthma steering group which includes action in wider settings like schools and on wider determinants. Young people living with asthma in most deprived areas are more likely to be admitted due to asthma due to environmental triggers like pollution, fuel poverty and tobacco smoke exposure

21.3. Overall, the rate of emergency hospital admissions for young people with asthma has however been decreasing linked at least partially to improved early identification and management of asthma in children

- Our 2022/23 rate for hospital asthma admissions for 0-9 was 101.9 per 100,000 significantly lower than the London average of 162 per 100,000.

- Our 2022/23 rate for admission for ages 10-18 was 76.7 per 100,000 significantly lower than the London average of 105.3 per 100,000
- Ethnicity data in Camden suggests higher prevalence of asthma in white British groups however this is not in line with national data where minority ethnic groups have higher prevalence. As such, it is difficult to know if this just due to underreporting of ethnicity data or indeed underdiagnosis.

21.4. **Progress in 2023/24**

The Asthma Friendly School Programme has also been reviewed and recommissioned for a further two year. Asthma is a significant contributor to missed school days and the commonest reason for CYP to take medication in school. The Camden Asthma Friendly Schools (AFS) Initiative is a project that supports schools provide a safe environment for Child and Young People (CYP) with asthma. This initiative is delivered by Royal Free London Hospital- Children Community Asthma Specialist Nursing team working closely with the Camden School Nursing team 39 of 54 (72.2%) schools engaged with some support of Camden School Nursing team and 8 schools have received full AFS accreditation (all Primary Schools)

21.5. The ICB have commissioned a series of multiagency community group asthma consultations for CYP with high risk asthma pilots. This model of care has been designed to complement the current Long Term Conditions LCS offer and support CYP with high risk asthma. This pilot is an example of comprehensive care initiative targeting high-risk patients through community group consultation clinics. The pilot applies cross-system collaboration, integrating efforts from secondary care respiratory experts, primary care healthcare teams, and Camden council housing and air quality teams. Patients receive their annual asthma reviews, complete psychosocial assessments, and participate in educational workshops on asthma management and environmental health. One out of six consultations have so far been delivered. This integrative model highlights coordinated, multi-organisational collaboration to enhance patient-centred asthma care. 100% of patients felt the consultations improved their understanding of asthma and its management and how to comfortably manage their asthma. Feedback from professionals involved included :*“The air quality presentation was really informative and really brought a different element to the day.”*, “Sense of partnership and collaborative working”, “The integrated system approach that better supports the patient journey”

21.6. Hybrid (face to face and virtual) parent workshops are being developed to support parents understanding asthma and how to look after CYP with asthma. This is a collaborative project working with primary care clinicians across NCL and secondary care respiratory teams at the Whittington Hospital.

21.7. A face-to-face education and training programme is currently being developed, led by the Camden CYP lead. This initiative aims to equip NCL’s healthcare workforce with the skills and knowledge and to enhance the overall quality of care delivered to children and young people with asthma inline with national standards.

21.8. **Key Areas of Action for 2024/25**

- Camden is proposing to scale the CYP community asthma clinics across Camden aiming to deliver in each Primary Care Network and offer a train the

trainer model of deliver to support sustainability of this innovative approach to long term condition care in the community.

- Continued engagement of AFS in schools that have yet engaged while supportive several school who are close to AFS accreditation
- Further work on vaping, damp and mould in housing and wider determinants with a refresh on our action plan for delivery in line with national bundle of care
- Map our strategic local and regional actions in partnership with NHS against the asthma national bundle of care for asthma to identify further opportunities to enhance care

22. Healthy Weight

22.1. Context, Inequalities, and Intersectionality

We are in a health and wellbeing crisis linked to population levels of overweight and obesity. Reducing and reversing this impact requires concerted and ongoing local/national action on a range of factors, drawing together the collective action of a broad range of organisations/sectors. This includes enhancing the local environment to support healthy behaviours, and continuing to address the wider determinants of health, including poverty experienced across our communities.

- 22.2. Support during early years and childhood to help residents reach and maintain a healthy weight is vital for immediate and long term physical, social and mental health. Good progress has been made in schools and the early years which we are looking to build on further through Camden's Healthy Weight Acceleration Plan. This includes developing a public health training offer for all early years staff and creating a community child weight management road map, as well as through Camden's Food Mission. The Mission aims for everyone to have access to healthy, affordable and sustainable food by 2030.
- 22.3. Data from the latest round (2021/22) of the National Childhood Measurement Programme in Camden, shows that one in ten (9%) Reception aged children live with obesity, and a further 12% live with overweight (in total, one in five children in Reception live with obesity or overweight). In Year 6 this rises to one in four (24%) of children living with obesity, and a further 15% with overweight (in total, 39% of Year 6 pupils were living with overweight or obesity). Around 2% of children in both age groups had lower than expected weight.
- 22.4. Camden was 14th worst among 16 close statistical neighbours for levels of obesity among Reception pupils (but below the national average of 10%), and 12th worst for prevalence among Year 6 pupils (level with the national average of 23%). Camden's trend is similar to national trends. It is fairly stable for Reception children, and increasing gradually among Year 6s, more notably for children with overweight.
- 22.5. Children living in the most deprived areas are significantly more likely to be overweight compared with children living in the least deprived quintiles. The prevalence of obesity in the most deprived vs least deprived quintiles is three times higher for the younger group (12% vs 4%). For the Year 6 children, the difference is more than double (28% vs 11%). Prevalence is greatest in St Pancras and Somers Town, Bloomsbury, and Holborn

and Covent Garden wards at Reception age. For Year 6, Camden Town with Primrose Hill, Haverstock and King's Cross were the wards with the highest prevalence⁴.

- 22.6. Differences between White, Black and Asian ethnic groups were apparent but not statistically significant in Reception. By Year 6, Black (26%) and Asian (29%) children had a significantly higher prevalence of obesity compared to White children (17%).
- 22.7. **Progress in 2023/24**
- 22.8. **Little Steps to Healthy Lives (LSHL)** (aligned to Healthy Early Years London) supports settings to take a whole setting approach to health and wellbeing. Overall, 31% of early years settings are engaged in the programme, including all maintained children's centres. In 2023/24, 7 Early years settings completed the LSHL award (3 maintained nurseries, 3 Private, Voluntary and Independent (PVI) setting, 1 school based nursery). 2 nurseries completed the award for the first time which resulted in policy changes in healthy eating, immunisations and smoking.
- 22.9. **Progressing a Whole School Approach to Food.** Camden is committed to a whole school approach to food to ensure that children and young people have access to healthy and nutritious food throughout the school day.
- 22.10. Over the past year, Camden's school breakfast programme has expanded and has supported the **roll out of Magic Breakfast at 21 of our most deprived schools**. This Council funded initiative implemented by our schools enables 3340 children to have a free breakfast every day - up from 587 in 2022, and up 12% in the last year - with 635,170 breakfasts provided per year. The programme is highly valued by teachers and parents.

"Breakfast Club enables children to have a healthy breakfast and supports our families who do not have the resources or time to provide breakfast. It is also an opportunity for children to develop social interactions with their peers through games"

Head Teacher, Rhyl Primary School

"The children have better concentration in class once they have been to breakfast club"

Kingsgate Primary School

"This has really helped motivate my daughter to get to school on time, having breakfast with her friends each day is a real incentive to get into school."

Parent, La Sainte Union

⁴ Using 2021 ward boundaries correct at the time of data collection.

- 22.11. Alongside this, the breakfast programme has continued providing support, resources, and advice to schools that access the National Schools Breakfast Programme (NSBP), the national subsidised school breakfast scheme, and to those schools that have chosen to continue arranging their own breakfast service.
- 22.12. In May 2023, Cabinet approved £500k for the Free School Meals (FSM) Test and Learn project to tackle hunger in Camden Secondary schools. This project aims to address hunger in schools and increase applications to and uptake of FSMs. Under this project research has been done with pupils, parents, and school staff to understand needs around hunger and FSMs, and to develop interventions to address those needs. Schools have also been supported to carry out pupil engagements to collect quantitative and qualitative data. The insights from the research have been used to identify improvements to school meals and the canteen environment.
- 22.13. In response to the insights gathered under the FSM Test and Learn projects, all secondary schools are now supported by the Council to provide free fruit and vegetables during the mid-morning break. This service ensures that pupils have increased access to healthy and nutritious food. The free fruit and veg offer has been implemented in 6 secondary schools and 2 special schools, with the intention to engage the remaining secondary schools before the end of the summer term.
- 22.14. **Families for Life** (FfL)'s universal healthy lifestyle programmes have been running virtually and in-person via schools and early years setting delivered by the Early Years, Schools and Families Team. 174 unique families (346 total attendees) attended the FfL programme with 57% from Black, Asian Minority Ethnic groups. Results from the 4-week Family Kitchen virtual healthy cooking programmes, for families of children aged 2-11 showed that 53% of the children who took part increased their fruit consumption and 43% increased vegetable consumption following the programme. A supermarket voucher system was put into place to support families to access ingredients for free. 73% completed the programme. Eleven free cook-along webinars were developed in 22-23. In 23-24 there were 138 requests for the session link and accompanying food vouchers.
- 22.15. The Early Years, Schools and Families team have developed Healthy Conversations training to support staff in all settings to talk about weight and support referrals to appropriate services. This focuses on understanding readiness to change, identifying opportunities for conversations on healthy weight, techniques and skills for effective conversations and practice. 6 training programmes (13 sessions) ran in 2023/24 with 58 early years staff attending. 100% of attendees reported an increase in confidence and

Families for Life Community Champions (FfL) Case Study

Our community champions programme evaluation has shown that this way of working boosts community wellbeing, regardless of the specific health topics being focused on. There are benefits to the Champions themselves also.

SJ was a champion who had been out of the workplace due to fleeing domestic violence and having childcare responsibilities. Through her Champions training and delivery, Good Work Camden worked with her to boost her confidence, and develop her CV writing and interview skills. SJ is now in employment, and is personally and financially independent.

knowledge to start conversations about weight related health behaviours with parents/carers. A rolling training programme is running in 2024/25 with the ambition to engage school and community-based staff as well as those working in early years.

- 22.16. **Camden's Holiday Activity and Food (HAF) programme.** The 2023/2024 Camden HAF programme made significant strides in supporting children and young people during school holidays by offering nutritious meals and engaging activities. The programme provided 4,350 places, ensuring that children and young people had access to valuable resources and support. One in three children (34.6%) eligible for free school meals accessed the programme in the summer holiday, the most important time for holiday support, with a smaller proportion benefitting in the other holidays. The summer programme involved 38 providers across 54 venues, including youth clubs, schools, charities, and social enterprises, ensuring a wide range of enriching activities such as arts, sports, music, and more.
- 22.17. Camden's HAF programme provided robust support for children with complex and non-complex SEND needs. In 2023, the programme funded 63 SEND spaces in spring, 135 in summer, and 66 in winter. However, the actual participants far exceeded these numbers, with 151 in spring, 367 in summer, and 97 in winter, demonstrating the programme's commitment to inclusivity and comprehensive support. During Summer 2023, the Family Crisis Fund (FCF) also provided financial support for 1:1, 2:1, or complex needs support for an additional 57 children with SEND.
- 22.18. A highlight of the year was HVH Arts (registered charity offering young people a gateway into the arts) winning the prestigious National Award, chosen by Childcare Works at the DfE's 2023 HAF award ceremony, for their exceptional efforts in supporting low-income families and promoting sustainability practices. This recognition, given to only five out of over 150 nominated providers from various local authorities.
([HAF 2023/2024 Annual report](#))
- 22.19. **Key Areas for Action in 2024/25**
- Continue to promote and move to greater engagement in the Little Steps to Healthy Lives and the Healthy Schools programme across Camden
 - Extending the reach of School Breakfasts to support more children, especially those living in the most deprived areas/eligible for free school meals
 - Procure a new school meals service by April 2025, maintaining Camden's Enhanced School Food Standards (which go beyond national requirements), with a stronger focus on pupil voice over the meals they eat, and enhancing climate-conscious meals.
 - Complete the Council's Test and Learn programme addressing hunger in secondary schools, making the process for applying for free school meals easier and embedding healthy break time food into regular offers across secondary schools
 - Ensuring that universal support services like Family Kitchen and Families for Life continue to reach into our communities with the greatest needs, through an ongoing and targeted programme of support
 - Continue to offer an extensive Holiday Activity & Food programme across Camden, including opportunities for those with SEND

23. Promoting Physical Activity in Schools

23.1. Context, Inequalities, and Intersectionality

Children and young people in Camden are more active compared to those living in other boroughs, but around half of children and young people are still not meeting the recommended levels - an hour or more of at least moderate physical activity every day. We know that children from some ethnic groups, children from poorer neighbourhoods, disabled children, and girls are less likely to be active. The most recent Health Related Behaviour Questionnaire (HRBQ) found that among year 5 & 6 pupils, one in three (34%) of boys met the physical activity recommendations compared to one in six (16%) of girls, with activity levels dropping substantially for girls at secondary schools.

23.2. A physical activity plan for children and young people is being developed for Camden that reflects opportunities to be active at school and in early years settings, through active travel, and through accessing the wide range of existing physical activity opportunities across the borough available in parks and green spaces, leisure centres, leisure centres and many VCS youth and community centres.

23.3. Progress in 2023/24

Physical activity is one of the key themes of the Healthy Schools award, which many Camden schools are actively engaged in. Curriculum opportunities including the amount of time spent on Physical Education (PE) each week is a key part of Healthy Schools, and Camden's PE leads network meets four times per year to share practice and opportunities to further deliver curriculum requirements.

23.4. Active travel promotion is another key part of the scheme, and this has been supported by the increase in Healthy School Street schemes to 31 this year in Camden (as of February 2024), involving 35 schools with either permanent or timed (in line with school drop off and pick up) term time road closures for non residents.

23.5. Three separate initiatives show the different physical activity schemes that schools are involved in:

- **The Daily Mile** currently has 16 primary schools enrolled, with commitment across classes to go outside and have 15 minutes running, skipping or walking at different times of the day, with no need to change clothes - often this is timed to can help revive concentration levels through a Daily Mile break.
- In summer term 2024 **Street Tag** was commissioned to support pupils to be physically active, replacing Race to Health. Street Tag is an app-based physical activity programme designed to motivate families to lead healthier lives while exploring and connecting with their communities. Users earn points by walking, running, cycling, or rolling in their wheelchair to collect tags strategically placed throughout their local community. 15 schools, including 3 secondaries have engaged so far. A further Street Tag event is scheduled for the Autumn term
- Finally, and in response to the drop off in girls physical activity levels, **Hawley Primary School piloted a year 5 offer to girls**, with 15 pupils attending up to ten physical activity sessions per term delivered by a female multi sports coach during school tutor time 3pm – 4pm. The group pick different sports/ activities they'd like to

try over the academic year, delivered in partnership with local activity providers which included boxing, skateboarding and football. This is the second year of the pilot with Hawley with the intention of rolling out to further schools once the evaluation has been completed.

23.6. Well organised participative sport also has a clear role in boosting physical activity levels. A strong example of this is the School Games and Primary School Sports Competition programme involving 37 Camden Primary Schools and providing young people the opportunity to learn and achieve through teamwork and competition during curriculum time. In 2022/23 there were 12,320 attendances across 58 competitions, including individual and mixed gender teams, as well as 7 inclusive competitions for SEND children. 15 schools held the School Games Mark in 2022/23, awarded for pupil participation in Camden wide sports events.

23.7. **Key Areas for Action in 2024/25**

- Complete Camden's Children and Young People Physical Activity Plan, enabling action across the borough to promote physical activity and sports for all, as well as focusing action on groups that are likely to be the least active
- Further develop existing initiatives supporting children and young people to be active, both during school time (such as inclusive initiatives like the Daily Mile) and outside school hours (such as game led initiatives like Street Tag, and specific opportunities focusing on less active groups like the Girls Physical Activity pilot)
- Extend action that supports active travel, such as Healthy School Streets.

24. Finance Comments of the Executive Director Corporate Services

The Director of Finance has been consulted on the content of this report and has no further comments to make at this time.

25. Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted on the contents of this report and does not have a comment to add to the report.

26. Environmental Implications

There are no environmental implications.

27. Appendices

Appendix 1 - Table 1. Local reporting on maternity quits (Breathe took over in Apr 23- 24)

Appendix 2 - Health Visiting Key Performance Indicators 2022-24

REPORT ENDS