


<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Family Hubs, Family Help and Start Well Report	
<b>REPORT OF</b> Director of Children's Prevention, Family Help and Safeguarding and Director of Health and Wellbeing	
<b>OR SUBMISSION TO</b> Children Schools and Families Scrutiny Committee	<b>DATE</b> 14 <sup>th</sup> January 2025
<b>SUMMARY OF REPORT</b>  <p>The report provides updates to the Children, Schools and Families Committee on four interconnected programmes of work under the aegis of the recently-formed Children and Learning Directorate: Family Hubs, Family Help, Start Well, and the cross-cutting Child Health Equity programme. Each section provides background/ context to the work including information on our population's needs and governance arrangements; key updates from the last 12 months; challenges; and next steps for the coming year.</p> <p><b>Local Government Act 1972 – Access to Information</b></p> <p>No documents that require listing have been used in the preparation of this report.</p> <p><b>Contact Officers:</b>  Debbie Adams, Head of Early Years and Family Hubs  London Borough of Camden, 5 Pancras Square, NC1 4AG  <a href="mailto:Debbie.adams@camden.gov.uk">Debbie.adams@camden.gov.uk</a>  Manuj Sharma, Consultant in Public Health for Children and Young People  London Borough of Camden, 5 Pancras Square, NC1 4AG  <a href="mailto:Manuj.sharma@camden.gov.uk">Manuj.sharma@camden.gov.uk</a></p>	
<b>RECOMMENDATIONS</b>  <p>The Committee is asked to comment on and note the report.</p>	

Signed:



Rashida Baig, Director of Children's Prevention, Family Help and Safeguarding



Kirsten Watters, Director of Health and Wellbeing

Date: 19<sup>th</sup> December 2024

## 1. Purpose of Report

This report has been requested by the Children, Schools and Families Scrutiny Committee. It provides an update on the successes, opportunities, challenges and next steps for the Children and Learning key programmes of work: Family Hubs, Family Help, RAISE Camden and Start Well.

## 2. Key questions for the Committee

- How could we maximise the role of Family Hubs as a community asset within each Neighbourhood of Camden?
- Are these plans sufficiently inclusive of all of Camden's families, children and young people?

## 3. Background

Camden is committed to giving every child and young person the best possible start in life. This is a cornerstone of our Health and Wellbeing Strategy and a vital foundation for building a healthier, more equitable future for our community. Children and Learning's collective purpose in working to achieve the best possible start in life is "to work together with Camden's children, families and community to make a positive and lasting difference". Our shared values centre around social justice, empowerment, compassion and collaboration.

In Camden, almost two in five children live in poverty after housing costs, and 39% of households have no access to private green spaces. The challenges facing Camden children, families and residents are entrenched and interconnected. Camden's Children and Learning Directorate was formed in Autumn 2023 to bring together children's, youth, early help and education services under one shared purpose. This report focuses on key programmes within four interconnected areas of work, and their relationship with health and addressing inequities in Camden<sup>1</sup>:

- Family Hubs – Camden has five Department for Education (DfE) designated Family Hubs across the Borough, building on existing Children's Centres that families know and trust. This aligns with the Council's wider ambition for neighbourhood working, to build local networks and bring services closer to our resident community.
- Family Help – Camden is reviewing current early help and children's social work with the intention of developing a more integrated approach to support for families across the continuum of need. This is aligned with national reform, to develop locally based multi-disciplinary family help services.
- RAISE Camden is our child health equity programme, aimed at improving projected worsening health trends for children and young people. It crosses three core themes: child poverty (material deprivation is associated with cognitive development); whole family

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<sup>1</sup> This report does not cover updates to services for children and young people with Special Educational Needs and Disabilities, because an update on SEND and Health was presented in July, and a report focusing on SEND will be brought to Scrutiny in February.

mental health (associated with social and emotional development); and tackling racism and inequality (which magnify the impact of both).

- Start Well spans both Camden’s Health and Wellbeing Strategy and the NHS North Central London Population Health and Integrated Care Strategy. It prioritises prevention and early intervention in key areas to optimise children’s physical and emotional health from ages 0-19 (25 for young people with special educational needs and disabilities), tackling inequalities and building family resilience.

## **4. Four Programmes of Action**

### **4.1. Family Hubs**

#### **4.1.1. Background**

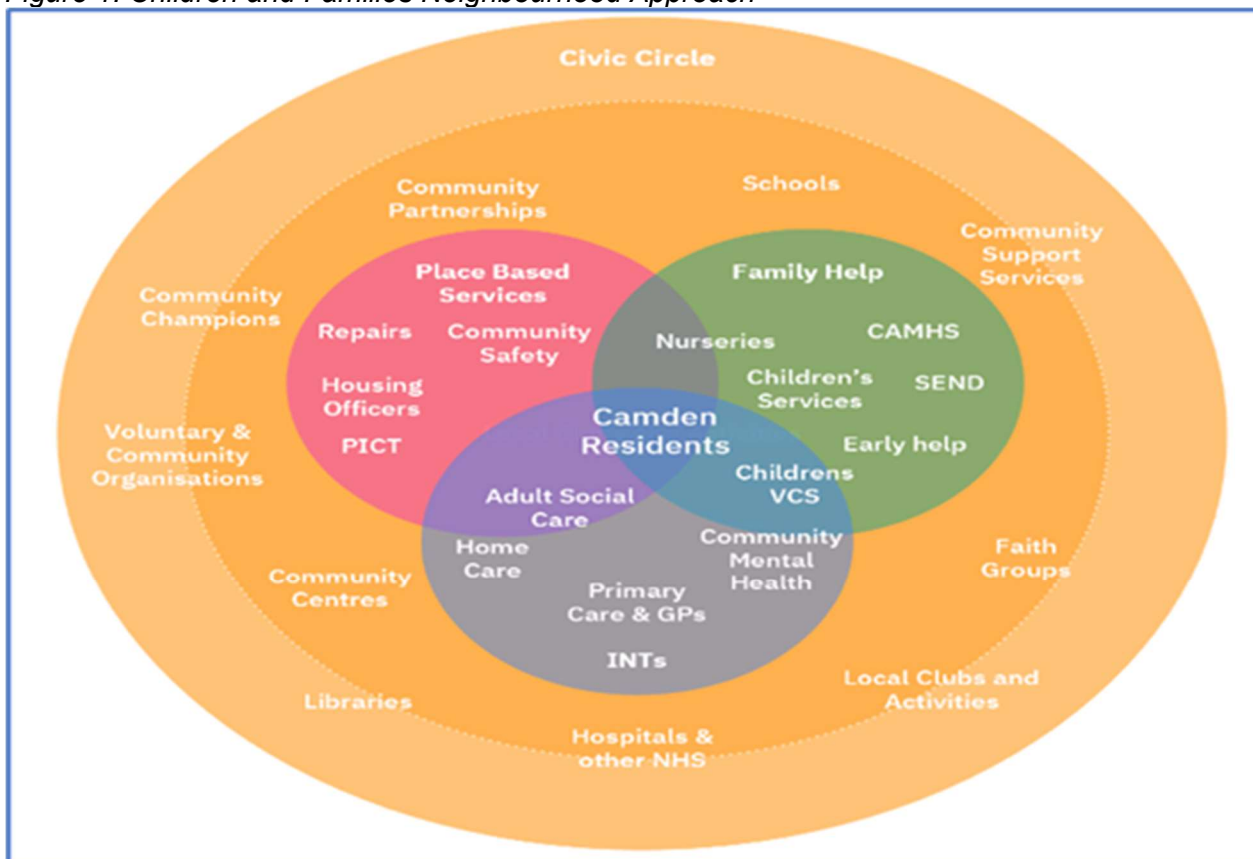
A Family Hub is a system-wide model providing high-quality, joined-up, whole-family support services from conception through a child’s early years, until they reach the age of 19, or 25 for children and young people with special educational needs and disabilities.

Camden is one of 75 local authorities selected to receive a share of the £301.75 million Family Hubs and Start for Life programme funding for 2022–2025, led by Department for Education and Department for Health and Social Care. Camden was awarded £3.4 million to deliver its detailed delivery plan. Funding is allocated to further develop Start for Life services and is limited to specific delivery strands. The Government’s October 2024 budget confirmed that funding for Family Hubs would continue for one further year, pending a comprehensive spending review in the spring of 2025.

The wider ambition of the Family Hubs programme is to join up services for families, whatever the age of their child, and importantly responds to what we have heard from families about the difficulties they experience in navigating the system to find the services that may help them. Better co-ordination and communication are central to success, as is ensuring that we successfully engage the families who could benefit most from the support that’s available. Alignment work with Start Well Priorities and RAISE Camden will be key in helping the Family Hubs to realise this potential, as will effective collaboration with North Central London Integrated Care Board and our Voluntary and Community Sector (VCS) partners.

*We Make Camden* sets out four missions that are central to our approach and ambition. The Estates and Neighbourhood Mission commits Council services to being “accessible to people where they live and wants everyone to be empowered to live a good life. We want our services to be local, connected and built on relationships, enabling people to find solutions”. The children and families’ neighbourhood approach (in green below) drives our development of the Family Hubs model.

Figure 1. Children and Families Neighbourhood Approach

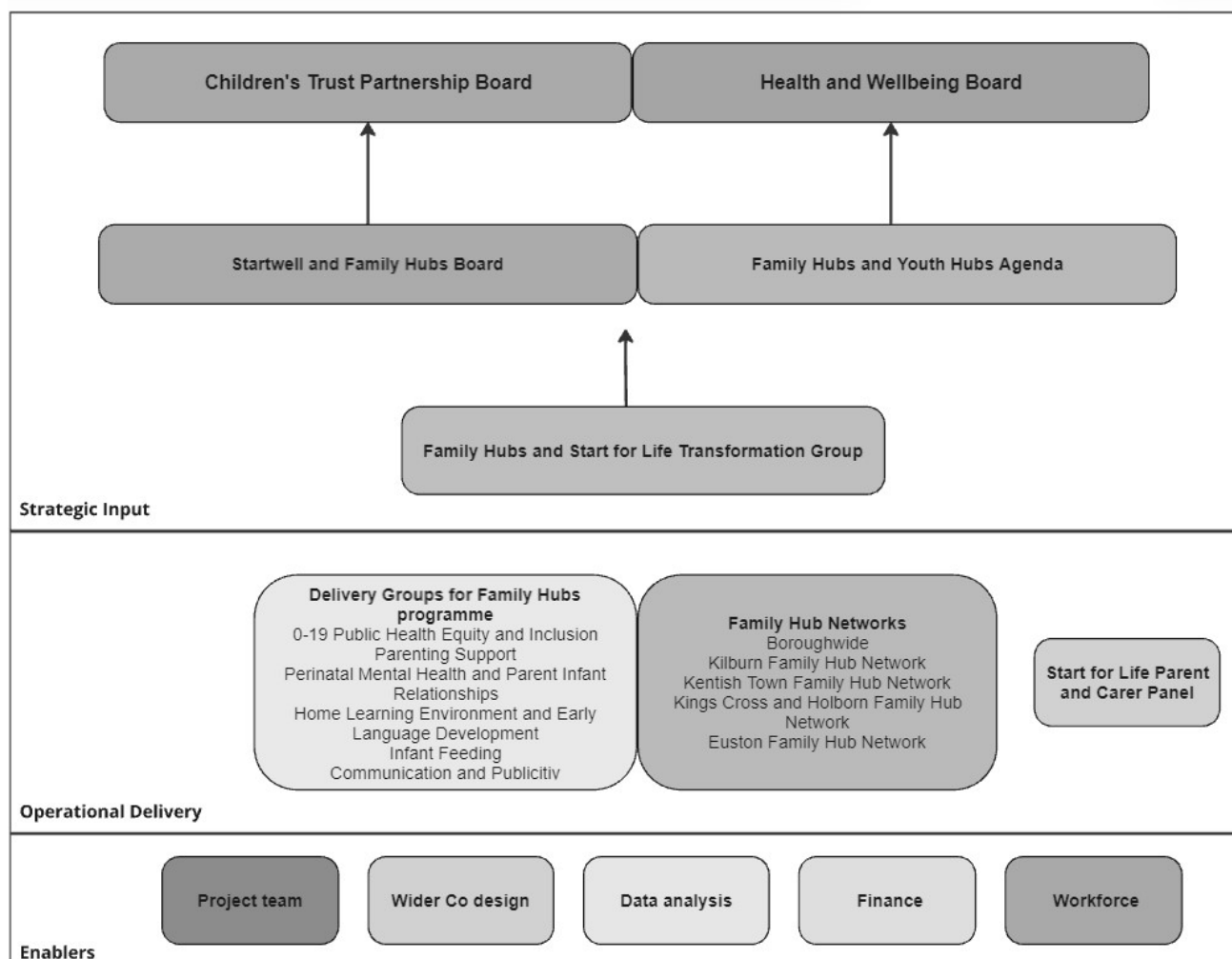


The Family Hubs programme builds on Camden’s thriving Children’s Centre service. Organised through a locality model consistent with Camden’s Estates and Neighbourhoods Mission, it grounds more services in communities close to the residents they serve. The DfE judged Camden to have met all minimum - and many of the ‘go further’ - expectations set out in the Family Hubs programme guide.

#### 4.1.2. Governance

A developed Family Hub model is expected to have a Board that oversees or connects with strategic early help functions and engages effectively with Integrated Care Systems and other partnerships to influence and inform service decisions. The Start Well and Family Hub Board, launched in late 2023, fulfils these requirements. It is proving to be an effective mechanism for joining up services and creating ambitious expectations for the Family Hub system.

Figure 2. Camden Family Hub Programme Governance Structure



The DfE oversees Family Hub delivery through monthly meetings with a Regional Delivery Lead, statistical monitoring submissions, regular progress reports, and grant usage statements, ensuring rigorous scrutiny.

#### 4.1.3. Successes, Opportunities and Challenges

Camden consistently meets expectations and is frequently called upon to support other Local Authority teams, with three areas of innovative practice gaining national attention: Best Start for Baby; Camden Kids Talk; and Father Inclusive Practice.

**Best Start for Baby:** The first 1,001 days are crucial for shaping lifelong outcomes, yet the national Healthy Child Programme alone is insufficient. Camden enhances this with three additional universal health contacts at three, six, and nine months, alongside the five mandated reviews and a service centred on supporting those with greatest capacity to benefit. These contacts focus on the parent-child relationship and attuned parenting, offering key opportunities to identify developmental delays or the need for extra support. By providing more universal contacts in the first year, the programme supports the transition to parenthood, helping more families thrive while enabling early intervention when needed. Delivered collaboratively by the Council and NHS, it benefits from strong Integrated Early Years Service partnerships.

**Camden Kids Talk** is a boroughwide initiative to address inequalities in communication and language development through a whole-system approach. It focuses on workforce development, parental engagement, and a shared assessment and intervention framework. The goal is to create a standardized, evidence-based method for early identification and support of speech, language, and communication needs (SLCN) and provide enhanced universal and targeted support for children. The programme has matured and now demonstrates clear outcomes. Screening in the first nine primary schools to implement it shows a reduction in children who are over a year behind their expected development level, from 51% to 29%.

**Father Inclusive Practice:** There is compelling evidence that shows when fathers/male carers have a positive, active role in their children's lives, there are fewer behavioural problems, improved social skills and better educational outcomes. Father inclusive practice supports and values men in their role as fathers and male carers, actively encouraging and supporting their parenting. Camden's programme aims to ensure that fathers and male carers are considered equally in all aspects of service delivery and has been welcomed for its ambition to change culture.

**Providing services for families with children of all ages:** Family Hub grant funding focuses on early years and 'Start for Life' services, but there is an expectation to also support families with older children through Family Hubs, linked venues, or virtually as part of the network. Hubs currently act as gateways for families to access services for children of any age and the evolving [families.camden.gov.uk](http://families.camden.gov.uk) website provides a valuable resource for parents and professionals. Designated Family Hubs primarily serve early years during the school day, but some teams supporting older children will co-locate there, with services for older children offered after school.

#### 4.1.4. Next steps

- Developing the Family Hub model further, to meet diverse needs for families with children of all ages, is the next significant step, requiring effective data use and further active co-production with parents and children to improve outcomes and reduce inequalities for Camden families.
- Work to further embed the Family Hub network is ongoing, with many organizations collaborating to provide families with access to information, advice, and services—both in-person and virtual—beyond the Council's designated Hub buildings. This partnership and outreach approach is core to ensuring our universal services are universal in their reach. Continued progress is essential to simplify service access and make navigating the system easier.
- To deliver a truly inclusive service, a specific focus on providing for families with children with Special Educational Needs and/or Disabilities (SEND) is needed. The forthcoming transformation programme that will bring services for older children to the Hubs includes a proposal for a new role dedicated to developing and promoting the Family Hub SEND offer.

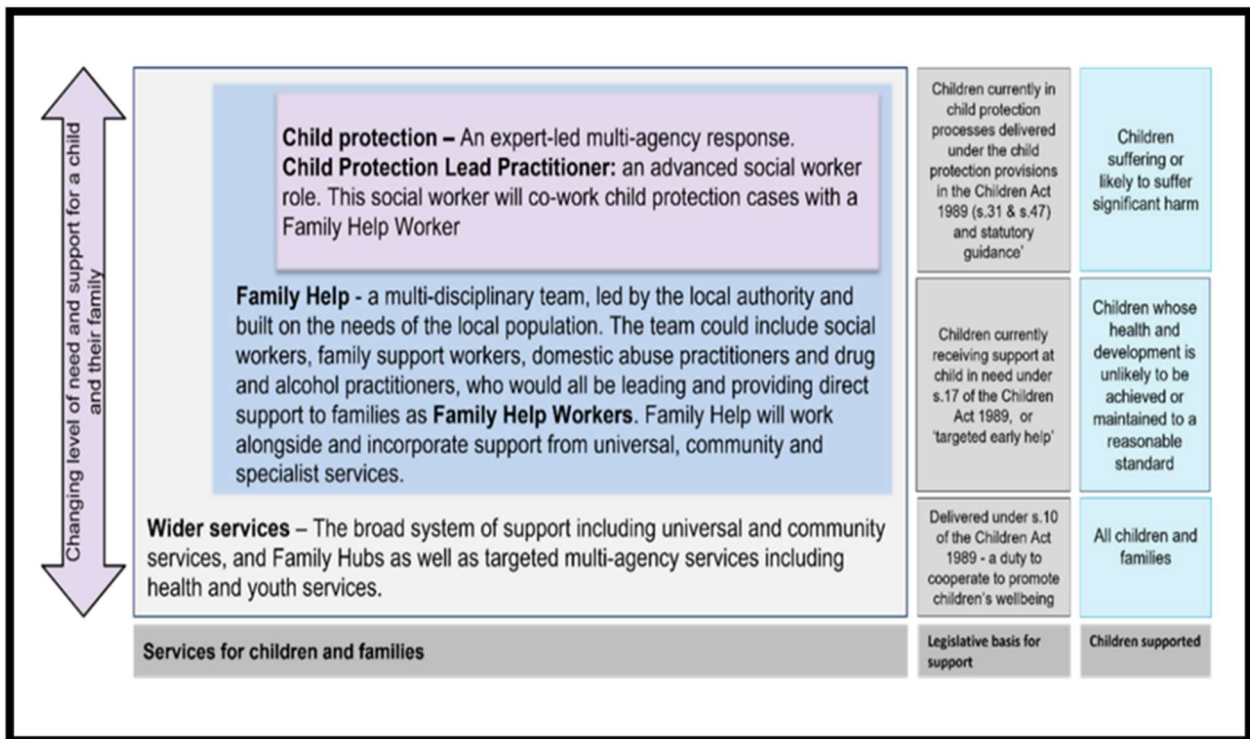
## 4.2. Family Help

### 4.2.1. Background

*Stable Homes, Built on Love*, the Government's response to the National Review of Social Care, outlines six pillars of reform, starting with a new Family Help model. This approach offers flexible, multi-disciplinary support delivered by local teams familiar with the community. It envisions a system with fewer thresholds, integrating targeted early help and children in need services within a broader framework of universal, community, and specialist support.

Camden's first step in responding to the national reform agenda is to streamline Early Help, currently delivered by separate Early Years, Complex Families, and Youth Services teams. The proposal consolidates support for families with children of all ages within Family Hubs, adopting an "All Age, All Local" approach under the name Family Help.

Figure 3. Family Help's place within the wider service framework (source: *Stable Homes*)



### 4.2.2. Successes, Opportunities and Challenges

A new **Relational Practice Framework** has been developed that sets out the key beliefs and values that will guide our work. New operational models that reflect our beliefs and values and deliver a more joined up service for families across the continuum of need are currently being developed with practitioners, drawing on their unique experience of working with families. The new simpler model of targeted early help casework will provide the right conditions on which to map the next step in Children's Services transformation and a new system that delivers services for families, across the continuum of need. These are key elements that families told us were important to them and are front and centre of Camden's Good Help Manifesto.

A new **neighbourhood-based approach to Family Help** offers significant opportunities. It represents Camden's first step in addressing the national Social Care reform agenda while fulfilling the Family Hub programme's goal of a one-stop shop for families with children of all ages. Embedding Family Help services in neighbourhoods aligns with the Council's Estates and Neighbourhoods Mission and advances the creation of multidisciplinary teams to support schools in meeting the needs of children and families, as outlined in *Building Back Stronger*, Camden's Education Strategy.

**Implementing change** is challenging and needs to be handled sensitively. Staff need to be engaged throughout the process so that the rationale for change is clear, and all have an opportunity to shape the future of the service. A comprehensive co-production exercise is underway in which a group of staff is working with Heads of Service to bring its considerable experience of delivering services into the design phase. Sequencing the transformation process so that the changes are iterative will enable reflection and learning to continue to influence our model as it develops.

#### 4.2.3. Next Steps

Family Help prototypes developed during the design phase will be presented to the Supporting People Departmental Management Team in early 2025. These will undergo additional "test and learn" cycles to refine and validate the model, with implementation planned for Spring 2025.

### 4.3. Child Health Equity (RAISE Camden)

#### 4.3.1. Background

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. Most parents are concerned their children will be worse off than themselves. Rates of childhood poverty are increasing and persisting for longer: previously this was most common in the early years, but it is now continuing into primary school age.

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 Somerstown. The difference is 9.6 years for girls. By secondary school, for every ten young people, we see four attending private school and four living 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. The effect of relative poverty is especially notable for mental health and wellbeing. Furthermore, there is an ethnic bias to these trends. For instance, in Camden, Black households are almost five times more likely to be living in overcrowded conditions than White households (24% vs 5%) and five times less likely to own their home (7% vs 36%).

RAISE Camden is Camden's child health equity programme, aimed at improving projected health trends for children and young people. It has established long term development initiatives alongside test and learn pilots, spanning three core themes: child poverty (material deprivation is associated with cognitive development); whole family mental health (associated with social and emotional development); and tackling racism and inequality (which magnify the impact of both). Its ambitions and delivery are



intrinsically linked with the other programmes of work described within this report, enhancing our focus on equity across these.

#### 4.3.2. Governance

Each workstream is overseen by established governance boards, including the 0-19 Equity and Inclusion Family Hubs Delivery Group, the Children and Young People's Mental Health Board, and the Equitable Services Steering Group. These boards report to the Start Well and Family Hubs Board, the Children's Trust Partnership Board, and the Health and Wellbeing Board.

In early March 2025, the Institute of Health Equity will publish the results of Camden's child health equity audit, highlighting priority areas for local action. Following this, we propose establishing a RAISE Camden Board to oversee the implementation of the report's recommendations and the broader programme of work. To support this effort, we are assembling an Expert Advisory Panel comprising academics and partners from the voluntary and statutory sectors.

#### 4.3.3. Successes, Opportunities and Challenges

RAISE Camden has established a series of test and learn pilots as well as longer term development programmes over the last 12 months. These collaborative programmes bring together teams from across the Council and our wider partners in their development and delivery.

Our flagship programme is the **Equitable Services Programme**. It drives equity within service delivery by using standardised and supported quality improvement methods to improve the consistent recording of equalities data. Disparities in access, completion, experience and outcomes of children and young people's health and wellbeing services are tracked. We approach the disparities with curiosity to understand what is driving them and, where appropriate, applying participatory appraisal techniques with families themselves. This helps us to understand what improvements can be made to services to better reflect the needs of our local communities. The process will be captured and tracked through quarterly contract monitoring meetings. Our ambition is to apply this approach at a systems level, using the Family Hubs database.

The London Borough of Camden has partnered with Nesta to launch a test-and-learn pilot offering a **one-off £500 cash transfer** to pregnant people who are eligible for benefits. Research indicates that reducing financial stress during pregnancy can lower the risk of low-birth-weight babies. Camden has seen a rise in premature and low-birth-weight births, which can have long-term health and wellbeing impacts. The cash payment will be provided in a non-coercive manner, followed by a warm welcome to the Financial Inclusion team and Family Hubs services for expecting and new parents. We will track service uptake and behavioural outcomes as key measures of success, with the pilot set to launch in April 2025.

University College London Hospital (UCLH), Central and North West London NHS Foundation Trust (CNWL) and the London Borough of Camden have partnered to offer **follow up clinics for families attending Accident and Emergency (A&E) without urgent clinical needs**. These clinics are held in Regent's Park Family Hub to provide time to understand the underlying causes of emergency attendances, to address the families' needs more holistically and to encourage uptake of community services. This

clinic was launched in September 2024, and we have applied for National Institute for Health and Care Research (NIHR) funding to evaluate its impact during 2025/26.

Camden is further partnering with UCLH and CNWL on a series of programmes supporting adults and infants in the perinatal period. The Best Start for Baby programme has been accepted for **NIHR evaluation funding** to support its delivery and we are actively working with an evidence community linking multiple sites in this area. UCLH has been developing a **Birthing Buddies programme**, where local volunteers support people from global majority backgrounds through their antenatal checks and visits, during birth and postnatally. We have supported the programme by linking into community groups for recruitment and engagement. We are also supporting a reflective practice evaluation to identify and encouraging **cultural change within practice for maternity services**. Furthermore, we are developing antenatal programme supports specifically designed for Bangladeshi people during their pregnancy – delivered by UCLH and supported through a peer support network within Camden.

We have been selected as an additional site for the **Kailo study** led by UCL and UCL Partners. Kailo works with young people to co-design solutions to the determinants of adolescent mental health. This is a 1–2-year programme, building on existing work in the borough around whole family approaches to mental wellbeing. It will commence in January 2025.

#### 4.3.4. Next steps

We recognise that a **robust research infrastructure** for child health equity is key to attracting additional innovation and funding to the borough, and this will be our priority moving forward.

Central to supporting the needs of our young residents is ensuring that **youth-led governance** influences our programme's approach. Building on our successful work with the Camden Youth Tell Them group, we will establish training and support programmes to enhance young people's participation.

In 2025/26, we will seek grant funding to develop Family Hubs neighbourhood networks, focusing on a 0-19 database that supports equalities monitoring and **the scalable delivery of our Equitable Services Programme**. We are also working to engage grassroots organisations, which we will support through the neighbourhood structure, to build trust with families we have yet to reach.

#### 4.4. Start Well

##### 4.4.1. Background

Camden's Start Well workstream delivers against a core long-term strategic ambition from Camden's Health and Wellbeing Strategy 2022-30: "all children and young people have the fair chance to succeed, and no one gets left behind". Our population health approach also meets the short-term priorities for action, ensuring that every child is healthy and ready for school, strengthened by community connectedness and friendships. It feeds directly into the wider ambitions for NCL Integrated Care Board in their Population Health and Integrated Care Strategy: to improve population health through a collective focus on prevention, early intervention and proactive care, working to achieve the best start in life for all our children.

#### 4.4.2. Governance

The Start Well and Family Hubs Board is focused on ensuring a common understanding to Camden's approach to starting well, and the health of children and young people aged 0-19 (25 with additional needs). This includes ensuring common recognition of the areas of need and our priorities, and a collaborative agreement between Council, Health and VCS partners to drive transformational improvements focused on early intervention and prevention. This single Executive Board reports and escalates issues to the Children's Trust Partnership Board and Local Care Partnership Board.

The areas of focus for the board are listed below with the top four identified as priority areas for transformational activity in 2024-25. Activity has been described throughout this report linked to these areas, with further detail below:

1. Strengthening Mental Health and Wellbeing Support for children and young people, with a focus on whole family mental health, transitions and schools.
2. Supporting our children and young people with SEND and other neurodiverse needs, and their families, with a focus on delivery of our all-age autism plan, our SEND strategy, and reduction of service waiting times.<sup>2</sup>
3. Centring our transformational work around Child Health Equity through the mobilisation of a new centre for child health equity (RAISE Camden).
4. Further developing Family Hubs as the prevention and early intervention model for Children and Learning in the borough.
5. Developing the health component of the Family Hubs model for children and young people over the age of five, incorporating a focus on transitions and links to Family Help and the neighbourhood model of working.
6. Improving uptake of childhood immunisations through a population health approach, focused on improving access, engagement, training and communication.
7. Strengthening our preventative and treatment support for children with long term conditions, in particular for Asthma and Oral Health.
8. Addressing inequities in maternal and infant health, with a particular focus on perinatal health, child poverty and infant mortality.
9. Improving physical activity and nutrition to support children and young people to have a healthy weight.

The following brief updates cover some of these above areas for children and young people aged 0-19 (25 for young people with SEND). These priorities have been presented before in detail, as part of the Annual Health Report on Children, Schools and Families to Children, Schools and Families Scrutiny Committee, hence will not be repeated in full here. Instead, we are focusing on activity within these areas related in particular to Family Hubs and school settings: Mental Health, Immunisation, Oral Health, Maternity, and Physical Nutrition and Exercise.

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<sup>2</sup> A report focusing on our SEND provision will be presented in February 2025.

### 4.4.3. Key Updates

#### a) Mental Health

##### i) Context

In Camden, an estimated one in five children aged 11-16 and 23% of 17-19-year-olds have a mental health condition. The Camden Health Related Behaviour Questionnaire found that 38% of Year 5 and 6 children worry about their mental health. Mental health disorders in Camden are 33% higher than the national average, with social risk factors, such as living in social housing (52% of Camden's children) and poverty, contributing to poorer outcomes. Additionally, one in three of Camden's 1,370 young carers is estimated to experience mental health issues.

Self-harm is more common in young people than adults. Nationally, 7.8% of children aged 7-16 and 33% of young people aged 17-24 were reported by parents to have self-harmed. Camden's youth self-harm hospital admission rate is 171/100,000, peaking at 263/100,000 for 15-19-year-olds. While suicide rates are highest in those over 40.

##### ii) Updates

Family Hubs funding supports the development and delivery of services, including group-based sessions like Together Time, in partnership with Camden's Child and Adolescent Mental Health Services (CAMHS) provider, Tavistock and Portman NHS Foundation Trust. Two practitioners have been employed to deliver these interventions alongside existing staff within Camden's commissioned CAMHS under-5s services. Support for mental health in schools continue to be delivered by a combination of NHS-funded Mental Health support teams and VCS organisations, as well as through the Early Years Schools and Families team in the Health and Wellbeing department.

In 2023/24, all Camden state schools were offered partnership with **Mental Health Support Teams (MHSTs)**, providing half a day per week for primary schools and at least one day per week for secondary schools. This is in addition to MHSTs already supporting 28/40 primary and 9/10 secondary schools. MHSTs assist with a whole-school approach to mental health, including staff training, curriculum development, mental health awareness events, and student participation projects. They also offer 1:1 and group therapy for children and parents, along with webinars and workshops for parents.

The School Nursing Service (SNS) protects child safety by **following up on red and amber Emergency Department (ED) attendances**. By reviewing ED summaries, nurses identify medical exacerbations, safeguarding issues, and support needed for new diagnoses. In the 2023/24 school year, SNS was notified of 492 pupil ED attendances, including 47 related to mental health, self-harm, suicide attempts, or suicidal ideation.

Secondary schools run **School Nurse drop-in sessions**. Young people have predominately attended to talk about emotional and mental health issues, such as stress and 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. The service has made an increased number of CAMHS referrals following young people presenting at these sessions.

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 and pupils' mental health and building resilience.

Camden works closely with the ICB to commission a **Children Looked After Health Team** through CNWL. We also provide mental health support to children and young people through an embedded mental health lead in the Children Looked After (CLA) team. In 2023/24 Camden 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, recently relaunched as the Growing With You team.

**Other updates and developments** of note in 2023/24 include:

- Tavistock's CAMHS services maintained **low waiting times**, with 82% of children seen within 4 weeks in Q4 23/24.
- A pilot of the **Integrated Front Door** model for primary care referrals has been launched, with multiagency triage from early help, social care, and mental health practitioners. Positive GP feedback has led to plans for further evaluation and potential expansion to schools in 2024/25.
- Camden has launched a two-year **social prescribing** service for young people aged 12-24, with link workers at Fitzrovia Youth in Action and the Brandon Centre. They help co-create personalised activity plans and have funding for individual activities. The Hive at Catch 22 also offers a Youth-Led Social Prescribing service.
- To improve **mental health support for care-experienced young people**, the CAMHS CLA and Refugee team has expanded with two new psychologist positions, extending service access to those up to age 24. A new Psychologist post at Camden & Islington NHS Foundation Trust and the Hive further supports this group of young people.

### iii) Challenges

- There are high levels of emotionally based school avoidance (EBSA) in Camden. The Team Around the School Model that is being developed will necessarily take a multi-agency approach, joining up the various parts of the system. We will work to ensure that there is robust mental health support available to Camden's schools.
- Our mental health approach for children and young people must consider their whole family context. We are developing the 0-19 offer and parental wellbeing support for Family Hubs.
- Despite the wide range of support on offer in Camden, young people still speak of a need for a unified approach to supporting them through the mental health landscape. They have asked for awareness, support, and practical guidance to help them access and navigate mental health services and for tailored promotion and awareness of services to ensure that all communities are well-informed. Ensuring ease and equity of access to services will form an important part of our work in the coming year, including the recommissioning of our peer education and peer support service.

#### **iv) Next Steps**

In the coming year we plan to:

- Continue to contribute to the development of the Team Around the School model, to ensure that mental health and our EBSA work are central to Camden's approach to improving school attendance.
- Improve take-up of Camden's health and wellbeing support offer to school staff, by mapping the complete provision and creating a searchable online resource that complements the Health-Related Behaviour Questionnaire.
- Review the offer of mental health support to care experienced young people as part of the recommissioning of the Young People's Pathway service.
- 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, with a Camden CYP Mental Health Board focus on Family Hubs to embed whole family wellbeing.
- Evaluate how children and young people access and navigate mental health services in Camden. Put in place strategic measure to maximise engagement and utilisation through public health campaigns and co-production.
- Undertake a study in partnership with University College London (UCL) called the Kailo, that will examine determinants of adolescent mental health for Camden
- Deliver a perinatal mental health needs assessment.

#### **b) Immunisations**

##### **i) Context**

Improving the uptake of childhood immunisations remains a strategic priority for the Camden Health & Wellbeing Board and Camden Borough Partnership, as well as the main population health priority for NCL Integrated Care System (ICS). Camden has historically some of the lowest childhood immunisation uptake rates in the country. We are committed to taking a population health approach to tackling existing inequalities and have been making steady progress with our childhood immunisation uptake rates. Over a period of five years, we have seen a steady increase in the number of children aged one who have received all the vaccines that they are due at that age. This increase is slightly less for children aged two and our progress has not been as successful for children aged five. There are likely to be a few reasons for this including issues with data input at practice level and we are linking with our NCL ICB immunisation team and GP colleagues to focus on GP delivery and engagement with our local communities to resolve communication and access issues.

Nationally and regionally, we have been responding to two vaccine-preventable disease incidents this year (measles and pertussis). Promoting pertussis and Measles, Mumps and Rubella (MMR) vaccination has been a priority because of this but we are hoping to focus on improving all childhood immunisations moving forward.

## ii) Updates

**Membership of Camden Immunisation Group** has been refreshed with key stakeholders in regular attendance and this meeting is co-chaired by NCL ICB immunisation team and public health consultants from Camden's HWB team. This meeting unites commissioners and providers so that key areas for improvement can be identified and prioritised.

**MMR vaccination has been promoted** through a variety of channels, including resident bulletins, social media platforms, electronic billboards and bus advertising. We have also produced leaflets which were translated for our local population, and these have been distributed via GPs, libraries and children's centres and at community events.

**We have used our parent champions, health improvement staff and school nursing teams to promote MMR vaccination.** We have promoted messages around the increase in measles cases and the importance of vaccination using staff from Family Hubs and have attended baby bonding sessions to promote childhood vaccinations and answer questions raised by parents. We have attended headteacher meetings to provide briefings on the increase in measles and the importance of improving MMR vaccination uptake rates and are building connections with Vaccination UK, the new provider for the delivery of school age immunisations.

We have worked with our colleagues in NCL ICB, UCLH / Vaccine bus and family hubs to deliver **outreach MMR clinics and information sessions** throughout the borough. These were promoted by GP practices near to the location of the vaccine clinics. We have co-produced a campaign to promote MMR vaccine with a Somali youth group and videos have been produced that can be shared on social media.

To raise awareness of the outbreak and **promote pertussis/whooping cough vaccination**, the national / ICB communications messaging has been shared with all our digital channels and the Family Hubs website. Information about the increase in pertussis/whooping cough cases has been shared at various forums. Communications have also been shared about the pertussis in pregnancy programme in a Camden magazine article.

We have worked with our colleagues in maternity and NCL ICB to simplify and promote key messages around the different vaccines and their timing in pregnancy (pertussis, respiratory syncytial virus (RSV), flu and COVID-19). Sessions on **vaccinations in pregnancy** have been planned with our Camden Dad's group for next year and we are also working to support the London School of Hygiene and Tropical Medicine (LSHTM) on engagement work with pregnant women in Camden.

## iii) Challenges

- We have reviewed childhood vaccine uptake data to identify where our unvaccinated children are registered in Camden and are hoping to work with our NCL ICB immunisation team and GP practices to support practices with **improving data entry**, identifying ways to improve uptake, with a focus on populations that might benefit from engagement to inform access and communication. We are also working with them to try and gain access to childhood immunisation records for health visitors and school nursing teams.
- We are aware that vaccine **uptake rates are lower in some of global majority groups** in Camden and have been working with our Somali community to understand the reasons

for this. We have held coffee mornings with MMR information sessions that were delivered by a Somali GP followed by an information session on autism. We are slowly building trust with our local community to find out how we can improve communication and access to vaccines for them.

#### **iv) Next Steps**

- Most of our childhood vaccines are delivered in GP practices and our main focus for the incoming year will be on the joint work that is planned with our NCL ICB colleagues to not only understand where our unvaccinated children are, but to try and understand why they are unvaccinated through engagement activities that will be guided by focused work with our GPs. We can then develop targeted interventions and evaluate their impact.
- We will continue to develop a stronger relationship with our Somali community and co-produce communications with them, while taking learning from our work to other global majority and underserved communities in Camden.
- We also hope to focus on engagement and communication with expecting mums and dads in Camden to try to improve uptake of vaccines in pregnancy.

#### **c) Oral Health**

##### **i) Context**

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 is worse than London and national averages for the proportion of children in Year 6 with experience of dentinal decay. Particularly, the mean number of dentinally decayed missing and filled teeth (d3mft) among 5-year-old children has almost doubled in Camden over the past decade.

Access to dentists has gradually improved but remained below pre-pandemic levels as of June 2022. Compared to Islington and England, Camden has consistently experienced lower dental access even prior to the pandemic.

We aim to deliver an efficient, effective, and innovative oral health promotion service to improve oral health and reduce inequalities for children and adults in Camden. Through a well-established Oral Health Promotion contract with The Whittington NHS Trust, in partnership with Islington, we provide oral health programmes across various settings. The Whittington works closely with pre-schools, schools, social care, mental health services, sheltered housing, residential homes, nursing homes, and day centres. Key ongoing programmes include:

##### **ii) Updates**

**Supervised Toothbrushing Programme (STP):** Staff in Camden Children's Centres, nurseries, and early years settings with high numbers of funded two-year-olds receive training to help them promote good oral hygiene in young children. Schools continue to deliver the programme, with positive feedback from staff and children. Camden's STP will expand



through NCL's Teeth4Life NHS-funded programme, targeting 26 additional settings in the most deprived wards. Promotions are ongoing, with six settings engaged so far. Work is ongoing to designate an oral health improvement champion within each Family Hub and further the reach of the programme through bespoke and succinct training for different staff groups (health professionals, social care staff, parent champions etc).

**Fluoride Varnish:** Whittington Health delivers a targeted fluoride varnish programme for children aged 3 –7 years old, within Children's Centres and Primary Schools with a high proportion of free school meal eligibility. Children receive two applications of fluoride varnish and information about local NHS dental services for their continuing care. There is a 60% uptake currently.

**Brushing for Life:** The Whittington provides training and Brushing for Life (B4L) packs, which include age-appropriate toothbrushes and toothpaste, to health visitors, staff at SEN schools, children's centres, nurseries, and school nurses. The packs are also distributed at community health events and dental clinics. There is potential to train community oral health champions to advise and signpost parents on oral hygiene. SEN-specific oral health training has been requested by champions, and The Whittington will work on developing this.

### iii) Challenges

- Low consent rates from parents for fluoride varnish. We need to think of better and more efficient ways to communicate our offer to them.
- Difficulties cited in engaging schools' teachers/admin staff with oral health interventions. We need to improve our collaborations with school nursing teams to encourage engagement.

### iv) Next Steps

- Opportunities through Family hubs to think more about whole family oral health, including subsidising toothpaste for 0–5-year-olds, offering targeted support for families at higher risk, connecting families to early years settings, and providing online support.
- Promotions will continue for the Teeth4Life programme, aiming to recruit a further 20 settings in the most deprived wards.
- With a 60% uptake of the Fluoride Varnish scheme, efforts are underway to improve consent rates by hosting parent information sessions, working with schools to fit better into their termly schedules and moving consent online.

## d) Paediatric Surgery and Maternity and Neonatal Transformation Update

### i) Updates

Between December 2023 and March 2024, the Start Well programme led by NCL ICB and NHSE London Region Specialised Commissioning conducted a public consultation on changes to maternity, neonatal, and children's surgical services. The proposals included:

**Maternity and Neonatal Services:** Consolidation of services from five hospital sites to four, with two options:

- **Option A:** Close maternity and neonatal services at Royal Free Hospital (preferred at consultation stage).
- **Option B:** Close maternity and neonatal services at Whittington Health.

Both options retain maternity and neonatal services at Barnet, North Mid, and UCLH, and significantly investing in services

**Edgware Birth Centre:** Proposal to close birthing suites while retaining antenatal and postnatal care at the site

**Children's Surgery:** consolidate some surgery for babies and very young children in centres of expertise at Great Ormond Street Hospital and UCLH

Feedback gathered during the consultation was extensive, with thousands of responses from residents, staff, and stakeholders. Two independent reports ([available here](#)) summarising this feedback have recently been published.

## ii) Next Steps

- NCL ICB and partners across the system including hospitals are now considering the feedback from the consultation and taking forward additional work based on the feedback.
- Over the coming months a decision-making business case will be developed for consideration in early 2025 by NCL ICB Board and NHSE specialised commissioning. This will bring together all the different evidence to be considered when deciding the future shape of these services. It will also include updating the integrated impact assessments – ensuring that impacts of the proposals are understood on the general population, on inequalities and on community services including early years and family hubs support services, and any mitigations for disbenefits have been developed.
- Whichever decision is made there will be a detailed period of planning and transition for several years before any changes are implemented. This will include clear communication and information for staff and patients, and ample notice given to leaders and everyone affected. In the meantime, no final decisions have been made and all services continue to operate as normal.

## e) Nutrition and Physical Activity

### i) Context

Good nutrition and being regularly active are two key cornerstones of starting well, contributing to healthy development, learning and attainment, health and wellbeing, and ongoing habits throughout life. Camden is taking action on these healthy behaviours individually, as well as through strategic initiatives like the Healthy Weight Acceleration Plan developed this year in response to the health & wellbeing crisis linked to population levels of overweight and obesity. Data from the National Child Measurement Programme (NCMP) (2023/2024) shows that one in five (20.2%) pupils in Reception Year were overweight or obese, and this increased to more than one in three (36.3%) by the time pupils reached Year 6. NCMP data also shows that boys, pupils living in the most deprived areas, or those from Asian and Black ethnic groups are more likely to be overweight or obese.

Camden's Health-Related Behaviours Questionnaire (HRBQ) has highlighted opportunities to improve the nutrition and physical activity levels of young people in Camden, particularly among secondary school aged pupils. Data from 2021/2022 shows that in primary school around a third of pupils (37%) were eating five or more portions of fruit and vegetables each day, which dropped to one in five (20%) secondary school pupils. 11% of primary school pupils indicated that they had nothing to eat or drink before lessons on the day of the survey, which increased to 29% in secondary school pupils. The HRBQ also highlighted the need to increase physical activity in secondary school aged pupils because only 12% of pupils met the physical activity recommendations, and this figure was lower for girls.

## ii) Updates

**Little Steps to Healthy Lives (LSHL)** supports settings to take a whole setting approach to health and wellbeing, including opportunities to provide support and signposting, as well as access to a range of programmes run at the centre or in the community. Overall, one in three (31%) of early years settings are engaged in the programme, including all maintained children's centres. Popular programmes include support for starting solids (400 unique families benefitting), addressing fussy eating among 1–2-year-olds, and family food education and practical healthy eating tips for parents/carers of children aged 2-11. Breastfeeding support is available across Family Hubs, as part of Camden's successful approach to maintaining high breastfeeding rates at 6-8 weeks (80% of babies) which is significantly higher than the national average. Work also continues on increasing uptake of the Healthy Start scheme supporting parents on low incomes to buy healthy food. This year the new Healthy Movers programme for Family Hubs and Nurseries is launching, with 24 early years settings signing up for training and toolkits to help families be more active. Weight management pathways for children and young people are currently being updated, considering issues with access, translators, and taking a whole family approach. A community healthy weight toolkit is also being developed including the range of support available in Camden to help parents and families find what could be helpful to them.

**Camden's Healthy Schools programme** has nearly three quarters of schools (71%) actively engaged, with all schools meeting some elements of the programme. A whole school approach to food and physical activity are key parts of the programme, including meeting curriculum requirements, developing a positive participation culture and environment of the school, and ensuring healthy choices at break and lunchtime.

**School nutrition:** Breakfast is now available across all Camden's Schools. Magic Breakfast is provided in 21 of Camden's most deprived schools, with more schools signing up this term, and 3,340 children having a free breakfast through the scheme every day during the summer term. A new school meals service will be provided from April 2025 with an updated specification focusing on pupil engagement, Camden's enhanced school food standards, and providing more climate conscious meals. Free school meals have been provided to all pupils in primary schools since September 2023, enabling those in low-income households above the threshold for free school meals to benefit. In secondary schools a test and learn initiative led to free fruit and vegetable offers at breaktime, and auto-enrolment for free school meals for all those eligible is being progressed. The Holiday Activity and Food Programme supported more than 2,500 children and young people over the summer, including those with Special Educational Needs & Disabilities.

### **iii) Challenges**

- Supporting children as they move from primary to secondary school to have and maintain healthy behaviours throughout their teenage years, as they start to exercise their choice and autonomy
- Providing strong universal offers across schools that can be adapted to all abilities, while ensuring tailored programmes/initiatives for those with greater needs
- Supporting more schools to fully engage with the Healthy Schools programme

### **iv) Next Steps**

- A range of new approaches to promoting physical activity through schools are being considered as part of a forthcoming new Children and Young People Physical Activity Strategy. This includes how to best address the drop off in physical activity levels typically seen among teenagers, and particularly among teen girls. Schools have developed their own programmes, such as Hawley's Year 5 offer to girls focusing on enjoyable participation, and Torriano's sessions for girls in Years 5, 6 and 7 (after they've left the school). There are also universal schemes running across schools, such as The Daily Mile held year-round in 14 primaries including Edith Neville, Rhyl, and Holy Trinity, and the Street Tag gamification initiative now being held for a second round.
- Extending the provision of Magic Breakfast for another year, to support more of Camden's deprived schools, and the large numbers of children currently benefitting
- Working with the new school meals provider from April 2025 to enable further improvements to lunchtime provision, in line with the new specification

## **4.5. Finance Comments of the Executive Director, Corporate Services**

This report provides an update on the key programmes of work: Family Hubs, Family Help, RAISE Camden and Start Well. There are no significant financial implications resulting from this report.

## **4.6. Legal Comments of the Borough Solicitor**

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

## **4.7. Environmental Implications**

This report to the committee should contain no significant environmental implications for Camden. Our policies and strategies which animate the work described in this report, however, are built upon and align with the Camden Climate Action Plan, Biodiversity Strategy and Clean Air Action Plan.