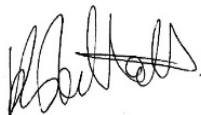


LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Annual Health Report on Children, Young People and Families – 2025/26	
REPORT OF Director of Health and Wellbeing	
FOR SUBMISSION TO Children Schools and Families Scrutiny Committee	DATE 1 July 2026
<p>SUMMARY OF REPORT</p> <p>The report summarises health 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, COVER, 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 2025/26 and plans for work in 2026/27 incorporating case studies, evidence of impact and children and resident 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

Date: 16 June 2026

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Appendix 1: trends in key child health metrics

Appendix 2: Map of Camden (temporary accommodation, Family Hubs, libraries, GP Practices, hospitals and estates)

Appendix 3: Glossary

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 2025), Cover of vaccination evaluated rapidly (COVER), and other local and commissioned service data.

2 Background

- 2.1 The Committee receives an annual update on children's health services delivered by the NHS West and North London Integrated Care Board (ICB), Camden Council, and our partners.
- 2.2 North Central London and North West London ICBs formally merged on Wednesday 1 April 2026 to become NHS West and North London ICB. Where work took place before the merger this report will refer to North Central London ICB.
- 2.3 This year's report details the important health issues for CYP in Camden and is structured across the life course, as requested by Children Schools and Families Scrutiny Committee. The report contains details of the programmes and services offered to tackle these issues, along with goals for the upcoming year.
- 2.4 Each part of the report relates to a service or health concern and begins with the context in Camden. This encompasses data on the affected populations, including intersectionality where available. Where available, sections present evidence on the impact of Camden services and the perspectives of CYP and families through qualitative feedback and case studies.
- 2.5 The Committee is requested to review this report, which highlights the key health outcomes for CYP in Camden and offers detailed information on services and local initiatives aimed at addressing 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 throughout the report.
- 3.2 Where available, graphs illustrating time trends in these metrics are also included in **Appendix 1**.
- 3.3 **Infant and child mortality**
- 3.4 Infant and child mortality rates are similar to both England and London. The infant mortality rate was 4.1 per 1,000 in 2022 – 2024, and no significant trend has been observed in Camden in the last 5 years. Child mortality data (age 1-17 years) is not

¹ Statistics are for the year 2023-24 unless otherwise stated. Data included is the latest data available.

published yet for the latest time period for Camden, which was 9.66 per 100,000 in 2021 - 2023.

3.5 **Maternity**

3.6 4.3% of women are smokers at the time of delivery. This is significantly worse than that of London (3.3%) and significantly better than that of England (6.1%). In the last five time periods, no significant trend has been observed in Camden.

3.7 **Early years**

3.8 National published data on vaccine coverage is reported quarterly for children who reached their first, second or fifth birthday during the evaluation quarter, and a COVER report is published annually. Improvement has been maintained this year in children living in Camden aged 1 and 2 years, but challenges remain with those aged 5 years.

3.9 COVER data reporting coverage for most routine childhood immunisations that are due before a child's first birthday has stayed above 85% during 2025 (Hexa, PCV, Men B). Rotavirus COVER was slightly lower (83.2%), which is expected because Rotavirus is not given to babies past 24 weeks old and there is less opportunity for catch-up. COVER of the first dose of MMR² (given routinely aged 1 year) has stayed consistently above 80% throughout 2025 for our 5-year-olds. Camden COVER in this age-group is similar to other NCL boroughs and between 5-10% lower than national COVER.

3.10 Vaccine COVER in Camden is much lower for both vaccines routinely given when children are around 3 years and 4 months. The lowest reported COVER for children aged 5 was DTaP/IPV (diphtheria, tetanus, pertussis (whooping cough), and polio pre-school booster) at 57.7% and the highest for the second dose of MMR² 64.6%. COVER for these vaccines in London was 5% higher for children aged 5 than in Camden.

3.11 **School-age children**

3.12 70.7% of children achieved expected level of communication and language skills by end of reception, which was statistically similar to that of London (71.8%) and England (69.7%).

3.13 18.2% of children in reception were overweight and very overweight, which is significantly better than London (21.1%) and England (23.5%). 34% of children in Year 6 were overweight and very overweight, which is significantly better than London (37.3%) and similar to England (36.2%). In the last five time periods no significant trend has been observed for children in reception or Year 6.

3.14 27.1% of five-year-olds had dental decay, which is similar to London (27.4%) and England (22.4%). In the last five time periods, no significant trend has been observed in Camden.

² As of 1 January 2026 this is now MMRV (measles, mumps, rubella and chickenpox/ varicella)

3.15 Healthy Schools continues to be delivered in Camden with 71% of schools engaged (39 schools).

3.16 **Young People**

3.17 The teenage pregnancy rate is 8.1 per 1,000, which is similar to London (10 per 1,000) and significantly better than England (13.9 per 1,000). In the last five time periods, no significant trend has been observed in Camden.

3.18 The detection rate for chlamydia in young people aged 15 – 24 (1,670 per 100,000) is similar to London (1,600 per 100,000) and England (1,589 per 100,000).

3.19 **Hospital Admissions**

3.20 Hospital admissions caused by unintentional and deliberate injuries for children aged 0-14 were 56.9 per 10,000, which is higher than London and lower than England; for young people aged 15-24 the figure is 39.6 per 10,000 which is lower than London and England.

3.21 Hospital admissions as a result of self-harm in young people aged 10-24 were 121 per 100,000, which is similar to London (126 per 100,000) and better than England (267 per 100,000). In the last five time periods, a significant downward trend has been observed in Camden.

3.22 The rate of hospital admissions of children and young people under age 18 related to alcohol (2021/22 - 23/24) is 38.3 per 100,000. Admissions for young people aged 15-24 due to substance misuse were 22.4 per 100,000 for the same period. Alcohol admissions are higher than London and England rates, while substance misuse admissions are lower.

3.23 **Key child health metrics are summarised in Figure 1 with further detail available in our [published CYP Health Needs Assessment for Camden](#)**

Annual Health Report on Children, Young People and Families Summary

Key child health metrics

Indicator	Age	Period	London region	Camden	Enfield	Islington	Barnet	Haringey
Infant mortality rate	<1 yr	2022-24	3.34 per 1,000	4.13 per 1,000	2.96 per 1,000	2.15 per 1,000	3.41 per 1,000	2.71 per 1,000
Child mortality rate (1 to 17 years)	1-17 years	2022-24	10.8 per 100,000		8.06 per 100,000	9.49 per 100,000	8.7 per 100,000	11.5 per 100,000
Children in care (<18 years)	<18 years	2023/24	51 per 10,000	59 per 10,000	51 per 10,000	84 per 10,000	36 per 10,000	62 per 10,000
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2 years	2024/25	87.1%	87.9%	83.6%	87.3%	87.7%	85.5%
Reception prevalence of overweight (including obesity)	4-5 years	2024/25	21.1%	18.2%	24.5%	23.7%	18.5%	22.9%
School readiness: percentage of children achieving at least the expected level of development in communication and language and literacy skills at the end of Reception	5 years	2024/25	71.8%	70.7%	70.2%	68.7%	73%	74.7%
School readiness: percentage of children achieving at least the expected level of development in communication and language and literacy skills at the end of Reception (Female)	5 years	2024/25	78.2%	76.4%	77.1%	71.8%	79.9%	80.2%
School readiness: percentage of children achieving at least the expected level of development in communication and language and literacy skills at the end of Reception (Male)	5 years	2024/25	65.6%	64.9%	63.5%	65.8%	67%	69.7%
Percentage of 5 year olds with experience of visually obvious dental decay	5 years	2023/24	27.4%	27.1%	29.2%	28.8%	29.2%	36.9%
Year 6 prevalence of overweight (including obesity)	10-11 years	2024/25	37.3%	34%	41.8%	36.4%	33.7%	38.4%
Percentage of physically active children and young people	5-16 years	2024/25	47.1%	45.4%	40%	43.8%		
Under 18s conception rate (Female)	<18 years	2022	9.95 per 1,000	8.1 per 1,000	12.9 per 1,000	11.4 per 1,000	6.67 per 1,000	12.7 per 1,000
Chlamydia detection rate per 100,000 aged 15 to 24 years (Persons)	15-24 years	2024	1,460 per 100,000	1,570 per 100,000	1,570 per 100,000	1,510 per 100,000	1,050 per 100,000	1,890 per 100,000

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed.

The colours must be interpreted as follows:

■ | ■ | ■ = Significantly worse | Statistically similar | Significantly better

Source: OHID

Figure 1: Summary of key child health metrics

4 Child Health Equity

4.1 Context, inequalities, and intersectionality

4.2 In May 2025, the University College London (UCL) Institute of Health Equity published its [independent report](#) into child health equity within Camden. High level findings include:

- 2 in 5 children in Camden live in poverty.
- Camden is the fourth most unequal place to grow up in the country; this can affect children's sense of belonging and impacts the mental health and wellbeing of those on both sides of the socioeconomic divide.
- Social inequality drives unfair differences in levels of child mortality, school readiness, educational attainment, oral health, obesity, mental health and wellbeing, to name a few. housing policy prioritises residents with multiple complex disadvantage. We therefore see a geographic clustering of anti-social behaviour, social care dependency and health inequality.
- This complexity also clusters at a household level and increases family stressors, weight of caring duties and challenges navigating multiple support systems at once. Camden has a very high rate of domestic abuse.
- The level of overcrowding in Camden is extreme. Demand for temporary accommodation is increasing. Both risk causing chronic dysregulation, particularly among families with Special Educational Needs and Disabilities (SEND) support needs.
- Black children and young people are simultaneously more likely to live in overcrowded circumstances, less likely to play outside the home and more likely to feel unsafe on Camden's streets.

4.3 Raise Camden was established in 2025 and is Camden Council's child health equity programme. It's a multi-agency partnership created to address drivers of unequal child health outcomes, including poverty, housing instability and barriers to accessing universal support.

4.4 Progress in 2025/26

4.5 The Equitable Services Programme

4.6 The Children and Young People's Equitable Services Programme is a change programme applying quality improvement (QI) methodology within frontline services. It aims to enable collaborative and supportive working across the services we commission and deliver, to collectively address unjust health inequalities. Building on the foundations established in 2024/25, this past year has focused on building a comprehensive suite of resources and tools to support services to use data effectively, identify inequities and design targeted improvements using a QI approach. The team also delivered a programme of webinars to support both providers and commissioners to apply these resources in practice and progress towards more equitable service delivery as illustrated in the Case study below.

Case Study: Starting Solids Quality Improvement Pilot

The Starting Solids Team applied the tools and approach of the Equitable Services Programme to understand why families from the most deprived communities were underrepresented in their service. Using QI methodology, the team tested targeted approaches to improve engagement with these groups.

This included focusing outreach on the borough's most deprived postcodes, building trust through direct contact with new parents, and co-designing improvements with families. As a result, participation from underrepresented groups increased significantly. Early results demonstrate measurable progress: attendance increased from 161 to 202 families between Quarter 1 (Q1) 2024 and Q1 2025, while representation from the 20% most deprived postcodes rose from 14.3% to 39.1%. The project continues to build on this progress, with an ongoing focus on reaching underrepresented communities.

4.7 Raise Camden Taskforce

4.8 Raise Camden brings together partners to respond to the recommendations of the Institute for Health Equity report and address the root causes of child poverty and unfairness in child health. The Raise Camden Taskforce is co-chaired by Prof. Sir Michael Marmot and Cllr Olszewski, the former leader of Camden Council. It is formed of national and local experts and is informed by children and young people and local stakeholders. It has recommended the following programme priorities for the next three years:

- Promote home and community environments which allow children to grow well, thrive and have a positive future. As a family-friendly borough, we will make Camden a borough that welcomes and enables all families to call it home.
- Set up families for future long-term success and stability. These families are either at risk of statutory homelessness, including those who have recently moved out of temporary accommodation, or who currently live in temporary accommodation.
- Ensure the social and material barriers of poverty do not adversely affect children's experience of school, and of families' ability to engage with education.
- Whole Family Mental Health, within which priorities will be identified at the fourth and final Taskforce meeting in July 2026.

4.9 Raise Camden projects are divided into three innovation hubs that seek to address critical drivers of inequity: Child Poverty and Family Support, Estates and Temporary Accommodation, and Intergenerational Health. These innovation hubs represent common themes which have emerged from the Raise Camden Taskforce and allow partners to engage around shared interests. The umbrella of Raise Camden allows us to work across the programme, connecting partners to promote further innovation. The Raise Camden outcomes framework is in development and will be used to track progress of all initiatives.

4.10 Child Poverty and Family Support

4.11 In 2025/26, we supported a themed debate at [full council on child poverty](#). We have undertaken community engagement to better understand the impacts of child poverty

within the Camden childhood experience. We have worked with a group of 10 young people in our Youth Advisory Panel to inform and refine the recommendations of the Raise Camden Taskforce. In collaboration with Camden Giving and the Young Foundation, we trained 10 community researchers in 10 grassroots organisations in Participatory Appraisal techniques. They undertook research with global majority families into how we ensure universal services feel like a welcoming place to their families. We have also worked closely with the National Children's Bureau to assess how we could implement the findings from their 10-year lottery-funded programme: Lambeth Early Action Partnership, with the Camden context. This work, alongside our community engagement work will form the basis for a theory of change for future partnership work.

4.12 Children and young people have told us that they experience the biggest divide in financial services when it comes to extra-curricular activities and opportunities for free play. A mid contract review of play services in 2025/26 has indicated strong and sustained demand for provision, particularly for disabled children and during school holidays, with occupancy rates typically exceeding 90% in peak periods and several sites operating at or near full capacity. Performance data also demonstrates high levels of parental satisfaction, consistent attendance, and positive outcomes in children's social development and wellbeing, reinforcing the role of play services as an effective early intervention and preventative offer.

4.13 **Children's Integrated Longitudinal Dataview (ChILD)**

4.14 We have developed a successful proposal to build an integrated, research-standard dataview over the next few years. The dataview builds on the existing good practice of the Integrated Early Years System, which tracks all services delivered through Family Hubs to children aged 0-5 years. It will be built to reflect wider support offers to families as well as including equity considerations of family circumstance and personal identity. It will also extend the age range up to 19 years (25 for those with SEND). ChILD will enable us to:

- Track short and long term impacts, for example the impact of interventions during pregnancy on development and school attainment.
- Evaluate individual and cumulative impact initiatives.
- Assess who receives the interventions we offer, and who does not.
- Enact Targeted Universalism; our term for assessing eligibility, proactively engaging residents and encouraging those with greatest potential to benefit to take up universal, preventative support offers.

4.15 **Family Hubs A&E Low Acuity follow up clinics**

4.16 The Council is working with NHS partners to deliver low acuity clinics in Family Hubs for families who frequently attend A&E with non-urgent issues, supporting the whole family and connecting them to appropriate health and wider services. The evaluation is in progress and to date, 35 families have consented to take part in the evaluation, with 15 in depth interviews completed so far. Early findings suggest families value the holistic, accessible nature of the clinics, report positive experiences of care and demonstrate increased awareness of community based support, while also highlighting opportunities to strengthen engagement with wider non health services.

4.17 **Estates, Temporary Accommodation and Place-based innovation**

4.18 The Marmot Estates programme's research phase is complete and the resident engagement phase begins in late May 2026. The resident engagement phase is expected to include focus groups with parents and young people on estates to ensure their experiences and views inform the interventions co-developed with residents.

4.19 The Raise Camden Temporary Accommodation Officers Group, created after the Raise Camden Taskforce meeting about temporary accommodation, is delivering on a number of actions:

- Working with Bridges Outcomes Partnership to map support services available to families in temporary accommodation and gathering insights from families as to how they'd like this information to be shared in the future.
- Delivery of a proof of concept for a grant and income maximisation support to families living in temporary accommodation with children with SEND in partnership with King's College London academics and Shared Health.
- Colleagues in Family Hubs and Temporary Accommodation are working to improve pathways between teams.

4.20 The proof of concept grant and income maximisation project for families in temporary accommodation with children with SEND contacted 304 potentially eligible households. 117 people responded opting in to the offer of support. 48 families who opted in were eligible for the one-off grant as well as income maximisation support. These households account for 68 children. Overall, the project provided £28,800 in one-off grants and supported 32 households with 33 applications for financial support (including new benefit applications or a review of current claims). The current annualised amount of financial support gained by these 32 households is £66,912.75. It is expected that the average household income will increase by between £1,500 to £10,000/annum if applications and reviews are successful.

4.21 **Intergenerational Health and the Centre for Prevention**

4.22 The Centre for Prevention (CfP) partnership aims to strengthen mental health and mental health resilience through a life-course, prevention-focused approach. It will build on Camden's strong foundation in early intervention for children and young people and explore how these approaches can be extended across the life-course, including into adult mental health provision. The partnership to date includes Camden Council and University College London Brain Science Directorate (UCL), and prior to the merger into North London Foundation Trust, colleagues from Tavistock and Portman NHS Foundation Trust.

4.23 **Key areas of action for 2026/27**

- Evaluate the grant for families in temporary accommodation with SEND children to inform potential larger pilot.
- Initiate development of the Children's Integrated Longitudinal Dataview (ChILD), and finalise the Raise Camden outcomes framework to enable routine monitoring of reach and impact. This is being developed with a focus on key transition points (started school, primary to secondary, transition to adulthood).
- Embed Family Hub Pregnancy Grant Family Navigators into existing workstreams, using the CHILD dataview to support outreach.

- Expand the Equitable Services Programme to support an increasing number of services across children and learning and adults and health.
- Develop a model for continuing youth engagement with decision making and governance of Raise Camden and commission a community partner to facilitate.
- Complete a comprehensive review of the play and out of school childcare offer will be undertaken to assess whether current provision remains fit for purpose, equitable and sustainable in the context of changing demographics, rising SEND need and national reforms. Findings will be reported in autumn 2026 to inform future commissioning and procurement decisions.

Pregnancy and Early Years

5 Maternity

5.1 Context, inequalities, and intersectionality

- 5.2 In the UK and Ireland, inequalities in maternal mortality remain. While the maternal mortality rate for women from Black ethnic backgrounds continues to decrease, women from Black ethnic backgrounds are still more than twice as likely to die compared to White women, and Asian women also have a slightly increased risk compared to White women. Women who lived in the most deprived areas are twice as likely to die as those living in the least deprived areas. 91% of the women who died during or up to one year after pregnancy in the UK and Ireland faced multiple interrelated challenges.
- 5.3 The North Central London (NCL) Local Maternity and Neonatal System (LMNS) Equity and Equality Action (2024) Plan sets out plans to reduce inequalities in maternal risk factors and birth outcomes across NCL. The LMNS recognises the intersection between ethnicity and deprivation, with some ethnic groups more likely to be living in the most deprived areas.
- 5.4 More Camden residents deliver their babies at UCL than at other NHS hospitals in NCL. Of Camden residents who give birth at NHS hospitals, 44% are White, 20% are Asian/Asian British, 10% are Black/Black British, 12% are other ethnic groups, 10% are unknown and 4% are from mixed or multiple ethnic groups. 44% of Camden births are to women who live in the two most deprived IMD quintiles in Camden.
- 5.5 A stillbirth is defined as a foetal death occurring after 24 weeks of gestation. The rate of stillbirths in Camden has increased slightly since 2021 but this change is not statistically significant. For women who give birth in NHS hospitals across NCL, the rate of delivery episodes including a stillbirth was significantly higher in Black mothers compared to White mothers in 2024.
- 5.6 Modelled estimates within Camden's Perinatal Mental Health (PNMH) and Parent-Infant Relationship (PIR) Joint Strategic Needs Assessment (JSNA) demonstrate that around 940 women and 335 men experience PNMH issues per year in Camden. Evidence suggests that screening tools may not be effective at identifying PNMH needs. For example, on average, only 10.2% of women were identified with a mental health need at the 6-8 week postnatal health visitor review, which is considerably lower than Camden's modelled estimate of 23.8%. Analysis within the JSNA revealed significant inequalities in PNMH outcomes. Global majority women are more likely to

experience severe mental illness (SMI), often presenting later or with more acute symptoms, suggesting prevention and early intervention support may be accessed later or when symptoms more severe.

5.7 A strong link between deprivation and PNMH need was found, with 62% of women with SMI or depression living in the two most deprived quintiles in the borough. More women with depression from global majority groups live in these areas, highlighting a known intersectionality. Challenges linked to mental health stigma and mistrust of services are further exacerbated by poor data quality across maternity, health visiting and specialist services, limiting the ability to monitor inequalities.

5.8 Progress in 2025/26

5.9 The Family Hubs Pregnancy Grant launched in April 2025 and reached nearly 500 people in its first year of delivery. The pilot has been extended for an additional year, following an interim evaluation report commissioned from the research and innovation foundation Nesta showing it is easing financial pressures for expectant parents and helping hundreds of families build stronger connections with local services. Family navigators will also be embedded within Family Hubs to continue connecting families into local services and support.

Case Study: Family Hubs Pregnancy Grant

In 2025, Camden Council, in partnership with the NHS and Nesta, piloted the Family Hubs Pregnancy Grant to support low-income pregnant people experiencing financial hardship. Financial stress during pregnancy is associated with adverse maternal and infant outcomes; providing unconditional financial support during pregnancy can help reduce stress for families and improve outcomes for children, especially in low-income households.

The pilot programme consists of two elements:

- an unconditional £500 cash grant given to pregnant people towards the end of pregnancy*
- proactive outreach from a Family Navigator – a specially trained council officer who can connect participants with other support available to them*

Most eligible families do not need to apply; instead, linking together existing NHS and benefits data allows proactive identification of eligible families.

The evaluation is ongoing. Early findings indicate 500 people were distributed the grant in the first year of the pilot and provide insight on:

- Operational feasibility: uptake of the grant has been high and using linked administrative data is effective and eases the burden of people having to apply.*
- Impact on families: parents value the unconditional nature of the grant. The grant provides a temporary buffer, with parents reporting using the money to buy things for baby or paying bills*
- Service integration: contact with a Family Navigator is associated with intentions to visit a Family Hub with baby*

5.10 Perinatal Mental Health JSNA

5.11 Following extensive system wide consultation, recommendations included in the PNMH and PIR JSNA were endorsed by members from across the health and council. Priority recommendations have been identified and scoped in partnership with key stakeholders:

- Rolling out the use of an evidence-based screening tool, such as the [maternity disadvantage assessment tool](#), to enable Maternity and Health Visiting services to identify those at greatest risk of worse PNMH outcomes due to a history of risk factors.
- Improve continuity between Midwifery and Health Visiting, in particular around the handover and flow of information about high-risk women antenatally.
- Coproduce family-focused anti-stigma PNMH activities with community and faith organisations targeting Black African and South Asian families.

5.12 To support delivery of the NCL LMNS Equity and Equality Action Plan, we consulted with 34 Bangladeshi women to help UCLH maternity colleagues develop more culturally responsive antenatal education programmes for Bangladeshi women. Participants told us about the importance of including female friends and family members in classes to avoid contradictory advice, separate classes for husbands and male family members, and knowing their rights as pregnant people in the UK.

5.13 Targeted Antenatal Health Visiting contacts

5.14 Since August 2025, Camden's Health Visiting team have increased their offer of an additional targeted antenatal appointment. On receipt of the antenatal data from CNWL, the Early Years and Family Hubs Service data team identifies indicators for risk of poorer outcomes. These include known to the Welfare Rights Team, known to social work, living in a high deprivation area (IDACI), and previously taken up 2 year Free Entitlement. Since the start of the project, a total of 157 families have been referred to health visiting for an antenatal visit, with 141 (90%) families contacted. The content of the contact is based around the Healthy Child Programme, and include mental health screening, and the Togetherness course (Understanding your Baby and Understanding your Child's Behaviour).

5.15 Key areas of actions 2026/27

- Support implementation of a maternal nutrition leaflet focused on healthy eating and exercising safely during pregnancy. This will be distributed across maternity units in NCL for onward sharing with pregnant people.
- Support delivery of the NCL Maternity Equity and Equality Action Plan by working with commissioning, Early Years and maternity colleagues to drive actions to increase support for women and birthing people at risk of worse outcomes. This will include enhanced community-based peer support for pregnant people.
- Implement recommendation within the PNMH and PIR JSNA, beginning with piloting the use of an evidence-based screening tool in a UCLH Community Midwifery team to identify women at greatest risk of worse PNMH outcomes.
- Continue to develop the targeted approach to establishing the HV antenatal caseload, including refining the process and evaluating impact.
- Convene a maternity and early years Community of Practice to establish stronger working relationships and more integrated pathways between services.

- Complete a maternal health data profile to enable better oversight of maternity care
- Better integrate support for transition to parenthood through active projects:
 - Establishing maternity booking appointments in the Family Hubs.
 - Reviewing and streamlining perinatal referral pathways.
 - Convening MDTs (multidisciplinary team meetings) with community midwifery team leaders to support earlier referrals to the Health Visiting and Family Hub antenatal and postnatal offer.
 - Joint delivery of antenatal education with Family Hub staff, health visitors and Camden Baby Feeding Team.
 - Further develop father-inclusive practice.

6 Maternity and Smoke Free campaign

6.1 Context, inequalities and intersectionality

6.2 Smoking during pregnancy increases the risk of some complications including stillbirth, miscarriage and sudden infant death. Babies born to mothers who smoke are more likely to be born prematurely and are at increased risk of birth complications. Parental smoking after birth is associated with a three-fold increase in the risk of sudden infant death. Smoking is also a major cause of health inequalities, with smoking rates among pregnant teenagers, and people living in more disadvantaged parts of the country, being considerably higher than in older, less deprived groups. In 2025/26, 79 Camden mothers were smoking at the time of delivery, the fourth highest rate in London.

6.3 Progress in 2025/26

6.4 North Central London ICB (now part of NHS West and North London ICB) has been implementing the NHS Long Term Plan recommendations to bring stop smoking services within maternity trusts since 2022. Data at borough level (residence) are currently not available.

6.5 Pregnant smokers in North Central London (NCL) have access to an in-house trust maternity tobacco dependence service. The service achieves greater than 98% screening supported by greater than 95% carbon monoxide monitoring, providing a strong pathway. The number of successful 4-week quits among NCL inpatients has increased year-on-year and prior to the merger NCL was one of the highest performing ICBs in London. Services are successfully reaching populations most impacted by tobacco-related harm. Acute settings show the highest quit success among the most deprived quintiles and Black ethnic groups.

6.6 All NCL maternity trusts have been participating in the National Smokefree Pregnancy Financial Incentive Scheme. This scheme aims to keep people engaged with the tobacco dependence service throughout pregnancy and to remain smoke-free in the months immediately following delivery. The scheme is funded by the Office for Health Improvement and Disparities (OHID).

6.7 Camden is working in partnership with NHS West and North London ICB to pilot the use of vapes (e-cigarettes) with pregnant smokers. There is strong and growing evidence, including systematic reviews of clinical trials, and consensus across the UK's leading health organisations, that vaping is substantially less harmful than

tobacco smoking although it is not risk-free. NCL is extending the pathway by collaborating with health visitors to support post-partum relapse prevention and promote smokefree homes. Our community stop smoking service, Breathe, offers level one stop smoking training (very brief advice) to health visitors and Family Hub staff to support identification and referral into services.

6.8 Key areas of action for 2026/27

6.9 An evaluation of stop smoking services in secondary care in NCL has identified the following areas for action in maternity services:

- Investigate the high attendance rates at North Middlesex (98%) and consider applying these specific engagement protocols and clinical workflows to lower-performing trusts such as UCLK (45%).
- To expand the “Swap to Stop” vape scheme, consider standardising the offer of e-cigarettes across all maternity units to provide a consistent harm-reduction tool alongside traditional nicotine replacement therapy.
- Explore opportunities to adapt and consistently offer the smokefree pregnancy model to partners of expectant mothers across all trusts to improve household quit success.
- Consider targeted outreach for younger pregnant women and those in deprived areas who show the highest initial prevalence but face the greatest barriers to sustained quitting.

7 Family Hubs

7.1 Context, inequalities, and intersectionality

7.2 The Family Hub programme was launched in 2022, and Camden was one of 75 Local Authorities (LAs) awarded the Family Hub grant to deliver a range of services to local families under 6 funded strands. Camden’s strong history and continued commitment to prevention and early intervention meant that we were able to build on existing services to develop a comprehensive Family Hub programme.

7.3 In 2025 the Government confirmed funding for Family Hubs for a further 3 years and published [Giving Every child the Best Start in Life](#), a new strategy setting out expectations for how Local Authorities can, through the Family Hub programme, contribute to the Opportunities Mission to break the link between background and success.

7.4 To further emphasise the importance of this work, all LAs were set new statutory targets for the proportion of children who reach a good level of development (GLD) at the end of reception. Similar to most other LAs Camden is expected to achieve a 9% increase in the percentage of children reaching GLD by 2028. This is a stretching target and, although the trajectory for Camden children is positive, we will need to go further and faster to achieve the required improvement. A map of Camden’s Children’s Centres and Family Hubs is available in **Appendix 2**.

7.5 Progress in 2025/26

7.5.1 Equity and inclusion

7.6 Camden’s Best Start in Life strategic plan was published in March 2026, setting out the approach to reducing health inequity and reducing the gap in attainment between disadvantaged children and their peers. The Early Years and Family Hub Service has

a strong understanding of Camden's under 5 population through our data-sharing agreement with Central and North West London (CNWL), which provides health visiting and school nursing services in Camden. This provides us with a live view of the local pregnancy to age five population, including basic demographic and geographic information and indicators of service engagement. We are using data to identify families who have not accessed support, targeting outreach and service improvements to provide an accessible and equitable service for all.

- 7.7 A Targeted Universalism model has been adopted through establishing the Best Start for Baby programme (enhanced healthy child programme) to support earlier identification of need, alongside workforce development and evidenced-based universal and targeted interventions, and a data driven outreach strategy. The aim is to ensure families who stand to benefit most are supported to access services.

7.7.1 **Good Level of Development (GLD)**

- 7.8 A comprehensive multiagency action plan to support GLD and to meet the government targets by end of academic year 2028 has been developed. The Early Years and Family Hub data team has created a dashboard with all children born between 1st September 2022 and 31st August 2023. This cohort of children will be in reception in July 2028, with the caveat that children move in and out of the borough and may attend a school outside of Camden. This data has been overlaid with indicators that may signify additional need including WellComm screening indicating language delay, limited engagement with services since birth, not taking up early education and ward deprivation data. This enables outreach to families who may be experiencing disadvantage and barriers to accessing support and would benefit from services.

- 7.9 A communications strategy has been developed to reach all children in the 2028 cohort through various channels such as texts via the early years' database and information via school admissions.

7.10 **Perinatal Mental Health (PNMH) parent infant relationships (PIR)**

- 7.11 Work to enhance mental health and wellbeing support in the perinatal period this past year responding to the perinatal mental JSNA has included:
- A new Best Start for Baby Clinical Psychology service has been established, to support easier access to specialist help in Family Hubs, without the need for referrals and to reduce the stigma of asking for help.
 - PMH and PIR referral pathways developed.
 - Ready to Relate (RTR) and PMH training delivered to staff across the Early Years Workforce.
 - Staff trained in Video Interaction Guidance (VIG).
 - Plans developed to promote Infant Mental Health Awareness week.
 - Plans developed to deliver training e.g. Watch Me Play, Mothers Object Relations Scales and Infant Observation.

7.12 **Parenting Support**

- 7.13 Our parenting support offer launched in January 2024, providing evidence-based parenting programmes for all families from pregnancy to age 5 years, in person and online. These include; Togetherness (previously Solihull Approach), Understanding

your Pregnancy (antenatal), Understanding your Baby (postnatal), Understanding your Child's Behaviour (6 months – 5 years) and Triple P for 3-4 year olds.

7.14 Since the launch of the parenting support offer in January 2024:

- 23 antenatal courses (Understanding your Pregnancy), including in other languages to support the Bengali, Arabic and French speaking communities
- 37 Togetherness courses (Understanding your Baby and Understanding your Child's Behaviour)
- 37 Triple P courses in 10 school nurseries and in Family Hubs and nurseries settings.
- In addition, during 2025, one-to-one parenting courses were delivered with 16 parents
- An antenatal Dads course was launched in January 2025

7.15 **Speech and Language in the Early Years**

7.16 To respond to the increasing numbers of children with communication and language delay Camden Kids Talk (CKT) was established, bringing together parents, professionals, and community services to support children's early communication and language.

7.17 CKT is a strategic preventative approach to supporting early language from pregnancy to age 5. Projects include:

- WellComm screening has been introduced across health, education and Family Hub teams to establish a consistent and effective approach to identifying communication and language needs early.
- Early Years staff across sectors have been supported to develop their skills, knowledge and practice to ensure children's communication and language is supported whenever need is identified.
- Work with nursery schools has upskilled Early Years Teachers and improved outcomes for children's early language.
- A Ready for School programme was piloted in summer 2025 in Rhyl School, with high levels of engagement, increased access to Family Hub services, improved children's independence, confidence and transition into school, strengthened parent confidence and capability, enabled earlier identification of additional needs, and increased early help-seeking behaviour and trust in services.

7.18 **Key areas of action for 2026/27**

- Deliver the Your Baby and You pilot for families with children under 1 year, in partnership with the National Children's Bureau. The first group will be delivered in July (universal) and the second in the autumn for Global Majority Families.
- Extend the Ready for School project to include 3 three schools in summer 2026, widening the multi-agency approach, and delivering potty training sessions.
- Establish a programme of outreach to 2028 Good Level of Development cohort of children and their families.
- Continue to strengthen PIR practice through training (e.g. Watch Me Play, Mothers Objective Relations Scales (MORS), Infant Observation), reflective practice models and evaluate the impact interventions

- Continue to develop the joint approach across Family Hubs and Housing to support families with housing needs including housing surgeries delivered in the Family Hubs and co-location of housing staff in the Family Hubs.
- Evaluate impact of Best Start for Baby psychology service.
- Evaluate the take-up and impact of parenting courses.
- Mobilise the Best Start for life Plan with a particular focus on improving school readiness
- Extend the data-sharing agreement with CNWL to include school age children. This will support more effective outreach to school-age children and their families and a deeper understanding of need and engagement across the 0-19 year population.

8 Health Visiting

8.1 Context, inequalities, and intersectionality

8.2 Camden has a diverse and transient population of children and young people, with the fifth largest population churn in the UK due to large migration flows in and out of the borough. The 2021 Census showed 10,000 children aged under 5 living in Camden.

8.3 Health Visiting in Camden forms part of the Early Years and Family Hub Service under a Section 75 (S75) Partnership Agreement, which the Council and Central and North West London NHS Foundation Trust (CNWL) entered in April 2025. As part of this agreement, the Health Visiting Service delivers an enhanced Healthy Child Programme together with the Early Years Service. This consists of delivering up to 8 face-to-face contacts from pregnancy through to age 2-2.5 years.

8.4 The service has a strong commitment to prevention and early intervention and delivers against 7 high impact areas including transitioning to parenthood, perinatal mental health and infant feeding. Assessments are undertaken to identify concerns early including on language and communication development, and targeted support is offered directly or through onward referrals to more specialist provision.

8.5 Progress in 2025/26

8.6 The latest available data shows Camden is the only borough in London performing well across all four nationally mandated postnatal indicators. This means there is high take up of the health visiting offer at new birth visits, 6-8 weeks, 12 months and the 2-2.5 year review.

8.7 In line with other London boroughs, Camden has always delivered very targeted antenatal health visiting appointments to families referred by midwifery services. However, recognising the importance of increasing our reach among families during pregnancy, Camden's new service specification outlines a commitment to reaching 40% of women during pregnancy to offer a comprehensive antenatal offer. This cohort is also likely to be eligible for our Family Hubs Pregnancy Grant.

8.8 Camden is working collaboratively with the National Institute for Health and Care Research (NIHR) to evaluate the reach and impact of our Best Start for Baby Programme, which offers additional contacts at 3, 6 and 9 months, as well as targeted appointments at 15 and 18 months. The research will help to analyse what is working,

which families are not attending opportunities to engage with the service, and make service improvements.

8.9 Staff across health visiting are receiving regular training and supervision relating to the use of evidence-based tools in screening, assessing and supporting identified needs across language and communication, perinatal mental health and ages and stages development.

8.10 Camden is the first borough nationally to mobilise the NHS Health Visitor Immunisations Pathfinder project (more information in Immunisations and Vaccination section). In January 2026 we delivered our first vaccine clinic aimed at children under 5 who have not been vaccinated via routine GP engagement because of vaccine hesitancy and barriers to engagement.

8.11 **Key areas of action for 2026/27**

- Engage more pregnant women from low-income backgrounds on their health visiting antenatal appointment.
- We will further develop the service against the 7 health visiting high impact areas, particularly one around equity, to ensure those families who are likely to most need the service are accessing it. This includes additional interventions and/ or support aimed at those children least likely to reach a Good Level of Development by reception year at an earlier stage.
- Establish the Health Visitor Immunisations Pathfinder project to maximise reach and impact, shape and contribute to the London School of Hygiene and Tropical Medicine and UK Health Security Agency qualitative and quantitative national evaluations, and consider sustainability beyond October 2026.
- Review and update the data-sharing agreement between the Early Years and Family Hub Service and Housing, and develop pathways to enable timely outreach to families in temporary accommodation.

9 **Breast and Infant Feeding**

9.1 **Context, inequalities and intersectionality**

9.2 75% of babies born in Camden who received their 6-8 week check between April 2025 and March 2026 received some form of breast milk up to 6-8 weeks of age (either partially or exclusively breast feeding), compared to 56% nationally.

9.3 White British mothers and birthing people remain the most likely group to initiate breastfeeding but regularly stop before 6-8 weeks, with a disproportionately higher rate (although very low volumes) of Bangladeshi families also more likely to stop breastfeeding before their baby is 6-8 weeks old.

9.4 Mothers and birthing people from more deprived areas of Camden are more likely to initiate breastfeeding but also stop breastfeeding before their baby is 6-8 weeks old.

9.5 100% of families who gave birth in the past year (April 2025 – March 2026) were contacted by the Camden Baby Feeding team and offered breast feeding support.

9.6 **Progress in 2025/26**

- 9.7 The Camden Baby Feeding Service received UNICEF Baby Friendly re-accreditation at Level 3.
- 9.8 The Anya App, a comprehensive support tool for breastfeeding and parenting, was successfully rolled out. It is designed to assist parents during the first 1,001 days of their parenting journey. 977 users have signed up since the launch of the app.
- 9.9 A survey has been sent to all families who have given birth between 18 months and 6 months at the time of sending to continue to progress a deep dive on equity.
- 9.10 There are now 20 volunteer breast feeding support workers supporting Camden families, and 14 further volunteers are currently in the process of completing the volunteer course. The volunteers attend weekly drop-ins and baby bonding sessions.
- 9.11 The Baby Feeding Team now see new parents on the maternity ward at the Royal Free and UCH.
- 9.12 **Key areas of action for 2026/27**
- Camden Baby Feeding Services will be assessed for UNICEF Baby Friendly GOLD in June / July 2026. We plan to apply for Baby Friendly level 3 for the Camden Family Hubs in 2026/27.
 - Embed baby feeding volunteers within existing and established services across Camden, such as baby bonding classes and local homeless hostels.
 - Complete data analysis from the Equity Deep Dive to inform the development of an Infant Feeding Strategy for Camden in 2026/27.

School aged Children and Young People

10 **School Nursing Service**

10.1 **Context, inequalities, and intersectionality**

- 10.2 The Camden School Nursing Team, delivered by CNWL, support the health and wellbeing of children and young people attending mainstream schools across the borough. The team lead delivery of a wide range of preventative activities under the national Healthy Child Programme, including the National Child Measurement Programme, school entrant health reviews, safeguarding health reviews and supporting children with long term medical conditions.
- 10.3 In February 2026 new national guidance was published outlining the importance of school nursing as the first health professionals children and young people engage with independently. It outlined 4 high impact areas where school nurses can make the biggest difference in improving children's outcomes. They cover children's physical and mental health, safeguarding, helping children make transitions and keeping them safe.
- 10.4 **Progress in 2025/26**
- 10.5 Across the most recent academic year (2024/25), the school nursing service completed 95% of school entrant health reviews (HR4s) for reception children

(compared to 98% in 2023/24). In the autumn term 2025/26, 33% of HR4s were completed demonstrating this may be on track to go back up this year. In addition, slightly more children completed the vision and hearing screening this autumn compared with the same time last year (3% increase).

10.6 In 2024/25 95% of eligible children were measured at state-maintained schools in Camden as part of the National Children Measurement Programme, compared to 96% in 2023/24.

10.7 By July 2025, there were 3,652 children alerted to the School Nursing Team as having a long-term medical condition such as asthma, diabetes and allergies. This is significantly higher than at the same time last year and requires further exploration. One reason for the increase could be due to schools getting better at identifying and providing medical information to school nursing about children in their schools with long-term medical conditions, following related training delivered to them.

10.8 The team plays a key role in ensuring the safety of children by following up on red and amber Emergency Department (ED) attendances. By reviewing ED summaries, they identify any exacerbations of medical conditions, safeguarding concerns, or support required for a new clinical diagnosis. In 2024/25 they received 772 ED notifications and responded to 614 red and amber notifications, which is similar to previous years. A common reason for follow up required by the team is acute self harm/ mental health. For these children the team maintains regular contact in school offering empathic listening, motivational interviewing and facilitating referrals to specialist support services.

10.9 Over 50% (30 schools and 197 school staff members) provided feedback on their engagement with school nursing services during the last year. Overall schools gave very positive feedback on communication, effectiveness and care planning. A high proportion (97%) of staff said they would recommend the service to colleagues and families.

10.10 **Key areas of action for 2026/27**

- Complete a comprehensive review of the school nursing service to better understand its effectiveness, reach, impact, and how to optimise how the service supports a range of Camden priorities e.g. to improve school attendance. We anticipate beginning to introduce improvements in the 2027/28 academic year (subject to findings and scale of recommendations).

11 **Sexual and Reproductive Health and Healthy Relationships**

11.1 **Context, inequalities, and intersectionality**

11.2 Camden's young people's sexual health services are jointly commissioned with Islington Council and delivered by Brook in partnership with CNWL. The service operates across two main sites; Brook Euston and Archway Sexual Health Centre. It provides sexually transmitted infection testing and treatment, access to contraception, health advice and counselling. In addition, the service provides clinical outreach at several key sites in the borough and works with schools, youth and education settings to provide Relationships and Sex Education (RSE).

11.3 Barriers to quality RSE are common in young people whose attendance is inconsistent and in those with SEMH (socio/emotional and mental health) and/or additional needs (including autism and learning disabilities).

11.4 **Progress in 2025/26**

11.5 The past year's work has focused on embedding the Sexual Wellbeing and Reproductive Health action plan, especially ensuring clear progress around inequalities and intersectionality. Our provider Brook focused on:

- Increasing RSE sessions in 16+ education settings and organisations to ensure young adults can find support to navigate healthy and safe relationships, experience good sexual health and understand how to get help if they need it. Capital City College (King's Cross) received 7 sessions reaching over 200 students and similar number of sessions and attendees were recorded for the Islington based college
- Brook also offered 4 sessions to 38 young people attending the New Horizon Youth Centre where the majority are Unaccompanied Asylum Seeking young people, and delivered 4 sessions for a total of 37 young people at the Arts Xchange (previously WAC Arts) offering post 16 education to vulnerable young people who have very few or no previous qualifications.
- Identifying, reaching out to and delivering targeted sessions for less represented communities in the service (such as young males from global majority backgrounds and young people with additional needs).
- Increasing outreach to Camden CYP services working with secondary school age to build a consistent and evidence-based approach to sexual wellbeing and relationships and to tackle misinformation on what a healthy relationship should look like with programmes like My Life, a 6 weekly 121 RSE programme tailored to the learning, emotional and mental needs of each young person.
- Developing a similar offer for voluntary and community sector (VCS) organisations working in Camden Youth Sector to develop a community of practice that can function as a helpful sounding board for practitioners.

11.6 Brook and Camden School Nursing service have successfully linked up and better partnership working has started. As of January 2026, Brook offers placements to CNWL school nursing students to strengthen partnership working and support consistent sexual health messaging for young people

11.7 In light of the release of the New Relationships and sex education (RSE) guidance in September 2026, Brook has updated their RSE Guidance Course 'How to Deliver Relationships and Sex Education' to align with the new framework. The course supports teachers as they prepare for September 2026 when the new guidance comes into effect.

11.8 Health and Wellbeing has been working with Camden Learning to review and update the Camden primary Personal, Social, Health & Economic (PSHE) education scheme of work to ensure it reflects updated Relation and Sex Education guidance and local insight. It's due to be launched in the Autumn term, with plans to develop a framework for secondary schools.

11.9 A review of C-Card has led to the development of a New Condom Distribution Service (CDS) for young people under 25 years old which launched on 1st April 2026. The review was carried out by engaging young people, health workers and wider youth sector to find out what barriers they experience with C-Card scheme. Evidence indicates that a less admin-heavy system would help to reach more young people and engage a higher number of outlets for distribution.

11.10 Brook has increased their publicity and outreach to ensure better access to their My Life programme who face barriers to accessing quality RSE. Teachers and practitioners have also reached out to Brook to receive bespoke sessions on emerging themes like toxic masculinity, the impact of pornography on sex and relationships and misconceptions around hormonal contraception. This includes Camden Fostering Team, Camden Youth Detached team and a number of Special Educational Needs and Disabilities Coordinators (SENDCos) across Camden secondary schools.

11.11 Brook will continue to work on expanding access to clinics and their offer (such as counselling, My Life 121 RSE programme) to the most disadvantaged young people in Camden via targeted interventions with VCS partners, youth and Early Help teams.

11.12 **Key areas of action for 2026/27**

- Public Health is trialling the introduction of a Women and Girls Wellbeing Nurse within our Integrated Sexual Health team at CNWL to address the following needs identified in our review of sexual wellbeing and reproductive health:
 - Impact on girls' school attendance due to period related issues by connecting with Camden School Nursing Team and our young people's provider Brook.
 - Inequalities in access to contraception and increase women's ability to plan their pregnancies by increasing access to Long-Acting Reversible Contraception and other forms of contraception, through outreach approaches in Neighbourhoods including Family Hubs.
 - Access to wellbeing information, advice, guidance and support for women and girls, with a particular focus on menstrual and gynaecological health especially in underserved communities such as Black and South Asian women.
- Embedding and measuring impact of the new Condom Distribution Service for both young people and outlets of condoms distribution.

12 **Youth Vaping**

12.1 **Context, inequalities, and intersectionality**

12.2 The Tobacco and Vapes Act came into law on the 29th April 2026, and includes measures to create a smokefree generation and protect children from vapes and other nicotine products. As of the 1st January 2027 the UK will begin phasing out the sale of tobacco products to anyone born after 2008. The Act will prohibit advertising of vapes and other consumer nicotine products and gives the government powers to regulate their branding, packaging, contents and display.

- 12.3 The most recent Camden health related behaviour survey found that 8% of Year 8 and Year 10 pupils were occasionally or regularly vaping, mirroring national patterns where vaping now exceeds regular smoking among young people.
- 12.4 Healthwatch Camden's [Your Voice, Your Health – Vaping report \(2024\)](#) shows that many young people view vaping as less harmful than smoking, socially acceptable, and a coping mechanism for stress and anxiety, despite expressing concerns about addiction and long-term health impacts. The report also found that young people in Camden report easy access to disposable vapes, often through informal or illegal retail channels, despite age of sale laws. Dense retail environments and proximity to transport hubs increase exposure to vape marketing and availability.
- 12.5 Camden aligns with the [London Youth Vaping Position Statement](#), led by Directors of Public Health, which emphasises prevention, enforcement, consistent messaging, and action on the commercial determinants of health
- 12.6 Progress in 2025/26**
- 12.7 We are working with Trading Standards and have implemented a programme of inspections targeting venues known for selling illicit vapes in Camden Town, Cricklewood, Kilburn and Finchley Road, Gospel Oak. Police & Trading Standards intelligence and resident intelligence shows these venues are more likely to sell illicit vapes and to minors. Trading Standards have identified other hot spots in Finchley Road, Mill Lane, whilst Queens Crescent persists as an area requiring further enforcement intervention. 242 inspections resulted in 21 sales to under 18 year olds, and over 7000 illegal or illicit vapes have been seized by trading standards.
- 12.8 A responsible retailer scheme aimed at providing retailers with the tools they need to comply with laws regarding age restricted products has been established. The program not only tackles health education on vapes but extends to tobacco, knife, corrosive substances and alcohol. 48 retailers signed up in 2025/26.
- 12.9 A vaping cessation pilot programme targeting young people developed in partnership with colleagues from CNWL Addiction Services launched in the Parliament Hill in May 2026. This will provide pupils who are caught with vapes or who have developed an addiction to nicotine vapes with support to reduce or quit vaping.
- 12.10 Key areas of action for 2026/27**
- Learnings from the vaping cessation pilot will inform future decisions regarding vaping cessation services targeting young people.
 - Distribute and promote a vaping leaflet for schools developed by Breathe, Camden's Stop Smoking Service.
 - Continue to deliver education sessions on environmental and health risks of vaping in Camden schools both as part of PSHE curriculum and independent of it
- 13 Drug and Alcohol Use services**
- 13.1 Context, inequalities, and intersectionality**
- 13.2 Camden's young people's drug and alcohol service (FWD) operates within the Integrated Youth Support Service (IYSS) of Camden Council. Although the service is available to all young people living in Camden, there are differences in who accesses

support. This challenge is not unique to FWD, and the following trends are seen across the UK.

13.3 National and local data identifies key underrepresented groups in services, including the LGBTQ+ community and females, who are accessing support at lower rates compared to males.

13.4 Evidence on drug and alcohol use differences by ethnicity among UK children and young people is limited. However, data from adult populations is potentially still relevant as qualitative research suggests that cultural norms and community attitudes towards drugs and alcohol influence behaviour. Data from adult drug and alcohol services indicates people from global majority groups may be less likely to access drug and alcohol treatment services due to a range of barriers such as stigma, lack of awareness of available services, language barriers and mistrust in services stemming from previous negative experiences.

13.5 **Progress in 2025/26**

13.6 During 2025/26 FWD have continued to address areas of service development identified via an ADPH London Sector Led Improvement (SLI) Practice Improvement Framework exercise.

13.7 Progress made against key areas includes:

- Identification of key underrepresented groups requiring targeted outreach, including the LGBTQ+ community and females. FWD has been invited to contribute to the ongoing discussions with the Camden Youth Assembly Board, who are keen to provide regular female safety events in partnership with Violence Against Women and Girls (VAWG). Following the success of their first event earlier in 2025-26, FWD participated by delivering sessions on festival safety.
- Identification of key placements within the Pathways team where most residents are female and a clear need for drug and alcohol (D&A) support was highlighted. FWD will be offering drop-in brunch-club style advice and information sessions for residents as none of the young people have thus far agreed to a direct referral to FWD.
- Proactive engagement with youth hubs and voluntary organisations to promote FWD's tailored offer for specific sub-groups within their services.
- Established a robust referral pathway with the Tavistock Young People's Transgender clinic, leading to numerous referrals. FWD is now a standing member of Tavistock's multi-disciplinary team meetings, with reasonable adjustments made to include FWD under their confidentiality protocols. This allows FWD to consult on cases and facilitate appropriate referrals.
- Continued work to embed screening processes at the point of assessment with the following teams: LAC pathways placement, New Horizon, Engage Team, Youth Justice Service, Youth Early Help, multi-agency safeguarding hub (MASH), Key stage 2 & 3 Pupil Referral Units (PRUs), and The Hive (a free health, wellbeing, and social drop-in service specifically for young people aged 16 to 24 who are connected to Camden).
- Completed a mapping exercise of all schools and contacted those with a low number of referrals to encourage engagement and increase awareness of available support. Similarly, FWD has mapped and contacted universities to

arrange meetings aimed at establishing clear referral pathways and discussing opportunities for involvement during Freshers Week.

- At the start of the new academic year, FWD sent out promotional materials to all schools alongside reminders of available services. Three schools identified in the previous quarter for low referral numbers will receive targeted follow-ups.
- FWD updated the Health and Wellbeing Directory for schools to strengthen visibility and referral pathways. FWD is engaging with alternative education providers to establish pathways for students, offer direct support, and deliver staff training.

13.8 There have been a number of successes for FWD during 2025/26 demonstrated through both their data and new partnership initiatives. All data below includes performance from April 2025 – December 2025 (Q4 data not yet available).

- Number of young people accessing FWD structured treatment (tier 3): 75 young people accessed support (59 in 2024/25). 129 young people have accessed Tier 2 support.
- Successful discharge from structured treatment: on average 90% of young people leave in an agreed and planned way (target 80%).
- Planned discharged users' satisfaction rating: 100% of young people stated they were happy with the service and would recommend the service to others.
- Evaluation of workshops delivery: 98% of young people and parents stated they were happy with the content provided in the workshops.
- 232 professionals have attended training.
- FWD were funded to provide a designated role to engage the most vulnerable young people who are involved in youth violence, exploitation, and criminal behaviour. This role has been funded from the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). Some of the outcomes achieved by this role include:
 - Supporting 39 young people with drug and alcohol needs.
 - Delivered targeted workshops to young people who have self-disclosed as being involved in gang activity.
 - Delivered parent/carer workshops for parents/carers known to the Youth Justice Service, who had children on orders.

13.9 Key areas of action for 2026/27

- Continue developing partnerships with voluntary sector organisations to reach out to parents and young people from global majority groups and the LGBTQ+ community.
- Work with Integrated Youth Support Service and other Children and Family colleagues to ensure service delivery aligns with Social Care Reforms (transformation of Family and Youth Hubs, 0-19 Offer).
- In partnership with commissioners, review service delivery model in light of recommendations made in upcoming young people's drug and alcohol needs assessment.

14 Youth Safety

14.1 Context, inequalities and intersectionality

14.2 There were 110 proven offences by children in Camden in the year ending March 2026, compared to 154 the year before, demonstrating a 29% decrease. In Camden,

violence against the person accounted for 49% of offences committed by children. The second most common offence is motoring at 17%.

- 14.3 The number of Camden children in the Youth Justice System has been decreasing since 2017/18 from 131 receiving a substantive outcome to 49 in 2023/24. However, there was an increase to 61 in 2024/2025, before another reduction this year to 47. The majority (87% of the cohort) are aged 15-17 years old, 94% are boys and 79% identify as the global majority.
- 14.4 **Progress in 2025/26**
- 14.5 Successful recruitment of a Youth Justice Nurse to deliver comprehensive health assessments for children and young people in contact with or who are known to the Youth Justice System.
- 14.6 Successful and maintained engagement from VCS organisations on Trauma Informed Practice in Camden (TIPiC) training as part of a test and learn pilot. This is a multi-agency initiative with 4 phases that aims to better support staff working with vulnerable young people, as well as mitigating the risks associated with vicarious trauma, by rolling out standardised trauma-informed training that develops shared knowledge, language and practice. Educational Psychologists are working with 8 VCS organisations, delivering high-quality trauma training to staff to provide consistent, supportive responses to children who may lack stability and trust.
- 14.7 Work on the Youth Safety Data dashboard has commenced, which aims to consolidate information from across the system and allow for preventative analysis and output.
- 14.8 Approval was granted for the extension to fund Project 10:10 until 2028, whilst expanding the project to a third cohort based at Bourne Estate. This is a peer referral-based youth violence prevention intervention.
- 14.9 A smartphone guidance pack designed to support schools, parents and carers to help children and young people use mobile phones safely and responsibly has been developed. The pack includes a practical guide with clear advice on managing smartphone use, setting health boundaries and supporting digital wellbeing. A phone safety poster to display around schools is also included, highlighting simple tips young people can follow to stay safe online and make positive choices.
- 14.10 A cross council Online Safety task and finish group is being set up, to understand the emerging online safety landscape, explore the impacts of digital harms, and consider how services across the organisation are currently identifying and responding to these issues.
- 14.11 A cross-council Violence Against Women and Girls strategy is also being published, recognising children and young people as victim/survivors and taking a life course approach across its five priorities. Peer support and theatre in education programmes on domestic violence and healthy relationships have been delivered across 10 primary and 8 secondary schools with plans to embed a rolling programme across schools from 26/27.

14.12 Key areas of action for 2026/27

- Expansion of the Youth Justice Nurse pilot which provides comprehensive health screening for all children in the youth justice service to other high-risk cohorts.
- Completion of the 18-month Trauma Informed Practice in Camden (TIPiC) training pilot and evaluation. Upon evaluation and review, if the test and learn pilot is successful, then further rollout will be considered.
- Development of a Youth Safety Data Dashboard for the Youth Safety Taskforce Group to allow monitoring of impact, reach and opportunities for proactive support.

14.13 Development and delivery of CYP specific actions in the VAWG Strategy Implementation Plan to support and respond to children and young people. Proposed strategic priorities include prevention, earlier identification, support for survivors of all ages (including recognising children as victims/survivors of domestic abuse), holding those who harm to account and strengthening partnership working. The strategy takes a life-course and holistic approach to addressing VAWG and will work with partners, including schools and early years settings, to develop and deliver plans that achieve the objectives of each priority area. Emerging areas in the prevention space that have a specific children and young people focus include positive masculinity, safe relationships and online harms.

15 Illness Related Absence

15.1 Context, inequalities and intersectionality

15.2 School absence continues to be a significant issue in Camden. Overall attendance remains below both Inner London and national averages, and persistent absence is higher than national levels. As of Easter 2025, 4,269 pupils were persistently absent (missing 10% or more of sessions), including more than one in four secondary pupils. While attendance has improved since the pandemic, particularly in primary, secondary attendance remains the greatest challenge and places Camden among the lowest-performing areas nationally.

15.3 Illness-related absence is the most common reason given for missing school, accounting for around 60% of primary absence and 47% of secondary absence.

15.4 The Health-Related Behaviour Questionnaire (HRBQ)³ in 2025 found the most commonly self-reported reasons for missing school in the past 12 months were 'feeling a bit poorly' (by 59% of boys and 68% of girls; 'flu and/or temperature' (55% of boys, 57% of girls); 'serious illness or injury' (50% of boys, 41% of girls); and 'medical/dental appointments' (45% of males, 54% of girls). Pupils also reported 'family holiday' (20% of boys) and 'period pain/endometriosis' (35% of girls). Other reasons cited across all pupils were 'emotional concerns' (20%) and 'not feeling motivated/wanting to go to school' (23%).

15.5 The HRBQ also identified additional worries among young carers that are likely to be associated with their lower levels of attendance: 43% of young carers worried about

³ The HRBQ is a health survey that years 5, 6, 8 and 10 complete anonymously at school, answering questions on topics such as healthy eating, physical and mental health, safety and school life. It runs every 2-3 years in Camden. The 2025 survey sampled 20 primary schools and 9 secondary schools, with 2,907 pupils taking part, and as such gives a rich dataset into self-reported health and wellbeing status of Camden schoolchildren.

someone they look after at home vs. 8% of non-carers; 38% of young carers worried about the mental health of someone in their family vs. 19% of non-carers. (Source: 2025 HRBQ Young Carers report).

- 15.6 There is wide variation across Camden schools in levels of absences in terms of rates of illness and medical appointments.
- 15.7 Evidence clearly shows that pupils who attend school regularly are more likely to achieve stronger educational outcomes, experience better wellbeing, and benefit from the stability, routine and support that school environments provide. These patterns are reflected both locally and in national research.
- 15.8 Persistent absence is significantly higher among disadvantaged pupils, including those with SEND, those eligible for Free School Meals or Pupil Premium, young carers, and pupils known to social care. Camden's data shows that even after accounting for deprivation, SEND, social care contact and private education, secondary attendance is still worse than predicted. This suggests that inequalities explain part of the picture and that wider system factors may also be affecting secondary pupils.
- 15.9 These patterns reflect broader intersectional unfairness. Pupils with multiple overlapping vulnerabilities experience some of the lowest attendance rates. Attendance pressures also intensify at key transition points, particularly the move into secondary school, where changes in environment, expectations and support can amplify existing challenges.
- 15.10 School absence in Camden reflects a wide range of interconnected factors at individual, family, school and system levels. These include changing parental behaviours since the pandemic, rising mental and physical health needs, cost-of-living pressures, and pupils' sense of safety and belonging in school. These challenges are further shaped by wider system constraints, including service capacity pressures, workforce challenges in schools, evolving statutory expectations around attendance. Shared ownership across education, health, social care and other partners is necessary in tackling attendance barriers.
- 15.11 Services across Camden are responding with a broad range of attendance support. This includes breakfast and co-curricular clubs to support morning routines, home visits and outreach to re-engage families, referrals into Early Help and wider services, walking buses, access to crisis funds, and the use of dedicated attendance or family support staff to address underlying barriers. Much of this work is relationship-based and focused on early identification of need, recognising that absence is often a symptom of wider pressures rather than a standalone issue.
- 15.12 Despite these efforts, Camden continues to record some of the lowest attendance levels in London. This means that the children most affected by structural disadvantage are also those most at risk of missing out on the educational, social and wellbeing benefits that regular attendance provides. The scale and distribution of absence underline the need for a coordinated, system-wide response that addresses both the immediate drivers of non-attendance and the deeper inequalities that shape it.

15.13 **Progress in 2025/26**

- 15.14 Camden has implemented a package of system wide actions and targeted pilots to strengthen attendance. This includes public campaigns such as Every School Day Counts, toolkits and newsletters for schools, regular data analysis and advice surgeries, direct support meetings with schools, and the appropriate use of legal interventions alongside Early Help, Emotionally Based School Avoidance guidance, specialist Alternative Provision pathways and family support.
- 15.15 Through the Test and Learn programme, Camden has piloted evidence informed interventions, including a parental text messaging campaign that showed a small but statistically significant improvement in primary school attendance and will now be extended to test in 2-3 secondary settings. The Team Around the School pilot brought together schools, Early Help and Family Hubs to provide coordinated support for pupils with emerging persistent absence and will be rolled out to two further schools from the summer term.
- 15.16 Camden has invested in place based and thematic initiatives, including work on pupil belonging with the University of Sussex and the Return to Learn programme delivered through the Brandon Centre. Return to Learn has shown positive early outcomes, and funding has been extended for a further year in two secondary schools.

15.17 Key areas of action for 2026/27

These respond to the drivers, inequalities and system challenges set out above, with a focus on secondary attendance, and the pupils more affected by structural disadvantage.

- Roll out and promote a Schools Health Booklet and other resources to ensure schools, parents and professionals understand what support is available to address the underlying health and wellbeing barriers to attendance for children and young people, and how to access it.
- Review the impact and value-for-money of existing attendance-focused programmes (e.g. Team Around the School and Return to Learn) and scale those shown to be effective, targeting schools and communities with highest need.
- Team Around the School brings together multidisciplinary expertise and system knowledge from across mental health, SEND support, Early Help and health, enabling schools to build their confidence, knowledge and relationships with teams that can support the wider and sometimes complex issues underpinning school absence. Having been piloted in primary schools with positive outcomes, it is now being adapted and trialled in secondary, targeting two schools (Haverstock and Hampstead) over the next two terms. The emphasis is on systemic development, improving holistic understanding of school absence, and increasing access to support across the system, with the aim of building sustainability so that schools can continue to improve once the pilot ends.
- Return to Learn focuses on developing staff confidence, building relationships between home and school, and supporting parents. The programme has been recommissioned to work with two further schools this year.
- An additional Attendance Improvement Officer will be recruited at Camden Learning from September to work with schools on understanding and acting on their individual data patterns, oversee the rollout of Team Around the School to all priority schools over the next year and a half, and support an attendance network for schools to share good practice.

- Launch poverty proofing approaches in schools and early years settings, responding to cost-of-living pressures and the higher rates of absence among pupils eligible for Free School Meals or Pupil Premium.
- Strengthen identification of young carers within schools and ensure consistent data across systems, linking attendance work to the developing Young Carers Strategy.
- Complete and evaluate pilots of the Emotionally Based School Avoidance (EBSA) toolkit and prepare for wider implementation across schools.
- Undertake a systematic review of published evidence to inform Camden's approach to reducing illness-related absence, strengthening a currently limited evidence base. This review is being carried out by an MSc student at a partner university and will be completed by early autumn. A second student is examining the HRBQ self-reported reasons for absence to identify associations with other indicators of school experience, helping us to target work with schools.
- Develop more granular, mixed methods data to better understand patterns of illness absence, including long term conditions, mental health, SEND, menstruation and parental perceptions of illness. Department for Education (DfE) Similar Schools data packs will be released every half term, enabling schools to pinpoint the incremental gains they can make to improve overall attendance. Health and Wellbeing and Camden Learning will also continue to work with schools and MIS providers to improve consistency of illness coding and identify areas for qualitative insight and focused actions. Additional capacity within Camden Learning has been allocated from September to work proactively with school data.
- Strengthen work on online safety and bullying as contributors to emotional distress and school absence.
- Embed health education within the Camden PSHE curriculum, including menstruation, health literacy and self-management of conditions, so that pupils are better equipped to manage the most commonly reported illness drivers.

Across the CYP life course

16 Children Looked After and care experienced young people's health

16.1 Context, inequalities and intersectionality

16.2 "We promise to support you in adopting a happy and healthy lifestyle and to help you navigate how you feel and life's ups and downs, ensuring your health and emotional well-being needs are met." ([Camden's Corporate Parenting Strategy, 2025-28](#)).

16.3 We know that children looked after (CLA) and care experienced young people's health outcomes are at risk of poorer physical and mental health outcomes when compared with their peers. Identifying needs early and ensuring support is available for our CLA and care experienced young people is an important part of our offer to young people.

16.4 Progress in 2025/26

16.5 Provisional data on Initial Health Assessments (IHAs) and Review Health Assessments (RHAs) for 2025/26 indicates:

- 66% of IHAs took place within 20 working days (compared with 68% in 2024/25).

- 90% of Review Health Assessments (RHAs) were completed by the due date, within this:
 - 92% of six-monthly RHAs were completed on time (for under 5s)
 - 88% of annual RHAs were completed on time (for over 5s)
 - This compares with 89% of RHAs completed by the due date in 2024/25.

16.6 **Young People's Supported Accommodation Pathway Recommissioning**

16.7 A programme of improvement work has been undertaken to strengthen Young People's Supported Accommodation Pathway as part of recommissioning. This includes the development of a new operational Service Level Agreement (SLA), the introduction of independent life skills modules, and the creation of refreshed branding and a pathway booklet. Young people with lived experience, providers, and key stakeholders have been engaged to shape priorities, ensuring the pathway is responsive, trauma informed, and aligned to need.

16.8 **CLA Health Tracker and Follow-up for Care Experienced Young People**

16.9 Alongside statutory health assessments, a 'Health Tracker' is maintained and details actions that are required to meet the health needs of children and young people (identified via their IHAs and RHAs). The Health Tracker is reviewed and updated by the Health Improvement Practitioner daily, as well as by the wider CLA health team monthly. Referrals to other services (such as the infectious disease clinic, sexual health screening, dentistry, dermatology, endocrinology, genetic testing, audiology, and speech and language) are routinely monitored and followed up. Unaccompanied asylum-seeking children make up more than a sixth of Camden's CLA population and face additional challenges in accessing healthcare. The Health Improvement Practitioner works closely with the Respond refugee service at UCLH and placements to support attendance at health appointments for this vulnerable group.

16.10 Discharge summaries are completed for all children leaving care, highlighting any outstanding health needs to the child's social worker and GP. For those that have left care because they have turned 18 years old, a personal health record is sent to them and a follow-up phone call is made by a specialist nurse to the young person after 6 months.

16.11 **Dental Checks**

16.12 The Healthy Smiles project remains available throughout London to support access to NHS dentists for children looked after and young people. The CLA Health team also work closely with local semi-independent placements and the Camden Pathways team to ensure that the most vulnerable young people are supported to attend their appointments.

16.13 **Immunisations**

16.14 The Health Improvement Practitioner, supported by the nursing team, has looked closely at the dynamic cohort of Camden CLA that were not fully protected throughout the year, and helped achieve immunisation rate for MMR in excess of 95%.

16.15 **Mental Health**

16.16 The remit of Camden's Growing With You team (previously the Looked After Children CAMHS Team) has developed over recent years. A multi-disciplinary team co-located with Camden social work and including CAMHS psychiatry, clinical psychologists and drama and art therapy, their work now supports unaccompanied asylum-seeking children and care experienced young people up to the age of 25. This provision supports those care experienced young people who engage with mental health services or seek a diagnosis after the age of 18, easing the transition to adult mental health support.

16.17 **Key areas of action for 2026/27**

- We will support the recommissioning of the Young People's Supported Accommodation Pathway, Alongside this, we will strengthen joint working with housing and partners to improve move-on planning, reduce delays, and expand access to suitable accommodation options for young people.
- Growing With You has joined with The Hive to facilitate mindfulness sessions for children looked after (over 16s) in the summer of 2026.
- Growing With You will continue to securely embed their work with the care experienced in the third year of the provision.

17 **Health and Wellbeing of Children with SEND (Special Educational Needs and Disabilities)**

17.1 **Context, inequalities and intersectionality**

17.2 The February 2024 all-school census shows that 4% (1,219) of Camden pupils had an Education, Health and Care Plans (EHCP), and 14.5% (4,438) were in receipt of other school Special Educational Needs (SEN) support. The Borough caseload⁴ of EHCPs in 2024 was 1,582; there were 180 new plans issued in 2023 compared with 131 in 2022, with most growth among primary-age children.⁵

17.3 Combined with a falling school roll overall, the steady growth in identified SEND will challenge all universal settings to meet a greater mix of needs. There is evidence of intersectional disadvantage among our SEND cohort, who are over-represented within the most deprived quintiles, among children missing school, and who are more likely to have mental health difficulties. The 2024 Camden SEND Joint Strategic Needs Assessment found evidence of ethnic disparities in identification, and later identification in girls.

17.4 The Autism and Autism & ADHD diagnostic pathway is delivered within MOSAIC, which is a multi disciplinary (MDT) integrated health service for children and young people with disabilities, and their families. Demand for neurodevelopmental (ND) diagnostic assessments has grown significantly in recent years (mirroring national trends) and now exceeds available capacity. This has resulted in very long waiting times:

- February/March 2026, Under 5s: 15 months from referral to start of assessment
- February/March 2026, Over 5s: 21 months from referral to start of assessment

⁴ Camden residents, some of whom attend school out-of-Borough

⁵ explore-education-statistics-service.gov.uk

17.5 Camden operates a needs led model of support to children with SEND. The Baby, Children and Young People's Occupational Therapy and Physiotherapy service has a tiered model of universal, targeted, and specialist support irrespective of diagnosis. Camden Speech and Language Therapy (SLT) is a whole system service that supports children and young people's communication by working across their entire network; home, Family Hubs, early years settings, schools, colleges and in the youth justice system using a needs led approach.

17.6 **Progress in 2025/26**

17.7 A separate annual report on SEND is presented to the Children, Schools and Families Scrutiny Committee and this update focuses more on progress on areas related to health and wellbeing and early identification.

17.8 **Neurodevelopmental Disorders**

17.9 Additional investment has been made within Neurodevelopmental Diagnostic Services to increase capacity and reduce the backlog. Pathway improvements include:

- Participation in NCL transformation work to standardise pathways, processes, and systems, improving throughput and strengthening data collection and reporting.
- Introduction of a short assessment pathway within CDT.
- Implementation of a meaningful contact for all families on the waiting list, providing information on resources and support while awaiting assessment.

17.10 Following the NDD Summit in May 2026, the recommendation is to shift towards a Neurodevelopmental Profiling Approach. This represents a significant change in practice:

- It is multi agency, needs led, and not dependent on diagnosis.
- It focuses on understanding a child or young person's functional profile, strengths, and support needs.
- It aims to ensure timely access to help, reduce reliance on diagnostic bottlenecks, and better meet the needs of CYP and families.

17.11 **Speech and Language Therapy**

17.12 SLT has supported the embedding of the WELLCOMM language and communication screening tool in one year developmental health visiting reviews as part of Best Start in Life, and through the Camden Kids Talk initiative have devised a communication pathway for universal, targeted and specialist support. This has resulted in early identification of children under two to specialist pathways and increased support at targeted level via evidence based approaches in Family Hubs.

17.13 **Meeting Predictable Needs Toolkit**

17.14 Camden has launched its new, co-designed school age Meeting Predictable Needs Toolkit, replacing the borough's previous Ordinarily Available Provision resources. Launched in December 2025 as an interactive, web based resource, the Toolkit significantly strengthens consistency and clarity in how predictable SEND needs are identified and met across Camden. Developed collaboratively with school leaders, SENDCOs, professionals and parents, and shaped through borough wide workshops, a dedicated multi agency working group and public consultation, the Toolkit provides a practical, accessible and evidence informed framework to support inclusive practice.

- 17.15 We are now actively supporting schools to embed the Toolkit through structured practice sharing and the development of illustrative case studies. In parallel, development of an Early Years version of the Toolkit is underway, with publication planned for late 2026.
- 17.16 Provide sensory packs and books for children with SEND in the Family Hub reception**
- 17.17 We have improved the accessibility of Family Hub environments through the introduction of sensory support bags and the expansion of inclusive book collections across all hubs.
- 17.18 Sensory support bags were piloted in Agar and Kilburn Grange Family Hubs in June 2025 and were subsequently rolled out to all five Family Hubs by March 2026. The bags are available at reception for children attending appointments and include items such as ear defenders, weighted lap pads and sensory toys to help reduce anxiety and support regulation during visits. Alongside this, SEND and inclusive children's books have been purchased and placed in Family Hub entrance areas and waiting spaces, ensuring families see positive representation of neurodiversity and disability.
- 17.19 Promote and deliver "quiet" stay and play sessions for children 0-5 years with SEND**
- 17.20 We introduced 'Step In and Play', reduced number stay and play sessions to bridge the gap between universal stay and play provision and more specialist SEND support. The sessions were piloted at Kilburn Grange Family Hub in January 2025 and are delivered weekly, co led by Early Childhood Workers and Early Years Inclusion Team practitioners. Promotion has been targeted through Family Hubs, specialist health visitors and the CDT waiting list, with plans to expand the model to Agar Family Hub in May 2026. These sessions support earlier engagement, build parental confidence, and help families access universal services in a way that feels safe and manageable.
- 17.21 Establish peer support in the Family Hubs for parents with children with SEND to support their wellbeing**
- 17.22 We have strengthened peer and parent support across Family Hubs by developing a joined-up offer that combines informal peer connection with structured SEND information and guidance. Early Years SEND coffee mornings were successfully piloted in July 2025, bringing parents together in a relaxed environment with themed inputs such as autism understanding, play, sleep and communication. These sessions are now embedded as a termly offer, with rotating SEND specific focuses and contributions from partner services including health and voluntary sector organisations.
- 17.23 Alongside this, a wider parent support offer has been expanded, including Autism Education Trust parent training, and 'Local SEND Resources' sessions that connect families directly with local SEND services. Parent Champions have also received SEND specific training to enable peer led support within communities.

17.24 Rollout of the PINS (partnership for inclusion of neurodiversity in schools) programme in 4 further schools in Camden

17.25 The Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme operated across four Camden primary schools in 2025/26. A joint initiative between the Department of Health and Social Care, the Department for Education and NHS England, the programme aimed to strengthen mainstream schools' capacity to identify and meet the needs of autistic and neurodivergent children, working with integrated care boards, the local authority, schools and parents/carers. Specialists from both health and education are deployed to upskill schools and build their capacity to identify and meet the needs of children with autism and other neurodiverse needs. We offered the half-termly surgeries on site with a Multi-Disciplinary Team (MDT) comprised of an educational psychologist, speech and language therapist and occupational therapist to discuss school-wide, class-wide or individual needs pertaining to the inclusion of neurodivergent pupils using an 'experts-at-hand' model. In doing so we were able to offer a very bespoke package to each school based on their current identified needs and build capacity, understanding and confidence with those working directly with neurodivergent pupils.

17.26 Rebuilding Bridges

17.27 Rebuilding bridges was strengthened and embedded following learning from the DfE funded pilot. A revised business as usual service model was established, providing coordinated multi agency support for children and young people with SEND and mental health needs who were experiencing school avoidance, with a clear focus on supporting re engagement with education. The pilot was successfully integrated into the Early Help offer, with mobilisation of a revised service model that prioritised earlier intervention. Delivery was undertaken in close partnership with Early Help, Educational Psychology, the School Inclusion Team, Child and Adolescent Mental Health, RFHS and Children's Commissioning, strengthening joint working and improving access to timely, joined up support for families.

17.28 Key areas of action for 2026/27

- Camden's key focus will be to respond to the Schools White Paper through the development and delivery of Camden's Local SEND Reform Plan. This will be a local authority led, partnership approach, working closely with health and education partners. Camden will implement its Experts at Hand model in schools, as a key local delivery mechanism aligned to national reform. This will provide earlier and more coordinated access to specialist support, including Educational Psychology, Speech and Language Therapy and Occupational Therapy, and build on existing local strengths such as the Early Years Inclusion Team model. Together, this supports a continued consistent, needs led approach across the system.
- Standardisation of pathways for non-speaking neurodivergent children in mainstream schools including access to AAC.
- Joint working between MOSAIC, Royal Free, and Camden Child and Adolescent Mental Health Service (CAMHS) to develop a Camden wide combined ASD/ADHD service. Alongside this, a pre and post diagnostic workstream across the partnership to review current provision and plan for enhanced support.
- Improve school-based support for pupils with SEND and their families, expanding pupil voice activity (Years 4–6), continuing to scale SEND Surgeries in schools,

providing transition support for post-16 (Year 10/11 EHCP), and maintaining 16–25 virtual drop-ins (“My SEND Space”).

- Trial approaches to respond to the intersectionality between school non-attendance, emotion-based school avoidance (EBSA) and SEND (see illness-related absence section), Camden has further developed the Team Around the School model to include SEN caseworkers and Educational Psychologists, providing direct specialist support, working systemically with schools, and building staff knowledge and confidence. Haverstock and Hampstead secondary schools will pilot the enhanced model from the summer term to January 2027.
- A new EBSA group facilitated by Health and Wellbeing will bring different pieces of work together for strategic oversight, mapping and developing against the Thrive Mental Health framework.
- Further development of how family support can complement mentoring and educational psychology, strengthening integrated approaches to achieve successful and sustained educational reintegration outcomes within rebuilding bridges.
- As part of the Youth Mission Pathways to employment for young people with SEND/ EHCPs, build on the Public Health evidence review and framework through the SEND Employment Forum, which has just restarted and is refreshing their action plan for 2026/7 and beyond.

18 Child Death and Child Death Overview Panel (CDOP)

18.1 Context, inequalities and intersectionality

18.2 Since 2020/21, there have been around 12 child deaths per year in Camden. Learning from modifiable factors arising from these and child deaths in the other North Central London (NCL) boroughs is discussed at the NCL Child Death Overview Panel (CDOP) to establish trends and identify inequalities and learning.

18.3 Since 2020/21, the rate of child deaths across NCL has slightly but not significantly increased (from 23.0 per 100,000 to 28.7 in 2024/25). The rate remains similar to the four-year NCL average (27.2 per 100,000).

Over half (59%) of NCL child deaths in 2024/25 were in children aged under 1 year, 62% of which occurred in the first 27 days of life. In Camden, 66% of child deaths were children under the age of 1, of which 61% occurred in the first 27 days of life.

- Child deaths (1-17 years): Between 2020/21 and 2024/25, the NCL child death rate was highest for children aged 15-17 years (21.1 per 100,000). This was significantly higher than the rate for those aged 10-14 years (8.2 per 100,000) or 5-9 years (7.8 per 100,000). A similar distribution of child deaths was observed in Camden, although differences between the age groups were not significant.
- Child deaths (0-17 years) by sex: The NCL child death rate between 2020/21 and 2024/25 was higher in males (30.5 per 100,000) compared to females (23.3 per 100,000), however this difference was not significant. A similar, non-significant pattern was observed in Camden (32.8 per 100,000 males, 24.5 per 100,000 females).

18.4 Progress in 2025/26

18.5 NCL CDOP has improved its documentation and reporting practice. Improved surveillance practice is evident in the improved quality of analysis available in this

year's annual report. NCL CDOP reports into the NCL Mortality Group and the Population Health Management group on a quarterly basis.

18.6 Camden delivered an NCL First Aid campaign by creating webpages that bring together key messages and training resources. In Camden these pages were promoted to parents/ carers and professionals who work with children, through channels such as social media, newsletters and digital boards, and other NCL boroughs will do the same.

18.7 All NCL boroughs deliver different work to support widespread delivery of safer sleeping messages. Camden is developing a plan to provide more tailored safer sleeping support for families living in temporary accommodation and overcrowding.

18.8 Evidence from the NCL annual child death report has been fed into the NCL Mental Health Strategic Needs Assessment.

18.9 **Key areas of action for 2026/27**

- Undertake a rapid evidence review and interviews with professionals to develop recommendations for NCL CDOP to improve uptake of genetic services offered to consanguineous families, and identify any opportunities for prevention.
- The NCL CDOP report identified several core themes which remain year on year. We propose a three-year strategic programme of multi-agency work, initiated by themed appreciative enquiry workshops, co-hosted by local government and NHS leads.
 - 2026 priorities: Poverty Proofing and Stigma Reduction (Directors of Public Health to lead), Domestic Abuse (Directors of Children's Services to lead)
 - 2027 priorities: Structural Racism and Inequality (Directors of Public Health to lead), Mental Health Support (ICB Directors to lead)
- Learning from NCL CDOP on trends and modifiable factors will continue to be responded to with multiagency action to prevent child harm and death.
- Analyse the pan-London CDOP survey to build a clearer picture of how CDOPs across London are funded, staffed and governed, and how learning is disseminated.

19 **Mental Health and Wellbeing**

19.1 **Context, inequalities and intersectionality**

19.2 The 2021 Census recorded 40,000 CYP aged 0-19 living in Camden. National data shows a steep decline in the mental health of children and young people, with an unprecedented demand for support with mental health disorders rising from 1 in 9 in 2017 to 1 in 5 in 2023. Many of the factors which we know contribute to poor mental health are present in Camden, leading to prevalence estimates for the borough that are 33% higher than the national average.

19.3 Young people are more likely to experience overcrowding, homelessness, poverty, family stress, neurodevelopmental needs and long-term conditions, all of which increase mental health need. Over a quarter of Camden school children do not speak English as a first language, and whilst not explaining all differences, the intersectionality of ethnicity and deprivation is an important factor in the high levels of need.

- 19.4 North Central London ICB's Children and Young People's Mental Health Needs Assessment (March 2026) found that Camden had a higher prevalence of emotional disorders and eating disorders than the North Central London average, had the second highest referral rate in NCL for community CAMHS, and was within the top two boroughs for service user contacts, indicating high service demand. Pressures on neurodevelopmental pathways for diagnosis remain high, highlighting importance of accessible, needs-based support.
- 19.5 Camden Council recognises the impact of loneliness on health and wellbeing outcomes, and addressing social isolation is a key part of both the We Make Camden ambitions and Health and Wellbeing strategic priority on community connectedness.
- 19.6 In a 2021 survey (Joint Strategic Needs Assessment), 33% of Camden residents said that they feel lonely at least some of the time, higher than the London (21%) and England (20% averages). In Camden, the people most likely to feel lonely are young people aged 16 to 24 (though people over 65 are also more likely than average to feel lonely).
- 19.7 **Progress in 2025/26**
- 19.8 In Camden we aim to promote and protect good mental health in children and young people and there has been significant investment in early intervention and prevention, including direct support both from council and NHS into schools to promote positive mental health and wellbeing. In partnership with the Institute of Health Equity, we are also reviewing our Whole Family Mental Health approach and offer to strengthen mental health and wellbeing for children and young people, recognising the interdependence of mental health across family members and seeking to improve wellbeing across the family system as a whole.
- 19.9 We conducted our local Health Related Behaviours Questionnaire in 2025 and data from 29 participating Camden schools was analysed: 70% of primary school respondents reported that they were 'quite' or 'very' happy with their life, compared to 65% in 2021/22. Of the same group of respondents, 24% reported that they worry about their own mental health 'quite a lot' or 'a lot' compared to 38% in 2021/22, while 24% worry about the mental health of someone in their family 'quite a lot' or 'a lot' (44% in 2021/22). Among respondents at secondary school, 58% reported that they are 'quite' or 'very' happy with their life (48% in 2021/22) while 26% said that they worry about their own mental health 'quite a lot' or 'a lot' compared to 36% in 2021/22.
- 19.10 The delivery of CAMHS services in the borough follows the Thrive model (integrated, person-centred and needs-led) and the offer is broad, recognising that children and young people respond to services in different ways – hence the inclusion in the offer of services such as Creative Therapies which support children with SEND.
- 19.11 Services are provided by the Council (mostly via local voluntary sector organisations) or commissioned both directly, or in collaboration with the local integrated care board. The Tavistock and Portman NHS Foundation Trust (part of the North London Foundation Trust as of April 2026) delivers community and school-based services,

as well as co-located integrated provision through teams such as Growing With You (for children looked after and care experienced young people) and the Whole Family Team which are co-located with Council provision. In 2025/26 the proportion of children having a first contact with the Tavistock's CAMHS services within 4 weeks of a referral fell slightly on the previous year to 61% for 2025/26 but there was a small increase in the total receiving a first contact within 12 weeks (86%).

19.12 Acute and specialist services (e.g. eating disorder, ADHD and inpatient provision are delivered via the local integrated care board (now NHS West and North London ICB following a merger in April 2026).

19.13 Support and services in schools

19.14 The Health Improvement Team provides 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.

- 16 parent workshops were delivered in 11 settings, attended by 140 parent/carers.
- 23 pupil workshops were delivered across 7 settings attended by 652 pupils.
- 7 primary schools have opted into the Wellbeing Champion programme, which 71 students were involved in. In May 2025, 44 Wellbeing Champions across 4 schools attending a summer celebration event to share learning and best practice.
- 5 staff training sessions were delivered across 5 settings and attended by 90 school staff. The training sessions focused on Trauma-informed Practice, Tree of Life reflective practice, PSHE/MH curriculum training, Zones of Regulation and Supporting Staff Mental Health.
- 2 secondary schools are taking part in a Mayor of London pilot to embed a whole setting approach to mental health in schools in partnership with Anna Freud that includes mapping of provision, identifying gaps and areas of need and implementing training, culture change and initiatives to improve provision.

19.15 The Tavistock & Portman's NHS Foundation Trust (now NLFT) deliver the Mental Health Support Team service. Working in partnership with Camden Schools to provide preventative and early interventions, a linked MHST worker supports the delivery of the 'whole school approach' to mental health and provides short term support for emerging mental health difficulties. MHSTs also give timely advice to school staff and liaise with external specialist services to help children and young people get the right support and stay in education. As well as individual work with pupils, caregivers and school staff, the teams carry out targeted work with specific year groups (eg transitions work with Year 6) and universal work with children and parents to promote wellbeing.

19.16 All schools also have a linked CAMHS clinician, available half a day a week in primary schools and one day a week in secondary schools.

19.17 The Council commissions Coram to deliver a range of creative therapies (art, music and drama) to children with special educational needs and disabilities in both specialist and mainstream schools across Camden. The therapies are not dependent on spoken language, so can be helpful for those children who find it harder to express their thoughts and feelings verbally and who might not engage with talking

therapies. Used to support children and young people in reaching their potential in relationships, emotional wellbeing, communication, attention, and play, the therapies also help to process difficult feelings and experiences. Over the year the service has supported 131 children in Camden.

19.18 The Partnerships for Inclusion of Neurodiversity in Schools (PINS) focused on early support and sought to reduce distress and prevent escalation to more intensive interventions across health, education and care. Work with Camden parents in year 1 of the project led to the development of “Working With Your Neurodivergent Child”, a resource for parents subsequently adopted across North Central London.

19.19 Support and services outside of schools

Case Study: Peer Mentoring and Peer Education service

The contract for Camden’s Peer Mentoring and Peer Education service for children and young people, delivered by Fitzrovia Youth in Action (FYA) was renewed in 2025/26.

The service is delivered with, by and for young people. It aims to develop resilience, support good mental health and to ensure that non-stigmatising support is available where and how young people want it, in accessible community spaces which are accessible to all. In 2025/26 240 children and young people engaged in peer mentoring projects across 17 local school and youth settings.

The Peer Education element of the service saw 1008 young people participating in sessions, with 63 young peer educators delivering programmes, 105 young people leading projects, and 287 AQA accreditations awarded to those involved. A film, “The Vaping Conversation”, made by students from William Ellis School, was shown at 20 peer-led workshops and taken to FYA’s summer football tournament, with players participating in peer education workshops, and the film screened to hundreds of participants in a cinema tent throughout the day. The project won the Best Voluntary Sector Project Award in the 2025 Camden Youth Awards.

19.20 Young People’s Social Prescribing Service

19.21 Recommissioned for 2025/26, the service continued to support 12-24 year olds with mild to moderate mental health needs who are anxious or isolated, and those with complex social needs which affect their wellbeing. The service is delivered by 3 local voluntary sector providers (Brandon Centre, The Hive and Fitzrovia Youth in Action) comprising of 1:1 support delivered by two link workers and group based activities hosted by the Hive. Over the year 179 young people engaged with 1:1 social prescribing support. Feedback showed that social prescribing had a positive impact on mental, physical, and emotional wellbeing, helping young people feel more hopeful, confident, and motivated. Many described reduced loneliness, better routines, healthier coping strategies, and increased confidence to engage in activities, work, and social opportunities.

19.22 Mental health provision for young people aged 16-24

- 19.23 Camden commissions Minding the Gap, which aims to improve transition between child and adult mental health services and avoid a “cliff edge” in service provision for young people at the age of 18. A key element is the Hive Youth Hub. The Hive’s preventative approach ensures young people can access timely, non-clinical wellbeing support in their community. As well as one to one emotional health and wellbeing support, they have a wider wraparound offer including advice on employment, education and training, sexual health and substance misuse advice; the social hub element of the project has a full timetable of regular activities, including creative arts, music, sports, cooking, etc.
- 19.24 During 2025/26 the Hive received a record 5,811 visits from 1,197 individual young people. Referrals for 1:1 support have increased, with the service reporting an increase in the complexity in the young people being referred, with mental health complexity, neurodiversity and social isolation being key factors. The Hive has responded to this by developing specialist roles. These include an outreach and engagement coordinator, who aims to strengthen relationships with marginalised communities, increases early identification of need, and supports young people who face practical, cultural or trust-based barriers to engagement; a young men’s worker, who provides targeted, gender-responsive support for young men who may be disengaged from mainstream mental health services, using relational and strengths-based approaches to build trust and sustained involvement; and a clinical psychologist working exclusively with care experienced young people and refugees. The Hive now also has social prescribing embedded into it, which has helped to reduce barriers to engagement for young people experiencing anxiety, isolation or economic hardship.
- 19.25 The other element of Minding the Gap is the Brandon Centre, which provides counselling and psychotherapy for young people aged 16-25 in a young people’s friendly, accessible community location. The young people seen at the Brandon present with a high level of complexity due to experiencing multiple psychosocial difficulties. During 2025/26, the service treated 146 young people. There is a specialist post working 2 days a week specifically for care experienced young people and refugees. The service fills in a key gap in the transition journey of young people, as it continues to provide support post 18 for young people who do not meet the criteria for adult services.
- 19.26 The Health and Wellbeing team have been working with UCL Partners and Citizens UK to deliver Kailo, a participatory research and co-design programme that brings together young people and local partners to strengthen the conditions that support youth mental health and wellbeing. Since March 2026, a group of 13–15 year olds has been working with our community partner, Holborn Community Association, using Kailo’s co-design approach to explore Belonging. They have identified youth spaces as their priority for change and are now developing specific improvement ideas. This is supported by the Kailo “Big Circle” of Council stakeholders, who respond to the young people’s work by providing local insight and helping connect the group to opportunities to influence existing provision. Early priorities include mapping current youth offer, informing the adolescent services review, shaping existing spaces, and identifying practical changes to improve accessibility, inclusivity and affordability.

19.27 As part of the development of the Provider Collaborative, facilitators from the National i-THRIVE programme supported a system-wide event at the beginning of 2026/27 to assess the local approach to delivering local mental health services for children and young people. The findings will be used to support and inform work over the coming year.

19.28 Key areas of action for 2026/27

- Support the development of the work of the new CAMHS Provider Collaborative, created in April 2026 following the merger of four NHS foundation trusts (including the Tavistock and Portman, the Royal Free, the Whittington and the North London Foundation Trust (NLFT)). Within the Clinical Strategy, and following engagement with children, young people, parents and carers, four priority pathways have been identified for rapid improvement during the Collaborative's first year, based on their potential to deliver early and measurable impact against its Core Offers ambitions. These include Early Intervention & Prevention through an Integrated Front Door. This model has been partially rolled out in Camden to cover CAMHS referrals from GPs since 2024. Other Year One priorities are Core Community Children and Young People Mental Health Services, Crisis Pathways, and Neurodevelopmental Disorders.
- Support implementation of recommendations from the upcoming Institute of Health Equity review on Whole Family Mental Health (WFMH) and the final Raise Camden Taskforce meeting, including co-developing a Camden WFMH framework based on the CYP i-THRIVE model.
- Continue to drive a whole-system approach to children's public mental health by tackling the social determinants (such as poverty, housing instability and educational inequalities) that shape mental health service activity and mental health outcomes.
- Support continued delivery and undertake evaluation of the Mayor of London whole school mental health pilot and consider opportunities to scale up an evidence-based model across Camden schools.
- Ensure CAMHS provision is aligned with and supports delivery, as Children's Social Care undergoes major transformation. The reforms aim to move the focus from crisis response to early intervention, strengthening family support, and improving outcomes.
- Enhance awareness of the range of available CAMHS provision to promote equitable access.
- Review of Children and Young People's Social Prescribing provision to explore further potential uses of the model e.g. in supporting autistic young people without a learning disability, recognising the additional barriers this group experiences in accessing universal services.
- This year's Camden, together campaign will introduce a 16-25 year old audience segment in the Council's annual summer programme, with a dedicated webpage, to promote local activities and events available to help residents to meet new people and try new things. A new suite of digital and print assets will be developed and shared with care experienced young people, youth hubs, and Camden Learning.
- In addition to Camden's system-wide Child and Adolescent Mental Health Board, a recently formed performance oversight group will meet quarterly to maintain an overview of local NHS commissioned CAMHS provision funded by the Council, to

ensure that provision is meeting local need. The meeting will be a forum for performance information to be shared with local authority leaders and commissioners and also a place for the joint strategic planning of services.

20 Immunisation and Vaccinations

20.1 Context, inequalities and intersectionality

The National Immunisation Programme Health Equity Audit (2025) highlights increasing inequality gaps with lower uptake connected to socioeconomic deprivation, significantly lower uptake in several ethnic minority groups and the persistence of regional inequalities. Vaccine coverage is lowest in the London region and high levels of coverage are required to prevent outbreaks of vaccine preventable diseases. We have been focusing our efforts in Camden on identifying where our unvaccinated children are and trying to improve engagement with vaccine providers and local communities accessing their services, by co-developing communications, providing additional training for staff dealing with vaccine hesitancy and improving access to routine childhood vaccines.

Most routine childhood vaccines are delivered by GP practices with the exception of the school delivered seasonal flu vaccine programme and 3 additional routine vaccine programmes that are delivered by Vaccination UK to children in school years 8 & 9. COVER for vaccines for children up to the age of 5 years in Camden (2024/25) was comparable to COVER for the London region but remains lower than the national average. We have been working with GP practices in Camden try and understand and support them with improving coverage.

Vaccination UK deliver the HPV (Human Papillomavirus) vaccine in year 8 and Td/IPV & MenACWY (Tetanus, diphtheria, and Inactivated Polio, & Meningococcal groups A, C, W, Y) vaccines in year 9 in Camden schools and in community catch-up clinics. They are a new provider to NCL, and this is their second year of delivery in Camden. COVER data for these 3 vaccine programmes has been significantly lower in Camden than neighbouring NCL boroughs and compared to regional and national COVER for a number of years (pre-pandemic). Last year we seen a good improvement with HPV vaccine uptake in year 8 students and we are continuing efforts to improve uptake across all school delivered programmes.

20.2 Progress in 2025/26

20.3 Communication & Training

20.4 We commissioned Jitsuvax workshops (empathetic refutational interview / ERI) for all our health visitors and school nurses in Camden. These workshops will help staff to have positive conversations with parents about the importance of vaccines. 60 places were offered over 4 workshops between November 2025 and May 2026 with excellent attendance from both teams. The feedback from the workshops has been extremely positive from both teams. Additional spaces were also offered to the Vaccination UK team working in Camden, GP practices (unable to attend due to clinical commitments) and members of the health & well-being team. Attendees are now also able to join support on-line sessions for two years after they attend the workshop.

20.5 We supported the rollout and uptake of the new MMRV vaccine, communication materials about the vaccine and new schedule have been developed and shared with parents.

20.6 Extensive communication has been undertaken with the public to promote vaccination. The Council's webpage www.camden.gov.uk/measles has been updated to include information on MMRV. We have distributed leaflets distributed through Family Hubs, libraries, the health bus, pharmacies, GPs and VCS partners. Posters have been displayed on screens in libraries and Family Hubs. Paid and organic social media has been issued, resulting in 1,000 visits to the Council and Vaccination UK webpages. An MMR/ MMRV advert was included in the spring Camden Magazine. MMR/ MMRV content has been issued via the headteachers' bulletin, early years newsletter, resident enewsletter, parent WhatsApp group and council WhatsApp channel.

20.7 **Engagement**

20.8 Last year we worked with Vaccination UK, our communications lead, School Nursing Team & NHSE to improve HPV coverage in Camden across Schools. Camden COVER increased by 13.3% for girls in year 8 and 9.6% for boys in year 8. We are continuing to focus on improving uptake of school age delivered vaccines in Camden. We held a workshop in May 2026 with key stakeholders and are currently developing and action plan

20.9 Members of the health & well-being team and Vaccination UK attended a fresher's event to promote catch-up HPV in October 2025 following an invitation from a local university. Opportunistic HPV vaccine was offered at the event.

20.10 Social media films in English and Somali are in development with our specialist immunisation health visitor and the CEO of the British Somali Community Centre. These will be shared on council and partner channels. As part of the ongoing work with the British Somali Community Centre, an information workshop with a Somali doctor at the British Somali Community centre about the new vaccine schedule took place in May 2026.

20.11 We have been delivering information sessions about the routine childhood immunisation schedule and immunisations given in pregnancy at Camden Dads evening sessions throughout the year to allow them to discuss any concerns.

20.12 Camden health improvement team have delivered information sessions in Camden schools. This included information about the updates to the routine childhood vaccine schedule.

20.13 Vaccination UK supported Kentish Town medical centre for conversations with parents and carers about measles and MMR vaccination. They have also started attending all parents' evenings in one of our schools to try and build a relationship with students and parents. They attended community events in Harmood's children's centre and the Tavistock children's day this year and offered opportunistic vaccination. Vaccination UK also piloted delivery of flu vaccine in a nursery setting in Camden.

20.14 **Access**

20.15 From April 2025 to end of March 2026 Vaccination UK held 42 catch-up clinics in community settings in Camden. The majority of catch-up clinics were held in

Harmood children's centre, but catch-up clinics were also held in Castlehaven children's centre, Kentish Town library and Kilburn Grange. The locations and times of these catch-up clinics were shared widely by our communications lead.

- 20.16 We are completing a project with 5 GP practices with lower rates of immunisation coverage to find out what the barriers to immunisation are. The 5 visits and semi-structured questionnaires have now been completed, and the results are being analysed. We will use the findings to support work on our health visitor pathway finder and to identify population groups where we can improve access
- 20.17 Camden was one of 12 sites nationally, to be awarded funding for a specialist immunisation health visitor to administer vaccines to children who have failed the call/recall pathway. She is currently working with a small number of practices to provide an enhanced offer that includes tailored advice, and clinics in practice / home visits.

Case Study: Immunisation pathfinder

In 2025, Camden Council in partnership with colleagues from GP federation, NCL ICB, NHSE, UKHSA and CNWL successfully bid for funding for a health visitor pathway finder. The national pathway finder funding was awarded to 12 boroughs nationally and Camden was the first borough to "go live".

The proposal was to employ a Specialist Immunisation Health Visitor (SIHV) to offer catch-up vaccines / a discussion with parents of children who remained unvaccinated / partially vaccinated on completion of the GP pathway. The SIHV is also able to take referrals from other health visitors or directly from the GP practices that she is working with. Funding for the project is for one year and the SIHV will extend her work to other practices with high numbers of unvaccinated children based on her capacity.

We will be working with our colleagues from LSHTM and UKHSA to complete qualitative and quantitative evaluation of the health visitor pathway finder.

- 20.18 We hosted year 12 students from Camden schools (STEAM) and provided them with information on the importance of the HPV vaccine, what our COVER data has been like for Camden and opportunities for catch-up. The students co-produced videos with our communications lead to promote catch-up for HPV vaccine. We have been sharing these as part of our catch-up campaign to let young people know that they can access catch-up vaccination up to age of 25 at their GP / Vaccination UK community clinics

20.19 Key areas of action for 2026/27

- Our specialist immunisation health visitor will be attending a Father's Day celebration at Castlehaven's community park in June to provide advice and support to parents about routine childhood immunisation.
- We will develop an action plan to improve school aged vaccination based on information from the May 2026 workshop (all key stakeholders).
- Development of additional HPV catch-up communications along with colleagues in cancer alliance that can be shared for use by other boroughs.
- Co-production of MMR/MMRV communications materials with the BSCC and our specialist immunisation health visitor

- Continue with the national health visitor pathway finder including evaluation of the pilot with LSHTM and UKHSA.
- Joint Strategic Needs Assessment profile for childhood immunisations to be completed by the end of 2026. This will provide easily accessible information about published vaccine uptake and COVER data.
- Expand work started with 5 GP practices on barriers to vaccination and identify populations to work with to address inequalities.

21 Oral Health

21.1 Context, inequalities and intersectionality

21.2 Latest available data (2024) indicates an estimated 27% of children in Camden had experienced dental decay, similar to London and slightly above the estimate for England; 4.1% were estimated to have substantial amounts of visible plaque, up from 1.2% in 2019.

21.3 Between 2021/22 and 2023/24, the rate of hospital admissions of 0 to 5 year-olds for dental caries was 221.9 per 100,000, similar to England and slightly below London and North Central London. Caries-related hospital admissions for this group have declined over the past decade across the country but seem to have plateaued and may be on the increase in recent years.

21.4 Nationally, there are significant inequalities in oral health outcomes evident from an early age with children in the most deprived areas more likely to experience tooth decay than those in the least deprived areas. Three-year-olds in the most deprived areas of the country are nearly 3 times as likely (16.6%) to have experience of dental decay than those in the least deprived areas (5.9%). Similar disparities are seen by ethnicity, with children from some Global Majority backgrounds experiencing higher rates of tooth decay. These persistent inequalities are compounded by limited access to NHS dental services, particularly for families living in deprivation.

21.5 Camden's Oral Health Promotion Programme has been in place since 2023. It is a multi-strand, evidence based programme delivering a range of proven interventions and activities to improve children's oral health across the borough, with a particular focus on those at greatest risk of poorer outcomes.

21.6 Progress in 2025/26

21.7 Supervised Toothbrushing Programme (STP)

21.8 Camden's STP programme targets 3-4 year olds in nurseries and Private, Voluntary and Independent (PVI) early years settings in the most deprived areas of the borough.

21.9 Currently, 38 settings are participating in the programme, compared to 25 settings in 2024/25. This increase has been achieved through additional funding from NCL's Teeth4Life and the Department of Health and Social Care STPs, alongside the existing Camden funded STP. Challenges remain around recruiting some early years settings due to capacity constraints and competing priorities, however for settings which do participate parental consents are very high, averaging 99%.

21.10 Fluoride Varnish

21.11 Camden's Fluoride Varnish programme is implemented in almost all maintained nurseries and primary schools, with only two of 38 not participating. Across schools, the average parental consent rate remains at 59% with moderate variation between schools (with rates ranging from 33% to 73%). The 18 schools with the highest proportion of pupils eligible for Free School Meals (FSM) receive two applications per year, the remaining schools receive one application per year. As part of the programme, all parents receive information about local NHS dental services. In addition, parents of children identified as having visible dental decay are contacted directly and advised by letter to arrange an urgent dental appointment for their child.

21.12 Brushing for Life

21.13 The Oral Health Promotion team coordinates the distribution of Brushing for Life Packs (age-appropriate toothbrush and toothpaste) to families at the one year and two-year review as part of the Health Visitor led 0-5 Healthy Child Programme. They also distribute packs to Family Hubs, SEND schools and school nurses. Analysis of Health Visiting data shows that 89% of all one and two-year reviews between April-December 2025 were completed successfully, indicating that all these children will have received a pack.

21.14 In 2025/26 an evaluation of the Oral Health Promotion programme was undertaken. The evaluation aimed to assess the programme's influence on children's oral health behaviours and habits, and on the knowledge and attitudes of the parents, carers, and professionals who support them. It also examined the reach and uptake of the programme.

21.15 Key areas of action in 2026/27

- Implementation of recommendations included in the evaluation, which include an increased focus on provision for children with SEND, digitisation of parental consent forms to increase uptake of Fluoride Varnish programme and collection of child-level monitoring data to understand service reach and equity.
- Continued expansion of STP programmes into nurseries and PVLs in the most deprived areas in the borough.
- Utilise opportunities to promote positive oral health habits through Family Hubs through refreshed focus on recruitment of Oral Health Champions in each Family Hub and continued Oral Health training for key early years professionals.
- Publication and dissemination of the Oral Health Programme evaluation to key stakeholders.

22 Asthma

22.1 Context, inequalities and intersectionality

22.2 Asthma remains the most common long-term condition among CYP in Camden. In 2025, 19.4% Camden registered patients aged under 25 were diagnosed with asthma.

22.3 Asthma related admissions for all ages are higher in the Asian and Asian British (Bangladeshi, Pakistani and Asian Other) and Black (African and Caribbean) population in Camden compared to the White population in the borough. The same trend exists across the rest of the other North Central London boroughs.

22.4 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.

22.5 **Progress in 2025/26**

22.6 **National Bundle of Care CYP Asthma Training programme**

22.7 The National Bundle of Care CYP Asthma Training programme has continued to be delivered across Camden to strengthen workforce capability in line with national asthma standards. In 2025/26, 24 out of 32 Camden GP practices participated in the programme, meaning 75% of Camden practices now have a Tier 3 trained clinician, successfully meeting the locally agreed ambition target. The programme has supported greater consistency in asthma management, earlier identification of poorly controlled asthma, and improved delivery of evidence-based care within community settings.

22.8 **Partnership**

22.9 An asthma steering group with primary care, secondary care and council representation from air quality and housing was launched. The steering group monitors local progress against the National Asthma Bundle of Care. Since its launch, training on damp, mould Awaab's law and NCL asthma diagnostic pathway has been shared as well.

22.10 **Air quality**

22.11 Camden's Air Quality team provides the 'wider determinants' part of the Tier 2 and Tier 3 CYP asthma training programme for North Central London which have now been delivered to over 250 healthcare professionals.

22.12 For the past three years, Camden's Air Quality team has been running a project where anyone living in the borough can request to borrow an indoor air quality monitor for free. The purpose of this is to enable and empower residents to see how normal everyday activities and products can lead to high indoor air pollution (which is increasingly recognised as an important part of the overall impact of air pollution on public health), and how ventilation and small behavioural adjustments can be effective in keeping indoor pollution levels low. Research by LSE supported by Camden found that indoor air quality monitors were effective in prompting ventilation improvements and this substantially reduced pollution levels indoors, with the largest improvement for lower-income households.

22.13 **Respiratory diagnostic hublets**

22.14 In 2025/26, Camden has continued to strengthen its approach to children and young people's (CYP) respiratory care through the development of community-based diagnostic pathways and improved post-exacerbation follow-up processes. A key area of progress has been the establishment of CYP Respiratory Diagnostic Hublets across Camden at Primary Care Network (PCN) level. Each PCN now has access to FeNO (Fractional Exhaled Nitric Oxide) testing equipment, improving the availability of objective asthma diagnostics within community settings. In addition, ARTP-accredited clinicians are currently able to deliver spirometry for children aged 12 years and over at PCN level.

22.15 **48 hour reviews**

22.16 Camden is also progressing work to strengthen timely follow-up care following asthma exacerbations. A key ambition is the implementation of a mandatory 48-hour post-discharge review pathway for eligible CYP patients discharged from secondary care following asthma-related attendances. Previous NHS England data estimated follow-up rates nationally at approximately 20%; however, improvement work across North Central London (NCL) has demonstrated significant progress, with follow-up rates increasing to over 80% for eligible cohorts, including children aged over 18 months with an asthma diagnosis and children aged over 5 years presenting with wheeze who were discharged home from A&E departments. Further Camden-specific data is currently being collated to support local evaluation and reporting.

22.17 **Camden Asthma Friendly Schools (AFS) Initiative**

22.18 The AFS Initiative is a project that supports schools to provide a safe environment for Child and Young People with asthma. The programme was evaluated this year, and since its launch in 2022, engagement with the AFS programme has increased substantially from 24% to 89% of Camden schools in 2026. In addition, 36% of schools are now fully accredited Asthma Friendly Schools, and over 60 asthma champions have been trained across Camden schools. The initiative supports school staff to identify pupils with poorly controlled asthma and signpost families to appropriate services and support. The AFS initiative has been renewed for another 2 years to maintain the momentum of the progress of the initiative.

22.19 **Key areas of action for 2026/27**

- Support the rollout of respiratory diagnostic hublets with ICB partners
- Further increase the number of schools accredited as asthma friendly schools.
- Further work on vaping, damp and mould and indoor air pollution with a refresh on our action plan for delivery in line with national bundle of care.
- Explore higher asthma prevalence among South Asian children and young people in Camden and suitable interventions to address high level of need including involvement of the AFS programme.
- The Air Quality Team are working on their new Clean Air Action plan for Camden in the next few months which includes focus on indoor air quality and upscaling the availability of indoor air quality sensors that residents can use.

23 **Healthy Weight**

23.1 **Context, inequalities, and intersectionality**

23.2 Camden's Healthy Weight Acceleration Plan is recognised as regional good practice for its borough wide approach to addressing the health and wellbeing crisis linked to overweight and obesity. Now in its third year, the Plan has five workstreams; one of which focuses on early years, and another covers action in schools. The Plan recognises the significant progress made in Camden in recent years supporting children and young people around healthy weight, as well as the significant inequalities that need ongoing concerted and collective action. The Plan has a 5-10 year perspective and is overseen by a multi-agency leadership group from across the Council, NHS, Schools, and VCS organisations. The Health and Wellbeing Board is the key oversight group for this Plan.

23.3 A comprehensive needs assessment was completed to underpin development of the Plan. Data from the National Child Measurement Programme (NCMP) shows that 1 in 5 pupils in Reception Year were overweight or obese, and this increases to more than 1 in 3 by the time pupils reach Year 6. NCMP data also shows that children from Black African ethnic groups had the greatest proportion of overweight or obesity at both reception age (27.4%) and year 6 (46%). The prevalence among Bangladeshi children, whilst being relatively low in reception age children (18.6%), increases sharply at year 6 (to 44.3%). Being overweight or obese is 9.1% more likely in the most deprived decile at Reception age compared to those in the least deprived areas. This difference increases to 19.1% for children in Year 6.

23.4 **Progress in 2025/26**

23.5 **Families taking part in the Starting Solids programme**

23.6 Starting solids is a free programme for parents of babies 4-6 months who have not yet started solid foods offering advice and support on when and how to start solids, including the types of foods to start with and which to avoid. 309 families engaged with programme between April 2025 to March 2026.

23.7 **Progressing a Whole School Approach to Food**

23.8 71% of schools (39 schools) are actively engaged in the Healthy Schools Programme. A whole school approach to food is a key part of the programme, including meeting curriculum requirements, a positive culture and environment of the school around food, and promoting healthy choices at break and lunch time.

23.9 **Magic Breakfast**

23.10 Camden's School Breakfast Programme Magic Breakfast has been commissioned to support the most deprived Camden schools since 2022. There has been a step change in the number of schools that joined the Breakfast Programme, up to 25 from 9 schools in December 2022. Uptake figures from October 2025 indicate that this Council funded initiative implemented by our schools enables up to 3,089 children to have a free breakfast every day, up from 587 children in 2022.

23.11 Magic Breakfast provides ongoing support to schools to try out innovative delivery and presentation methods, with the aim of increasing the uptake of school breakfast. Magic Breakfast specialises in adapting the support provided to meet the needs of the pupils at each school. Recently, Magic Breakfast worked with a local SEND school, Swiss Cottage, to run a series of life skills workshops for pupils to increase their understanding of why breakfast and healthy food is important and the benefits of making healthy food choices. Pupils were supported to learn how to prepare and try new foods, learned about basic food safety and hygiene, and were able to participate in activities that enabled them to differentiate between healthy and unhealthy food choices. The aim of these sessions was to support learning around healthy eating, and hopefully to encourage greater engagement and uptake of the in-school provision.

23.12 The success of these innovative methods can also be seen in the impact of uptake in a local secondary school, La Sainte Union. The school's senior leadership team has worked closely with Magic Breakfast to experiment with a variety of delivery methods. One recent method that they tried is Grab & Go breakfast stations at the

school gates so that pupils that miss the breakfast club can still grab food before classes. As a result, they have the highest uptake of school breakfast among participating secondary schools with 43% of the school roll eating. In comparison, in participating primary schools' uptake of school breakfast is high, with some schools serving up to 97% of pupils on roll.

23.13 Qualitative data also shows that the breakfast programme is valued by teachers and parents:

“Before the introduction of the school breakfast program, [Pupil A] frequently arrived at school tired and unable to focus. Teachers noted she was often withdrawn during morning lessons. After the school began offering free breakfast to all students, she started eating regularly each morning. Within weeks, her teachers reported a noticeable improvement in her concentration, participation, and energy levels” - School staff member

23.14 **Free fruit and vegetables in secondary schools at breaktime**

23.15 The 2025 Health Related Behaviours Questionnaire shows that of the secondary school pupils that filled out the survey, only 27% ate the recommended portion of five or more fruits or vegetables a day. Additionally, The Free School Meals (FSMs) Test and Learn Project (2023-2024) identified hunger as an issue for pupils during breaktime. In response to this evidence, Camden started a universal offer of free fruit and veg in all Secondary schools. Camden’s Free Fruit and Vegetable Offer provides free fruit and vegetables during break times in all Camden secondary schools to encourage healthy eating habits among students. This offer is currently available in 10 secondary schools and 1 special school. The scheme has been very well received from both pupils and teaching staff. Pupils appreciate having free fruit at break time, as it helps to alleviate their hunger until lunch. They also value the variety and inclusivity, as it’s available to everyone, not just FSM pupils. Staff report minimal to no waste.

23.16 **School Meals service and free school meals**

23.17 In January 2026 the uptake of Free School Meals in Camden secondary schools was 60.6% (excluding UCL because data is not available until later in the year). This figure is up from 55.7% uptake in January 2025. To address the low uptake of meals in some schools, several actions have been undertaken in secondary schools. A pupil engagement plan is being implemented across all CaterLink (current school meals provider in Camden) schools, to ensure that meals are appealing and attractive to pupils. This plan includes collecting survey data, working with school pupil council meetings to collect qualitative feedback, and providing pupils with taster pots so that they can try new meals. Additionally, this plan also includes the engagement of parents to ensure that they feel comfortable and confident with the school meal provision and are able to encourage their children to take up the meals.

23.18 **Cooking in the Curriculum**

23.19 Cooking and food education is a compulsory part of the national curriculum up to Key Stage 3, yet many Camden schools struggle to deliver it due to limited space, equipment, and staff confidence. To address this gap, the Health & Wellbeing team

has provided practical cooking sessions for staff in one primary school, combined Food in Schools networks with Design & Technology networks to increase reach, and offered £200 grants to nine primary schools for basic cooking equipment. Previously, schools benefited from lessons at Waitrose Cookery School, which closed in July 2025. To fill this gap, Camden is exploring the creation of a dedicated cooking site within a local school, open for bookings by other schools. Plans are currently being developed with this school to explore the feasibility of this offer.

23.20 Families for Life

23.21 Families for Life (FfL)'s universal healthy behaviour programmes have been running virtually and in-person via schools and early years setting delivered by the Early Years, Schools and Families Team. 30 unique families (68 total attendees) attended the FfL programme with 82% from Black, Asian and other Ethnic groups. Results from the 4-week Family Kitchen virtual healthy cooking programmes, for families of children aged 2-11 showed that 55% of the children who took part increased their fruit consumption and 43% increased vegetable consumption following the programme. A supermarket voucher system is in place for virtual sessions to support families to access ingredients for free. In 2025/26 a new Fussy Eating session for parents of children 1+ to address the issue of many children arriving at Families for Life sessions with issues around selective/ fussy eating. 8 sessions were put on with 50 families attending, this offer will be expanded next year.

23.22 Camden's Holiday Activity and Food (HAF) programme

23.23 The 2025/26 Camden HAF programme continued to play a vital role in supporting children and young people during school holidays by providing access to nutritious meals alongside a wide range of positive, enriching activities. Across the year, the programme reached over 5,100 children and young people, with particularly strong engagement during the summer holiday, when demand for holiday support is greatest. In Summer 2025 alone, the programme reached 19% of children eligible for free school meals, demonstrating the continued importance of HAF in addressing holiday hunger and social isolation. Delivery was supported by a broad and diverse network of providers from across the voluntary, community and education sectors. During the summer period, 35 providers operated across 49 venues, including youth clubs, schools, charities and social enterprises. Activities ranged from sports, arts and music to cooking, trips and creative workshops, ensuring children and young people could stay active, build confidence and enjoy meaningful experiences within their local communities.

23.24 Support for children and young people with SEND remained a key priority. In 2025/26, the programme invested £213,642 in SEND provision, supported by an additional funding contribution from Camden Council. This enabled 646 children and young people with SEND to access up to 24 days of inclusive holiday provision across the year, reinforcing Camden's commitment to ensuring HAF is accessible, safe and responsive to a wide range of needs.

23.25 Alongside delivery, the programme continued to strengthen partnerships and visibility. Visits from local and national representatives helped highlight the impact of HAF and supported advocacy for the programme's continuation, while commissioned

film and photography captured the experiences and voices of young people and providers across Camden.

23.26 Key areas of action in 2026/27

- The whole setting approach has been the foundation of progress in Camden. We will continue to increase engagement in the Little Steps to Healthy Lives and the Healthy Schools programme across Camden. These initiatives ensure a comprehensive approach, as well as the full involvement of the leadership of each setting.
- The School Breakfasts programme with Magic Breakfast remains a vital service in Camden, with more than 3,000 children benefitting every day. We will work with the national breakfast in schools initiative to ensure that schools signing up retain the impact they have been making locally.
- Continue to develop an enhanced approach to supporting pupils and families after the national child measurement programme, and work with the programme provider to ensure that families receive results and tailored support promptly.
- 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 and Food programme across Camden, introducing limited half term provision, strengthening SEND pathways, moving towards annual commissioning, and expanding opportunities for provider training and collaboration. These developments aim to improve stability, and ensure the HAF programme continues to reach children and families who need it most.

24 Physical Activity for School Aged Children and Young People

24.1 Context, Inequalities, and Intersectionality

24.2 Children and young people in Camden are more active than 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).

24.3 There are also clear inequalities in participation. Girls are less active than boys, with the participation gap becoming wider in secondary schools. Children and young people from some ethnic groups are also less active; those from South Asian ethnic groups are less active at all ages, while those from Black ethnic groups have a greater drop off in physical activity levels moving into secondary schools. Disabled children and young people face the greatest barriers to regular participation. And those from more deprived households are also less active compared to those in more affluent households.

24.4 There are a wide range of physical activity assets and opportunities across Camden. Schools have identified several opportunities to support their students to be more active and to address inequalities in participation, particularly as participation levels drop at secondary schools. These include supporting pupils as they transition between primary and secondary school, ensuring a range of opportunities for enjoyable activity at secondary school for pupils of all abilities, follow up support for those not reaching

swimming competency standards, and promoting access to local physical activity assets.

24.5 The Children and Young People physical activity strategy aims for everyone regardless of their background or ability to have easy access to enjoyable and affordable opportunities that enable their participation in regular physical activity. The Strategy is led by Camden's Leisure team and the Health & Wellbeing Department, and is taken forward through the Pro-Active Camden (PAC) group.

24.6 The following four priority themes are a starting focus for the strategy:

- Primary to Secondary Transition: supporting continuing physical activity participation when moving between schools.
- Sustaining Activity in Secondary Schools
- Developing more opportunities for Girls/ Young Women to take part, including tailored communications.
- Black and Asian children: addressing barriers to participation, and supporting more young people to make physical activity a regular habit. Including addressing inequalities in swimming attainment by the end of Primary for Black and Asian pupils.

24.7 **Progress in 2025/26**

24.8 **Swimming attainment and addressing inequalities**

24.9 20 Camden primary schools completed the schools swimming survey in 2026. The Health and Wellbeing departments are working with Camden Contract Performance Officer for the Leisure Services Contract and GLL to address concerns raised by schools about pupil attainment, record keeping and quality/ consistency of SEND swimming lesson provision.

24.10 **Guidance on the Physical Education (PE) and Sport Premium**

24.11 In 2025/26 Premium Guidance for Primary PE and Senior Leadership specifically for Camden schools was developed in consultation with a group of Primary PE Leads and specialists. The guidance outlines practical information including when and how much money each school receives across the academic year, setting some minimum local expectations including attendance at the Primary PE CPD Network meetings, information on local, regional and national options for spending the money and clear guidance on the new reporting protocol for schools.

24.12 The guidance has been shared with PE Leads receiving positive feedback from both new and experienced teachers, increasing attendance at the termly CPD network meetings. Priorities for 2026/27 are to socialise with primary school senior leadership.

24.13 **Girls Active**

24.14 Active Girls Network is a project across Camden schools with the Youth Sport Trust (YST) to help encourage engagement in sports and physical activity with young girls and sustain engagement when moving into secondary. 4 primary schools and 3 secondary schools are part of the Camden Active Girls network. Teacher Training workshop took place in June 2025 delivered by the Youth Sport Trust.

24.15 An inspiration day took place in September 2025 where, Camden Active Girls took part in workshops delivered by YST tutors and practical sessions delivered by inspirational female athletes. The Camden Active Girls Network meets termly to coordinate and share good practice between settings.

24.16 **Street Tag**

24.17 The third Camden Street Tag Leaderboard ran for 8 weeks from Feb 2026, with 234 family accounts taking part from 16 schools teams, both record numbers for Street Tag in Camden. Participants covered over 20,000 miles by walking, running, cycling, scooting and wheeling around the borough, equivalent to over 20 million steps. The 4th Camden Leaderboard season starts in May 2026 with focus on increasing the number of team and individuals participating, after which a full impact report for 2026 will be produced.

24.18 **Healthy Movers**

24.19 Youth Sport Trust (YST) have been funded by the Mercers Foundation to deliver their Healthy Movers programme aimed at increasing children's physical, emotional and social development as a foundation for improving language, communication and literacy, in 4 London boroughs including Camden. Camden had initial funding for 15 settings to be trained as part of the project but due to high demand an extra training cohort was delivered with a total of 23 Early Years settings taking part, reaching over 1000 children.

24.20 In 2026 the role of Healthy Movers ambassador for 0.5 days/week was recruited to support settings to implement their training, evaluate the programme and be the link back to YST until the end of Aug 2027. Camden has successfully secured funding and support from the YST to deliver a 3rd training cohort in June 2026 to a further 12 EY settings.

24.21 **Key areas of action in 2026/27**

- Progress the first themes of the Children and Young People Physical Activity Strategy and Action Plan with local partners and move into year 2 delivery.
- Implement the good practice guidance for the PE and Sport Premium with primary school PE leads to enable further good practice to be developed, alongside addressing inequalities in participation. This is significant investment in our schools.
- Work with secondary school PE leads to address common participation issues across schools.
- Enable further roll out of the network of Girls Active schools, leading to more enjoyable opportunities for girls to participate, and another Festival in 2027.
- Further develop opportunities for children and young people with SEND to be more active in Camden, working with the range of local providers to enhance training opportunities and support promotion.
- Continue to work closely with the borough's leisure centre manager GLL to develop more opportunities for children and young people to be active onsite and in the community. To include a pilot initiative with one secondary school, working with a whole year group to incentivise them to participate in local leisure centres.

24. Finance Comments of the Director of Finance

The Director of Finance has been consulted on the contents of this report and has no comment to make at this time.”

25. Legal Comments of the Borough Solicitor

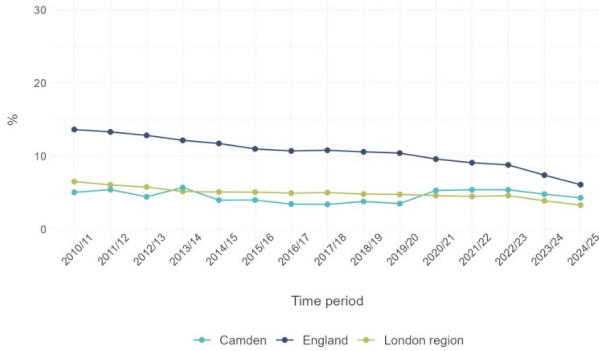
The Borough Solicitor has been consulted on the contents of this report and has no comment to make at this time.

26. Environmental implications

There are no environmental implications.

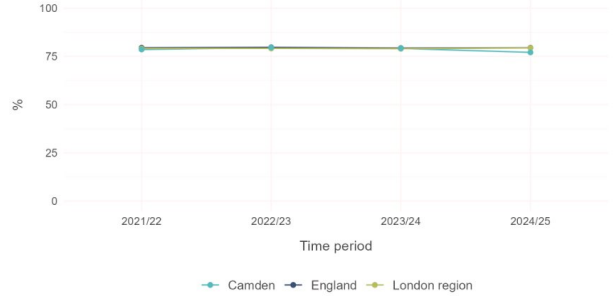
Appendix 1: trends in key child health metrics

Smoking status at time of delivery (Female)



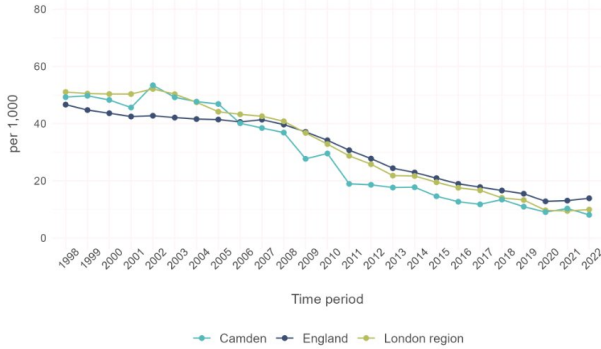
Source: OHID

School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception



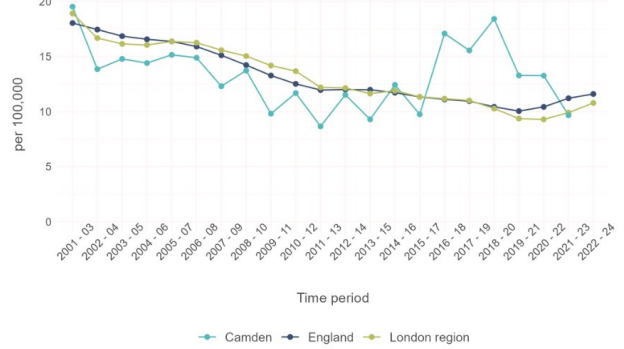
Source: OHID

Under 18s conception rate (Female)



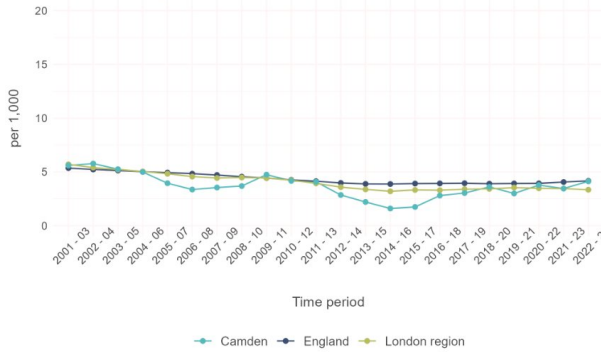
Source: OHID

Child mortality rate (1 to 17 years)



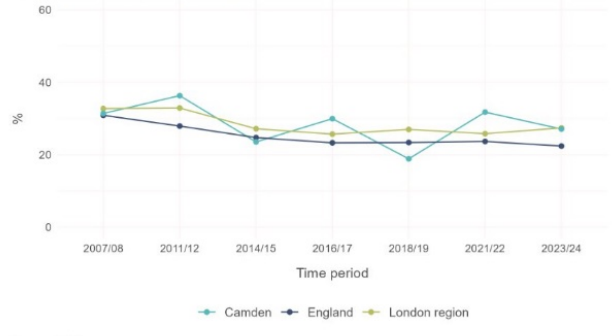
Source: OHID

Infant mortality rate



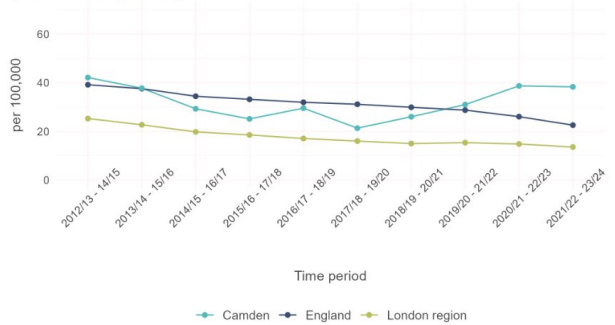
Source: OHID

Percentage of 5 year olds with experience of visually obvious dental decay



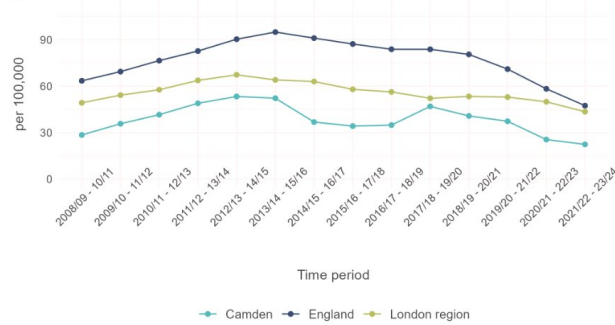
Source: OHID

Admission episodes for alcohol-specific conditions (under 18 years)



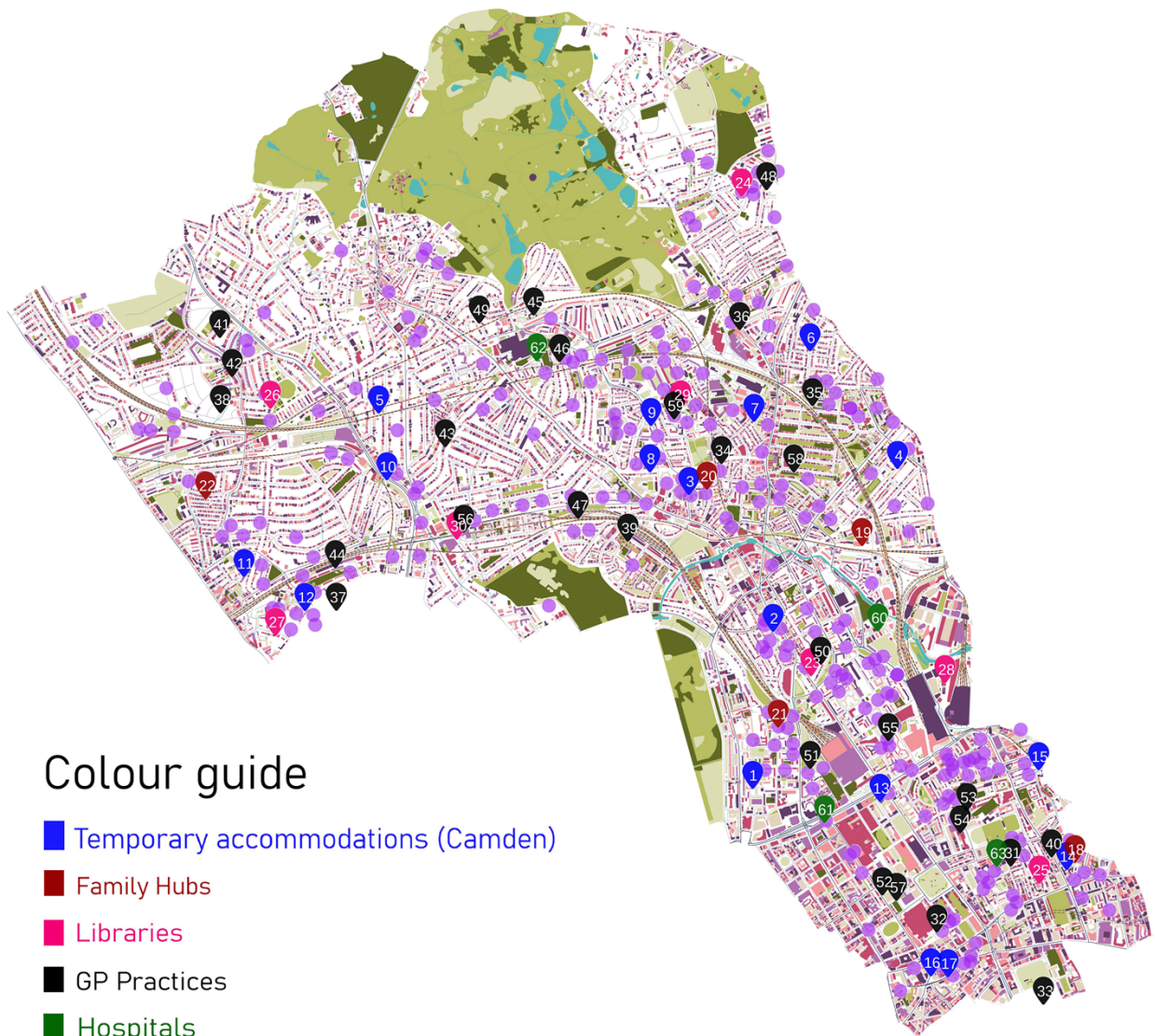
Source: OHID

Hospital admissions due to substance misuse (15 to 24 years)



Source: OHID

Appendix 2: Map of Camden (temporary accommodation, Family Hubs, libraries, GP Practices, hospitals and estates)



Map legend

■ Temporary accommodations (Camden)

- 1 - LBC-owned perm. stock used as TA - Ravenglass
- 2 - Pathways - Arlington Road
- 3 - Camden Hostels - Belmont Hostel
- 4 - Pathways - North Villas Hostel
- 5 - Ferndell Ltd - Quality Hotel Hampstead
- 6 - Pathways - Ospringe Road
- 7 - Pathways - Holmes Road Hostel
- 8 - Homeless Person Scheme - Penshurst
- 9 - Pathways - Grace House
- 10 - Camden Hostels - Levine House
- 11 - Pathways - Conway House
- 12 - Homeless Person Scheme - 14 Mortimer Crescent
- 13 - Pathways - St. Mungos
- 14 - Pathways - Mount Pleasant Hostel
- 15 - Pathways - Dennis Handfield House
- 16 - Pathways - St Mungos
- 17 - Pathways - Flat 58 Dudley Court

■ Family Hubs

- 18 - 1a Children's Centre and Family Hub
- 19 - Agar Children's Centre and Family Hub
- 20 - Harmond Children's Centre and Family Hub
- 21 - Regent's Park Children's Centre and Family Hub
- 22 - Kilburn Grange Children's Centre and Family Hub

■ Libraries

- 23 - Camden Town Library
- 24 - Highgate Library
- 25 - Holborn Library
- 26 - Kentish Town Library
- 27 - Kilburn Library
- 28 - Pancras Square Library
- 29 - Queens Crescent Library
- 30 - Swiss Cottage Library

● Camden estates with 20 or more properties

■ GP Practices

- 31 - Holborn Medical Centre
- 32 - Museum Practice
- 33 - St Philips Medical Centre
- 34 - Prince Of Wales Group Surgery
- 35 - Caversham Group Practice
- 36 - Parliament Hill Surgery
- 37 - Abbey Medical Centre
- 38 - West Hampstead Medical Centre
- 39 - Primrose Hill Surgery
- 40 - Gray's Inn Medical Group Chancery Lane
- 41 - Gray's Inn Medical Group West Hampstead
- 42 - Cholmley Gardens Surgery
- 43 - Gray's Inn Medical Group Hampstead
- 44 - Belsize Priory Medical Practice (Group)
- 45 - Park End Surgery
- 46 - Hampstead Group Practice
- 47 - Adelaide Medical Centre
- 48 - Brookfield Park Surgery
- 49 - Keats Group Practice
- 50 - Ampt Hill & Regents Park Practice
- 51 - Camden Health Improvement Practice
- 52 - Ridgmount Practice
- 53 - The Bloomsbury Surgery
- 54 - Brunswick Medical Centre UHPC
- 55 - Kings Cross Surgery
- 56 - Swiss Cottage Surgery
- 57 - Gower Street Practice
- 58 - James Wigg Practice
- 59 - Queens Crescent Practice

■ Hospitals

- 60 - St Pancras Hospital
- 61 - University College Hospital
- 62 - Royal Free Hospital
- 63 - Great Ormond Street Hospital

Appendix 3: Glossary

AAC (Augmentative and Alternative Communication): ways of helping people communicate if speaking is difficult, for example by using pictures, symbols, communication boards or devices.

ADHD (Attention Deficit Hyperactivity Disorder): a condition where the brain works differently to most people. Children and young people with ADHD may have trouble with things like concentrating and sitting still.

Antenatal: care and support given during pregnancy, before the baby is born.

Baby Friendly: a UNICEF-backed standard that recognises services which support breastfeeding and parent–baby relationships well.

Birth outcomes: measures of how mothers and babies are doing around the time of birth, for example birth weight, stillbirths or premature births.

CAMHS (Child and Adolescent Mental Health Services): NHS services that support children and young people who are experiencing emotional, behavioural and mental health problems.

Care experienced young people: young people who are in care, have been in care, or who have left care.

Carbon monoxide monitoring: handheld breathalysers used in smoking cessation services to measure the amount of toxic CO in the bloodstream.

CDOP (Child Death Overview Panel): a multi-agency group that reviews child deaths to understand causes, identify patterns and improve prevention.

Clinical pathway / diagnostic pathway: the route a child or family follows through assessment, diagnosis, treatment and support.

CNWL (Central and North West London NHS Foundation Trust): the NHS organisation providing services in Camden including health visiting and school nursing.

Commissioned services: services that the council pays another organisation to provide.

Community of Practice: groups of people (including professionals) who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

Continuity of care: when services work together so families get joined-up support instead of having to repeat their story.

COVER (Cover of Vaccination Evaluated Rapidly): routine data showing how many children have had their vaccinations by certain ages.

Dental caries: tooth decay

Diagnostic assessment: a detailed assessment to understand whether someone has a particular condition.

DTaP/IPV: a childhood booster vaccine protecting against diphtheria, tetanus, whooping cough (pertussis) and polio.

EBSA (Emotionally Based School Avoidance): when a child struggles to attend school because of emotional distress, such as anxiety.

EHCP (Education, Health and Care Plan): a legal plan for a child or young person with special educational needs or disabilities who needs extra support.

Equity: fairness; in health, this means giving extra support where it is most needed so everyone has a fair chance of good health.

Family Hubs: local places where families can get support in one place, such as parenting help, early years support and links to other services.

FeNO (Fractional Exhaled Nitric Oxide): a quick, non-invasive breath test used to measure airway inflammation.

Fluoride varnish: a protective coating painted onto teeth to help prevent tooth decay.

Gestation: the length of a pregnancy, usually measured in weeks.

GLD (Good Level of Development): a measure of whether children are reaching expected development levels by the end of Reception.

Health inequalities: unfair and avoidable differences in health between different groups of people.

Health visitor / health visiting: proactive, universal service to help parents and children thrive. Specialist nurses or midwives support families with children aged 0-5 years old, especially around child development, feeding, parenting and health.

Healthy Child Programme: the national programme of checks, reviews and support offered to children and families from pregnancy through childhood.

HPV (Human Papillomavirus): a very common virus. The HPV vaccine helps protect against some cancers later in life.

ICB (Integrated Care Board): the NHS organisation responsible for planning and funding local health services.

IDACI (Income Deprivation Affecting Children Index): a measure showing how many children in an area are living in income deprivation.

IMD (Index of Multiple Deprivation): a national measure of area-level disadvantage based on factors such as income, housing, employment and health.

Immunisation / vaccination: giving a vaccine to protect against infectious diseases.

Integrated care: health and care services working together in a more joined-up way.

Intersectionality: the idea that different parts of a person's identity or circumstances (for example ethnicity, disability, poverty and gender) can combine to affect their experiences and outcomes.

IHA (Initial Health Assessment): a statutory health check for every child or young person entering the care system in the UK. Conducted by a paediatrician, it must be completed within 20 working days of the child entering care to establish a tailored health care plan.

JSNA (Joint Strategic Needs Assessment): a systematic assessment of the current and future health, care, and wellbeing needs of a local community.

LARC (Long-Acting Reversible Contraception): contraception that works for a long time without needing to be taken every day, such as implants or coils.

LMNS (Local Maternity and Neonatal System): NHS partnership responsible for planning, coordinating, and improving maternity and newborn care within a specific area.

MASH (Multi-Agency Safeguarding Hub): a partnership of agencies that share information to protect vulnerable individuals, particularly children, from harm.

Maternal mortality: the death of a woman during pregnancy or within 42 days of the end of pregnancy, from any cause related to or aggravated by the pregnancy itself or its management, but excluding accidental or incidental causes.

MDT (Multi-Disciplinary Team): professionals from different backgrounds working together around one child or family.

MenACWY: a vaccine that protects against four types of meningococcal infection.

MMR: vaccine protecting against measles, mumps and rubella

MMRV: vaccine protecting against measles, mumps, rubella and chickenpox (varicella).

MOSAIC: Camden's integrated service for children and young people with disabilities, and their families

NCL (North Central London): the NHS area that includes Barnet, Camden, Enfield, Haringey, and Islington

NCMP (National Child Measurement Programme): the national programme that measures children's height and weight in Reception and Year 6.

Neonatal: relating to the first 28 days after a baby is born.

Neurodivergent: describes the idea that people experience and interact with the world around them in many different ways. This includes people who are autistic, and those with dyslexia, dyspraxia, dyscalculia, and Tourette's syndrome.

NIHR (National Institute for Health and Care Research): a national organisation that funds and supports health research.

Oral health: the health of the mouth, teeth and gums.

Perinatal mental health (PNMH): mental health during pregnancy and the first year after having a baby.

PIR (Parent-Infant Relationship): the quality of the relationship between a baby and their parent or carer. Good parent-infant relationships nurture 'secure attachments', which are the basis for optimal infant mental health promoting healthy social, emotional and cognitive development.

PRU (Pupil Referral Unit): an education provision where a young person can be placed if they are having difficulties in school and need a shorter time away from their mainstream school in a specialist setting. We have two PRUs in Camden.

PSHE (Personal, Social, Health and Economic Education): school lessons that help children learn about health, relationships, safety and life skills.

QI (Quality Improvement): applying a systematic approach to working through a complex issue, involving the people closest to the issue in understanding it deeply, developing creative ideas and testing these, using data to learn and adapt.

RHA (Review Health Assessment): a statutory check-up required for all children looked after to ensure their physical, emotional, and developmental needs are met. They are conducted every 6 months for children under five, and annually for children and young people aged 5 to 18 years old.

RSE (Relationships and Sex Education): education that helps children and young people understand relationships, consent, sexual health and staying safe.

Safeguarding: protecting children and taking action when a child or young person is at risk of abuse, neglect or sexual exploitation.

School nurse / school nursing: specialist nursing care, advice and support to school-age children, young people and their families.

SEND (Special Educational Needs and Disabilities): children and young people who need extra support with learning, development or disability.

SEMH (Social, Emotional and Mental Health needs): difficulties that affect feelings, relationships, behaviour or mental wellbeing. [Annual Hea...6 draft v2 | Word]

Social prescribing: non-medical support to improve wellbeing, such as help to join activities, groups or community services.

Stillbirth: when a baby dies after 24 weeks of pregnancy and is born without signs of life.

Supervised Toothbrushing Programme: a programme where young children brush their teeth in early years settings with staff support to help prevent tooth decay.

Temporary accommodation: short-term, council-provided housing for people who are homeless or awaiting a permanent housing decision

Td/IPV: teenage booster vaccine protecting against tetanus, diphtheria and polio.

Trauma-informed practice: an approach to health, social care, and education grounded in the understanding that trauma exposure impacts an individual's development.

Unaccompanied asylum-seeking child: an individual under 18 years old who has arrived in a country without a parent, legal guardian, or relative to care for them, and who is applying for asylum in their own right.

VAWG (Violence Against Women and Girls): defined by the United Nations (UN) as “gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.”

VCS (Voluntary and Community Sector): charities, community groups and not-for-profit organisations.

VIG (Video Interaction Guidance): a strengths-based therapeutic intervention designed to improve communication and strengthen relationships. It is most commonly used to build attachment between caregivers and children by reviewing short video clips of positive, everyday interactions and reflecting on them together.

Whole-school approach: genuine engagement on wellbeing across the entire school community including staff, pupils, governors, parents and external services.

Youth Justice System: legal and administrative framework that handles children and young people suspected or convicted of committing criminal offenses.

REPORT ENDS