

CAMDEN JSNA: FOCUS ON

THE FIRST 1001 DAYS

JUNE 2017

A child's experiences, from conception through to age two, have a huge impact on their long-term health and wellbeing. Camden Sure Start has a shared vision 'Camden services for families from pregnancy to age 5, supporting them to be safe, happy, healthy and ready for school'.

Camden's First 1001 days programme brings together key partners from health, the local authority and the voluntary sector to further strengthen and coordinate integration and the programme of support and intervention for parents and children at this crucial time of life. In doing so, Camden has acknowledged the increasing body of evidence about the importance of the first 1001 days.

This factsheet can be viewed together with other JSNA factsheets, namely 'obesity', 'physical activity', 'oral health' and 'mental health', also available on Open Data Camden and on the Camden webpage.

Facts and figures

- Over 1 in 4 (750 births) pregnancies are not registered with maternity services before 13 weeks gestation.
- 1 in 4 children under 5 (3,200) live in a family experiencing poverty
- 15% of two year olds (nearly 800) are recorded as being unimmunised against measles mumps and rubella.
- Nearly half of five year olds (1300) are not reaching a good level of development by the time they start school

Population groups

- Camden families from pregnancy to age 2 year.

Measures for reducing inequalities

Focusing on children and young people from low income households is vital in achieving our aspiration to reduce health inequalities and give every child the best start in life¹.

The programme aims to ensure that services are developed that are accessible and are engaging the families that can benefit most, that the need for support in the early days of pregnancy and parenthood are identified quickly and that the response to need is proportionate and timely.

National & local strategies

- Camden's First 1001 Days' programme
- Camden Resilient Families programme and Camden Surestart
- Health Matters: giving every child the best start (DH, 2016)².
- Best start in life and beyond: Improving public health outcomes for children, young people and families (PHE, 2016)³.
- Next Steps On The Five Year Forward View (DH, 2017)⁴.
- National Maternity Review (2016) Better Births Improving outcomes of maternity services in England⁵.

SETTING THE SCENE: THE CAMDEN PICTURE

Healthy pregnancy

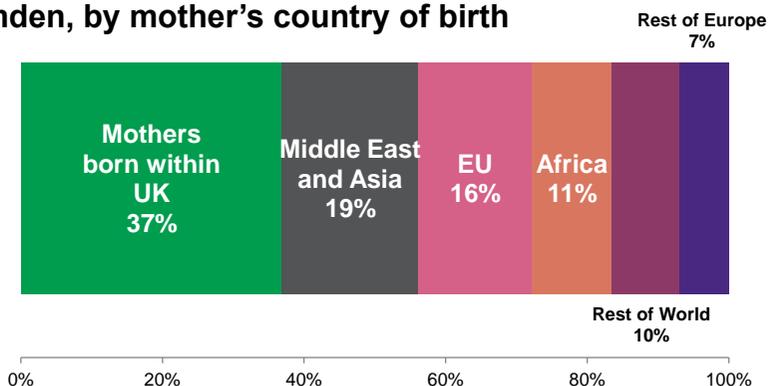
2,699 Live births in Camden in 2015⁶, a rate of:

44 Live births per 1,000 women aged 15 to 44 in Camden, lower than London (56) and England (63).⁶

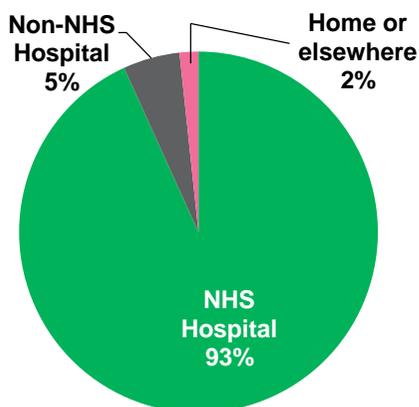
14 Births to mothers under 18 in Camden in 2015.⁷

Live births in Camden, by mother's country of birth

63%
Of women giving birth in Camden were born outside the UK.⁸



Location of births in Camden



53% Of women who give birth in an NHS hospital in Camden give birth at UCLH. 28% give birth at the Royal Free.⁹

3.8% Of women were smoking at the time of delivery in 2015/16, lower than London (4.9%).¹⁰

Good health and development

90.5% of mothers in Camden initiate breastfeeding in the first 48 hours after birth in 2014/15.¹¹

Children living in poverty in Camden in 2014/15

32%
of children in Camden were living in poverty in 2014/15.¹²

25%
of children living in poverty in 2014/15 were under the age of 5.¹²

Immunisation & Vaccination

Immunisations uptake has been increasing over time, but some children are still unimmunised, especially older children.

85% of eligible children in Camden have received one dose of the MMR vaccine by age 2 in 2015/16, lower than the national goal of 90%.¹³

92% of one year old children in Camden have received the DTaP/IPV/Hib vaccine in 2015/16, higher than London (89%) but lower than the national average (94%).¹³

30% of children aged 2-4 in Camden received flu vaccination in 2015/16, higher than London (26%) but lower than the England average (34%).¹³



SETTING THE SCENE: THE CAMDEN PICTURE

Relationships and resilience

89% of parents reported increase in parental confidence after attending parenting classes

Perinatal mental health

The Royal College of General Practitioners estimates that up to one in five women and one in ten men are affected by perinatal mental health difficulties (PNMH), or around 800 people in Camden in 2015.¹⁴

200 Men and women entered treatment for PND in Camden in 2016.¹⁵

7 patients from Camden (CCG) admitted to a mother and baby unit in 2015/16, the fifth highest number in North East London¹⁶

Average miles travelled to the mother and baby unit¹⁶: **29**

Children's Centre Family Work

91% of all children under 5 were reached by Camden's children's centres in 2015/16, including 97% of children under 5 living in the top 10% and 20% of most deprived areas.¹⁷

487 2 year olds in Camden benefitted from access to funded early education as of January 2017

49% of 2 year old funded places were in maintained children centres and nurseries and 51% were in private, voluntary and independent nurseries (Private Voluntary and Independent) and childminders.¹⁸

47% of children in Camden were school ready in 2016.*
This is below both the London and England averages.¹⁹



38% of boys in Camden are school ready*

57% of girls in Camden are school ready*

*defined by the Early Years Foundation Stage Profile

Speech, language and communication

20% of Camden's children do not reach a good level of communication and language development at 5 years.¹⁶

98% of new born children in Camden received a hearing screening in 2015/16, similar to London and England averages.¹³

600 referrals for Speech Language Therapy for children under 5 in Camden during 2016/17.²⁰

Healthy development

4633 4,663 Healthy Start vitamins were distributed in 2016/17 in Camden. 71% were vitamins drops (estimated at under 32% of the under 4 population) and 29% were vitamin tablets (estimated at under 51% of pregnant women).²¹

3.4% Of the Camden GP registered population was Vitamin D deficient in 2014, including 0.7% of children aged 0-4 and 3.3% of women of reproductive age. Residents from Black and Minority Ethnic backgrounds are more likely to be diagnosed with vitamin D deficiency.

FUTURE NEED

INTEGRATED SERVICES

A Camden priority is to integrate all services across the 1001 days period and to use our workforce efficiently and avoid duplication. We will address mental ill health in children as early as possible: developing antenatal and postnatal interventions for mothers and fathers with mental ill health; improving services for parenting support, health visiting, and signposting; and creating targeted services that focus on vulnerable high risk families.

As part of the NCL Maternity Network, Camden is committed to implementing the findings of the National Maternity Review: Better Births.⁵ This will have an impact on the way that community services are delivered within the community.

PERSONALISED CARE



CONTINUITY OF CARER



SAFER CARE



BETTER POSTNATAL AND PERINATAL MENTAL HEALTHCARE



MULTI-PROFESSIONAL WORKING



WORKING ACROSS BOUNDARIES



FERTILITY AND BIRTH PROJECTIONS

Camden’s population is expected to grow by over 20,500 by 2026 (+8.5%) with an estimated +2% increase in the number of children aged 0-4.²²

The number of births (see graph) is expected to increase by 158 births per year by 2026.

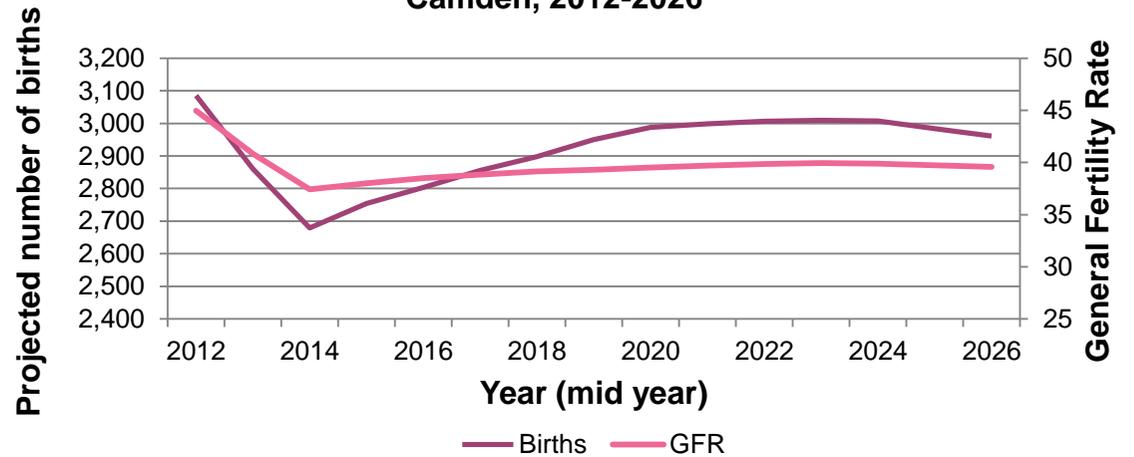
Perinatal mental health projections – based on national estimates one in five women and one in ten men affected.¹⁴

BUILDING UP THE DATA

In order to support families and target services more efficiently, better data is required on:-

- Perinatal mental health
- Maternal obesity
- Early years developmental checks
- Child poverty/homelessness
- Social housing/ effects on income

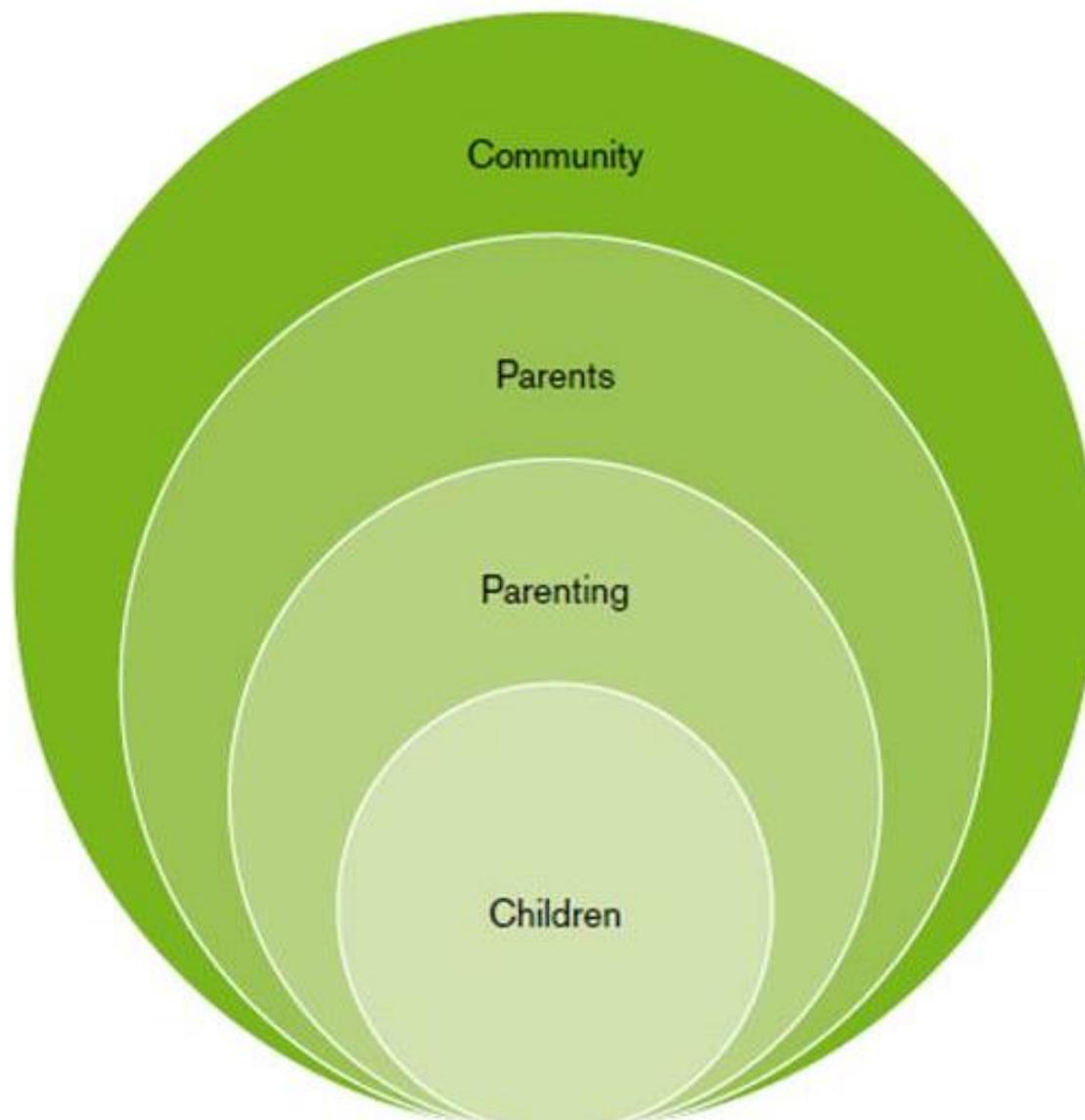
Number of projected births and general fertility rate for Camden, 2012-2026



WHAT INFLUENCES THIS TOPIC?

<p>PHYSICAL HEALTH</p>	<p>AGE</p>
<p>A healthy woman is more likely to give birth to a healthy baby. Mothers should eat a healthy diet and avoid consuming alcohol or misusing illegal substances.</p> <p>Maternal obesity and diabetes (pre-existing and pregnancy related) are important risks</p>	<p>Teenage pregnancy and early motherhood is associated with:</p> <ul style="list-style-type: none"> • poor antenatal health • lower birth weight • higher infant mortality <p>Older mothers may also be adversely affected (though assisted births)</p>
<p>MENTAL HEALTH</p>	<p>RELATIONSHIPS</p>
<p>Low self-esteem or mental resilience and not experiencing stress or anxiety</p> <p>Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs.</p>	<p>Intimate partner abuse; ambivalence being a parent and low social capital.</p> <p>Supportive relationships during pregnancy are important for fostering good emotional wellbeing</p>
<p>ECONOMICS</p>	
<p>Child poverty is associated with poor health and developmental outcomes</p>	

The Determinants of the health and wellbeing of children
"the causes of the causes"

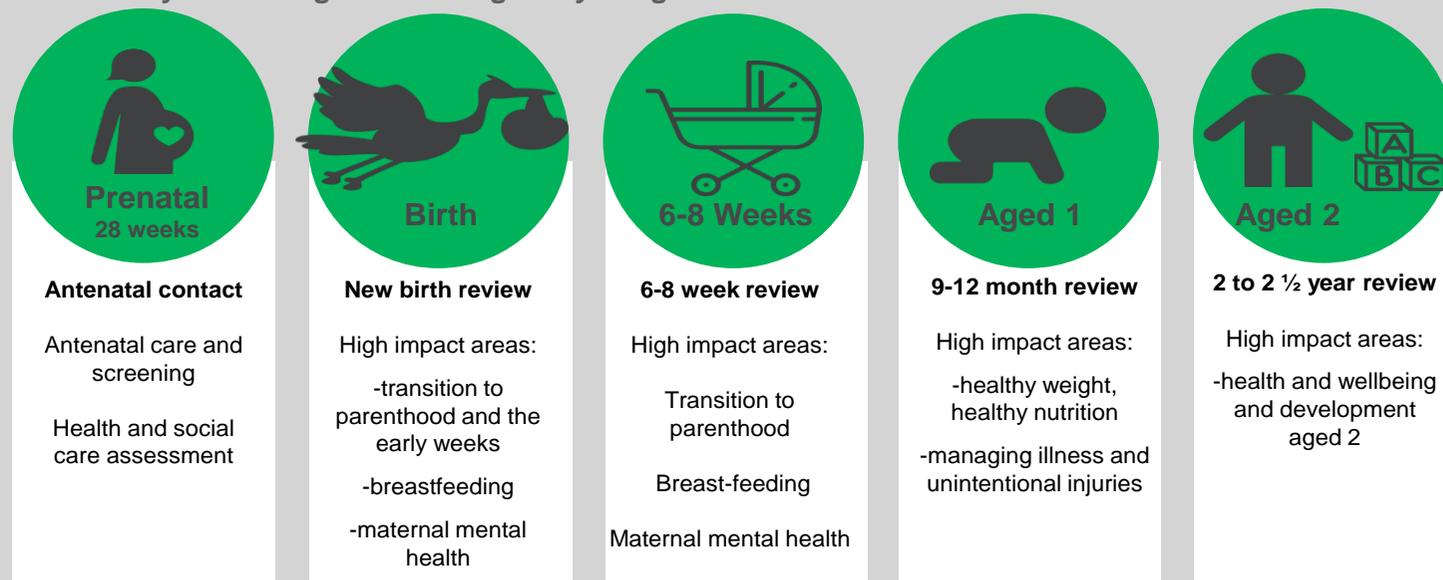


References: 1, 2, 3, and 23

WHAT WORKS?

Giving every child the best start in life

The Healthy Child Programme: Pregnancy to age 2



A loving, secure and reliable relationship with a parent or carer supports a child's:

- Social and emotional wellbeing
- Language development and ability to learn
- Capacity to form and maintain positive relationships with others

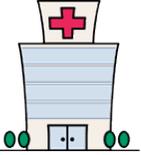
The Healthy Child Programme²⁴ sets out the schedule for services covering care from 28 weeks of pregnancy through to age 5. The programme comprises health promotion, child health surveillance and screening, ensuring families receive early help and support.

Building blocks of good child development

Good parental mental health	Good language skills	Secure attachment	Healthy Development
<ul style="list-style-type: none"> • What happens in the womb shapes a baby's brain development • Building resilience through supportive social support and networks • Important to recognise ante/post-natal anxiety and depression • Identify needs, provide support and pathways 	<ul style="list-style-type: none"> • Communication skills by age 2 are key to accessing learning and school readiness • Communication skills are much worse for those who experience persistent low income and especially boys by age 2 • The quality of interaction between care givers and children matters a lot – the "Home Learning Environment" 	<ul style="list-style-type: none"> • Secure infants actively seek interaction, and feel comforted by the contact with their parent • Sensitive parenting is key: actively engaging with signals from a child and responding in an appropriate way 	<ul style="list-style-type: none"> • Immunisation and Screening • Breastfeeding and Healthy Infant feeding • Good oral health • Encouraging play: creative and active • Allowing for appropriate risk taking
			References: 24-26

ASSETS AND SERVICES

Camden works to ensure local services work together to minimise duplication and gain the best possible outcomes for families.

<p>Maternity Services</p>  <ul style="list-style-type: none"> • UCLH • Royal Free <p>Running ante-natal and post-natal sessions in children's centres and targeted antenatal</p>	<p>Primary Care</p> <p>First point of Contact/booking for pregnant mothers. 6 week baby checks and baby clinics</p> <p>All immunisation are done in primary care.</p>	<p>Family Nurse Partnership</p>  <p>To support teenagers through pregnancy, birth and first 2 years of infant life.</p>	<p>Integrated Early Years Service</p> <p>Universal health visiting service delivering the Healthy Child Programme as part of an integrated service with Camden Surestart</p>  <p>Camden Sure Start 5 Children's centres 8 integrated Family Support and Health Visiting Teams</p> <p>Health visiting Workforce Additional services for families needing extra support; short-term or for complex longer-term problems</p>	<p>Peri natal mental health</p> <ul style="list-style-type: none"> • NCL perinatal specialist mental health service • Mental Health Champions • Perinatal mental health peer support service • Parent Infant Project (PIP)
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Camden has developed an integrated health promotion offer for children and families focused on breastfeeding and good nutrition, oral health, play and physical activity, immunisation and tobacco free homes.

<p>Camden Baby Feeding team</p>  <p>Information and support to mums before and after they have had their baby.</p>	<p>Healthy Start Vitamins</p>  <p>Healthy start vitamins are available free to: Pregnant women and women planning a pregnancy Families with children under 4</p>	<p>Families for Life</p>  <p>Free classes on healthy eating, Getting active as a family, Cooking and eating healthy meals together, Preparing and sharing healthy recipes</p>	<p>Little Steps to Healthy Lives Programme</p>  <p>An integrated programme to improve health outcomes for families and young children through early intervention in the early years</p>	<p>Voluntary Sector</p> <p>There are a range of services available to parents of children under 2</p>
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TARGETS & OUTCOMES

Target	Related document or strategy	Timeframe to meet target
Increase the proportion of mothers breastfeeding at six to eight weeks after birth to 80%	Camden Joint Health and Wellbeing Strategy 2016-2018	By 2019
Decrease the number of pregnant women smoking and of families exposing infants to second hand smoke (baseline to be established)	Camden Joint Health and Wellbeing Strategy 2016-2018	By 2019
Local Acute trusts implementing Stillbirth Reduction Care Bundle (includes CO monitoring and referrals) to decrease number of stillbirths	NHS England	20% reduction by 2020
Decrease in parents of infants with mental health concerns (baseline to be established)	Camden Joint Health and Wellbeing Strategy 2016-2018	By 2019
Improvements in outcomes at two year old development review (baseline to be established).	Camden Joint Health and Wellbeing Strategy 2016-2018	By 2019
A reduction in the average number of teeth which are actively decayed, filled or extracted to less than two amongst Camden children aged five years	Camden Joint Health and Wellbeing Strategy 2016-2018	By 2021
Increase in number of children who reach good level of development in communications and language at the end of reception to 70%	Camden Joint Health and Wellbeing Strategy 2016-2018	By 2021
Increase in number of children who reach good level of development in personal, social and emotional development at the end of reception to 70%.	Camden Joint Health and Wellbeing Strategy 2016-2018	By 2021

THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

Preparation for parenthood: A local needs assessment on preparation for parenthood was conducted in 2015. Findings showed that parents felt caring for a new-born baby is a higher priority than preparing for the birth or learning about pain relief. Parents said

- “I think antenatal classes at hospital are really good because they can tell you exactly what they do and what’s the standard procedure for them”
- “I think that’s the main thing (about antenatal classes) is just to meet people”
- “I found it really difficult to actually find antenatal classes outside the working day timeframe, working full time, you know, being pregnant”
- “You kind of need parenting to be a separate session, you need to forget about labour and focus on what actually being a parent is about, otherwise you are just too focused on the birth”.

Perinatal mental health. A local Perinatal mental health needs assessment included two focus groups with parents who had recently used services during the perinatal period. This showed there was:-

- Not enough education on mental health during pregnancy, and would have benefit from learning more in pre-conception or antenatally.
- Barriers to disclosing difficulties, including worries of appearing as if they “cannot cope”, and resulting concerns regarding involvement from child protection services.
- A tendency to minimise symptoms and the impact on their lives
- Limited access to services providing support for relationship difficulties and parent-child bonds.
- Mothers report needing more support once the father returns to work.
- Men report difficulties understanding how best to offer support to their partners and some new fathers reported requiring support and being affected by traumatic births. They requested support from services including counselling, practical support and peer support.

Further research was conducted with local BME women. Preliminary findings show some themes emerging around stigmatisation, confidentiality, access and awareness. Participants spoke about the fear of being judged or labelled by others in the community/family/health professionals. Some were unaware of different services available; others faced language and confidence related barriers to accessing these services. Different preferences for emotional support were expressed which indicated a multifaceted approach is required.

Key facts	Setting the scene	Future need	What influences?	What works?	Assets & services	Targets & outcomes	The Voice	Gaps	Further info
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THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

Health Visiting (CNWL) patient survey

- 90% of parents reported that the support they received from the service helped them and 81% would recommend the service to family and friends'
- Parents using the service stated that the health professionals who saw them were knowledgeable about their care and treatment (91%) and involved them in decisions about their care (97%). Parents/carers reported that they received enough advice and support from the service for their mental wellbeing (96%).
 - 42% (74) of respondents had a baby under 1 year
 - 58% (102) had a child aged 1 – 5 years.

Camden Sure Start – feedback from parents (16/17)

- 'With the help of my family support worker, I have really changed in myself. I feel better with where I am. When I needed support with money and other issues someone was always available to help.' (Family Support Team Euston locality)
- 'My confidence as a mother was hugely improved.' (Family Support Team Kentish Town West locality)
- 'I enjoyed learning how to build a relationship with my baby and what I can expect after the baby is born.' (Bump to Baby)
- 'I liked the warm welcoming atmosphere, the messy play ... really good.' (Terrific Talkers Kilburn Grange)

GAPS: UNMET NEEDS

Target groups	Health priorities	Service transformation	Data
Perinatal mental health	Health Promotion: UNICEF Baby Friendly, oral health and immunisation	Integrated working across the early years workforce in line with the NCL STP	Building the baseline data on perinatal mental health, early years developmental checks and parenting
Refugees/asylum seekers	Reducing of smoking in pregnancy	Maternity Services transformation (Better Births)	Data exchange between professionals as part of EY integrated working
Young mothers	Weight reduction in pregnant women	Health visiting mandated antenatal visits	Child Health System (CHIS)
Families on a low income	Parental resilience and mental health including couples conflict	<ul style="list-style-type: none"> Recognising need, providing support, using clear pathways developing targeted pathways (ie. stay and play) 	Improve data collection from Department of Work and Pensions on % of children aged 0-4 years living in out of work benefit claimant households and number and percentage of 2 yr olds taking up free nursery places
Families in workless households	Building social networks	Free entitlement for disadvantaged 2 year olds. Launch of parent champion volunteer programme.	

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FURTHER INFORMATION

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NICE Guidance:

- PH48; PH11; PH55; PH56; QS128; LGB22; QS115; CG192; QS22; CG62; CG192; PH27; PH26

National Strategies

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About Camden's JSNA

[Open Data Camden](#) brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

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