

## **Early Years, Childhood and Adolescent Health in Tower Hamlets**

### Tower Hamlets Public Health

October 2012

---

#### **Introduction**

Whilst a person's health depends to a limited extent on 'fixed factors' such as age, gender and ethnicity, it is now widely accepted that the strongest determinants of health are social, economic and environmental. This is evident from what is known about health inequalities and the reasons for them. Differences in people's health are explained to a large extent by differences in the social, economic and environmental circumstances of their lives that impact from before birth and throughout life.<sup>1</sup> While many of the factors that impact upon the health and well-being of pregnant women, children and families are evident nationally, there are a number of demographic and socioeconomic factors that particularly affect the current and future health experiences of these groups in Tower Hamlets.

#### **Determinants and indicators of health and well-being**

53% of children in Tower Hamlets are living in poverty, the highest in the country, and this deprivation is reflected in a number of other socio-economic and health indicators as set out below:

- Over one half of children in Tower Hamlets live in benefit dependent families\*;
- 33% of families live on an annual income of less than £20,000, compared to 22% nationally;
- 29.3% of families live in overcrowded housing;
- 57% of pupils are entitled to free school meals\*;
- Despite recent improvement, school readiness assessed at Early Years Foundation stage is still significantly below the national average (50% in Tower Hamlets versus 59% achieving at least 78 points across the EYFS in 2011/12);
- 9% of babies weight less than 2.5kg at birth, compared to 7.5% in London and 7.2% in England (2007/09);
- 39.1% of 5 year olds have experience of dental decay, compared to 32.7% in London and 30.9% in England (2007/08);
- Children from lower socio-economic groups are more likely to be affected by unintentional injuries, and hospital admissions caused by unintentional and deliberate injuries in under 18s are higher in Tower Hamlets than London (a crude rate of 122.5 per 10,000 population aged 0-17 years);
- The best available estimate suggests that the prevalence of mental disorders among children in Tower Hamlets aged 15 years and under is 9.1%;

---

<sup>1</sup> Sir Michael Marmot (2012) Strategic Review of Health Inequalities Post 2010 (Fair Society, Health Lives)

\* Highest in the country

- 13.3% of 4-5 year olds are obese, 7<sup>th</sup> highest in the country (2011/12)
- 25.7% of 10-11 year olds are obese, 4<sup>th</sup> highest in the country (2011/12)
- Children in Tower Hamlets take part in less formal physical activity than the England average; the proportion of primary school children walking to school (whilst high) has fallen year-on-year, with levels of cycling to school remaining significantly lower than the national average.

However on some health indicators Tower Hamlets performs as well or better than London and/or England, for example:

- Maternity access by 12 weeks 6 days gestation. 93.7% versus 81.2% for London and 86.9% for England; Q1 2011/12/13;
- Infant mortality (4.4 deaths per 1,000 live births < 1 year) not significantly different to London (4.4) and England (4.7);
- Breastfeeding at 6-8 weeks: Q1 2012/13 66.02% Tower Hamlets<sup>2</sup> (28.8% exclusive), 68.4% London, 46.9% England;
- Uptake and coverage of the childhood immunisation programme, 2011/12: 94.8% Tower Hamlets, 86.7% London, 92.2% National;
- Smoking in pregnancy Q3 2011/12: 3.1% compared to London (6.1%) and England (13.4%);
- Breastfeeding initiation: Q1 2012/13 88.6% Tower Hamlets (49.62% exclusive), 87.2% London, 74% England.

There is also growing evidence of significant improvement in Tower Hamlets, despite continued poverty and deprivation. The most marked of these being that educational attainment at Key stages 1, 2 and 4 is now at or above the national average. Other areas of significant improvement, or where the gap between Tower Hamlets and London and/or England has narrowed or closed, include:

- Child mortality for all causes in under 15's;
- Teenage pregnancy, 45% reduction since 1998, compared with a national decrease of 24% and a London decrease of 27.4%;
- Child immunisation, 12-21 % improvement across the different vaccinations since 2007/08, achieving herd immunity (95%) on most vaccinations and best performing PCT in London;
- Dental decay in 4-5 year olds, although still higher than London and England, the gap has been reduced by 4.6% (London) and 2.5% (England) since 2003/04;
- Obesity in 4-5 year olds, 2% decrease since 2007/08;
- Childhood obesity as measured at age 4-5 has fallen year on year since the National Child Measurement Programme (NCMP) began 5 years ago; childhood obesity as measured at age 10-11 has plateaued for the last 2 years, compared to 1.0% year on year rises in the first years of the NCMP.

### **Partnership working to improve health outcomes**

---

<sup>2</sup> Unusual quarter as has been consistently above both London and England. Improvement in Q2 2012/13, 71.7% but London and National comparators not yet available.

There is a strong history of partnership working in Tower Hamlets focussed on improving socio-economic and health outcomes for children and families. This is brought together by the Children and Families Partnership Board and the Local Safeguarding Children's Board. Some of the key partnership strategies and public health interventions are listed below.

## **1. Joint Strategic Needs Assessments**

The Joint Strategic Needs Assessment (JSNA) is a process through which Public Health (NHS Tower Hamlets) works together with council services (both the Adults Health and Wellbeing, and Children, Schools and Families directorates) to assess the needs of the Tower Hamlets population and determine priorities for commissioning services.

**Existing JSNA factsheets** (can be accessed via [http://www.towerhamlets.gov.uk/lgs/701-750/732\\_jsna.aspx](http://www.towerhamlets.gov.uk/lgs/701-750/732_jsna.aspx))

- North East locality maternity and child health profile
- South East locality maternity and child health profile
- North West locality maternity and child health profile
- South West locality maternity and child health profile
- Infant Mortality
- Smoking and pregnancy
- Safeguarding Children
- Physical Activity in Young People
- Physical Health of Young Offenders
- Oral health in children
- Teenage pregnancy
- Tobacco use and young people
- Alcohol and Substance Misuse Young People
- Child and adolescent mental illness, mental health and emotional wellbeing
- Health of Looked After Children

### **JSNA factsheets in progress**

- Maternal health
- Maternal and early years nutrition
- Obesity – all ages
- Intentional injuries
- Unintentional injuries
- Gestational and pre-existing diabetes in pregnancy
- Vitamin D

### **New JSNA factsheets to be completed**

- Maternal obesity
- Children of vulnerable/young (or teenage) parents
  
- Children with disabilities and long term conditions
  
- Young carers
  
- Sexual violence

## **2. Key strategies and partnerships**

- Children and Families Plan
- Teenage pregnancy Strategy
- Health Improvement Strategy for Maternity Services
- Immunisation Action Plan
- Healthy Weight, Healthy Lives Strategy and Tower Hamlets Healthy Borough programme
- Tobacco Control Strategy
- Substance misuse Strategy
- Mental health and wellbeing Strategy (in development)
- Child Death Overview Panel

### **3. Public Health commissioned interventions**

- Family Nurse Partnership (supported, but not commissioned, by Public Health)
- Improving early access to maternity services
- Expanded antenatal parenting classes
- Smoking and pregnancy service
- Doula project (lay support in pregnancy)
- Haemoglobinopathy counselling service
- Baby Friendly Initiative (promoting breastfeeding)
- Healthy Start vitamins distribution
- Healthy Start community champions
- Weaning pilot project
- Oral health promotion , including:
  - Brushing for Life (children’s centres)
  - Fluoride varnishing scheme
  - Happy Smiles (primary schools)
  - Oral health promotion training for health and childcare workers
- Healthy Weight, Healthy Lives and Healthy Borough projects, including:
  - Healthy Breakfast clubs (funding ended July 2012)
  - Promoting active play, healthy eating and cooking skills
  - Bike It (delivered by Sustrans)
  - Healthy Early Years accreditation scheme
  - Active play, healthy eating (Toyhouse libraries)
  - Cook4Life (including weaning pilot)
  - Breastfeeding welcome venues
  - Healthy Families (parenting skills)
  - Child weight management and early intervention service
  - Participatory training for parents
  - Community led projects including ‘Can Do’ grants
- Healthy Lives Team, responsible for:
  - Healthy Schools and Advanced Healthy Schools programme
  - Sex and relationships education
  - Healthy eating and physical activity
  - Drugs and alcohol education
  - Pupil led projects
- Peer led programmes, including::
  - ASSIST (smoking prevention)
  - Alcohol awareness
  - Sex education

## Priorities for future action

Life course stage	Priority
<b>Being born</b>	<ul style="list-style-type: none"> <li>- Good and improving maternal health – including maternal nutrition, good mental health, decreasing maternal obesity and decreasing numbers smoking at time of delivery</li> <li>- Reduce infant mortality rates;</li> <li>- Reduced proportion of babies born with low birth weight to vulnerable mothers, including teenage mothers and mothers who substance misuse;</li> <li>- Further improving exclusive breastfeeding rates and healthy weaning practices;</li> <li>- Support community engagement to encourage women to disclose female genital mutilation, development of referral pathways, training for health professionals;</li> <li>- Expand parent education and support into the postnatal period (e.g. practical sessions related to bathing and nappy changing; coping with change);</li> <li>- Provide guidance and support women with complex social factors through:               <ul style="list-style-type: none"> <li>- continuation of the Doula Service,</li> <li>- continuation of the development of antenatal care through centering,</li> <li>- supporting the continuation and expansion of the Family Nurse Partnership.</li> </ul> </li> <li>- Establishing the prevalence of postnatal depression in the borough;</li> <li>- Development of a pathway for women, not eligible for the specialist perinatal mental health service, with mild depression/postnatal depression;</li> <li>- Promotion of mental health and well being in the early years with a particular focus on strengthening family resilience and parenting skills;</li> <li>- Further improving access to and uptake of Healthy Start vitamins;</li> <li>- Decreasing levels of tooth decay in under-fives, increasing uptake of fluoride varnishing programme and ensuring all children are registered with a dentist.</li> <li>- Reduction in under 18 conceptions;</li> <li>- Maintaining good immunisation rates;</li> <li>- Good coverage levels for antenatal and newborn screening;</li> <li>- Early detection and treatment of disability and illness ;</li> <li>- All parents and children achieve positive physical and emotional development milestones.</li> </ul>
<b>Growing up</b>	<ul style="list-style-type: none"> <li>- Decreasing levels of obese and overweight children, more opportunities for active play and more healthy choices at home and in nurseries, schools, leisure centres and other public places;</li> <li>- Develop methods of communicating with CYP so that they can understand mental health &amp; wellbeing/their mental health condition and their choices.</li> </ul>
<b>Crosscutting</b>	<ul style="list-style-type: none"> <li>- Reduction in emergency admissions caused by unintentional or deliberate injuries by means of local injury surveillance and multi-agency strategy development;</li> <li>- Review of multi-agency action to prevent accidents within and outside the home;</li> <li>- Review of Violence against Women and Girls Strategy and hidden harm strategy with particular focus on reducing the impact of domestic violence on children;</li> <li>- Building on the work undertaken as part of the Healthy Borough programme,</li> </ul>

	<p>working with the Local Authority spatial planners to ensure that sufficient provision of both internal space /amenity and play space are included in all new developments;</p> <ul style="list-style-type: none"><li>- Map and communicate to frontline services information on mental health services to describe target audience, thresholds, and outcomes anticipated and referral pathways;</li><li>- Strengthening partnership working and review of commissioning across the local authority and NHS to minimise the impact of cuts to public sector funding on vulnerable children and families so that the substantial improvements in Tower Hamlets are sustained and not reversed.</li></ul>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------