

The Health of Lewisham Children and Young People

The Annual Report of the Director of Public Health
for Lewisham

2015

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Foreword

To be added

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Introduction

I am delighted to present my annual report on the health of Lewisham's population. This year, I have chosen the health of children and young people as the focus of my report.

Children are the future of any community. Their health and welfare, and their present and future happiness ought to be the most important focus for the activity of any society. Childhood itself can be a wonderful period in the life of any individual – forming the first attachment to other human beings, exploring and learning about the world for the first time, with an endless rush of first experiences and sensations. For very many adults, childhood and early adulthood are remembered as the happiest times of their life. And so it should be; pregnancy and early childhood, particularly the period that is now known as the first thousand days of life, are critical in determining an individual's future health and well-being – the strength and nature of the attachment they form with their primary caregiver – usually their mother, determines their future physical, mental and emotional wellbeing. Failure in this primary relationship or the toxic stress caused by neglect, emotional deprivation or other adverse influences can destroy or severely affect a child's emotional, mental and physical health, both in childhood and in the future. Adverse events, a failure of society in ensuring the best possible housing, education and protection of a child, or illness in later childhood or in young adulthood can also have a disproportionate affect on a child's future.

This year sees the publication of the Lewisham Children and Young People's plan, which will cover the period 2015 to 2018, and so it seemed appropriate that the main focus of my report this year should be the health of Children and Young People in Lewisham.

Lewisham and its people benefit greatly from its strong strategic partnership arrangements, which ensure that all statutory and non-statutory organisations work together locally so as to improve the lives of local people. Our strong, mature partnership arrangements for children and young people have cultivated a culture which constantly strives to improve services so that:

'Together with families, we will improve the lives and life chances of the children and young people in Lewisham'

One of the four key areas in which the Lewisham Children and Young People's Strategic Partnership aims to improve outcomes through its Children and Young People's Plan (2015-18) is *Be Healthy and Active*. This Annual Public Health Report pays particular attention to the priorities identified in this key area in the Children and Young People's Plan:

- Improve our uptake of immunisations
- Ensure our children and young people are a healthy weight
- Improve mental and emotional wellbeing
- Improve sexual health
- Reduce the impact of alcohol, smoking and substance misuse
- Ensure our looked after children are healthy

- Encourage access to and use of culture, sport, leisure and play activities

Attention is also paid to the following priority included in the Children and Young People's Plan key area *Build Child and Family Resilience*:

- Ensure the best outcomes or pregnancy and the first 1,000 days including the reduction of the impact of toxic stress on children.

Members of the Public Health team at Lewisham Council have been working closely with members of the Children's and Young People's Directorate in the development of the Children and Young People's Plan.

The entire partnership is committed to delivering the [Healthy Child Programme](#) (HCP), the Government's early intervention and prevention public health programme to ensure all children and families reach their full potential. The programme is evidence-based and covers a whole range of activity including screening, immunisation, neuro-developmental reviews, information and guidance to support parenting and healthy choices, as well as action to improve health more generally. The Healthy Child Programme underpins our work to improve the health of children in Lewisham and all that Lewisham Public Health and the Lewisham Children's Partnership is striving to achieve for Lewisham's children. HCP has a universal reach, but also aims to identify families who need additional support or are at risk of poor health outcomes and to address those needs. Our challenge, therefore, in ensuring the present and future health of Lewisham's children and young people is to do the best that we can to deliver the national Healthy Child Programme.

Lewisham's Children and Young People's Plan includes all the most important actions that members of our local strategic partnership for Children and Young People can take to improve children's lives and life chances, and therefore their health. I endorse and support the plan and recommend it to all those who would support the welfare of Lewisham's children and young people.

Because of the nature of the collaboration between Lewisham Council's Public Health Team and Children and Young People's Directorate, the recommendations arising from the work underpinning this report have already been discussed with members of the Children's Directorate. For this reason, where this report identifies needs currently being addressed in the draft Children and Young People's Plan, I recommend that these actions continue to be part of the Plan. Where my report identifies unmet needs, I have recommended that, within the resources available to the Partnership, they are taken into account in further development of the Plan.

Finally, in an appendix to this report, I have included a full set of our Public Health Dashboards. These are meant to show at a glance the Lewisham experience in relation to a number of key areas for the Public Health. Apart from the one which applies to child and maternal health, they all apply to the whole of Lewisham's population, and are included here to inform readers of the state of the Public Health more generally in Lewisham. It might be helpful to read these in conjunction with the Appendix to my report from last year on *Key Public Health Outcomes and Performance*.

Lewisham's Children

Lewisham is the second largest inner London borough, and is home to approximately 291,900 residents¹, 24% of whom are under 19 years of age (Table 1).

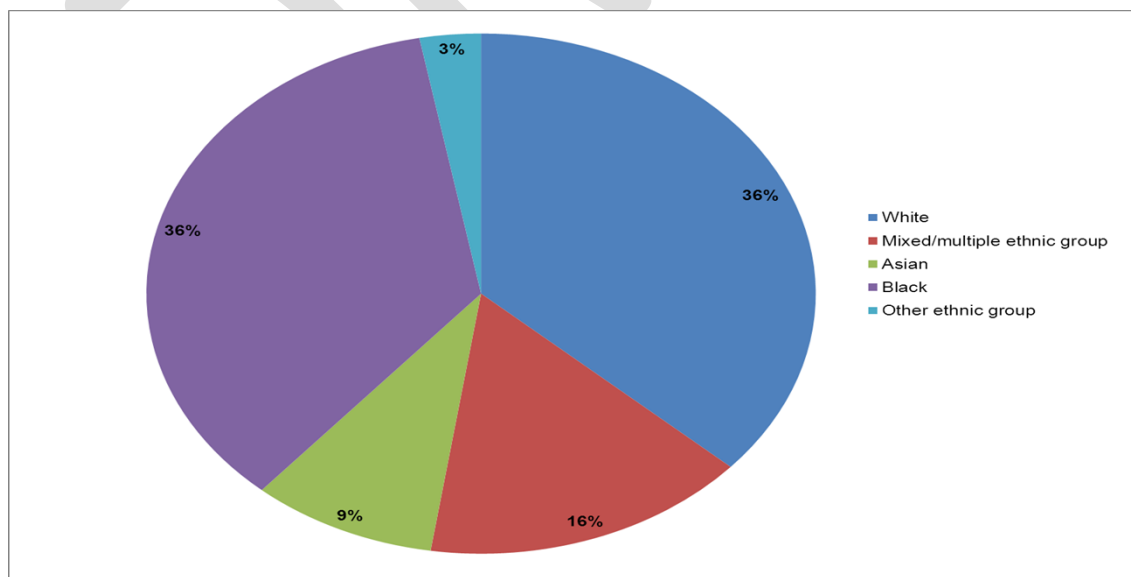
Table 1: Key Demographics

	0-18	Total Population
<i>Population</i>	69,867	291,933
<i>% of population BME²</i>	63.4	46.5

The 2011 Census identified Lewisham as the 14th most ethnically diverse local authority nationally. Almost two thirds of those under 19 were members of a black or other minority ethnic (BME) group (Fig 1). There were equal numbers of residents from Black or White ethnic minority groups, with smaller numbers of residents from Asian groups. There is considerable diversity within these broad ethnic groups locally. People from Black African and Black Caribbean groups, in particular, each form a significant proportion of Lewisham's population. There are significant groups of people with an Eastern European or Vietnamese background. Overall, members of 94 ethnic groups make up Lewisham's population.

This local diversity makes for a vibrant population, rich in the cultures associated with its constituent BME populations. Children benefit from this wealth of different cultures, but this diversity also presents challenges in relation to public health promotion, public health programmes, and (crucially) in higher rates of certain conditions or a greater prevalence of certain risk behaviours. Lewisham children are also far more likely to have English as a second language. As the population grows, it continues to diversify, meaning that a multitude of nationalities, faiths and cultures with differing needs is emerging. In 2014, 74% of pupils in Lewisham schools were from a BME background³.

Figure 1: 0-19 Population by Broad Ethnic Group⁴



¹ ONS 2014 Mid Year Population Estimates

² 0-19 BME - 2011 Census

³ Lewisham's Children and Young People's Directorate

⁴ 2011 Census

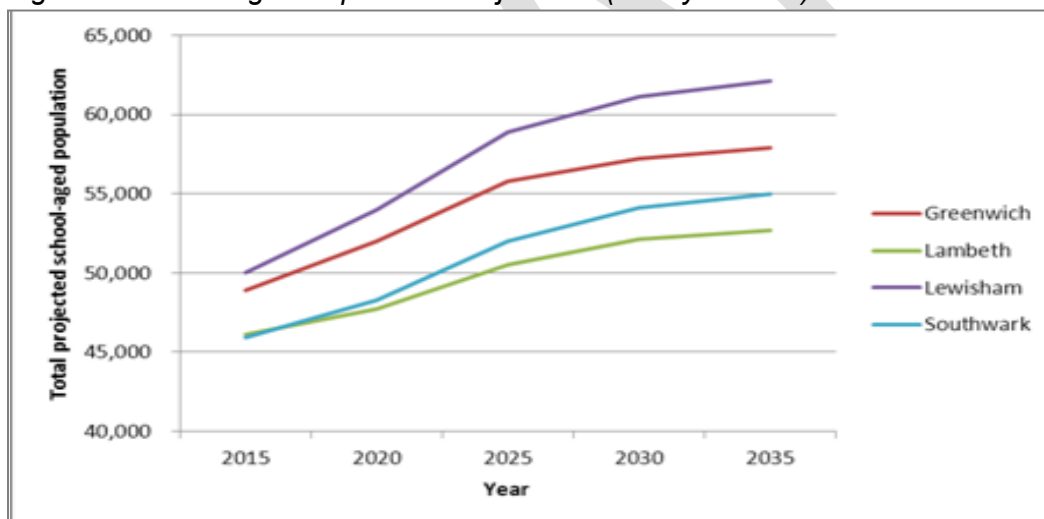
Births and Population Growth

There has been a sustained rise in the birth rate in Lewisham for several years, reflecting a similar rise in London and the country as a whole. Each year, there are now around 5,000 births to Lewisham women⁵. Much of the rise in births has been in births to mothers who were not born in the UK, the Commonwealth or the EU. Over 50% of all births in Lewisham now occur to women born in countries other than the UK.

Although the rise in the numbers of births to Lewisham women is expected to cease and decline a little over the next decade or so, because of the earlier rise in births, and the numbers of families who come to live in Lewisham, the numbers of children locally will continue to rise for many years. Using 2012 GLA projections, it is clear that Lewisham is a borough where this rise will be greater than in the country as a whole and will also be greater than in neighbouring London boroughs (Fig 2).

This rapid rise in the numbers of births and in the numbers of children locally has meant a huge challenge to local services in ensuring that all the needs of these children and their families are met. There has had to be a considerable expansion in the number of school places, and in the provision of health services, particularly maternity services. As the population of children in Lewisham continues to increase and become more diverse, the challenges will become ever greater over the next twenty years.

Figure 2: School Aged Population Projections (5-19 year olds)



Source – GLA Projections 2012

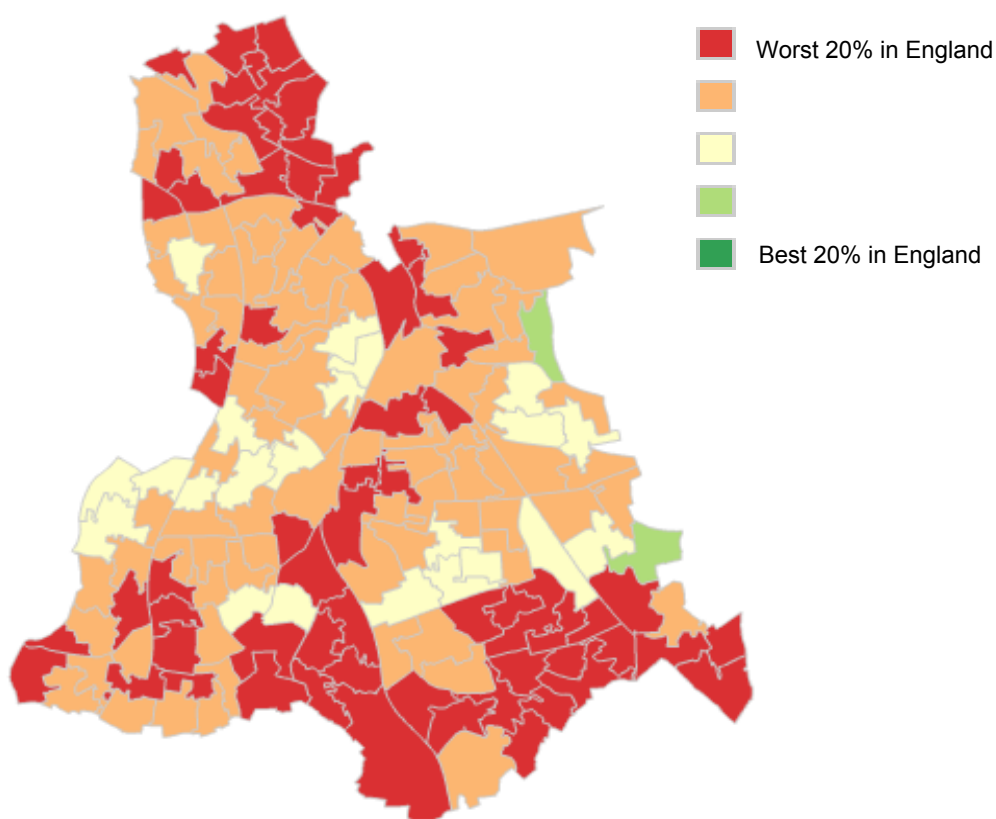
Deprivation

There is now considerable evidence about the relationship between specific aspects of poverty on the one hand and deprivation and children's health on the other. The specific aspects of poverty include poor housing, homelessness, unemployment, dependence on benefits, living in a deprived area, low income, multiple deprivation, all of which have a specific association with poor health in children and young people.

⁵ ONS - Birth Statistics

Lewisham is amongst the 20% of all local authority areas in England that are the most deprived. In the latest overall Index of Multiple Deprivation (2010) or IMD (the Department for Communities and Local Government's combined score using all indices of deprivation) Lewisham's average score was 30.97, which means the borough is the **31st most deprived** in the country. In 2007 Lewisham was ranked 39th. There are areas of significant deprivation in the north, central and southern parts of the borough (Fig 3) the populations of which experience many of the problems associated with poverty. Looking in particular at income deprivation affecting children, 35 of the 166 super output areas (SOAs) in Lewisham are in the 10% of the SOAs in the country that are the most deprived. Bellingham, Downham, Evelyn, New Cross and Whitefoot wards have the highest concentrations of deprivation. Children in these areas in particular are at risk of poor outcomes in terms of education, employment and health.

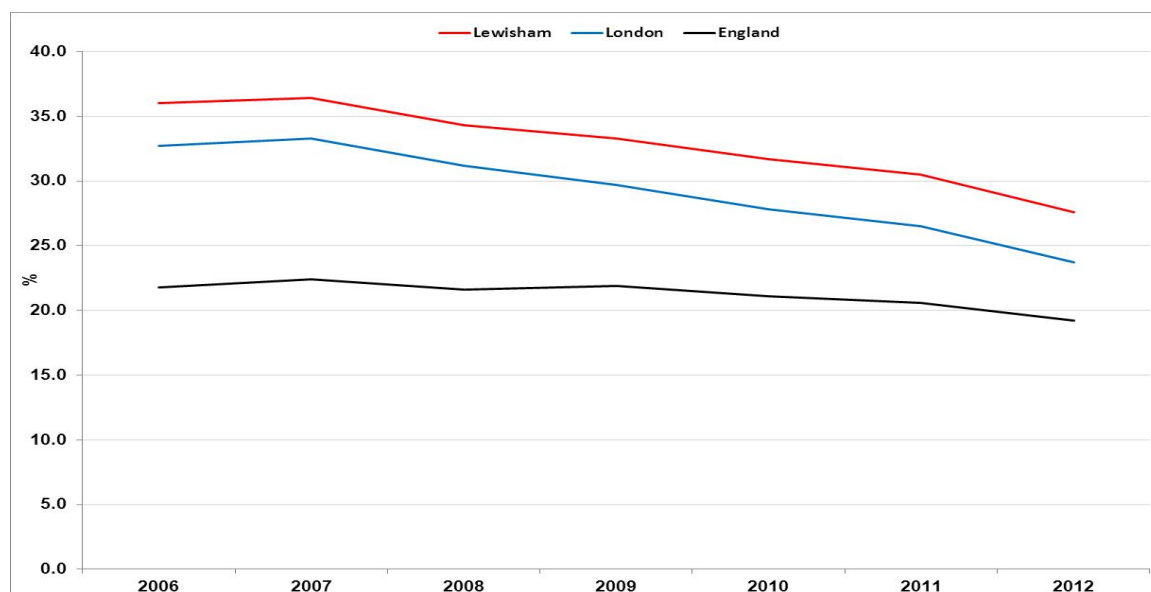
Figure 3: Indices of Multiple Deprivation 2010 - Lewisham Super Output Areas



Source: Department for Communities and Local Government 2011

Whilst there has been a decrease in the numbers of children living in poverty in Lewisham, over recent years, the difference between Lewisham's children and those in London or England as a whole remains the same (Fig 4). A significantly greater proportion of Lewisham's children live in poverty than is the case in England as a whole.

Figure 4: % of Children Aged under 16 in Poverty



Source: HM Revenue and Customs 2012

Children in lone parent families are at a greater risk of poverty and therefore of poor health outcomes. The 2011 Census revealed that there were 13,239 lone parents households in Lewisham, an increase from 11,242 in 2001. We also know that in 2011 there were 7,599 households with dependent children (6.5% of the total) where no adult was in employment. Almost 26% of children in Lewisham's primary and secondary schools are in receipt of free School Meals, a proxy indicator for child poverty⁶.

Housing

London has the highest child poverty rates and highest housing costs in the UK. This means that the capital has been hit particularly hard by changes to the benefits system, particularly cuts to housing benefit.

As housing becomes less affordable, the risk of homelessness increases, as some people find it more difficult to find and sustain a tenancy. Homelessness can contribute to a number of physical and mental health problems in children. Firstly, as individuals and families are moved into temporary and less secure accommodation, overcrowding becomes more likely which can contribute to morbidity from respiratory infections and activation of tuberculosis. If such accommodation is sub-standard and lacking efficient heating, adequate hot water supply, and adequate facilities for food storage and waste disposal, then the risk of the spread of infectious diseases is increased. Children living in poor and overcrowded housing are also at greater risk than other children of suffering anxiety and depression and other long-term health problems, and poor mental and physical development.

Lewisham like all other London boroughs has high levels of residents in temporary accommodation as a result of the housing crisis and the shortage of housing supply. Overcrowding in Lewisham, like most other London boroughs, has increased since 2001

⁶ Lewisham's Children and Young People's Directorate

when 17.6% of local households were in accommodation deemed overcrowded to 22.2% in 2011. However there were fewer homes without central heating, down to 3.3% in 2011⁷.

Private renting has seen a 10% increase between the two censuses to 24% of Lewisham residents renting their housing privately in 2011. Based on 2011 Census data, 31% of Lewisham residents lived in social housing; this is a notable decrease from the position in 2001 when this figure was 36%. More recent data compiled by Lewisham's Housing Department found that in the last ten years the private rented sector (PRS) in Lewisham has more than doubled in size and continues to grow. It is of note that more than half of people living in the PRS in Lewisham are under 34. The feature of the PRS which is of most concern are Homes in Multiple Occupations (HMOs). In Lewisham, there are an estimated 13,410 HMOs and of these, 7,880 are houses that are poorly converted to flats, while 4,830 are shared by more than one family or contain multiple households.

Homeless children are at risk of depression, behavioural problems and poor educational attainment. A significantly greater proportion of families in Lewisham are homeless than is the case in England as a whole. In 2013/2014 a total of 640 Lewisham households including dependent children or a pregnant woman were homeless⁸.

Education

There is clear evidence that a good education can lead to better mental and physical health, and that poor health inhibits learning. Education can help overcome social and economic disadvantages and so help combat health risks associated with poverty and social exclusion.

The latest Educational attainment data will be inserted here.

Table 2: GCSE Attainment - data to be inserted

Not in Education, Employment or Training (NEET)⁹ also to be inserted.

Health

The major threats to the health of Lewisham's children are discussed in individual chapters of this report, but there are other health issues worthy of attention. Two issues that are discussed in this chapter are asthma and sickle cell disease.

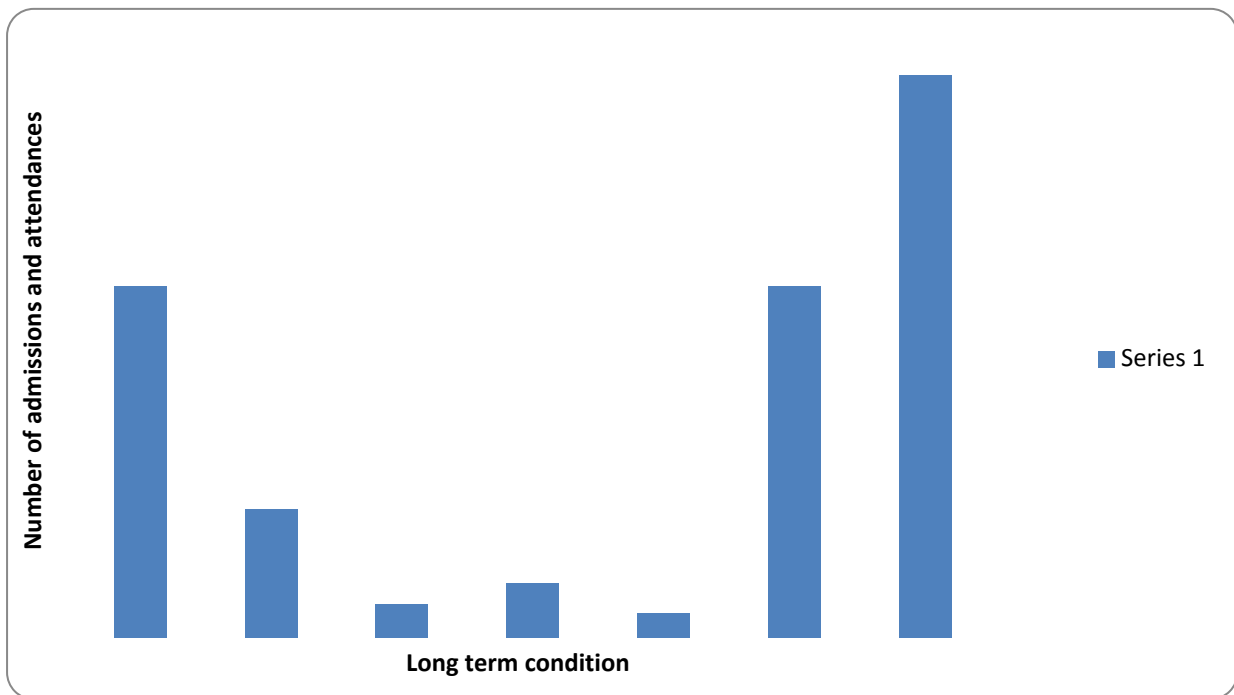
Lewisham and Greenwich NHS Trust has recently performed an analysis of all attendances and admissions of children at Lewisham Hospital's children's ward, children's day care unit and children's emergency department. In the year 2014/2015, the two conditions that accounted for the greatest number of such admissions and attendances were asthma and Sickle Cell Disease (Fig 5).

Figure 5: Long Term Condition Admissions and Attendances at University Hospital Lewisham 2014-15

⁷ 2011 Census

⁸ Lewisham Housing Register - 2015

⁹ Department for Education



Source: Lewisham and Greenwich NHS Trust

Lewisham has had a high rate of paediatric asthma admissions for over a decade. Between 2003 and 2012 it had an average of 303 admissions per 100,000 of the population, compared to 220/100,000 for London and 249/100,000 for England. To understand the high admission rate and identify modifiable factors to improve admission rates and care of asthmatic children, an audit of paediatric asthma admissions in Lewisham Hospital took place in October 2014. The audit also aimed to identify key links between different services and the results of the audit have been used to develop a new paediatric asthma pathway that will ensure a good understanding of the roles and responsibilities of each area of care, and the links between community, primary, secondary and tertiary care. It will also provide guidance and support for clinical staff when they are dealing with a child with asthma and should ensure that excellent care for children is provided across all areas.

The Public Health team at Lewisham Council, Lewisham and Greenwich NHS Trust and Lewisham CCG are now to work together to further develop and implement the asthma care pathway and to develop a new care pathway to improve the care of children with sickle cell disease so as to improve the control of this condition and to avoid admission or attendance at emergency department.

Recommendations - Lewisham's Children

- Over recent years, there has been huge growth in the numbers of children living in Lewisham. Lewisham is a young borough, and benefits greatly from this. But such a large increase over a relatively short time-scale has been a challenge for those planning and providing services for Lewisham's children. In years to come the population of children will continue to rise, and the Children and Young People's Plan should continue to take into account the needs of a rapidly growing population.

- Lewisham’s children form one of the most diverse and vibrant populations of children in the UK. This means that they can experience a huge range of cultures within Lewisham and benefit from this. But there are also challenges associated with this feature of life in Lewisham. These challenges, together with the rapid rise in Lewisham’s population of children, and the challenges of poverty and other elements of toxic stress that a greater proportion of Lewisham’s children experience than children in England generally, should continue to influence the development of the Children and Young People’s Plan.
- The work already commenced on the development of care pathways for children with asthma or with sickle cell disease should continue, and all partners should contribute to their implementation.

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Outcomes of Pregnancy

Both Lewisham's birth rate and the fertility rate amongst women in Lewisham are greater than the average for London and then the country as a whole (Table 1). Although the local birth rate is expected to plateau and decline towards the latter half of this decade, the population of children, in particular those aged 5 to 14, will continue to rise for the foreseeable future because of the previous rise in births¹⁰.

Ensuring the availability of high quality maternity services for a population experiencing such rapid increase in growth, which is so diverse and where much greater numbers of people experience deprivation than in England as a whole is not without its challenges. Deprivation is associated with increased rates of stillbirth, premature delivery, low birth weight babies, neonatal deaths and infant mortality. Because of this, women in Lewisham are at greater risk of these outcomes than women from more affluent areas. Levels of poor outcomes of pregnancy are therefore higher than the national average (Table 1). Evidence suggests that early access to antenatal care is important in improving outcomes of pregnancy. Locally, the emphasis has therefore been on early and direct access to maternity care and on improved maternity services to help improve outcomes for mothers and babies.

Table 1: Summary of Outcomes of Pregnancy

	Lewisham	London	England	Measure	Lewisham compared to England
Crude Birth Rate (2014)	16.3	14.9	12.2	Per 1,000 population	Higher
General Fertility Rate (2014)	65.8	63.3	62.2	Number of live births per 1,000 women aged 15-44	Higher
Stillbirth rate (2011-13)	6.1	6.0	4.9	Per 1,000	Higher
Proportion of babies weighing <2500 grams ¹¹ (2013)	7.8	7.9	7.4	% of all births	Higher
Neonatal mortality rate	3.1	3.0	2.9	Per 1,000 (2011-13)	Higher

Source: ONS, unless indicated otherwise in Table and footnotes.

Over time, the outcomes of pregnancy in Lewisham have been improving:

- Stillbirth rates in London and England have fallen in recent years. This is also the case in Lewisham, where the stillbirth rate has fallen faster than London's and is now directly comparable with that for the Capital as a whole.

¹⁰ GLA Projections

¹¹ HSCIC

- In Lewisham, the proportion of births where the baby is of low birth weight has decreased over time and is now similar to the London average, but it is still higher than the national average.

The commissioning of maternity services in Lewisham is now managed for Lewisham Clinical Commissioning Group by the joint commissioning team based in the Children and Young People's Directorate at the Council. This means that work on improving outcomes of pregnancy can be even better integrated with work on improving health outcomes for children through health care services that are also jointly commissioned by the same team.

Pre-conception

Ideally, women and their partners will be in the best possible health, both mentally and physically before they embark on a pregnancy. Lewisham's Public Health team have developed an internet-based resource called, [*Thinking of Having a Baby*](#). This aims to support women and their partners who are planning a pregnancy and to direct them to national and local help and information should they decide to make lifestyle or behavioural changes in preparation for pregnancy or if they have long term conditions requiring specialist advice.

Healthy weight

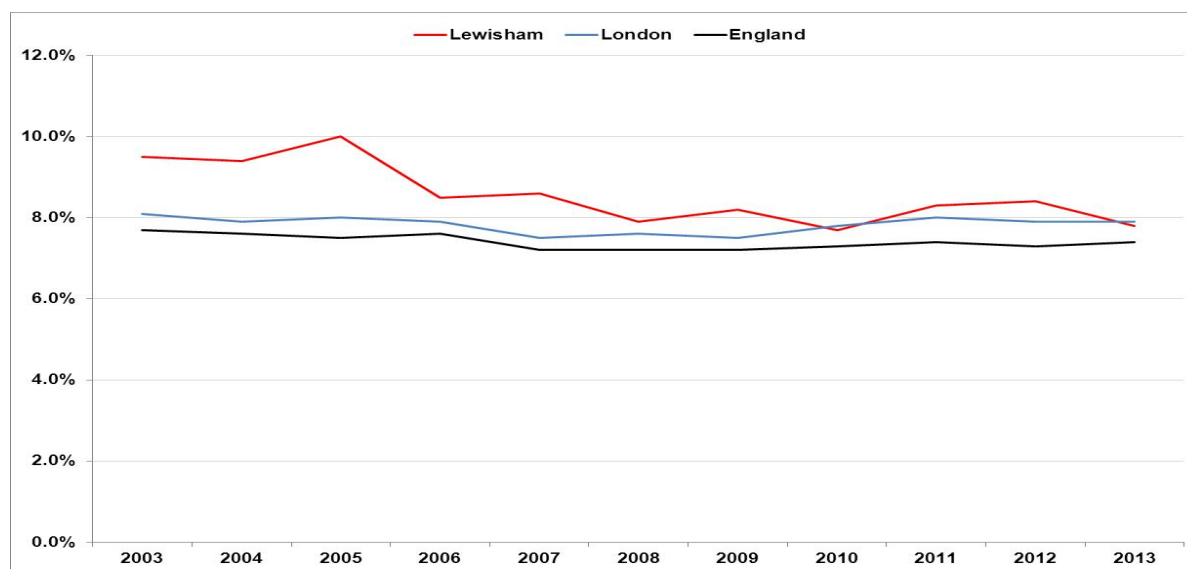
Maternal obesity increases the risk of poor pregnancy outcomes including miscarriage and other serious complications such as gestational diabetes, hypertension, pre-eclampsia and caesarean birth. Data obtained from Lewisham and Greenwich NHS Trust (LGT) for 2013-2014 indicates that maternal obesity rates are lower than those recorded in 2010-2012 (43.5% of women at their booking appointment identified as overweight or obese compared to over 50%). Training of midwives on raising awareness of maternal obesity and on how to communicate benefits of a healthy weight to pregnant women is part of the mandatory training at Lewisham Hospital and all midwives have attended annual updates.

In addition to pre-conception information, there are a number of other initiatives to help women to reach and maintain a healthy weight. The Public Health team have worked with Lewisham CCG and with Lewisham Hospital to design an improved care pathway for overweight and obese women who choose to have their babies at the Hospital. This has been the subject of what is known as a CQUIN (Commissioning for Quality and Innovation) which provides an incentive to providers to improve performance.

Low birth-weight

Low birth-weight is associated with a significantly increased risk of stillbirth and perinatal mortality as well as adverse effects into childhood and adult life. A planned programme to reduce the low birth-weight rate in Lewisham had as its focus early attendance for antenatal care and a reduction in the prevalence of smoking during pregnancy. This indicator has declined over time in Lewisham so that the most recent figures for Lewisham are comparable to London and England as a whole. (Fig 1)

Figure 1: % Low Birth Weight Babies



Source: ONS

Prematurity

A number of low birth-weight babies are pre-term, and prematurity, particularly extreme prematurity is the single most important cause of death in Lewisham children¹². The pre-term rate is not collected by borough or nationally but the rate for LGT is 7.8%¹³ against a national rate of 7.3% quoted by Tommy's, a national charity that aims to fund research and provide information on the causes of miscarriage, premature birth and stillbirth.¹⁴

A collaborative programme has recently commenced in Lewisham with the aim of better understanding the factors that may contribute to prematurity in order to design appropriate interventions. This work is supported by the Collaborative Leadership in Applied Health Research and Care (CLAHRC) and its impact will be closely monitored.

Smoking

Smoking is harmful to mothers and babies. It increases the risk of miscarriage, pre-term birth, low birth-weight and stillbirth. Risks of sudden unexplained deaths in infancy (SUDI), and of asthma, respiratory and ear infections in childhood are significantly increased if one or both parents smoke.

Lewisham maternity services operate an 'opt-out' smoking referral system in which all women who at their first antenatal appointment report that they smoke are automatically referred to Stop Smoking services unless they specifically opt-out. There has also been a programme of brief intervention training for all midwives, support workers and health visitors in the local maternity provider, and until recently a stop smoking update was part of mandatory annual training for all midwives. The Stop Smoking team are currently engaged in

¹² Lewisham Child Death Overview Panel Annual Report 2013/14. Dr Donal O'Sullivan and Helen Leahy.

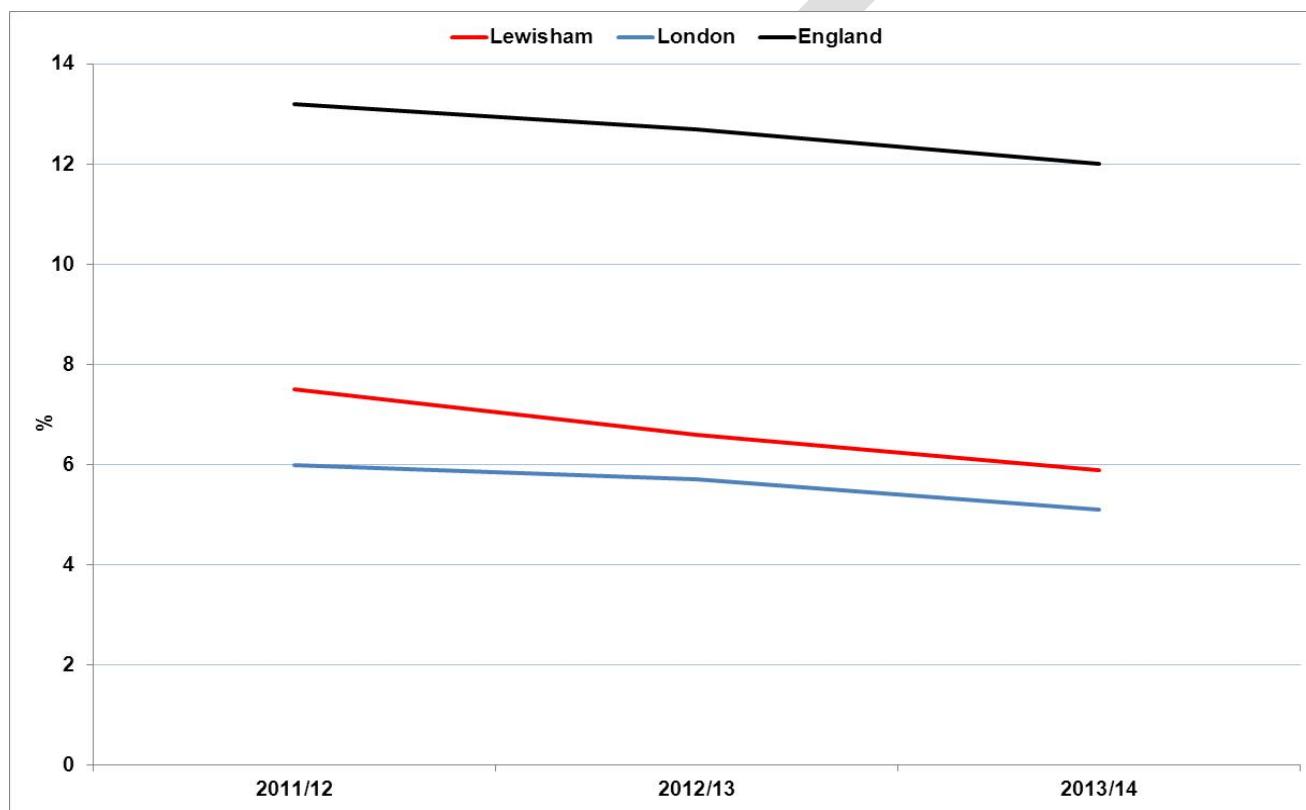
¹³ Data provided by Lewisham and Greenwich Hospital Trust. February 2015.

¹⁴ www.tommys.org.uk

a programme to extend the training to other professional groups including obstetricians and children's centre staff. In addition, a number of carbon monoxide monitors have been purchased by the team for use by midwives in line with NICE guidance though this is not fully implemented yet.

Locally, in 2013/2014 6% of women were reported to be smoking at time of delivery. This is slightly above the London average but considerably lower than the national average of 12% (Fig 2). This indicator has been declining over time in Lewisham.

Figure 2: % of Women Smoking at Time of Delivery



Source: Health and Social Care Information Centre

Alcohol in pregnancy

It has been known for many years that alcohol can damage a developing baby and that high levels of alcohol consumption in pregnancy can cause Foetal Alcohol Syndrome which leads to damage to the baby's brain and may impair subsequent development. There has however been no conclusive evidence about exactly what constitutes safe levels of drinking in pregnancy and therefore NICE guidance states that pregnant women and women planning a pregnancy should abstain from alcohol completely in the first 3 months of pregnancy and thereafter; if they cannot abstain, they should be advised to drink no more than one to two UK units of alcohol once or twice a week.

Public Health Lewisham have supported the introduction of an alcohol assessment tool to be used when women book for maternity care which enables a discussion with the pregnant women, advice and onward referral if appropriate. This assessment tool has now been

incorporated into the new hand-held maternity notes and specific training on risk assessment has been provided for key staff members.

Perinatal mental health

Improvement of perinatal mental health is both a local and national priority. It is estimated that up to 20% of women in the UK develop a mental health problem in pregnancy or within a year of giving birth.¹⁵ In Lewisham this would equate to approximately 1,019 affected women.¹⁶ It is recognised that perinatal mental health problems in women have a huge personal impact on them and their families. Nationally it is estimated that perinatal mental health issues cost 8.1 billion pounds in the UK every year with 72% of those costs being related to the impact on children.

The Our Healthier South East London (OHSEL) programme has mapped services in SE London. In Lewisham, there is a specialist midwifery service, called the Kaleidoscope team, which is for women with serious mental health problems and who are booked to deliver a baby at University Hospital Lewisham. For women with moderate mental health problems and other vulnerable women, there is a Pregnancy Support Team which is a multi-agency team designed to identify and offer additional support to women who are vulnerable both in pregnancy and after the baby is born.

The OHSEL mapping exercise identified that improvements are still required in terms of information available to women regarding psychiatric medication in pregnancy, staff training regarding perinatal mental illness and improved access to psychological therapy. Lewisham Maternity Services Liaison Committee (MSLC) have voted improvement to perinatal mental health as their priority and are currently working on improved information to women and their partners in the form of a web-site detailing all the support available in Lewisham. Perinatal mental health and parental mental health needs more generally are now also included in the work to help improve the mental health and well-being of children in Lewisham. The PH team have worked with the CCG and LGT to improve support and appropriate referral of vulnerable pregnant women generally including those identified as having mental health issues and/or drug or alcohol addiction. This was the subject of a CQUIN, as described above, in 2014/15 and has been continued into 2015/16.

Antenatal and newborn screening

Screening is a programme of testing apparently healthy people for health problems where early action may be beneficial. The national screening programme in England offers pregnant women testing for Down's Syndrome, fetal abnormalities, sickle cell and thalassaemia disease. It also offers pregnant women testing for HIV, hepatitis B, syphilis and rubella (German measles). Newborn babies are screened for fetal abnormalities by physical examination of the newborn, hearing screening and newborn bloodspot screening.

¹⁵ Perinatal Mental Health: The costs of perinatal mental health problems. The Maternal and Mental Health Alliance. 2014.

¹⁶ Establishing service provision in SE London for perinatal mental health. Our Healthier SE London. April 2015

Prevention of Infectious Diseases

In 2014, Lewisham CCG commissioned the midwifery service at Lewisham Hospital to help improve the uptake of immunisation of pregnant women against influenza and pertussis (whooping cough). The immunisation of pregnant women against both of these diseases is part of the national immunisation programme because of the high risk of severe disease in pregnant women who acquire influenza and because of the current risk to neonates because of a higher incidence of pertussis in the community. The latter, combined with declining immunity in adults, particularly in pregnant women, means that babies are not protected because of passive transfer of antibodies across the placenta and at greater risk because their mother might develop disease. This local initiative was successful in relation to influenza. Lewisham's uptake of the vaccine in 2014/2015 meant that the Borough ranked fourth in London and achieved an increase of 11% over the previous year's performance. The initiative was less successful in improving uptake of pertussis vaccine.

Recommendations - Outcomes of Pregnancy

- It is estimated that approximately 50% of pregnancies are planned, which in Lewisham would equate to around 2,500 planned pregnancies per year. All care providers and agencies in contact with child bearing women should ensure that the [pre-conception web-based resource](#) is promoted and that in cases where women have a long term condition, their specialist health team should work with them to ensure they are in the best possible health prior to embarking on a pregnancy including advice on management of medication.
- Access to maternity care before the tenth completed week of pregnancy is recommended by NICE¹⁷ and by National Screening Committee guidelines¹⁸. This is in order to maximise the best outcomes for mothers and their babies but also in order that when medical or social risk factors are identified, appropriate support can be put in place as early as possible. Commissioners and maternity providers, supported by the public health team, will continue to work together to ensure that systems and processes are working effectively and regularly reviewed in order that all Lewisham women can access maternity care easily and as early in their pregnancy as possible. The current agreed target relates to the numbers of women who access antenatal care before 12 weeks and six days of pregnancy has elapsed. Once this has been achieved, there will be an even greater focus on maximising the numbers who attend before the end of the tenth week.
- Smoking in pregnancy remains the major modifiable risk factor contributing to low birthweight and is a significant risk factor for pre-term birth.^{19,20} It is essential that the opt-out referral to stop smoking services and carbon monoxide (CO) monitoring is in place for all pregnant women and that this will be carefully monitored by providers and commissioners.
- The two-year local maternity CQUIN on complex social risk factors in pregnancy recognises that young women, women with mental health issues, women with drug

¹⁷ NICE Antenatal Quality Standards. 2015.

¹⁸ NHS Antenatal and Newborn Screening Committee_Key Messages_February 2015

¹⁹ Prevention of low birthweight: assessing the effectiveness of smoking cessation and nutritional interventions. Health Development Agency. 2003

²⁰ Ash Fact Sheet: Smoking and Reproduction. August 2013

and alcohol issues, women who disclose domestic abuse and recent arrived migrant women are a group that are particularly vulnerable and that those issues, if unaddressed can have a profound effect on the woman's health and wellbeing and that of her unborn child in pregnancy, labour and thereafter. Work to improve care to this client group will be shared by providers and commissioners in order that improvements are as effective as possible and sustained.

- Perinatal mental health is a local and national priority and this year saw the 1001 Critical Days campaign²¹ gain momentum supported by politicians of all parties. Following the SE London mapping exercise, commissioners and providers will continue to ensure that Lewisham women experiencing all levels of mental health problems receive appropriate and sensitive information and support and that service-users including the MSLC are actively involved in planning and monitoring service improvements in this area. Training of staff and their knowledge of local mental health support services is particularly important. Attention should be paid to ensuring that information is also available to partners and families of women who may be experiencing mental health problems.
- Lewisham's Public Health team will continue to work with NHSE, PHE and local providers to ensure that Lewisham women and babies receive antenatal and newborn screening that is in line with national standards.
- Finally, the recommendations outlined in this chapter are included in the Maternity Specification document due for completion by the end of October 2015. The specification includes specific methods of measuring that the recommendations included here translate into improvements in care that are experienced by Lewisham women and their families.

²¹ 1001criticaldays.co.uk

Immunisation

Active immunisation using modern vaccines remains one of the most cost effective healthcare interventions. Through its use, some of the most important diseases in the history of mankind have been eradicated, or eliminated in large parts of the world. Active immunisation has been named one of the ten greatest public health achievements in the twentieth century, and the World Health Organisation has identified immunisation as being outranked only by the provision of safe food and water, and effective sanitation as the best means of the prevention of disease.

As a country, we have embraced this hugely valuable means of preventing disease, so that certain diseases, once major causes of death and morbidity, are now virtually unknown in the UK. Earlier generations will remember, for example, the deadly scourge of diphtheria, or the dreadful effects of the polio pandemics of the middle of the twentieth century. In the UK, there are clear mechanisms for agreeing and implementing the national immunisation programme. NHS England has a major role in commissioning immunisation services, but much effort is also required at local level if the national immunisation programme is to be successful. NHS England has recently developed an action plan to improve uptake of vaccine in Lewisham. This action plan has been agreed with Lewisham Clinical Commissioning Group (CCG) and Lewisham Council's Public Health team; Lewisham and Greenwich NHS Trust was also consulted.

This year sees some major changes to the national immunisation schedule. The Influenza immunisation programme is being extended to all children in Reception and in Years 1 & 2. This will be the first time this century that primary schools will be involved in a major immunisation programme. The programme's aim is to protect children from influenza and to prevent spread from children to older members of the population. The vaccine will be given by intranasal spray, rather than by injection, but even so - this will be a major logistical challenge for the School Aged Nursing Service. This year also sees the introduction of a vaccine against group B meningococcal disease. Group B Meningococcus is the most important bacterial cause of meningitis in this country. This vaccine is a major advance in the prevention of this serious disease in children; it will be given to infants in their first year of life by their GP practice. School nurses will also be introducing vaccine against group A,C,W and Y meningococcal disease into the secondary school immunisation programme so as to protect children against Group C and Group W forms of disease, the latter having seen an upsurge in recent years.

In Lewisham, uptake of immunisation has been poor in the past, but in recent years, increasing uptake has been secured by concerted local efforts. Lewisham, once the worst borough in London, is now at or above the London average uptake for all vaccines of childhood, except for the second dose of MMR at five years of age (Table 1). Challenges remain; however, both in getting uptake to levels that are as good as possible, and high enough to ensure what is known as herd immunity – or the levels of uptake that will prevent significant spread of an organism within a population. Immunisation, therefore, remains a priority for the whole children's partnership.

Table 1: Key Immunisation Indicators

Vaccine	Target	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4	London (2014/15 Q4)	England (2014/15 Q4)
D3 at 1 year	91.9%	90.0%	90.6%	91.0%	92.2%	90.3%	94.1%
D3 at 2 years	N/A	92.3%	94.1%	94.2%	94.4%	92.6%	95.6%
MMR1 at 2 years	90.8%	85.5%	87.2%	88.9%	90.0%	86.5%	92.0%
Hib/MenC booster at 2 years	90.3%	83.1%	85.9%	86.9%	86.3%	86.3%	92.1%
PCV booster at 2 years	90.8%	83.8%	85.4%	87.3%	86.0%	85.7%	92.1%
D3 at 5 years	N/A	92.8%	94.7%	92.6%	93.9%	92.3%	95.7%
MMR1 at 5 years	N/A	89.3%	92.1%	89.8%	94.4%	90.5%	94.5%
D4 at 5 years	91.1%	76.2%	80.4%	78.5%	83.5%	77.0%	88.4%
MMR2 at 5 years	91.1%	70.8%	72.6%	71.6%	71.0%	80.1%	88.6%

- Hib/ MenC and PCV boosters (bstr) are given at 12 months and aim to protect children against Haemophilus influenzae B, Group C Meningococcus and Pneumococcus. An explanation of other vaccines is given in the following sections of this chapter.

Source: [Cover of vaccination evaluated rapidly \(COVER\) programme](#)

Uptake of flu vaccine in Lewisham in 2014/2015 was considerably better than in previous years. At the end of January 2015, local uptake showed improvements for all the main groups targeted. Particular progress was made on uptake in pregnant women in Lewisham: the Borough ranked fourth in London and achieved an increase of 11% over last year's performance. This means that Lewisham was the most improved borough in London. The service commissioned by the Clinical Commissioning Group to improve uptake in pregnant women, and provided by maternity services at Lewisham Hospital, clearly had an important impact.

Although there are parents who still question vaccination, training provided in partnership with Lewisham and Greenwich NHS Trust helps health care professionals to be able to respond to parental concerns, to give reassurance or direct them to evidence-based information sources and websites and the Immunisation experts in the Trust.

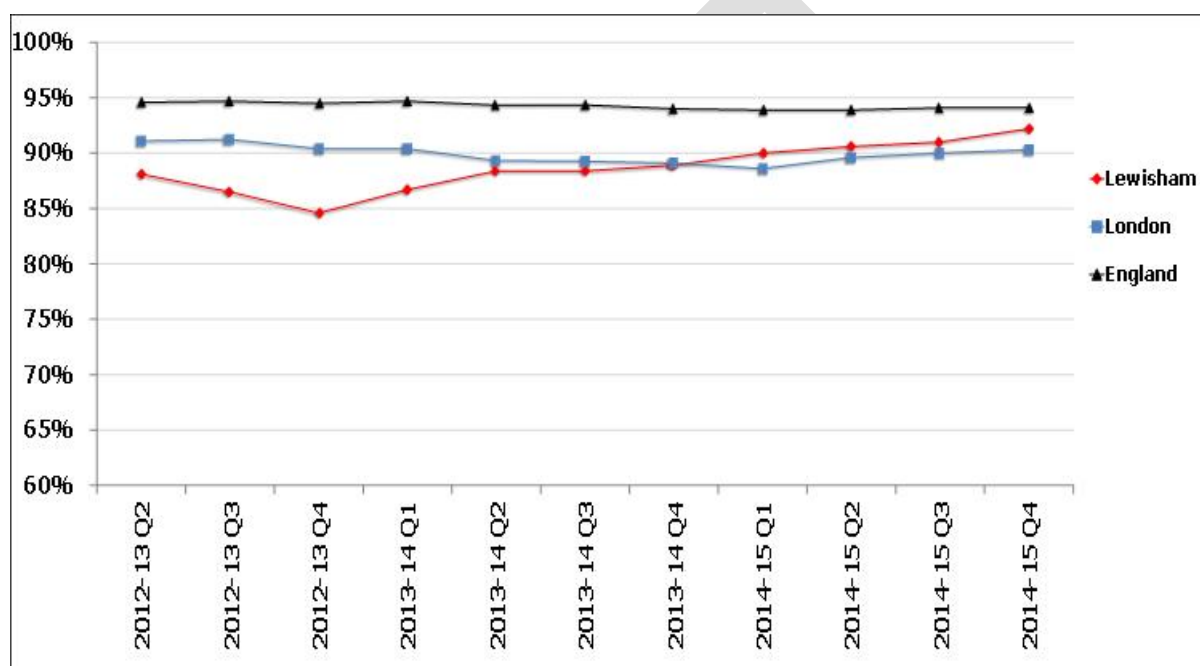
Age 0-4

Shortly after birth, all parents of Lewisham children are offered BCG vaccine, which helps protect children against the most severe forms of Tuberculosis (TB). Uptake of this vaccine in Lewisham is between 75 and 80%. This compares favourably with other London Boroughs, but is not as good as some, where the vaccine is given at birth by midwives. A change to the local arrangements is currently under investigation. Also, at birth, children

who are high risk of contracting Hepatitis B are immunised against this disease. Local levels of uptake of this vaccine in this group of children are amongst the highest in the country.

Uptake of the third dose of Diphtheria vaccine (D3) is an indicator of completion of the primary course of immunisation of children under 12 months that aims to protect children against diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae b and Group C Meningococcus. It is, arguably, the most important of all immunisation indicators in children. There has been a continued improvement in this measure in Lewisham so that Lewisham is now approaching the average level of uptake for England (Fig 1).

Figure 1: Percentage Uptake of Diphtheria Vaccine at 1 Year

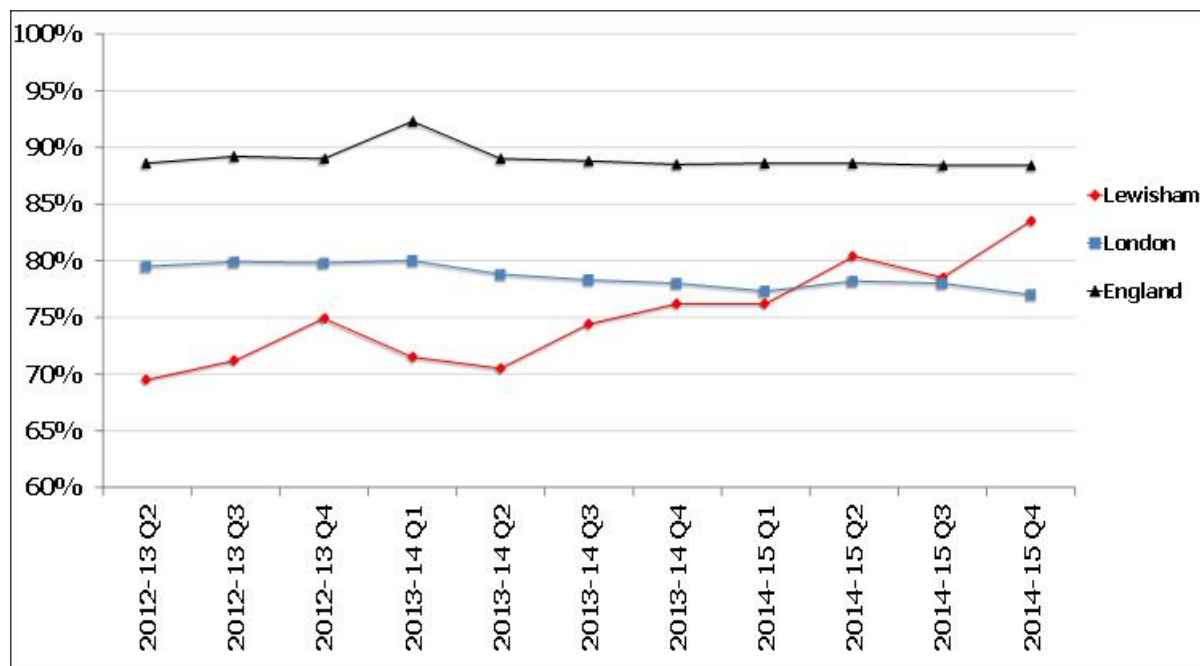


Source: COVER

Rotavirus vaccine was introduced in 2014. This vaccine protects babies against one of the most common causes of gastroenteritis in infants. Lewisham was one of just three London Boroughs which reported on uptake – at a level of 93.4%.

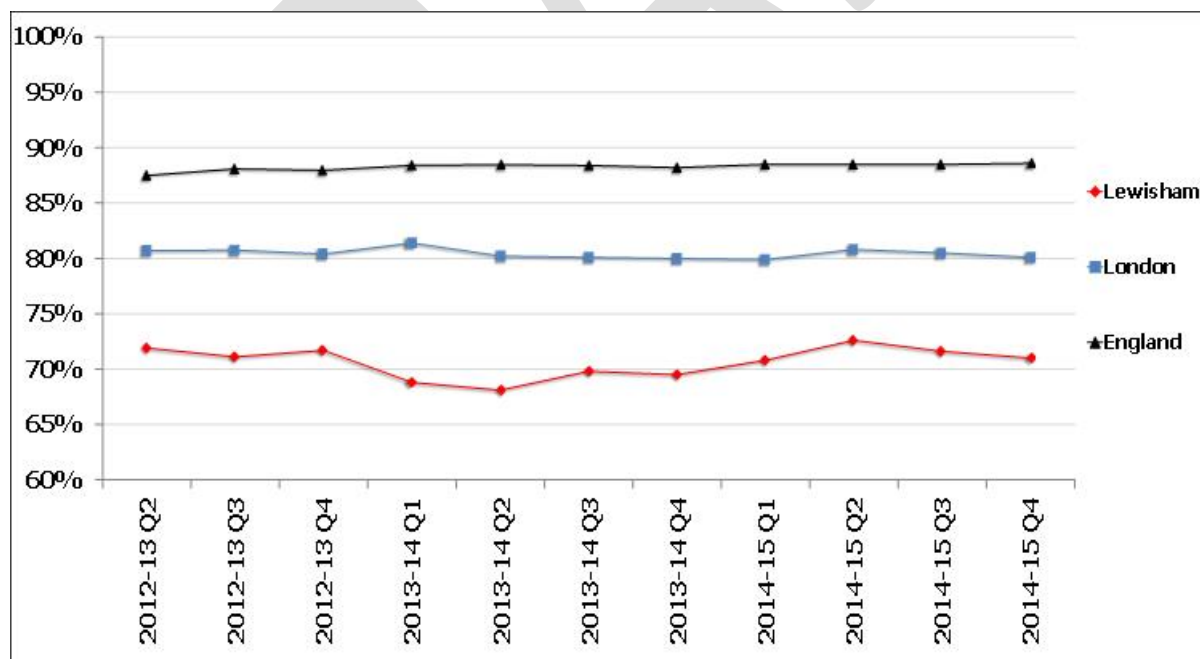
MMR vaccine is designed to protect children against measles, mumps and rubella. Two doses are required: MMR1 at 12 months and MMR2 at any time after three months have elapsed since MMR1, but preferably before five years of age. Uptake of MMR1 has varied over recent years, but there has been a sustained upward trend more recently, so that for this vaccine too, Lewisham’s uptake is approaching national levels (Fig 2). Uptake of MMR2 at the age of five, is, however, unacceptably low and is not improving (Fig 3). This now needs to be the focus of increased attention.

Figure 2: Percentage Uptake of Diphtheria Vaccine at 5 Years



Source: COVER

Figure 3: Percentage Uptake of MMR2 at 5 Years



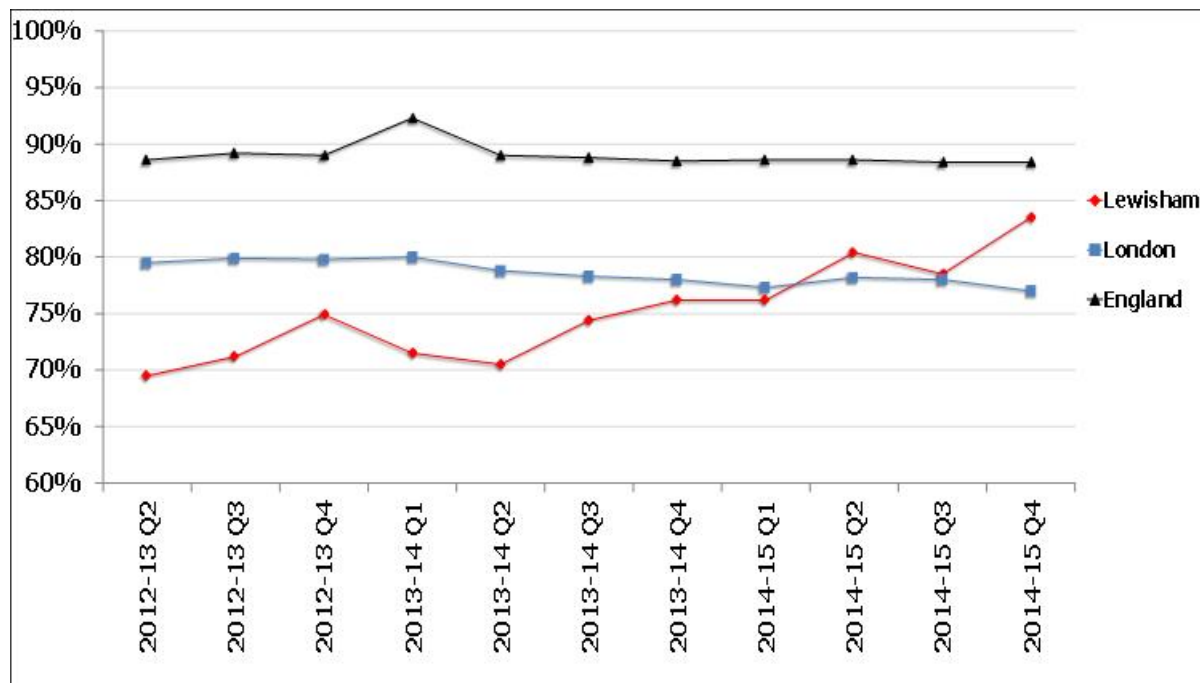
Source: COVER

Age 5-11

D4 is the fourth dose of diphtheria vaccine and is a key component of the preschool booster. This should be given at any time from the age of three years and four months but before the child starts school. The preschool booster completes the protection of children against diphtheria, tetanus, whooping cough and polio. Uptake of this vaccine in Lewisham has

shown the greatest level of improvement in uptake over recent years, and once more, Lewisham is approaching national levels of uptake (Fig 4). Uptake of this vaccine has been the subject of a major programme of improvement by Lewisham Clinical Commissioning Group.

Figure 4: Percentage Uptake of Diphtheria 4 at 5 Years



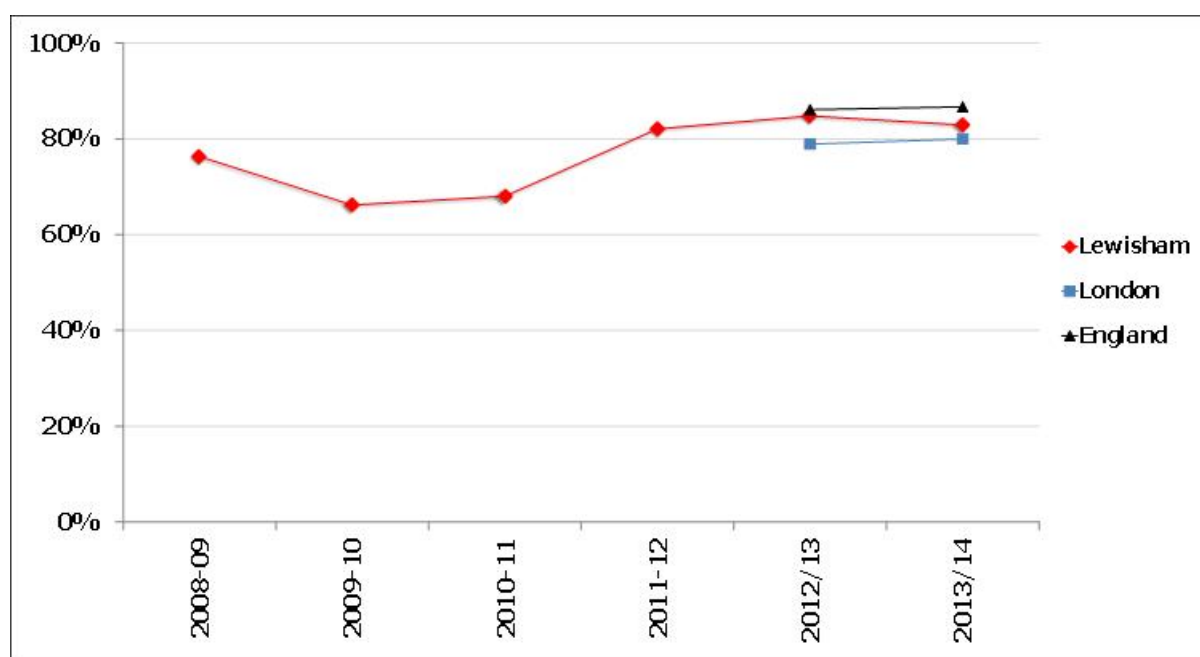
Source: COVER

It is reassuring to see that Lewisham is now at or above the London average for all COVER indicators, except for MMR2 at five years. It is very frustrating that MMR2 at five years remains such a problem, especially given the improvement in uptake of pre-school booster and the fact that over 90% have received MMR2 by the age of 6 years. There remain many other challenges too, of course, and the quest for excellence means that the Lewisham Partnership has to do even better. In absolute terms we will continue to work to increase uptake so as to achieve herd immunity.

Age 12-18

Human Papilloma Virus (HPV) vaccine protects girls against those strains of this organism most important as a cause of cervical cancer. It also protects girls against genital warts caused by these strains. Although there was a drop in the uptake of the third and final dose of HPV vaccine in Year 8 girls in the 2013/2014 school year cohort (Fig 5), in fact this was not as bad as originally feared and Lewisham's final position was good in comparison with the rest of London - 11th overall. Nevertheless, a return to an increasing trend in the uptake of this vaccine is to be the focus a programme of improvement for the school year 2015/2016. The evidence-based reduction in the number of doses to two, agreed as part of the national programme should help with this.

Figure 5: Percentage of females aged 12-13 who have received all three doses of HPV Vaccine



Recommendations - Immunisation

For the foreseeable future the Children and Young People's Plan should continue to prioritise the following:

- Implementation of the NHS England Action Plan for Immunisation in Lewisham.
- Improving uptake of MMR2 at five in Lewisham, with an emphasis on supporting and encouraging GP practices through new co-commissioning arrangements and commissioning on a population basis through the new care networks
- Increased efforts to sustain and improve uptake of HPV vaccine
- Continued efforts to improve uptake of all vaccines, again with an emphasis on utilising new commissioning opportunities.
- Introduction of vaccines against group B meningococcal disease and against group W disease.
- Introduction of a programme to immunise all children in Reception year and in Years 1 and 2 against influenza.
- Systems changes in relation to neonatal BCG programme

Achieving a Healthy Weight

Overweight and obesity, lack of physical activity and poor nutrition present a major challenge to the current and future health and wellbeing of children and young people in Lewisham.

Lewisham has a high proportion of children identified as overweight or very overweight (obese) with the prevalence significantly higher than the England average²². Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than children of normal weight. Overweight and obese children are also more likely to become obese adults and early appearance of obesity-related health problems associated with middle age.

Prevention of weight problems and early intervention is important as obesity once established is difficult to treat. Prevention of obesity is, therefore, a key component of the Healthy Child Programme. The causes of obesity are complex, however, and the prevention and treatment of obesity have up to recently focused on pharmacological, educational and behavioural interventions with limited overall success. A longer-term approach, recommended by NIHCE, would be to tackle environments that promote high energy intake and sedentary behaviour - obesogenic environments. The evidence demonstrates that such environments mean it is easy to eat more, move less and gain weight.

The strongest predictor for childhood obesity is parental obesity: only 3% of obese children have parents who are not obese²³. Children with one or two obese parents are more likely to become obese and remain obese into adulthood. However income, social deprivation and ethnicity also have an important impact on the likelihood of an adult or a child becoming obese.

Lifestyle and behaviour choices of adults and children are important factors in influencing weight status. There is evidence that eating habits are perpetuated through families and cultures, and are often maintained from child through to adulthood. There is also a proven link between active mothers and active children.

It is important that children have a healthy balanced diet. National surveys show that overall the population (including children) is still consuming too much saturated fat, added sugars and salt and not enough fruit, vegetables, oily fish and fibre²⁴.

The World Health Organisation recommends exclusive breastfeeding for the first six months. Babies who are not breastfed have an increased risk of obesity, diabetes, respiratory infections, gastroenteritis and Sudden Infant Death Syndrome. Women who do not breast feed have an increased risk of breast and ovarian cancer.

It is known that physical activity is important for good health throughout life, and should be encouraged from birth. Inactivity contributes to obesity, long term health conditions and premature death. Local data is not available on activity patterns of children but national

²² National Child Measurement Programme 2013/14

²³ *International Journal of Obesity* (2009)

²⁴ New National Diet and Nutrition Survey (2014)

surveys show that only a small proportion (20%) of children aged 5 to 15 years meet the Government recommendation for physical activity. Children are leading increasingly sedentary lifestyles and low levels of physical activity in children are related to household income, with those in the lowest income bracket more likely to report low levels of activity.

Childhood obesity

The [National Child Measurement Programme](#) (NCMP) is a statutory public health function of local authorities. In Lewisham the school nursing team of Lewisham and Greenwich NHS Trust (LGT) are commissioned to deliver the programme. The NCMP involves the measurement of the height and weight of all children in Reception and Year 6 in schools each year. In 2013/14 over 6,100 children were measured (3,487 in Reception and 2,672 in Year 6). The high participation rate in Lewisham (94% - the national target is 85%) means that robust data is collected, providing valuable information about the trends in children in Lewisham, and which will be used to help plan and deliver services.

In Lewisham childhood obesity rates remain significantly higher than the average for England. In 2013/14 Lewisham was again in the top quintile (highest fifth) of Local Authority obesity prevalence rates for Year 6. Rates in Reception have improved and Lewisham is now in the second quintile. The latest NCMP results (2013/14) show that 10.8% of children in Reception are at risk of obesity and this rises to 24.3% in Year 6. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children. This is similar to the national results. Local analysis of the data reveals that for the eight years data have been collected (2006/07 to 2013/14) there is slight variability but no consistent trend over the period in obesity rates in Reception or Year 6 children (Figures 1 and 2). There is, however, considerable variation in these rates across London, with Lewisham rates towards the centre of this variation (Figures 3 and 4). Over the next five years the Lewisham Children's Partnership seeks to achieve a sustained downward trend in the prevalence of unhealthy weight in children by taking a life course approach to prevention, early intervention and weight management.

Figure 1: Percentage of School Children in Reception who are Obese - 2006/7 to 2013/14

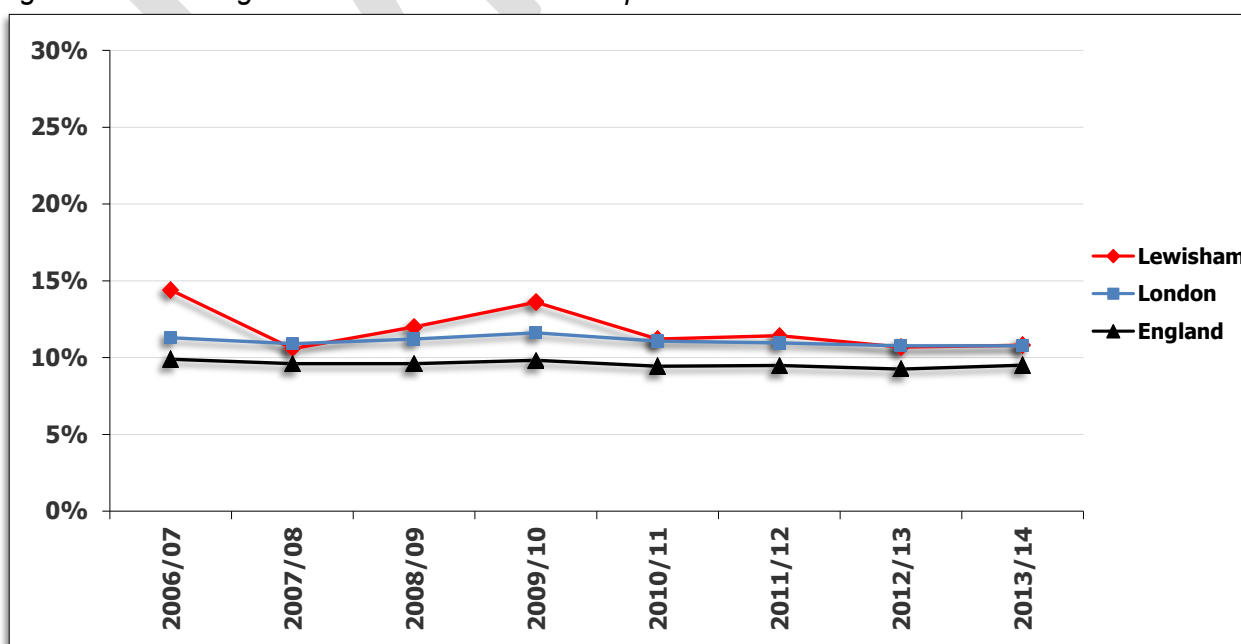


Figure 2: Percentage of School Children in Year 6 who are Obese – 2006/7 to 2013/14

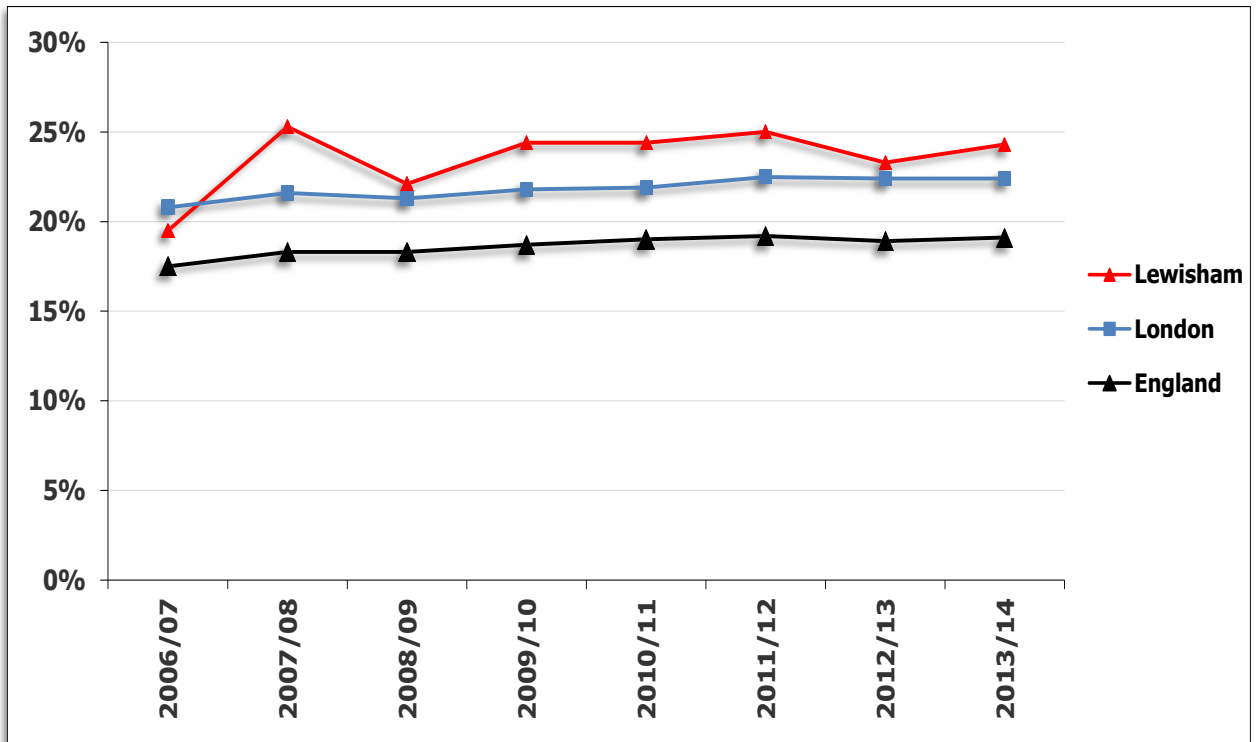


Figure 3: Obesity in Reception Year - 2013/14

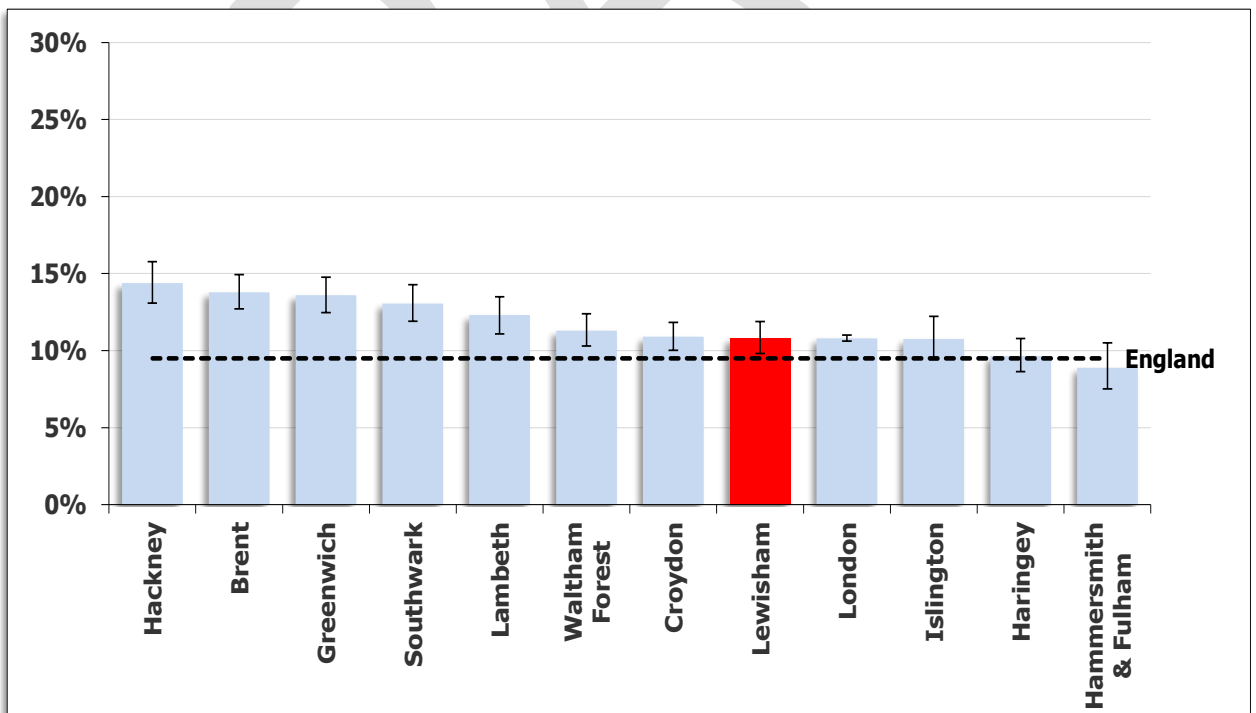
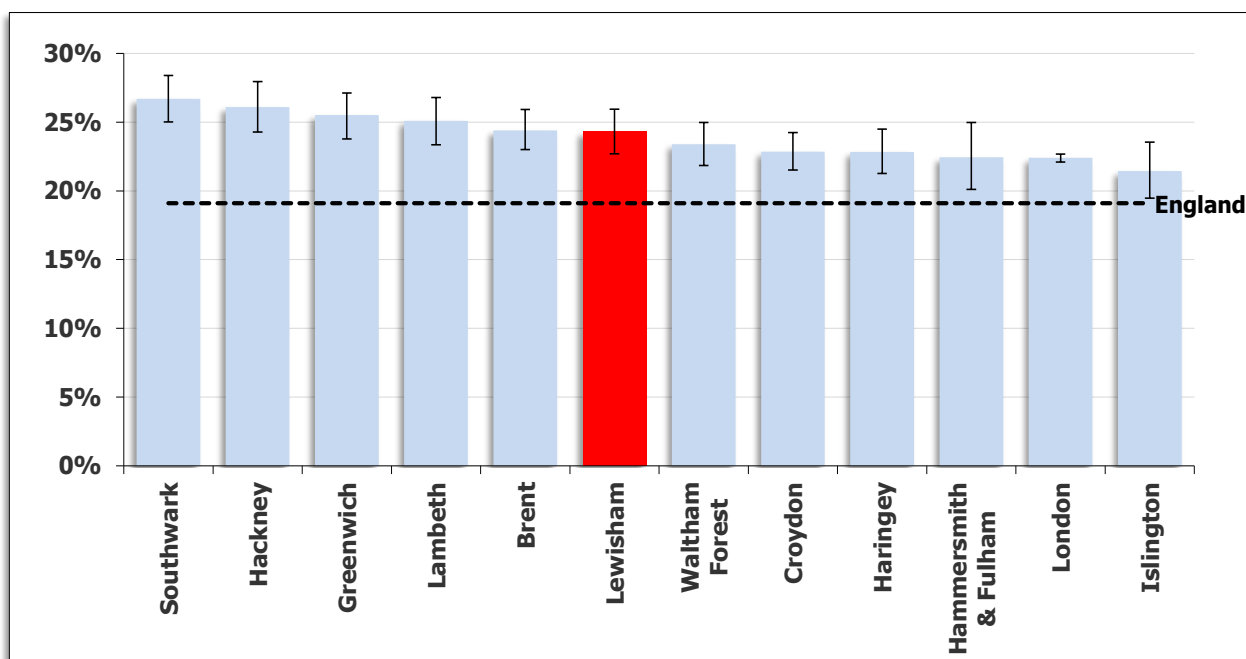


Figure 4: Obesity in Year 6 - 2013/14



Age 0-4

Maternal obesity

Maternal obesity increases the risk of poor outcomes of pregnancy and is a risk factor for childhood obesity. Data obtained from Lewisham and Greenwich NHS Trust (LGT) for 2013 - 2014 indicates that maternal obesity rates are lower than those recorded in 2010 - 2012 (43.5% of women at their booking appointment overweight or obese compared to over 50%). To promote the benefits of a healthy lifestyle for those planning a pregnancy a web-based resource is now available on the council website. Training of midwives on raising awareness of maternal obesity and how to communicate benefits of a healthy weight to pregnant women was part of the mandatory training at LGT and all midwives attended annual updates. Post natal women with a BMI above 25 (overweight) are able to access free weight management support as part of the children's weight management pathway and Weight Watchers by referral scheme.

Breastfeeding

There is good evidence of the health benefits of breastfeeding for both mother and baby. The benefits include a reduced risk of gastroenteritis, respiratory infections, obesity, diabetes, maternal breast and ovarian cancer. Breastfeeding also provides an opportunity to help attachment between mother and baby and can protect the child from maternal neglect.

Measures to support parents with feeding their babies in Lewisham include:

- Nine breastfeeding community cafes in Lewisham. Seven of these are run as 'Baby café local' drop-ins supporting nearly 800 new mothers and over 2,000 attendances during January to December 2014.
- A successful breastfeeding peer support programme resulting in 38 active volunteer peer supporters helping to support mothers in the breastfeeding community cafes and on the postnatal ward in Lewisham Hospital.

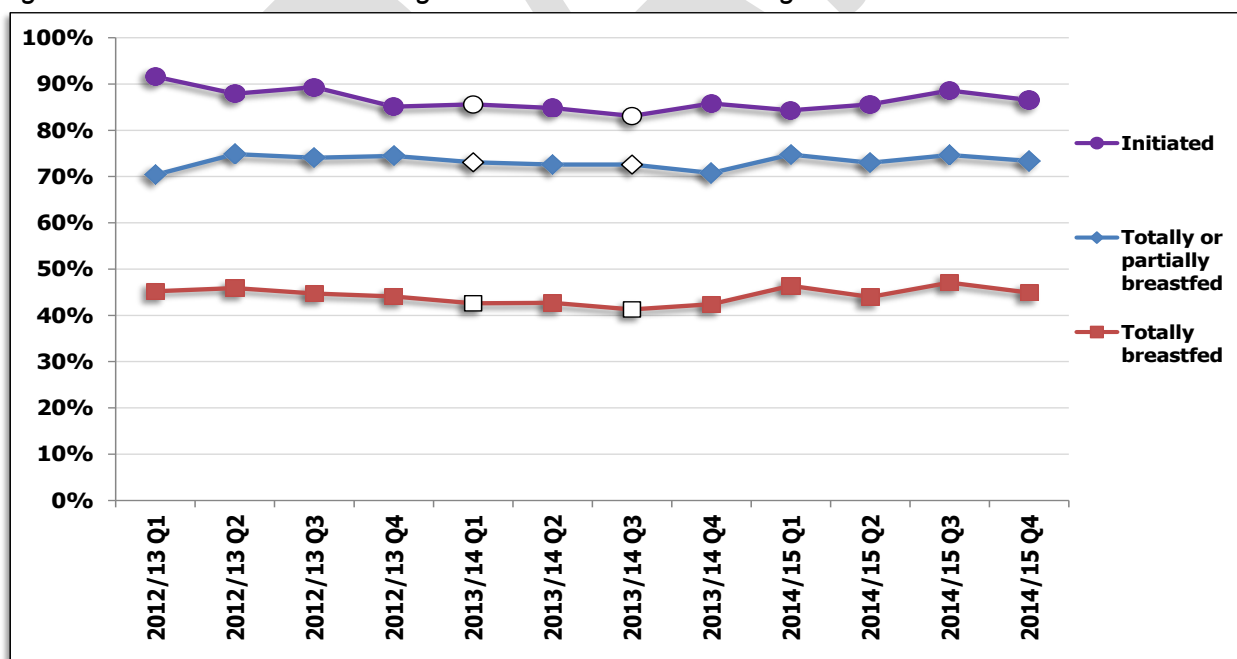
- The *Breastfeeding Welcome* scheme is currently being implemented in Lewisham. All Lewisham Libraries and Leisure Centres have signed up to become Breastfeeding Welcome venues in addition to 20 local businesses including Lewisham Shopping Centre.

Some mothers are unable to breastfeed, or do not want to. It is important that whilst we encourage and support all mothers to breastfeed we also offer support to those not breastfeeding, to enable them to make informed choices about other methods of feeding for their babies.

Increasing breastfeeding rates and the proportion of babies exclusively breastfed at 6-8 weeks is a key priority for Lewisham. Lewisham is working toward achieving Baby Friendly accreditation, a scheme run by UNICEF to increase levels of breastfeeding through the implementation of the Baby Friendly practice standards. The stage two UNICEF Baby Friendly community award was achieved in February 2014 and the stage two maternity award in August 2014. Both services, supported by Lewisham’s children’s centres, are now working towards stage 3 assessment, planned for October 2015, achieving this will result in full accreditation.

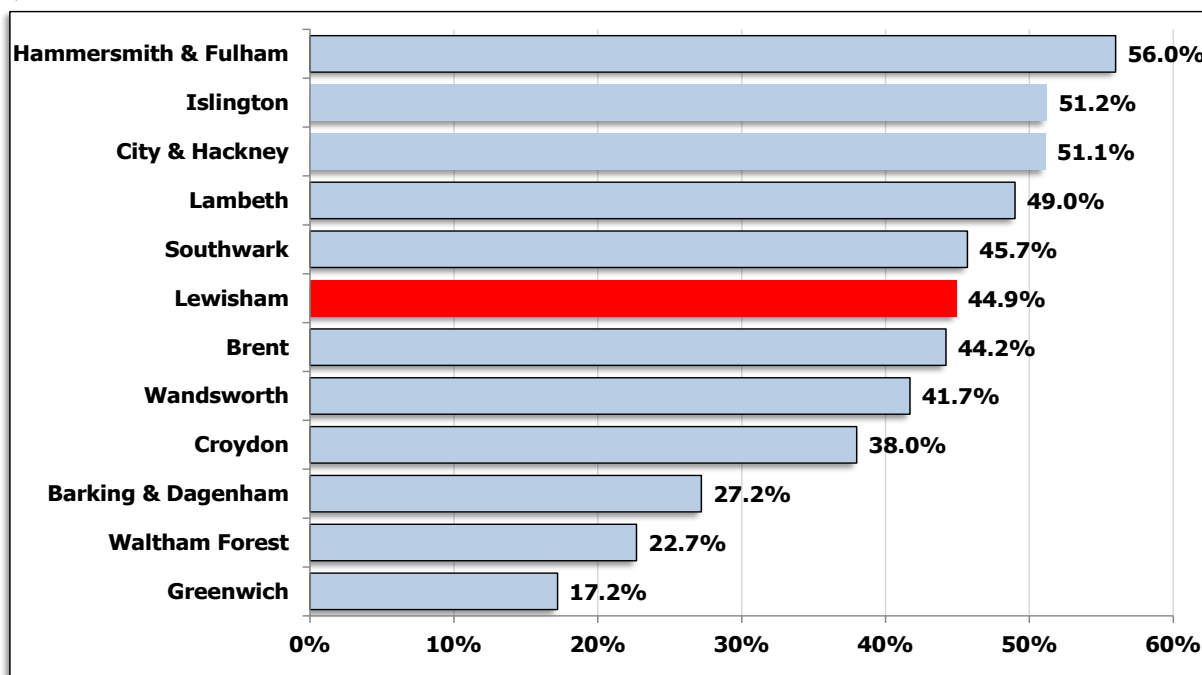
In Lewisham prevalence of breastfeeding initiation and at 6-8 weeks is consistently higher than the England average, but prevalence of breastfeeding, including exclusive breastfeeding is similar to other London boroughs (Figs 5 and 6²⁵).

Figure 5: Trends in Breastfeeding Initiation and Breastfeeding Prevalence at 6-8 week



²⁵ NHS England, empty markers mean that data for that quarter did not meet validation criteria

Figure 6: Exclusive Breastfeeding Prevalence, comparison to other London Boroughs - Q4 2014/15



Vitamin D

The universal vitamin D scheme (Free D) aims to reduce the growing number of cases of vitamin D deficiency and rickets in Lewisham. All pregnant women and women who have given birth in the previous 12 months, and all children under four are eligible for Healthy Start vitamins, including Vitamin D. These vitamins are now easily accessible with over 60 distribution points in the borough including 46 community pharmacies, health centres and children's centres. Since the launch in November 2013 the scheme is reaching 20-30% of eligible women and 50% of infants.

Healthy weight

Measures to support healthy weight in children include promoting healthy eating and physical activity as part of the universal provision of the Healthy Child programme and workforce training for staff on promoting healthy weight. Support for families with children identified at risk of obesity includes age specific healthy lifestyle programmes including MEND MUMS and MEND 2-5. Details of support available for families can be accessed on the Council website.

Nutrition

Promoting consistent nutrition messages to support healthy growth and weight in children under 5 has been supported by providing targeted training to health professionals on introducing solids, this training is now mandatory for health visitors. The National Infant Feeding Survey (2010) showed that 75% of mothers had introduced weaning by the age of 5 months. Early year's settings have been encouraged to adopt the voluntary food and drink guidelines for early year's settings and children centres commission cookery and weaning classes for parents.

Physical activity

In England only one in ten children aged between two and four years meet the government recommendation for physical activity of at least three hours of physical activity on all seven days in the last week (boys 9%, girls 10%)²⁶. Although individual physical and mental capabilities must be taken into account, the Chief Medical Officer suggests the following levels of physical activity for children under five:

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Age 5-11

Healthy weight

In Lewisham childhood obesity rates remain significantly higher than the England rate. The latest NCMP results (2013/14) show that 10.8% of Reception children are at risk of obesity and this rises to 24.3% in Year 6. As in previous years the proportion of obese children in Year 6 was more than double that of Reception year children. Measures to support healthy weight in children include promoting healthy eating and physical activity as part of the universal provision of the Healthy Child programme, workforce training for staff on promoting healthy weight. Support for families with children identified at risk of obesity include age specific healthy lifestyle and weight management programmes including MEND 5-7 and MEND 7-13. The weight management service also incorporates tailored support for families who need additional input. Details of the support available for families can be accessed on the Council website.

Schools

Evidence shows that pupils with better health and wellbeing are likely to achieve better results academically and the culture, ethos and environment of a school influences the health and wellbeing. Schools in Lewisham have been encouraged to register with the new Healthy Schools London programme, 31 schools are currently registered for this award with two schools achieving the bronze award.

The proportion of primary school pupils taking school meals has significantly increased in the autumn term 2014/15 following the implementation of the universal free school meals for all children in key stage 1 in September 2014 (65% to 71.6% in January 2015).

Nutrition²⁷

Only 17% of 5-7 year olds and 20% of 8-10 year olds eat the recommended five portions of fruit and vegetables per day. The diet of children aged 4-10 years includes a high level of added sugar with sugary drinks as the main source. They consume:

²⁶ Health Survey for England 2012: Physical activity and fitness, HSCIC (2013)

²⁷ National Diet and Nutrition Survey: results from Years 1 to 4 (combined) of the rolling programme for 2008 and 2009 to 2011 and 2012

- 30% from soft drinks and fruit juice
- 29% mainly from biscuits, cakes and breakfast cereals
- 22% from sweets, chocolate, table sugar, jams and other sweet spreads
- 12% from yoghurts, fromage frais, ice-cream, and other dairy desserts

National results show that 31% of 5 year olds and 46% of 8 year olds had tooth decay in 2013²⁸.

Physical Activity

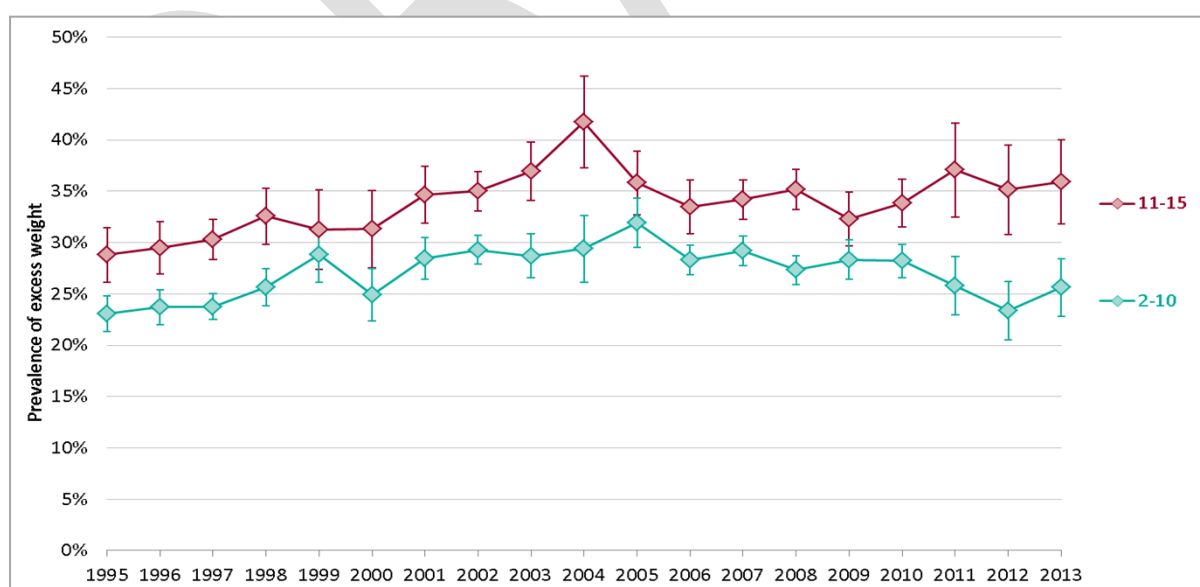
In England only around two in ten children aged 5 to 15 years meet the government recommendations for physical activity of one hour moderate to vigorous activity per day (boys 21%, girls 16%)²⁹. Around four in ten children aged 5 to 15 years are physically inactive (boys 39%, girls 45%). No information is available locally on activity levels of children, but local children are expected to show a similar pattern to the national picture. Actions in the childhood obesity strategy aim to increase awareness of the benefits of physical activity and increase activity levels of families. Lewisham offers opportunities for activity including [free swimming](#) for children under 16 years.

Age 12-18

Weight

No local data is available on weight in children of this age group, but national data show that since 2004 there is evidence of a levelling off of child excess weight prevalence for 2-10 and 11-15 year-olds (Fig 7).

Figure 7: Trend in the prevalence of excess weight. Children aged 2-10 and 11-15 years; Health Survey for England 1995-2013



Measures to support healthy weight in children include promoting healthy eating and physical activity as part of the universal provision of the Healthy Child programme, and workforce training for staff on promoting healthy weight. Support for families with children

²⁸ Public Health England

²⁹ Health Survey for England 2012: Physical activity and fitness, HSCIC (2013)

identified at risk of obesity include age specific healthy lifestyle and weight management programmes including MEND 7-13 and MEND 13-16. The weight management service also incorporates tailored support for children who need additional input. Details of the support available for families can be accessed on the [Council website](#).

Diet

The diet of children aged 11-18 years show low levels of fruit and vegetable with mean consumption of fruit and vegetables of 3.0 portions per day for boys and 2.7 portions per day for girls. Ten per cent of boys and 7% of girls in this age group met the *Five-a-Day* recommendation. Added sugar intake is high with the main source of added sugar was soft drinks and 'fruit juice' - soft drinks alone provided 30% of intake³⁰.

A local survey of adolescents in May 2013 showed that 80% of those surveyed felt that eating healthily is quite or very important. The most common benefits of healthy eating included being healthy, living longer, feeling good, having energy, being fit, looking good and being a healthy weight.

School meal uptake in secondary schools pupil is low with only 37% of pupils eating school meals³¹.

Physical Activity

In England the level of physical activity in 13-15 year olds is falling with only 14% of boys and 8% of girls meeting the recommended level, but 48 per cent have used fitness apps on a regular basis³².

Recommendations - Achieving a Healthy Weight

Lewisham has a high number of children with excess weight. Prevention and early intervention is crucial. A partnership approach is necessary to minimise the impact of an obesogenic environment. Maintenance and development of the following elements are important in local strategy to address this issue:

- Maternal Obesity Programme
- Achievement and Maintenance of UNICEF Baby Friendly status
- Improving uptake of School Meals
- Continuing to implement a systematic programme of intervention and policies to help children and families tackle problems of overweight and obesity, and to reduce the impact of the obesogenic environment.

³⁰ National Diet and Nutrition Survey: results from Years 1 to 4 (combined) of the rolling programme for 2008 and 2009 to 2011 and 2012

³¹ Lewisham's Children and Young People's Directorate

³² HSCIC Focus on health and care for young people June 2015

Mental and Emotional Health

According to previous British Child and Adolescent Mental Health Surveys, one in ten children under the age of 16 has a diagnosed mental health problem, the equivalent of three children in every school class. Lifelong mental health problems begin early. By 14 years old 50% of those who will have mental health problems in adulthood have already had problems, and by 18 this rises to 75% (excluding dementia).

Supporting children and their families early to protect their mental health and emotional well being, and enabling them to access specialist help early can help reduce the lifetime burden of mental illness as well as enabling young people to fulfil their potential.

Certain high risk groups of young people face even greater challenges with regard to their mental health:

- 72% of looked after children have behavioural or emotional problems.
- 46% have a mental health problem.
- 95% of imprisoned young offenders have a mental health problem, and many of them are struggling with more than one³³.

In the Children's Society *Good Childhood Report* six priority areas for promoting wellbeing in children were identified, as follows³⁴:

1. The conditions to learn and develop, such as access to early years play, high quality education, good physical development e.g. diet/obesity, school activities, levels of happiness at school, health and disability.
2. A positive view of themselves and an identity that is respected, such as self-esteem, being listened to and not being bullied.
3. Having enough of what matters, indicated by family circumstances, household income, parental employment, child poverty, access to green space, etc.
4. Positive relationships with family and friends, where stable and caring relationships are important (e.g. in the case of looked after children, they are more likely to experience changes in caring relationships).
5. A safe and suitable home environment and local area, such as feeling safe, privacy, good local facilities, stable home life (e.g. overcrowded housing or moving house often is a negative risk factor for wellbeing – although positive caring relationships can over-ride this).
6. Opportunity to take part in positive activities to thrive, involving a healthy balance of time – with friends, family, time to self, doing homework, helping at home, being active e.g. access to garden or local outdoor space.

There are recognised risk factors for developing mental health problems, many of which are more prevalent in Lewisham's children and young people, who are therefore at greater risk of mental health problems, and low levels of wellbeing/resilience that put them at risk of developing problems in the future. These factors include:

³³ Office for National Statistics (1997): [Psychiatric morbidity among young offenders in England and Wales](#)

³⁴ Children's Society (2012) *The Good Childhood Report: A review of our children's wellbeing* London: The Children's Society

- Living in poverty - 27.6% of under 16s live in poverty compared to 19.2% nationally and 23.7% in London. Similar levels are found in our neighbouring boroughs, 29.0% and 28.6% in Lambeth and Southwark respectively³⁵.
- Being a looked after child - 77 children in every 10,000 are looked after; compared to 60 nationally and 55 in London.
- Living in non-secure accommodation - 4.7 in every 1,000 households in Lewisham are homeless households with dependent children or pregnant women compared to 3.6 in London and 1.7 nationally³⁶.
- Being exposed to trauma - 555 children in Lewisham were identified as being exposed to high risk domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence in any one year. Rates in London are known to be higher than other parts of the country.
- Having parents who experience mental health and/or substance misuse issues. These levels are likely to be higher in Lewisham than the rest of the country, for example, 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In every 1,000 people in Lewisham, 12.4 are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London.
- Being involved in crime - 603 per 100,000 10-17 year olds receive a first reprimand, warning or conviction in Lewisham, compared to 426 in London and 409 in England as a whole³⁷.

Lewisham children need to be very resilient to thrive in the environments in which many of them live. To achieve this Lewisham Council is working with Big Lottery, through the Head Start Lewisham programme, to improve mental health and emotional well being in young people, particularly at the point of transition from primary to secondary school and in early adolescence.

Despite the greater risk of mental health problems in Lewisham's children, estimated rates of mental health disorders (including conduct, emotional, hyperkinetic (ADHD) and eating disorders) in Lewisham are broadly comparable to comparator boroughs (Table 1).

³⁵ HMRC (2012)

³⁶ DCLG, (2015)

³⁷ Department of Justice (2014)

Table 1: Prevalence of Key Child & Adolescent Mental Health Problems

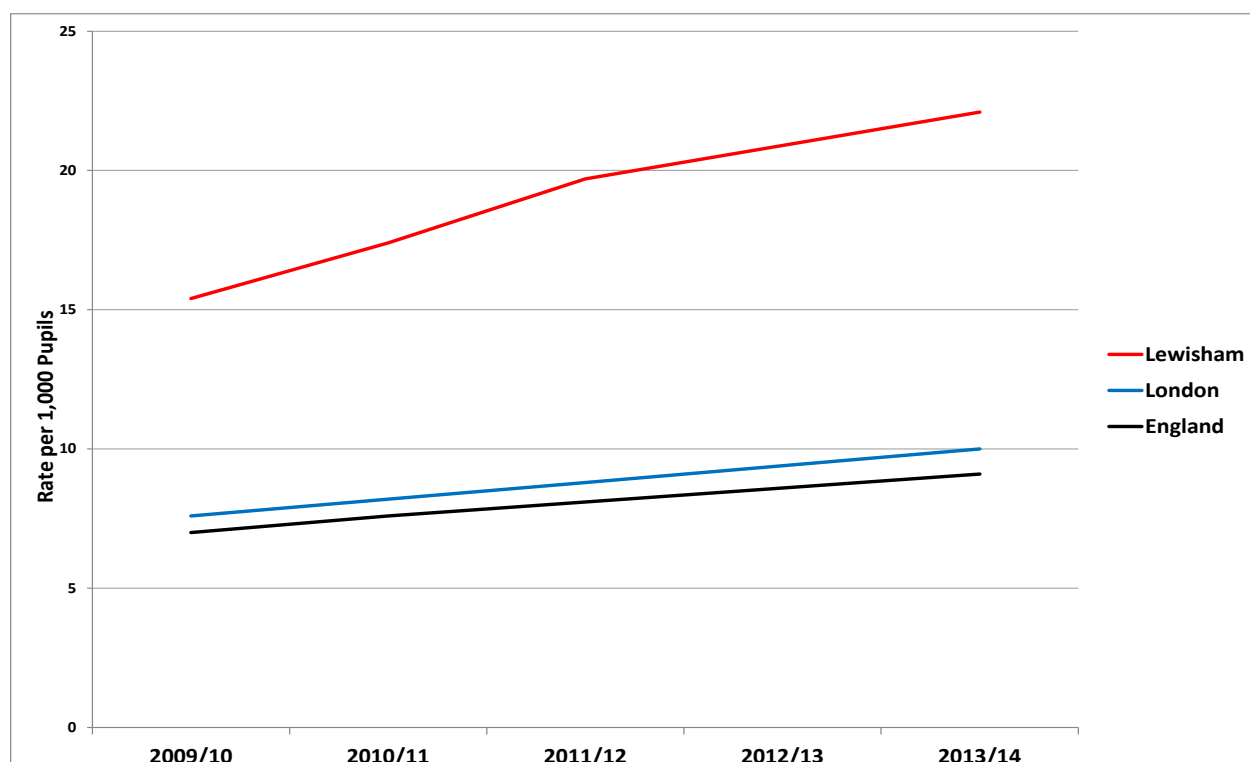
	Any mental health disorder		Conduct disorders		Emotional disorders		Hyperkinetic disorders		Eating disorders
	5-16yrs		5-16yrs		5-16yrs		5-16yrs		16-24yrs
	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	Prevalence (%)	No. of children	No. of young people
<i>Lewisham</i>	9.46	3,765	5.78	2,299	3.66	1,457	1.57	623	4,381
<i>Greenwich</i>	9.65	3,749	5.93	2,304	3.74	1,451	1.60	623	4,192
<i>Lambeth</i>	9.89	3,758	6.08	2,310	3.86	1,466	1.66	629	4,655
<i>Southwark</i>	9.81	3,582	6.02	2,199	3.83	1,396	1.63	594	5,381
<i>London</i>	9.35	109,616	5.70	66,838	3.65	42,748	1.54	18,050	126,462
<i>England</i>	9.60	-	5.80	-	3.70	-	1.50	-	-

(Source: All disorders except eating disorders are all estimates based on the prevalence from the ONS survey Mental Health of children and young people in Great Britain (2004) adjusted for age, sex and socio-economic classification. Eating Disorders is an estimate based on the prevalence from the Adult Psychiatric Morbidity Survey (2007).)

The nation-wide trend towards higher rates of autistic spectrum disorder (ASD) is also observed in Lewisham children (Figure 1)³⁸. However, rates of autism in Lewisham school children are significantly higher than in London, with 935 pupils aged 5 to 16 years affected (a rate of 22/1,000 pupils in this age group). This is at the upper end of the range of documented levels of ASD in children, but may well reflect better identification of ASD locally rather than a true prevalence that is higher than in other, similar boroughs; in fact, neighbouring boroughs also have a prevalence of this order. Children with ASD are at higher risk of mental health problems that may be masked by their ASD. The development of a care pathway for children with ASD should meet an important gap in local services.

³⁸ Department for Education (2014)

Figure 1: Pupils with Autisms Known to School - Rate per 1,000



Age 0-4

Child mental health is heavily influenced by parental, and particularly maternal health. This impact begins in pregnancy, where exposure to alcohol (even as little as one drink per week in the first three months of pregnancy), smoking and toxic stress can have an adverse impact on childhood mental health.

Toxic stress can be caused by abuse, neglect, substance misuse, mental illness, exposure to violence or poverty. All of these contributing factors are prevalent risks in Lewisham. Toxic stress in a child is when a child experiences strong, frequent and/or prolonged adversity without adequate protective relationships or adult support. Crucially, toxic stress can have a negative impact on the developing baby both in the womb, and in their early years. It can also be linked to pre-term delivery.

The first months of life are critical for babies to form secure attachments to their primary caregivers. Good attachment can protect the child's mental health and emotional well being. Problems with attachment can manifest much later in a child's development as mental health disorders. Due to the importance of secure attachment to the future wellbeing of children, midwives, health visitors and children's centres staff in Lewisham have improved attachment and parenting of children as a main focus of their work. Approaches such as *Five to Thrive*, which promotes a memorable message to parents along the lines of the *Five a Day* message to promote greater consumption of fruit and vegetables, have been adopted by Children's Centres locally and as part of the local programme to increase the prevalence of breastfeeding and attain UNICEF *Baby Friendly* status.

Post-natal depression can have an adverse impact on attachment between mother and child. Being aware of the signs and risk factors for post-natal depression can mean women get early support to help them form strong bonds with their child and manage their child's emotional needs. Women with a history of mental illness are at particular risk during and following pregnancy. Perinatal Mental Health is now the subject of a South East London-wide review conducted as part of the work of Our Healthier South East London (OHSEL). Perinatal and parental mental health are also being reviewed in Lewisham as part of the HeadStart programme and the development of a local Mental Health and Emotional Wellbeing Strategy for Children and Young People.

Development of speech and language can be a critical component of how a child communicates and manages their emotions and feelings. Children with delayed development may present with challenging behaviour in an attempt to make themselves understood. Children with ASD and other learning difficulties may also present at an early age with behavioural problems indicative of their condition prior to a formal diagnosis. This can present problems with socialisation in early years settings making them less likely to be school-ready.

Age 5-11

Many mental health problems may start to manifest in primary school, particularly conditions such as Attention Deficit Hyperactivity Disorder (ADHD), ASD and conduct disorder. Most children with these disorders are likely to be diagnosed in this period (although in siblings this may happen earlier). The problems they experience often have detrimental impact on their educational attainment and experience of school. Early support for these children particularly through the transition to secondary school can be important in mitigating against these poor outcomes. Bullying may become an issue in this age group, an acknowledged risk factor for longer term mental health problems which can last into adulthood.

Age 12-18

By mid-teens 50% of life time mental health problems will have started. This begins to have a major impact on life chances of affected individuals, who are more likely to be not in education, employment or training (NEET). Those experiencing mental health problems at this point are more likely to smoke, drink alcohol and be involved in antisocial behaviour.

Conduct disorders and ADHD are known to increase the risk of offending and teenage pregnancy in girls. Acknowledging the high number of individuals who come into contact with the police and who have historically been held in police custody, despite having an underlying mental health problem, liaison and diversion schemes have been implemented to assess and support young people and adults who may have underlying mental health problems.

Based on the national prevalence of 7%, an estimated 1,302 children in Lewisham self harm between the ages of 11-16³⁹. Some of these individuals may not come into contact with mental health services.

³⁹ Green, H., McGinnity, A., Meltzer, H., et al. (2005). [Mental health of children and young people in Great Britain](#)

In Lewisham, mental health services are currently focused on the treatment of mental health disorders rather than prevention. Lewisham has been awarded funding from the Big Lottery Fund's *Fulfilling Lives HeadStart* programme to develop new and innovative provision in our schools and communities to: improve emotional literacy; enable young people to develop awareness of how to protect their own mental health and emotional well-being; and build the resilience of young people through learnt and taught techniques in and out of schools. HeadStart is an opportunity for us to invest in improving the mental well-being and resilience of children and adolescents before they become unwell and require specialist services. It will also equip them with life skills which will support them into adulthood and enable them to value and protect their own mental health. HeadStart gives Lewisham an opportunity to expand and develop the universal and targeted offer, whilst working with existing provision and aligning with the wider partnership strategy to ensure that services intervene at the earliest point.

Recommendations - Mental and Emotional Health

Understanding what protects mental health and builds resilience and building on an individual child's, family's and community's assets can help deliver better mental health for both children and adults.

- Promote a better understanding across the Partnership of the important of toxic stress, as highlighted in the Children and Young People's Plan.
- Greater consideration will be given as to how families and communities can contribute to ensuring the best possible social and emotional well-being of Lewisham's children. Initiatives such as community parenting and *Empowering Parents, Empowering Communities* (EPEC), an evidence-based community development programme to improve parenting, should be considered for wider use locally and taken into account in the new Children and Young People's Plan. Health Visiting, Children's Centres and the School Aged Nursing Service will continue to work together to ensure good attachment and improved parenting for children in Lewisham.
- All local services, especially those delivering services to families with children under five, are encouraged to adopt the *Five to Thrive* method of getting messages about improved attachment and parenting across locally. This should also be taken into account in the development of the Children and Young People's Plan.
- Big Lottery have funded the HeadStart programme in Lewisham, initially until July 2016 to begin to develop and try out different approaches to improving well being in 10-16 year olds. The learning from this work will go into developing a further proposal to transform the delivery of universal and targeted approaches to mental wellbeing with a view to reducing longer term need for both CAMHS and adult mental health services. Our proposals will be incorporated into our developing strategy and will include our transformation plans as part of the recently published 'Futures in Mind'

report, aimed at improving emotional wellbeing and mental health for all our young people.

DRAFT

Sexual Health

Lewisham has a young population experiencing high levels of sexual health need in relation to contraception, pregnancy, sexually transmitted infections (STIs) and sexual behaviours (Table 1). Poor sexual health outcomes in Lewisham include high rates of STIs, teenage pregnancy, abortion and HIV infection. In addition to this the borough has high rates of sexual violence and domestic violence.

Young people (usually defined as under 25) experience higher rates of sexually transmitted infections, re-infection, abortion and sexual violence. In 2014, the three boroughs of Lambeth, Southwark and Lewisham undertook a sexual health needs assessment and developed a strategy to improve sexual health and access to sexual health services. The strategy recommends a shift to preventative services, increasing provision of 'basic' sexual health services such as contraception and STI screening in community and primary care settings such as pharmacies and GP practices as well as online. There is also a commitment to strengthen Sex and Relationships Education (SRE) delivered to young people by supporting schools and other settings such as youth services to deliver high quality SRE.

Table 1: Key Indicators of Sexual Health

Indicator	Lewisham	Lambeth	Southwark	London	England
Teenage conceptions (15-17) per 1000 females (2013) ⁴⁰	33.1	24.7	30.6	21.8	24.3
Teenage conceptions (13-15) per 1000 females (2013)	7.2	6.3	6.7	4.3	4.8
Under 18 birth rate per 1000 females	13.9	6.8	9.1	7.8	11.9
Under 18 Abortion rates per 1000 females (2014) ⁴¹	19.1	17.9	21.5	14.0	12.4
Chlamydia detection rate per 100,000 (2014) ⁴²					
Chlamydia screening coverage	34.6	43.9	37.8	27.9	23.9
New STIs <25 excluding chlamydia per 100,000 (2014)	1212	3190	2465	1534	829
Sexual Offences per 1,000 (2013) ⁴³	1.55	1.65	1.53	1.22	1.01

In 2013 Lewisham had the second highest teenage pregnancy rate in London (152 conceptions in 15-17 year olds). Whilst rates have fallen this reflects a national trend, and Lewisham rates have not fallen as fast or as far as other similar boroughs (Fig 1). The under

⁴⁰ All conception and birth data - ONS

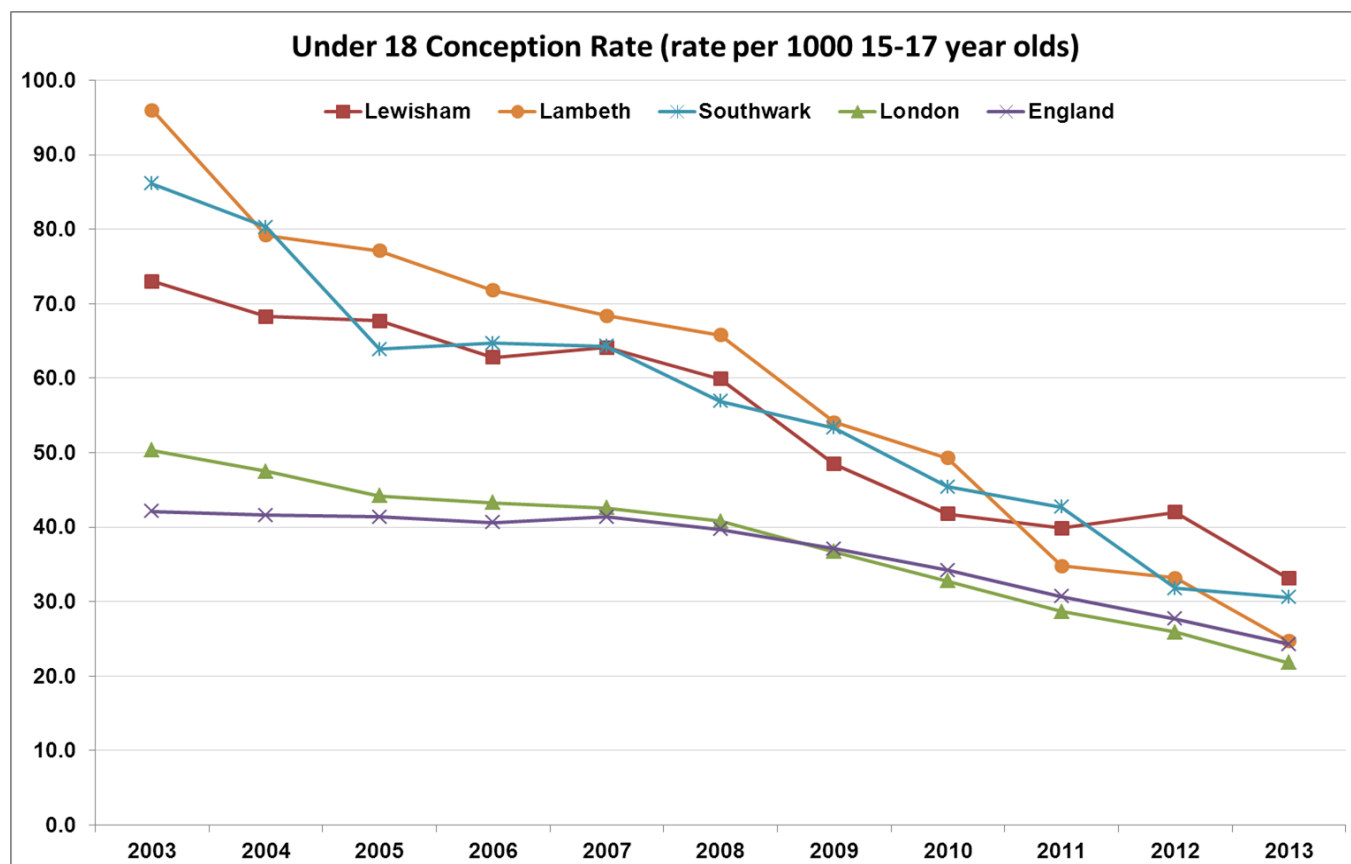
⁴¹ Department of Health

⁴² All Chlamydia and STI Data - Public Health England (2014)

⁴³ Met Police

16 conception rate is also second highest in London after Barking and Dagenham. In addition to this, fewer Lewisham pregnant teenagers choose to have an abortion compared to other pregnant teenagers in London. In 2013, 58% of Lewisham teenagers who were pregnant had an abortion, compared with 64% in London. In London, Lewisham has the highest under 18 years birth rate through a combination of a high teenage conception rate and lower than average abortion rate in this age group.

Figure 1: Under 18 Conception Rate



Unintended and unwanted pregnancies reflect unmet needs relating to contraception. The risk of unwanted pregnancy is associated with age (being under 18), alcohol consumption and deprivation. Being in the care system is a risk factor for being a teenage parent for both males and females.

Abortion rates, teenage pregnancy rates and STI rates are all higher in BME groups. Overall the highest STI rates are found in men who have sex with men (MSM). The NATSAL⁴⁴ survey found that 5% of men and 8% of women aged 16-44 had a same sex experience with genital contact, but there are no reliable local estimates of how many young people have experienced same sex sexual contact.

Age 0-4

Around half of all pregnancies are planned, with 1 in 6 being unplanned. A planned pregnancy offers the best chance of ensuring a healthy mother and baby.

⁴⁴ The National Survey of Sexual Attitudes and Lifestyles

Birth spacing is an important method of improving maternal and child health outcomes. Whilst breast feeding (where it is the only form of feeding) can be a form of contraception in early infancy, introducing reliable forms of contraception early after birth are important. Providing access to acceptable methods of contraception enables new parents to focus physically and mentally on a new baby. The most reliable forms of contraception are long acting reversible contraception (LARC). As this lasts for two to five years, depending on the method use, it is ideal for spacing pregnancies.

In Lewisham there are a number of women for whom a subsequent pregnancy may be problematic; this could be for medical, social or psychological reasons. For this small group of women LARC has been offered soon after birth whilst they are still in hospital. Providing all women with contraception options straight after birth may be an important way to decrease unplanned pregnancies.

Age 5-11

The age of puberty has been steadily reducing in western countries. German researchers found that in 2010 it had dropped to 10.5 years from 12.5 in 1980. The reasons for this are not clear, but an increase in obesity and environmental pollutants are often cited as possible explanations. As most formal sex and relationships education does not occur until secondary school, increasingly primary school children (particularly girls) are experiencing secondary sexual characteristics such as pubic hair, breast development and menstruation without a sexual health context. This can make girls particularly vulnerable, as they do not have the skills to negotiate relationships and boundaries of appropriate physical contact.

Age 12-18

Early sexual experience

The National Survey of Sexual Attitudes and Lifestyles (2010) surveyed a large sample of 17-24 year olds about their sexual experiences. They found that 31% of men and 29% of women had sex before 16 years of age. 70% of women and 68.1% of men aged 17 to 24 years felt they did not know enough when they felt ready for their first sexual experience. Around 40% reported getting information about sex from school, and most wanted to receive this information at school, from parents or health professionals. When compared to receiving sex information from parents or other sources, receiving sex education at school was associated with a range of positive sexual health outcomes including; older age at first sex, less likely to have unsafe sex, less likely to have been diagnosed with an STI, and less likely to have experienced an abortion or non-consensual sex.

Sex and relationships education is not compulsory. Parents can withdraw children from it, and it is up to schools to decide what level of SRE is provided. In Lewisham, the local Sexual Health service has delivered SRE sessions and in some schools this may be provided by the school nurse or other outside provider. Issues which are often raised by schools, include inappropriate sexualised behaviour, exposure to pornography, “sexting” – sharing sexual images through mobile devices and internet sources.

HPV vaccination to prevent cervical cancer is delivered through the school nursing services to girls at secondary school. This is currently an under exploited opportunity to discuss sex and relationships.

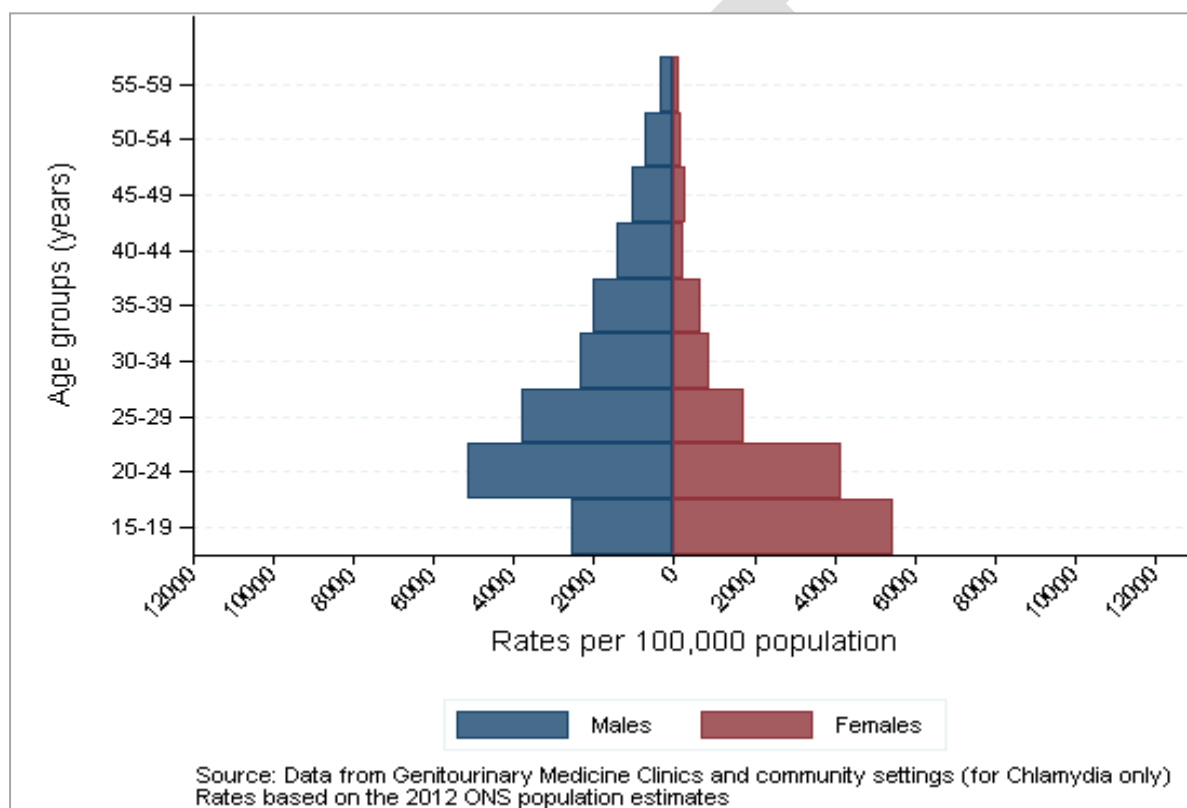
Abortion

Abortion rates in those aged under 19 remain high in Lewisham, although in 2014 the repeat abortion rate for this age group was amongst the lowest in London⁴⁵. This could be due to the higher proportion of teenagers who chose to continue with their pregnancy. In 2014, 132 young women under 19 had an abortion. This fell from 155 in 2013.

STIs

STI rates are highest amongst young people. In Lewisham in 2013, young people aged 15 to 24 accounted for 44% of all new STIs (Fig 2).

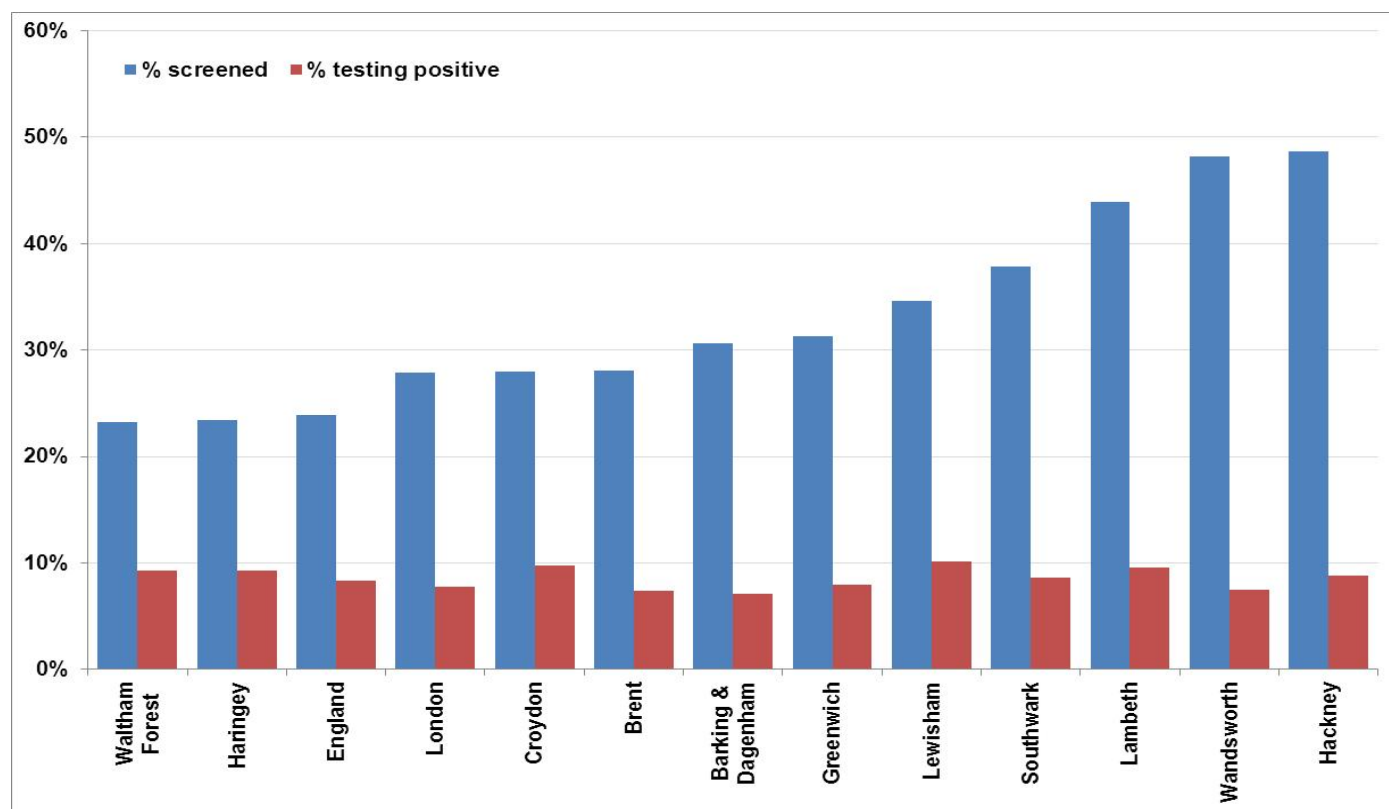
Figure 2: Rates of new STIs by age group and gender in Lewisham: 2013



Chlamydia, the most common STI is particularly prevalent with 10% of all Lewisham 15 to 25 year olds screened testing positive (Fig 3). When this is broken down further, in 15 year olds 16.75% of those tested had the infection and 13.1% of 16-19 year olds. Overall there has been a fall in the proportion of the Chlamydia screening age population (15-24 year olds) accessing screening. It is possible that the reduction in active promotion of Chlamydia screening through the teenage pregnancy programmes and previous Chlamydia screening office function has had an impact on the screening rates. Online screening through the checkurself service has recovered slightly after a decline over 2013. This is probably due to a bus campaign run around March 2014.

⁴⁵ Department of Health

Figure 3: Chlamydia Screening for the 15-24 Population - 2014

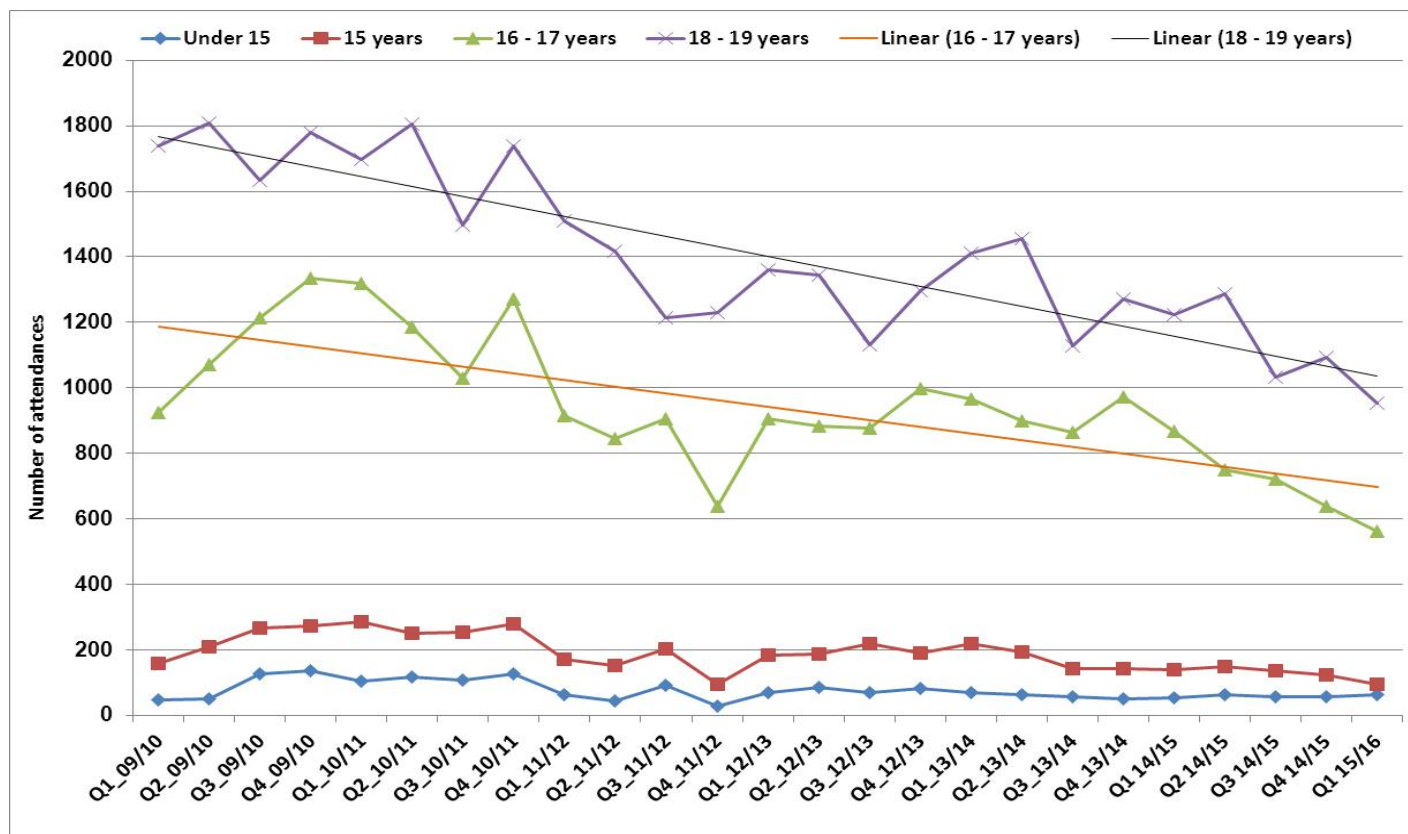


Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Lewisham, an estimated 9.5% of 15-19 year old women and 12.5% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with an STI within twelve months. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex. (PHE LASER 2014).

Service use

Over the last five years there appears to have been a decrease in the number of young people using the sexual health service. Whilst overall numbers of attendances and the number of very young individuals (aged 15 years and under) attending have remained fairly consistent, there is a smaller proportion of younger people in the overall patient cohort mainly due to a decrease in 16-19 year olds accessing the service. There were 3,760 attendances by young people under 18 to Lewisham sexual health services in 2014/15. In addition to this a further 4,648 young people aged 18-19 attended local services. These figures are a reduction of 19% and 12% respectively on the previous year. This could be due to an increase in the uptake of LARC, requiring fewer clinic visits, or could reflect a lack of recent awareness campaigns and SRE promoting local services.

Figure 4: Lewisham Sexual Health Service attendances by quarter 2009-2015



Transition to Adulthood

STIs and abortion rates peak in young adults between 18 and 25 years. The average age at which women become mothers had been steadily increasing and is now 28 years (England). This means that in the intervening years young people have more sexual partners than in previous generations, are using contraception for longer and are at higher risk of getting an STI. Rates of STIs are particularly high in men who have sex with men. Other risk factors in this group, including recreational drug use to enhance sexual experience - known as *Chemsex*, greatly increases the risk of STI transmission.

In the 12 months to July 2015 Lewisham had the seventh highest incidence of rape and of serious sexual offences in the Metropolitan Police Service area, and the incidence rate for these offences in Lewisham are significantly above the national average. Contributory factors to these high levels are likely to be the borough's comparatively young age structure combined with high levels of deprivation. The Crime Survey England & Wales (CSEW) indicates females aged between 16 and 19 were at the highest risk of being a victim of a sexual offence (8.2 per cent) and that the risk decreases with age. Most rapes are carried out by intimate partners and there is likely to be a significant overlapping with the domestic violence cohort which is disproportionately poor and young.

A cross-referencing of domestic violence and sexual violence rates across police forces in the UK areas invariably show the highest rates for both offences are in the most deprived areas. In this context it is important to note Lewisham's high teenage pregnancy rate; as low maternity age is a key indicator of domestic violence/sexual violence and poverty.

Greater awareness and increased work in schools around healthy relationships may have also contributed to people feeling more confident to report sexual offences.

Recommendations - Sexual Health

- Despite the significant gains made in improving access to services through the teenage pregnancy and Chlamydia screening programmes, these are now showing signs of stalling. Targeted sexual health promotion and SRE programmes will be vital to maintain and build on the success of these initiatives, and should continue to be a part of the Children and Young People's Plan.
- Improved access and information about contraception, particularly for young women and women from BME groups is important to increase the number and proportion of planned pregnancies which can optimise outcomes for mother and child.
- Over the next few years sexual health services will be reconfigured to improve access. It is important that young people, especially the most vulnerable, receive specialist support to equip them to maintain and protect their own sexual health and develop healthy physical relationships.

Smoking, Drinking and Drugs

Smoking cigarettes, drinking alcohol and the misuse of drugs, particularly by young people, have long been seen as key public health concerns. In addition smoking, drinking alcohol and the misuse of drugs by parents and others caring for children can cause high levels of harm to children.

Smoking

Smoking is the main cause of preventable morbidity and premature death in England and causes one in five of all deaths. Smoking is the biggest single contributor to the difference in life expectancy and the increasing health gap between rich and poor.

Smoking prevalence among young people has been declining. In 2014⁴⁶, fewer than one in five 11 to 15 year olds (18%) said that they had smoked at least once. This was the lowest level recorded since the survey began in 1982, and continued the decline since 2003, when 42% of pupils had tried smoking. However, it is estimated that approximately 207,000 children aged between 11 and 15 start smoking each year in the UK, with 8% of 15-year olds classified as current smokers. An estimated 7% of 15 year olds were classified as current smokers in Lewisham in 2014/15⁴⁷ (but the real prevalence may be anywhere between 1.3 and 16%). Smoking prevalence is estimated to rise to over 10% in 16-17 year olds.

It is very important to reduce the number of young people who take up smoking, as it is an addiction largely taken up in childhood and adolescence. Most smokers start smoking before they are 18.

There is evidence that school based interventions are effective in reducing uptake and NICE have published a series of recommendations, which set out clear guidelines for commissioners^{48,49}. However, these interventions are considered more effective when delivered as a package of cross cutting tobacco control measures in the community, aimed at adults and away from school grounds.

The use of nicotine vapourisers (electronic cigarettes) has increased greatly in recent years⁵⁰.

Evidence suggests that both awareness and experimentation among young people has also increased. Regular use is seen mostly among young people who have already started to smoke, although experimentation by young people who have never smoked has been observed.⁵¹ Legislation has been passed to prohibit the sale of nicotine vapourisers to children and the purchase of nicotine vapourisers on their behalf.

More people in Lewisham smoke than is the case in London or England as a whole. One in five people continue to smoke in Lewisham (around 45,000 smokers), with almost one in three smokers in routine and manual occupations. 70% of people with mental health

⁴⁶ Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information Centre

⁴⁷ Local Tobacco Control Profile, Public Health England 2015

⁴⁸ School-based interventions to prevent smoking. NICE public health guidance 23

⁴⁹ Preventing the uptake of smoking by children and young people. NICE public health guidance 14

⁵⁰ ASH Factsheet: Use of electronic cigarettes in Great Britain (July 2014)

⁵¹ ASH Survey (September 2014)

problems smoke. Although the percentage of Lewisham residents over the age of 18 has decreased the percentage of routine and manual workers smoking has increased from 25% to 30%.

The key elements of the Lewisham Smokefree Delivery Plan are to:

- Prevent the uptake of smoking by young people
- Protect people from second-hand smoke:
- Help smokers to stop, especially the most vulnerable

Despite the fact that smoking prevalence among young people has decreased, preventing the uptake of smoking among young people in Lewisham continues to be a major public health concern. Most smokers start before they are 18 and 50% of all smokers die prematurely. Living with an adult smoker is the major influence on the uptake of smoking in young people. The strategy to address this includes reducing the number of adults who smoke, through reducing the supply of cheap tobacco, motivating and assisting heavily addicted smokers to quit and promoting smokefree environments. There is also a focus on peer education among pupils aged 12/13. Young smokers have access to the Stop Smoking service which motivates and assists small numbers of young smokers to quit, however success rates among this age group are low.

Our ambition is to reduce smoking prevalence among 15 year olds from 8% to 5% by 2025.

Table 1: Smoking Prevalence - Adults aged 18+

	Lewisham	London	England
Smoking Prevalence (2013)	20.6%	17.6%	18.4%
Smoking prevalence among routine & manual (2013)	30.7%	24.9%	28.6%
Smoking Quit Rate per 100,000 (2014/15)	680	531	522
Smoking status at time of delivery (2014/15)	5.0%	-	-

Figure 1: Smoking prevalence among 15 year olds who are regular smokers. Lewisham compared to its statistical neighbours and England, 2014-15 (WAY Survey)

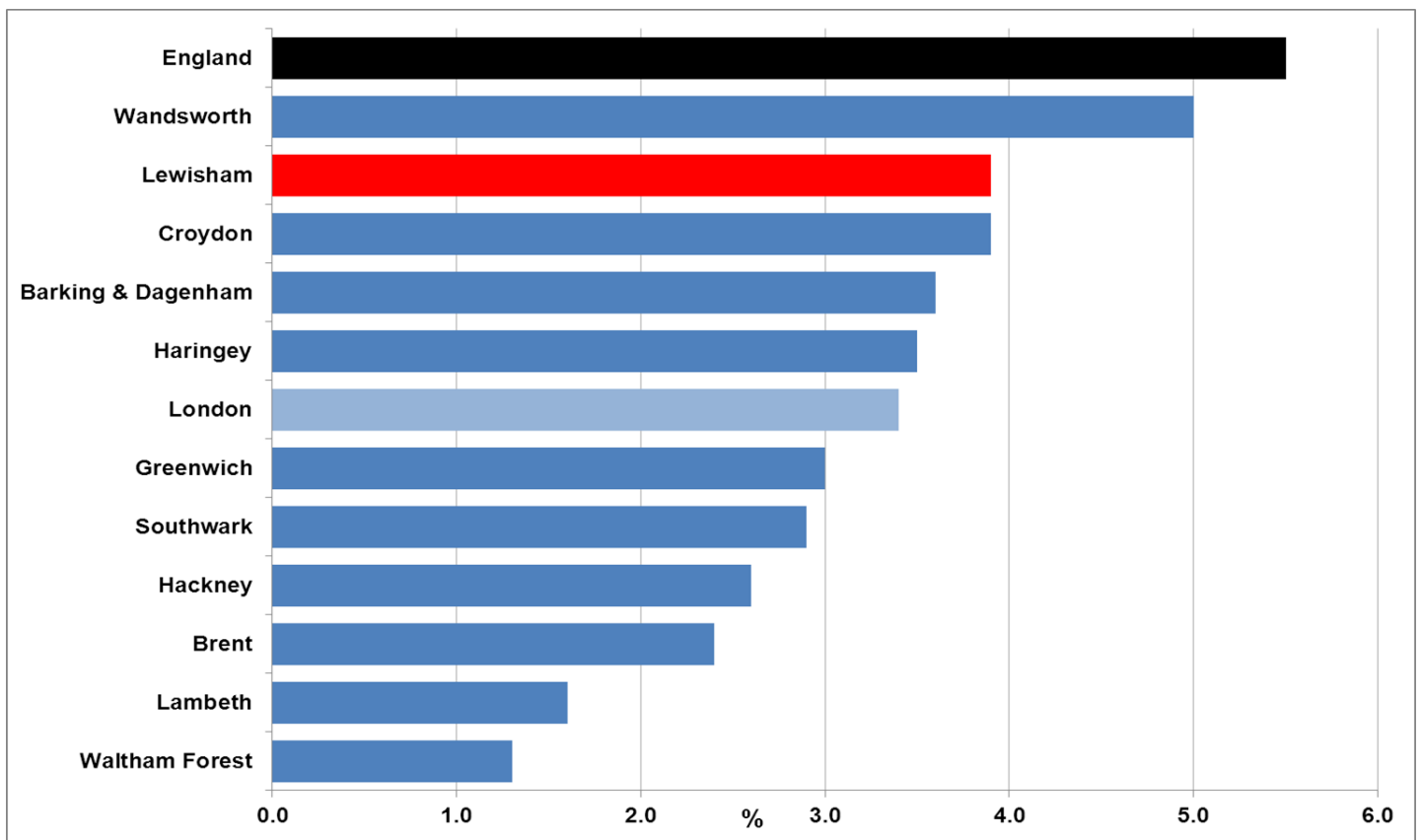


Figure 2: Smoking prevalence among adults aged 15 who are occasional smokers. Lewisham compared to its statistical neighbours and England 2014-15 (WAY Survey)

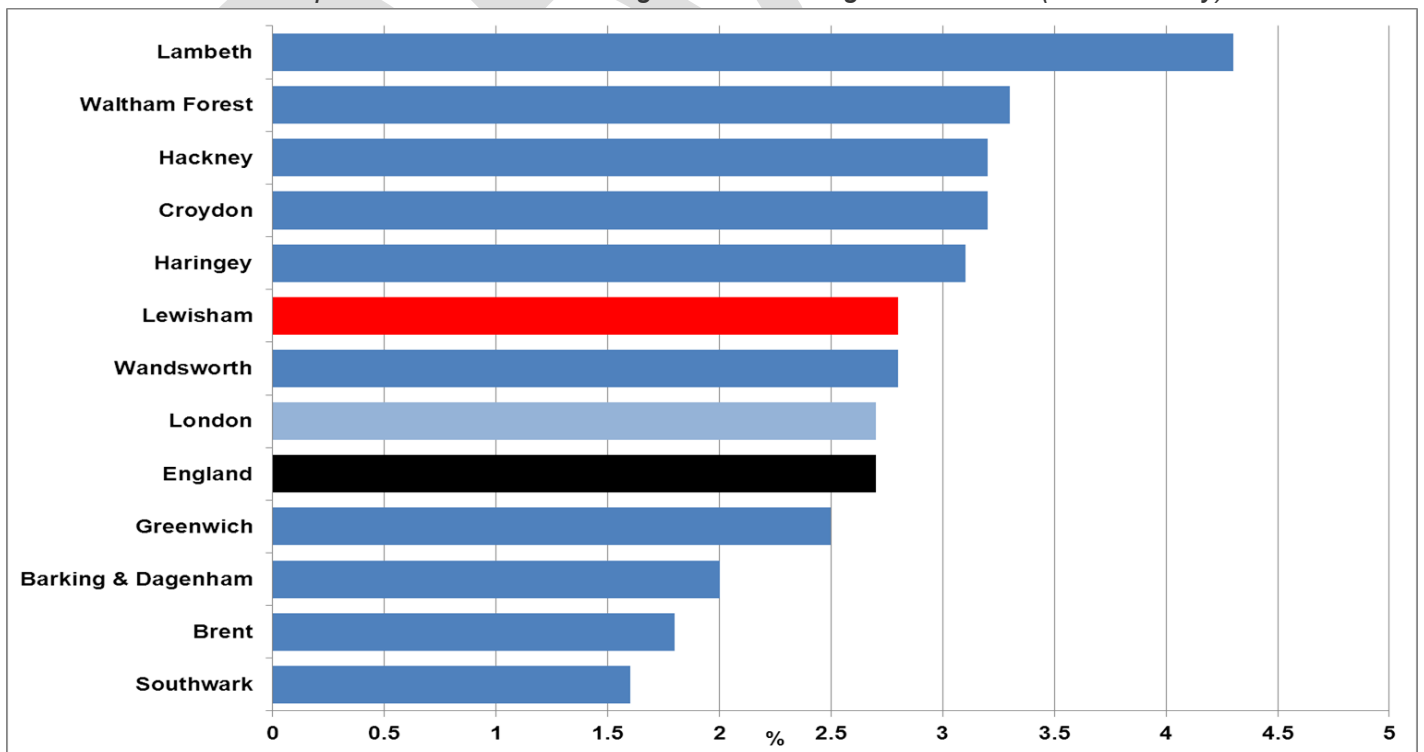
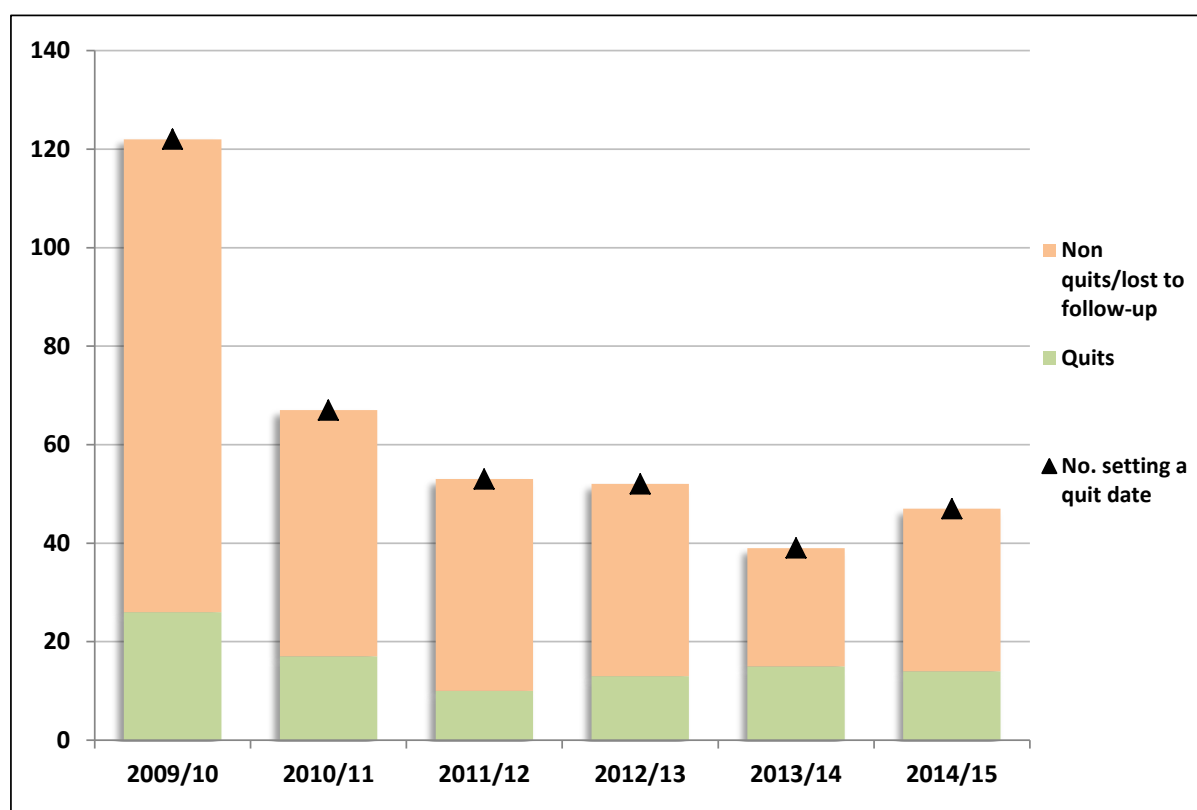


Figure 3: Number of persons under 18 in Lewisham setting a quit date with the Stop Smoking Service and number of quitters at 4 weeks follow-up



Age 0-4 and 5-11

The issue of smoking in pregnancy is dealt with in the Chapter on ensuring the best outcomes of pregnancy.

Promote Smokefree Homes:

Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease⁵². Each year it results in over 300,000 GP visits, 9,500 hospital visits in the UK and costs the NHS more than £23.6 million⁵³.

A survey undertaken of 1,000 young people aged 8-13, on behalf of the Department of Health in October 2011, demonstrated that children want smokefree lives. This found:

- 98% of children wish their parents would stop smoking
- 82% of children wish their parents wouldn't smoke in front of them at home
- 78% of the children wished their parents wouldn't smoke in front of them in the car
- 41% of children said cigarette smoke made them feel ill
- 42% of children said cigarette smoke made them cough

Exposure to second-hand smoke in confined spaces such as a car is particularly hazardous, as there is no safe level of exposure to tobacco smoke.

⁵² Royal College of Physicians (2010) Passive Smoking in Children -

<https://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-and-children.pdf>.

⁵³ NICE (2008) Smoking Cessation Services. NICE public health guidance 10. London: National Institute for Health and Clinical Excellence, <http://www.nice.org.uk/Guidance/PH10>

Whilst many health visitors have been trained to promote smoke free homes, more smoke free homes could will be achieved in the future through an increased focus and collaboration by a range of agencies including children's' centres, health visitors and housing providers. A local campaign is planned in October 2015, linked to the national campaign to promote smoke free environments, including cars.

Age 12-18

Young people's health behaviour is driven by the world they grow up in. A recent survey of young people established that regular smoking was associated with other risky behaviours: drinking alcohol, taking drugs and truancy. The influence of family and friends was also important. The biggest influence on children smoking is adult smoking⁵⁴.

Eighty one percent of pupils reported having either a family member or a friend who smoked. This was more likely for smokers (97% of regular smokers, 94% of occasional smokers) than non-smokers (46%).

Pupils who smoked were most likely to obtain cigarettes by being given them by other people. Just under half (46%) said that they bought cigarettes in shops, despite the law which prohibits the sale of cigarettes to young people aged under 18. The proportion of all pupils who have tried to buy cigarettes in a shop has fallen from 10% in 2008 to 4% in 2014. Two-fifths (42%) of pupils who had tried in the last year always succeeded in buying cigarettes. The majority of pupils who smoked had asked someone to buy them cigarettes from a shop in the last year (87% of regular smokers, 49% of occasional smokers).

Among regular smokers, 46% had been smoking for at least a year. 56% had made an attempt to give up smoking but had not succeeded.

Pupils who lived with other people who smoked were more likely to smoke themselves. In the last year, 64% of pupils reported being exposed to second hand smoke either in someone's home (including their own) or in a car.

Pupils are less likely to condone smoking by someone of their age than in 2003. In 2014, 26% thought that it was OK to try smoking to see what it was like, compared with 48% in 2003. There has been a similar decline in the proportions who thought it was OK to smoke once a week.

Pupils were most likely to believe that their peers smoked to look cool in front of their friends (85%). Smokers were more likely to believe that people of their age smoked because of its effects, for example, to cope with stress or because it gave them a good feeling. Non-smokers were more likely to believe people of their age smoked in response to social pressures.

Parents were the most often named source of helpful information about smoking cigarettes (75%).

⁵⁴ Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information Centre

In 2010, 43% of school aged children in Lewisham said an adult smoked in their home⁵⁵.

The most effective way to reduce smoking amongst this age group is to prevent young people from starting smoking. Sustained efforts to reduce smoking prevalence among adults, restrict availability and de-normalise tobacco use all contribute to lower smoking rates among young people.

In the last ten years, smoking has been addressed through legislation and regulation aimed at reducing exposure to second hand smoke and restricting the display and sale of tobacco products, particularly to young people.

The Health Act 2006 limits exposure to second hand tobacco smoke. This initially consisted of a ban on smoking in enclosed public spaces, including public transport, restaurants and pubs. The 2006 Act also increased the legal minimum age of sale for tobacco products to 18 with effect from October 2007.

The Health Act 2009 included provision for a phased prohibition of the display of tobacco products in shops, as well as banning the sale of cigarettes in vending machines. The restrictions on the display of tobacco products at the point of sale came into force in large shops in April 2012 and in small shops and all other premises selling tobacco from April 2015.

The Children and Families Act 2014 made it an offence for adults to buy tobacco products on behalf of young people under the age of 18, and also enforced a ban on young people under the age of 18 buying e-cigarettes, both to come into force from 1st October 2015. It extended the smoke-free provisions to cover private vehicles carrying children; this will come into force at the same time. This legislation also provided for the introduction of standardised packaging of tobacco from 20th May 2016.

A dedicated enforcement post and increased collaboration on intelligence with other boroughs and HMRC has enabled an increased focus on illegal and underage sales and large quantities of illegal tobacco have been seized during the past year. This focus will be retained through the four newly established enforcement teams. A *Kick it Out* campaign, aimed at illegal tobacco, has recently been launched with other SE London boroughs.

Small numbers of young smokers have accessed the Lewisham Stop Smoking Service over the past few years (ranging from 39 to 127 per year), however success rates in quitting for young people are low, both nationally and locally. The mean quit rate for the past six years was 26% compared with 50% for adults. For this reason young people are not specifically targeted by the Stop Smoking Service.

The Stop Smoking Service is very successful at reaching heavily addicted smokers such as pregnant women and people with mental health problems, with a strong correlation between IMD scores and smoking quitters and an increasing number of smokers quitting from more deprived wards.

⁵⁵ School Health Education Unit survey 2010

An effective Peer Education Tobacco Control Programme has been developed and delivered to Year 8 pupils in many secondary schools in Lewisham over the past four years. This programme is now offered to schools as part of a Public Health package at a low cost.

Drinking Alcohol and Drugs Misuse

Introduction

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life⁵⁶.

Problematic parental substance misuse is known to affect the emotional, physical, psychological and behavioural wellbeing of children, as it can adversely affect parenting capacity. It can also be associated with a host of other environmental problems. Children often suffer in silence being unknown to services and not knowing who to turn to, feeling scared of revealing the situation at home⁵⁷. Children who live with a parent/carer who uses alcohol or drugs to a degree where their parenting capacity is compromised are affected by Hidden Harm - a broad term that describes the detrimental effect that parental substance misuse can have on children.

The 2010 national drug strategy⁵⁸ called for an evidence-based, life-course approach to reducing the demand for alcohol and drugs. Along with tobacco control, preventing harmful substance misuse is central to the public health agenda, which places emphasis on tackling the root causes of problems and on reducing the number of people whose alcohol and drug use has a long-term negative effect on their health, wellbeing and quality of life⁵⁹.

The Alcohol Strategy for England 2012⁶⁰ set out a clear ambition to change the approach to drinking alcohol and aimed for a sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed. It focused on reducing the availability of cheap alcohol, ensuring alcohol was promoted in a responsible way and the role of local communities and agencies on the implementation of the Licensing Act.

Despite recent declines, the proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries⁶¹.

⁵⁶ Young People's Substance Misuse JSNA Support pack: key data for planning young people's substance misuse interventions 2015-16, Public Health England 2014

⁵⁷ Lewisham Hidden Harm 5 Years on, London Borough of Lewisham 2014

⁵⁸ The 2010 drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'. Home Office 2010

⁵⁹ Young People's Substance Misuse JSNA Support pack: good practice prompts for planning comprehensive interventions in 2015-16, Public Health England 2014

⁶⁰ The Government's Alcohol Strategy, HMSO, March 2012

⁶¹ Hibell B, Guttormson U, Ahlstrom S, et al (2012) The 2011 ESPAD report: substance use among students in 36 European countries

A quarter of all deaths among 16-24 year old men are attributable to alcohol. ⁶²

Key Indicators

The number of young people using specialist services has not varied much over the past four years, ranging from 206 to 220. The number of young people accessing the services from secure estate has steadily increased.

Young people come to specialist services from various routes but are typically referred by youth justice, education, self, family and friends, and children and family services.

Age 0- 4

It has been known for many years that alcohol can damage a developing baby and that high levels of alcohol consumption in pregnancy can cause Fetal Alcohol Syndrome which leads to damage to the baby's brain and subsequent development. There has however been no conclusive evidence about exactly what, if any constitutes safe levels of drinking and therefore NICE guidance states that pregnant women and women planning a pregnancy should abstain from alcohol completely in the first 3 months of pregnancy and thereafter if they cannot abstain, they should be advised to drink no more than 1-2 UK units once or twice a week.

Public Health Lewisham have supported the introduction of an alcohol assessment tool to be used when women book for maternity care which enables a discussion with the pregnant women, advice and onward referral if appropriate. This assessment tool has now been incorporated into the new hand-held maternity notes and specific training on risk assessment has been provided for key staff members.

Liaison Antenatal Drug Service (LANDS): works with pregnant women and partners concerned about drug or alcohol use. It offers advice and information, ante natal care, support, counselling, assessment and detoxification/ stabilisation along with GP liaison and referral to inpatient detoxification/rehabilitation.

CRI-New Direction provide a lead nurse to work with the Liaison Antenatal Drug Service (LANDS) midwife, a consultant addictions psychiatrist in the women's health clinic, Midwifery department at University Hospital Lewisham. Social workers and health visitors also work with patients to address some of their wider support needs, i.e. child protection issues, parenting issues and financial support and advice.

Full ante-natal care is offered for patients who use alcohol or other illicit substances. A full medical, social and obstetric history is taken and relevant onward referrals are made for specialist health services. Urine testing is also provided to ensure that all substance misuse is addressed, even when a patient is not willing to disclose.

All pregnant women are offered a scan before 21 weeks for foetal alcohol syndrome. Referrals to LANDS come from CRI–New Direction or from GPs. Midwives can also refer into LANDS from the mainstream midwifery services. All newly-booked clients will receive screening on their alcohol consumption. If an alcohol or drug detoxification is required for a

⁶² Public Health England 2014

pregnant woman then there is referral to specialist provision. Post-natal support is offered to patients through CRI-New Direction and social work teams as appropriate

Age 5-11

In Lewisham it is estimated that we have 385 children under the age of 11 who have ever consumed alcohol, with 32 reporting use in the last week.

The Hidden Harm Service⁶³ was created in 2010 in response to the rising issue of parental substance misuse. In Lewisham this service effectively links adult services with children and family services ensuring that the family receives a holistic, co-coordinated and comprehensive approach with easy access to appropriate services to address their needs.

Hidden Harm continues to work with some of the most vulnerable families in Lewisham ensuring early entry into treatment for parents and a holistic understanding of what needs to change to make a difference to children. It helps to identify those that can change but need help from those that can't change and won't seek help, ensuring evidence-based decisions are made that keep children safe.

Referrals are accepted to Hidden Harm from universal children's services where there are issues around parental substance misuse (known or suspected). The parent can be visited at home and a holistic support plan formulated considering the identified concerns with the parent and shared with the professionals from children's services, direction is offered to other agencies in how to best support the needs of the family and support change⁶⁴.

The Hidden Harm workers (a Hidden Harm Co-ordinator and a Hidden Harm support practitioner), are based within the London Borough of Lewisham Prevention & Inclusion Team. They work closely with CRI, the specialist substance misuse agency, and refer whenever necessary. This service has worked with 230 families since 2010 and supports approximately 70 parents a year to access drug or alcohol treatment within the borough. In 42.3% of all referrals to Hidden Harm, alcohol was the primary substance; it played a part in 57.6% of the total referrals.

In Lewisham in 2013/14, 58 of the 234 alcohol dependent drinkers in treatment reported living with children and 234 of the 1214 who accessed treatment for drug use reported living with children.

In Lewisham of the 1219 people who accessed treatment in 2013/14 for drug use 234 reported living with children, this would indicate that 19.2% of the drug using community live with children. There were 508 children living with a parent who used drugs and accessed treatment⁶⁵.

Prevalence data⁶⁶ estimates that approximately 802 children in Lewisham live with an adult who uses Heroin or Crack. The figure using all drugs is likely to be much higher. The figure for children who live with a parent who use all drugs is likely to be higher.

⁶³ The service works with all children and young people from ages 0-18

⁶⁴ Lewisham Hidden Harm: Five Years On, London Borough of Lewisham 2014

⁶⁵ *ibid*

Age 12-18

NICE reports that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the day and hours when it can be sold, is an effective way of reducing alcohol-related harm. NICE provides recommendations for licensing practice⁶⁷. Suggested actions include: local crime and related trauma data to be used to map the extent of alcohol-related problems before developing or reviewing a licensing policy; efficient resources to prevent under-age sales, non compliance with alcohol laws and any other alcohol license condition and illegal imports of alcohol; working in partnership with the appropriate authorities to identify and take action against premises who consistently sell alcohol to people who are under-age, intoxicated or making illegal sales for others, who may be under age; test purchases known as 'mystery shopping' to ensure premises are complying with the law; sanctions fully applied to businesses that break the law, this may include fixed penalty and closure notices.

In addition to the focus on alcohol supply in the Alcohol Strategy⁶⁸, there is an emphasis within the young people's strand of the drug strategy (2010) on protecting young people by preventing or delaying the onset of substance use. The strategy advocates for the provision of good quality education and advice to young people and their parents, and for targeted support to prevent drug or alcohol misuse and early interventions to avoid any escalation of risk and harm when such problems first arise.

The main prevalence data for trends in alcohol, drug and tobacco use amongst young people is the annual schools survey 'Smoking, drinking and drug use among young people in England'⁶⁹. In 2014, 38 per cent of 11 to 15 year olds had tried alcohol at least once, the lowest proportion since the survey began. Although the latest report shows declining trends in substance use overall, it highlights the increased risk of drug use among pupils who truant or who have been excluded from school and whose circumstances or behaviour already make them a focus of concern. The same survey also indicates that young people at risk of misusing drugs and alcohol are also likely to be smoking and that one of the factors linked to increased initiation of smoking is experimentation with drugs and alcohol⁷⁰. In Lewisham it is estimated that we have 2367 children under the age of 15 who have ever drunk alcohol, with 780 reporting drinking in the last week⁷¹.

There is a concerning picture of alcohol harm among young women, identified in a recent needs assessment⁷². The difference in the admission rate for males and females in the under-18 age band was noted. Lewisham young women had twice the alcohol specific

⁶⁶ Estimating the national and local prevalence of problem drug use in Scotland 2013/14, An Official Statistics paper for Scotland, NHS National Services Scotland, 2014

⁶⁷ www.nice.org.uk/guidance/PH24

⁶⁸ The Government's Alcohol Strategy, HMSO, March 2012

⁶⁹ Smoking, drinking and drug use among young people in England in 2014, Health and Social Care Information Centre

⁷⁰ Public Health England 2014

⁷¹ Lewisham Young People's Substance Misuse Needs Assessment, London Borough of Lewisham, March 2014

⁷² Lewisham Alcohol Needs Assessment, Public Health, London Borough of Lewisham, 2012

admission rate compared with young men, whereas in over 18s it is three times as high for men compared with women.

Patterns of young people's drug and alcohol use often change, so services need to be flexible and respond effectively to changing needs. Cannabis and alcohol are the most common substances that young people say they have a problem with when they present to specialist substance misuse services. However, organisations working with young people should be prepared to deal with all substances, including tobacco and novel psychoactive substances. A small minority will present with class A drug problems (such as heroin and cocaine)⁷³.

Whilst not all Young People's substance misuse is problematic, and not all of those who do have problematic use go on to become entrenched addicts, there is clearly a need to provide exceptional interventions providing both prevention and specialist treatment to reduce harm and to ensure young people who have problematic substance misuse overcome this.

There are a number of specific issues facing girls; including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic violence, and involvement in sexual exploitation. Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols⁷⁴.

Evidence suggests that specialist substance misuse interventions contribute to improved health and wellbeing, better educational attendance and achievement, reductions in the numbers of young people not in education, employment or training and reduced risk taking behaviour, such as offending, smoking and unprotected sex.

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are more likely to be not in education, employment or training, have contracted a sexually transmitted infection, experiencing domestic violence, experiencing sexual exploitation, be in contact with the youth justice system, be receiving benefits by the time they are 18, and half as likely to be in full-time employment. Universal and targeted services have a role to play in providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services⁷⁵.

These figures reflect the number of young people in specialist substance misuse services in Lewisham during 2011-12, 2012-13 and 2013-14; the number of young adults in young people only specialist services; and the number of young people who have received specialist treatment within a secure setting. Reporting into National Drug Treatment Monitoring System (NDTMS) by the providers of specialist substance misuse interventions in

⁷³ *ibid*

⁷⁴ Public Health England 2014

⁷⁵ Public Health England 2014

the secure estate began in young offender institutions in 2012-13 and was then rolled out to secure training centres and secure children's homes from April 2013. This is therefore the first time that data demonstrating demand for specialist treatment across the entire young people's secure estate has been made available.

Table 1: Number of young people in specialist services

	2013/14	2012/13	2011/12
Number of young people (aged under 18) in specialist services in the community	211	206	220
Number of young adults (aged 18-24) in 'young people only' specialist services in the community	63	71	68
Number of young people (aged under 18) in specialist services within the secure estate	24	7	0

Table 2: Referral Source to specialist service

	Local (Count)	Local (%)	England (%)
Youth justice (incl the Secure Estate)	61	27%	31
Education services	102	46	25
Self, family and friends	6	3	11
Children and family services	34	15	11
Other substance misuse services	4	2	10
Health and Mental Health Services (excl A&E)	9	4	7
A & E	2	1	1
Other	4	2	4

(Source: NDTMS)

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services⁷⁶.

Lifeline Project: Children and Young People's Hub has been commissioned since April 2015. It provides the specialist service for young people. The service works towards an early intervention model. The Hub runs activities, group work and structured individual support within the community and has strong links with the children's centres. Parents and pregnant woman are soon to have access to services within these settings.

The service aims:

- To maximise the number of young people accessing treatment interventions.
- To increase referrals into substance misuse services from mental health services
- To increase referrals into substance misuse services from Criminal Justice Referral routes

⁷⁶ Public Health England 2014

- To increase referrals into substance misuse services from LAC and Leaving Care Teams.
- To ensure that all Looked After Children and Leaving Care Young People are screened and referred into treatment as necessary
- To increase referrals into substance misuse services at a point that issues are emerging and provide early intervention to address these issues
- To increase referrals from A&E
- To ensure effective joint working and safe clinical practice where YP receive a pharmacological intervention/
- To ensure that Young People have access to Education, Training and Employment opportunities and are supported to access and gained the maximum benefit from them
- To ensure that Young People have access appropriate housing and housing related support
- To deliver services which are innovative and engaged Young People.
- To capture Young People's imagination, develop enthusiasm and develop skills and resilience.
- To engage and involve Young People at all levels of service delivery:
- To engage family members in Young People treatment, to work with whole families and to offer support to family members in their own right.

Transition 18-25

The needs of 18-24s are different to those of under-18s, as is the legislative framework. A good public health approach should however consider the needs of developing young adults up to the age of 24, a period which includes heightened stages of exposure to health and wellbeing risks. Clear transitions and joint care plans with adult services will help under 18s who require on-going support beyond their 18th birthday⁷⁷.

Lifeline young people's drug and alcohol service supports drug and alcohol users up to the age of 25. There is a specialist transition worker and there is an agreement to use a common triage assessment with adult services for 18-25 year olds.

Recommendations - Smoking, Drinking and Drugs

- Continue to protect children and young people by reducing the supply of cheap tobacco and preventing the illegal sale of cigarettes and alcohol through a sustained focus on the enforcement of statutory regulations
- Continue to use evidence based interventions, such as peer education, in schools and other settings to reduce the uptake of smoking
- Optimise the use of social media, working in partnership with young people, to get key messages across to young people about smoking, drinking alcohol and using drugs
- Motivate and assist adult smokers to quit through brief interventions by front line staff and a specialist service for heavily addicted smokers

⁷⁷ Public Health England 2014

- Continue to promote smoke free homes, cars and other environments to reduce the number of adult smokers.
- Continue to motivate and assist young smokers to quit, although their success rate is comparatively low
- Ensure that there is an increase in referrals into the specialist substance misuse services for young people when issues are emerging to ensure early intervention
- Engage family members in young people's treatment and to offer support to family members and friends
- Continue a focus on addressing binge drinking and high alcohol consumption rates in young people, especially young women.
- Ensure a focus on the data/trends in the emergence of New Psychoactive Substance and adapting services to meet need

The Health of Looked After Children

A child or young person is said to be looked after either as a result of becoming subject to a Court Order by the court which makes the Local Authority the legal guardian or if s(he) has been accommodated by the Local Authority at the request of parents in which case the parents retain parental responsibility. There are many reasons for a child to become a

Looked After Child. The most frequent reasons are neglect, abuse or family dysfunction. A much smaller group of children are looked after because they are unaccompanied minors-coming to the United Kingdom without a legal guardian; commonly this is a minor seeking asylum without family. The third group is children who have been remanded into the care of the state by the criminal justice system. With the criminal age of responsibility set at 10 years, this group is generally older.

Many Looked After Children are accommodated for a relatively short period but some remain looked after until they reach the age of majority. These care leavers may still remain in touch with children's social services and frequently receive a range of supportive intervention to enable them to move to independent living. LAC are cared for in a range of environments. More than 70% of LAC are cared for in foster placements. Other environments include settings such as residential homes or boarding schools, but also supported living environments. However, other placements including young offenders' institutions also form part of the network. Some Looked After Children may also be placed with their parents, despite being under the legal guardianship of the state as part of the plan to restore them to their family.

It is estimated that 80% of children come into care because of abuse, neglect or family dysfunction. On this background of trauma, the process of transferring into the care system can add further emotional stress. Children and young people within the system then face a range of challenges. Geographical relocation poses challenges to continuity of clinical and social care. Alongside this, the potential to transfer between care settings and foster placements can create a turbulent and unstable environment. The cornerstones of stability for most children extend beyond the family, but for looked after children these pillars can be less robust. Geographical relocation can result in changing schools, losing peer groups and social networks. The status of being a 'looked after' child can also be stigmatising.

Looked after children form a small but highly vulnerable group at risk of physical health problems. There is evidence that they experience a higher burden of physical disease and other problems, but in addition to this, through lifestyle factors, they are also exposed to a greater number of risk factors that predispose to poor physical health. However, the precise nature of these vulnerabilities is difficult to specify or indeed quantify. Rates of sexually transmitted infections and teenage pregnancy are greater in this group of young people, but there is also evidence that looked after children have greater rates of admission due to asthma and are more likely to have dental caries or a variety of skin diseases. There is also likely to be substantial variation in the physical health of looked after children in different parts of the country.

Although small, there is a group of looked after children with severe physical illness, including those with profound disabilities including multi-system syndromes. Perhaps due to the additional and intensive care needs for these children, families are unable to cope, which precipitates the child being taken into care. These profound needs necessitate high frequency review and management

It is the mental health of looked after children that poses the greatest challenge. In 2002, the Department of Health ordered a survey of the mental health of looked after children. They

invited 2,500 looked after children (approximately 5.6% of the national population) to participate in a survey, with a particular focus on conduct disorder, hyperactivity and emotional disorders. The response rate was 78%, and covered 90% of the local authorities in England. Among those aged 5-17 years looked after by local authorities, 45% screened positive for a mental disorder. 37% had conduct disorder, 12% anxiety or depression, and 7% had been diagnosed as hyperactive. Depending on the problem examined, looked after children had between twice and seven times the risk of children in the general population of experiencing a mental health, conduct or emotional disorder.

The report found that only 44% of those identified by this survey as having mental health problems were in contact with child and adolescent mental health services, with a third accessing special educational needs services. In the same survey, carers were asked about the general physical health of the children. Approximately half of children without mental health problems were reported to have at least one physical complaint, which increased to three quarters in those with reported mental health problems.

In the survey, a third of looked after children aged between 11 and 17 years reported that they were current smokers. Of those, a tobacco smoking prevalence of 69% was reported by those in residential care. A third of those smoking at the time of questionnaire reported having started aged 10 years or earlier. Among the participants, 5% of children with a mental disorder reported drinking alcohol almost every day compared with none of those without mental disorders. This prevalence rose to 6% among those with conduct disorder. In respect of illicit substance misuse, 20% of 11-17 year olds admitted to having used cannabis, with half of these reporting use in the previous month. Ecstasy, glue, gas and solvents were also reported frequently. Again the highest prevalence was among those looked after children in residential care, those most recently taken into care, and those with mental disorders.

Key Indicators

In recent years, the number of looked after children in Lewisham has remained stable. At any one time, there are about 500 children in this group. In July 2015, there were 504. This is against a background of increasing numbers of children in Lewisham being the subject of child protection plans. Since 2009 there has been a doubling of the numbers of children in this group in Lewisham. In July 2015, there were 401 Lewisham children who had a child protection plan; the majority of these children were the subject of a plan because of neglect or emotional abuse, but a small but significant minority had a plan because of physical or sexual abuse.

The proportion of those under 18 in Lewisham who are looked after is about 77 in every 10,000, a rate higher than the national average and our statistical neighbours – London boroughs that are comparable to us in other ways.

As has already been discussed, although moves can be positive in the life of a looked after child, stability of placements is important to the wellbeing of looked after children and moves can often have a negative impact and looked after children themselves see placement stability (or lack of it) as one of the most important factors in their lives. The percentage of looked after children in Lewisham who have experienced three or more changes in the previous year has decreased significantly in recent years, In July 2015, 9.5% of children in

care locally were in this bracket and though this has risen in recent months, it does compare favourably with statistical neighbours (12.5% in April 2015) and the country as a whole (11.0% in March 2014).

A detailed assessment of the healthcare needs of Lewisham's looked after children was conducted in 2013. A copy of this review is available separately, but the following is a summary of its findings:

- The health of the parents of looked after children is very poor. High rates of mental illness and substance misuse, and high prevalence of co-morbidities among these conditions, mean that risk emanating from antenatal exposure to toxins and otherwise is high. This ill health in parents is likely to have consequences for the health and life prospects of looked after children.
- The burden of physical ill health in looked after children in Lewisham was not large, but was greater than would be expected in a cohort of children in Lewisham. However, this finding does need to be treated with some caution as numbers were small and comparisons difficult.
- The burden of mental health problems appeared as bad, but not worse than in looked after children in neighbouring boroughs, and in London and the country as a whole.
- The needs assessment revealed a substantial burden of potential and/or actual emotional and behavioural morbidity.
- Lewisham reported numbers of looked after children who had substance misuse problems that were double that of Southwark and Lambeth, but fewer than the London average. Small numbers complicate this picture, but given the issues around detection of substance misuse, high levels are not necessarily indicative of poor processes, instead they may reflect better detection. A clear area for improvement in this area at that time was the need to ensure that more of those misusing substances needed to receive interventions
- Uptake of immunisation and the dental health of Lewisham's looked after children can be favourably compared to regional and national averages. Performance is, however, below target, and there is room for improvement.

Health Services for Looked After Children

Looked after children in Lewisham benefit from a robust set of services informed by joint commissioning, thorough high quality healthcare and responsive social care. It is a testament to the commitment of all stakeholders involved that high targets appear to be catalysing improvement in historically challenging areas of performance. In general, Lewisham now demonstrates performance broadly in-line or better-than regional and national comparators. But there is still room for improvement. Three of the core elements of the service's performance monitored on a monthly basis are the proportion of new LAC receiving an initial health assessment within 28 days of entering care, the proportion of children who in the last 12 months have undergone health review and dental check up. The designated doctor for looked after children, together with colleague paediatricians, registrars and GP trainees undertakes the initial health assessments as well as reviewing health assessments in under five-year-olds. The designated nurse for this group, also with other colleagues including the school nurses and health visitors, are able to undertake health reviews.

Lewisham provides a dedicated Child and Adolescent Mental Health Service (CAMHS) for

looked after children called the Symbol Team. This team accepts referrals from both health and social care teams. The mental health of individual looked after children is often assessed by health and social care workers over a period of observation after which a decision to refer to CAMHS or not is made by the social service team member responsible for the child.

Lewisham offers a comprehensive range of services for those leaving care including preparation prior to leaving, and continuing support via a free-phone telephone number, and a weekly drop-in service. Preparation is covered in a collaborative pathway plan prior to leaving care, which covers a range of important topics including skills, housing, financial management as well as health and wellbeing.

Over recent years in Lewisham, there has been an increasing focus on the performance of health assessments of Looked After Children– both initial health assessments and annual assessments. A specific recommendation of the report of an Ofsted inspection in 2012 was to improve the processes around the initial health assessment. Arising from these discussions, a number of stakeholders have asked what value the health assessments add, and whether the focus is justified. Therefore, the value and effectiveness of health assessments were the subject of an evaluation conducted in 2013. The conclusion of this evaluation was that the current configuration of statutory health assessment in Lewisham is robust and valuable for the looked after child who is assessed. The process of assessment and review conforms to standards laid down by the British Association for Adoption and Fostering (BAAF) and effectively assesses a range of health domains. A number of actions were identified to further improve the robustness of these reviews requiring action from both NHS and social care teams.

The Borough has witnessed substantial improvements in meeting targets for statutory health assessment, but performance is still variable.

Recommendations - Looked After Children

- Lewisham's Children and Young People's Strategic Partnership will continue its focus on meeting the healthcare needs of this vulnerable group of children and young people.
- Statutory Health Assessments are valuable in ensuring the health of individual children and the focus on improving coverage and timeliness of these assessments is justified and will continue.
- Progress on the 2014 Health Care Needs Assessment, which examined related needs of looked after children and young people will now be reviewed.

Mortality and Serious Injury

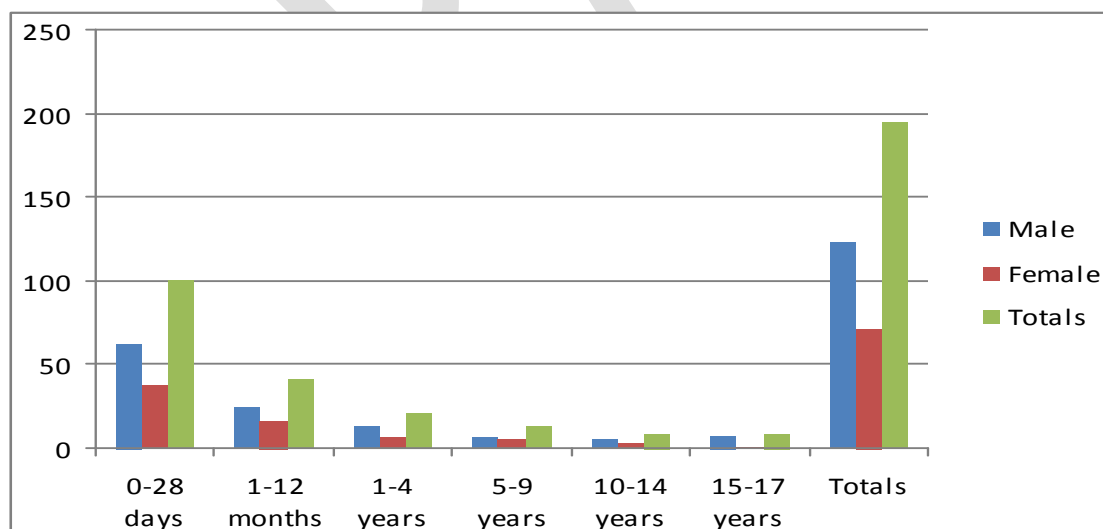
Lewisham's children experience greater levels of mortality, at all ages, than children in England as a whole. Local rates are, however, comparable to rates in London as a whole, and are lower than some of our statistical neighbours. Nevertheless, mortality in children is seen as a key indicator and a focus for improvement locally.

Since April 2008, all Local Safeguarding Children Boards (LSCBs) have been required to review the deaths of all children under 18 who normally reside in their area. This function is discharged by a local Child Death Overview Panel or CDOP. The CDOP must collect and analyse information about each death to identify:

- Any case giving rise to the need for a Serious Case Review (SCR)
- Any matters of concern affecting the safety and welfare of children in the area
- Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area.

Recently, data on all deaths that occurred between the 1st of April 2008 and the end of March 2015 have been reviewed. During that period, the deaths of 222 children were reviewed. All of these children died during this time period, but not all deaths that occurred during this period were examined by the end of March 2015 because not all data would have been complete. The numbers of deaths in males (134) greatly exceeded the numbers in females (88). Females have lower mortality than males at all ages. Despite the fact that more boys are born than girls, the number of living males decreases rapidly in childhood. Infant and childhood mortality is higher for boys than for girls. This difference is at its greatest at the beginning and end of life. The majority of children who die in Lewisham die around the time of birth, or in the first year of life; this partly explains the locally observed excess of deaths in boys. Nevertheless, the difference is large, and cannot be explained fully in this way. Examination of available information so far has not revealed any other explanation, but this difference is being investigated further. As already discussed, most deaths are in the first month of life, or the first year of life (Fig 1)

Figure 1: Deaths of Children in Lewisham (Apr 2008 to March 2014) by Age and Sex



Source: Lewisham CDOP

During the period 2008 - 2015, a total of 65 children of Black\Black British: African ethnicity died in Lewisham. Children of this minority ethnic group experience a significantly greater mortality rate than Lewisham's children in general do. Mortality in this group too seems to be centred on the time around birth and early life, but an even greater proportion of Black African children who die in Lewisham die because of prematurity and this seems to explain the excess mortality in this group. Of other causes of death, traumatic deaths (either because of a deliberate act or an accident) seemed to figure a little more prominently than in

other groups of children, but the numbers of such deaths were too small to draw any real conclusions.

The leading cause of death in children in Lewisham is events that occur in the period immediately after birth (Table 1). The vast majority of children who die because of such events die because they were born prematurely, often very prematurely. Prematurity also underlies some of the deaths that occur in other categories - some of the deaths due to infection, and some due to acute medical or surgical events, for example, are also due to prematurity - by far the leading cause of death of children in Lewisham. This has prompted a programme of work to prevent prematurity, described in the chapter on outcomes of pregnancy.

Table 1: Causes of Death in Lewisham (reviews completed by March 2015)

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Totals
1 Deliberately inflicted abuse or neglect	*	0	*	*	*	0	0	6
2 Suicide or deliberate self harm	0	0	0	0	0	0	0	0
3 Trauma and other external factors	*	*	*	*	*	*	*	9
4 Malignancy	*	*	*	*	*	*	0	11
5 Acute medical or surgical condition	*	*	*	0	0	*	*	12
6 Chronic Medical Condition	*	*	*	0	0	0	*	6
7 Chromosomal, genetic or congenital anomalies	*	8	*	*	*	*	0	28
8 Perinatal/neonatal event	12	22	10	16	19	13	*	96
9 Infection	*	0	*	7	*	*	*	14
10 Sudden Unexpected, Unexplained death	*	*	*	*	*	*	*	13
Not for Review	1		2					
Totals	33	39	25	34	34	27	36	195

Source: Lewisham CDOP

*Numbers between one and five have been removed from this table to avoid deductive disclosure

Chromosomal, genetic or congenital anomalies are the second largest cause of death. Most of these deaths were not preventable, but the parents of children who die for these reasons require careful counselling about any future pregnancy, and careful planning of any such pregnancy. This work is undertaken by obstetricians, paediatricians and midwives who care for the mother and her baby and often requires specialist genetic counselling too. The CDOP ensures that such counselling occurs.

Infection has proved to be an important focus of the work of CDOP. It is important as a cause of death in children, but is also important when it occurs in pregnancy as it may trigger premature delivery. CDOP has, therefore, worked together with Lewisham Hospital to ensure the best possible management of infection in pregnancy and in childhood.

There is at least one death every year because of Sudden Unexplained Death in Infancy (SUDI). In reviewing these deaths CDOP has identified that guidance on the avoidance of SUDI is consistently given by midwives and health visitors locally, but problems do persist despite this. Issues which seem important locally are

- Over-heating of babies, where the child is overheated because of too much clothing and bedding or sleeping in a room that is too hot.
- Co-sleeping, where one or both parents sleep in the same bed as the infant.

The risk associated with co-sleeping increases significantly if either parent is a smoker or has consumed alcohol or other psychoactive substances before falling asleep with the child. National guidance is very clear on co-sleeping - the safest place for a baby to sleep is in a cot in the same room as its parents. However, many women find it easier to feed their child at night by bringing the child into bed - this practice should not be discouraged as it encourages breastfeeding (which is protective against SUDI) and falling asleep with a child in bed is, in fact, a lesser risk factor for SUDI, than falling asleep with a child in a chair or sofa. Mothers do, however, need to be advised about the need to avoid co-sleeping with their child. This is a difficult and subtle task, and as a result, safe sleeping guidance has recently been reviewed and is being issued to all health visitors, midwives and children's centres staff in Lewisham.

Sadly, a number of children have died because of deliberate abuse or neglect. All of these deaths have been examined in detail, and discussed with the Serious Case Review Panel, who have (where necessary) undertaken a Serious Case Review. Traumatic deaths have, on occasion, been because of the deliberate act of another; these have all been the subject of criminal investigation and prosecution. Accidental deaths have occurred, some of which have been due to a criminal act (all investigated by the Police and resulting in a prosecution), but most have not.

Drowning has been important in a number of deaths, all but one of which were because of a young child being left unattended in water. One death was associated with the use of a child's bath seat, but there have also been reports to the Panel of an incident where a child almost died when in a bath seat, and of a death that occurred before the Panel was established and that was associated with the use of a bath seat. The manufacturers of these seats are quite clear that children should not be left unattended in a bath, but parents have not always been conscious of these warnings. Health visitors, midwives, children's centre workers and children's social care workers in Lewisham have now all been alerted to this issue and have been encouraged to give even greater emphasis to advice to parents on the dangers of leaving children unattended in or near water. National authorities have also been alerted to the problem with the use of bath seats.

Deaths of children with special needs seem to account for a greater proportion of deaths, and a small number of themes have recurred in the review of these deaths:

- It would appear that these are more vulnerable in the transition period from paediatric to adult services.
- Parents and possibly practitioners may have difficulty in being able to recognise serious acute illness in children with very complex needs.

This last point has also been a feature in the deaths of a small number of very young babies where parents may have been worried about certain signs but did not, perhaps, seek medical help as early as they might have done.

There were no deaths because of suicide, or deliberate self harm during this period. Sadly, however, a Lewisham child has recently died because of suicide; this death is currently under review.

A number of other issues have emerged as important through the work of CDOP – the most important of these is the need for greater support of bereaved parents. CDOP has prepared and disseminated advice for GPs and Coroner’s officers on how to better support bereaved parents. It is also very encouraging, given the high numbers of deaths that occur because of prematurity, that there is now a dedicated midwife at Lewisham Hospital to help provide support to parents of children who die shortly after birth. The voluntary sector too provides support to considerable numbers of bereaved parents. There is still, however, a gap in relation to what is available to parents immediately after the death of a child.

The Panel has uncovered some important, positive aspects of local services for children as a result of its work. As has already been mentioned, several voluntary organisations provide irreplaceable support to children and their parents. The excellence of local healthcare services and end of life services for children are also notable. CDOP has examined mortality by hospital and has found no significant differences between local providers or between our local rates and the rates for England as a whole. More than this, the Panel is assured, through its detailed examination of each death, of the excellence of children’s hospital services and community children’s nursing services provided locally. Where areas for improvement have been identified by the Panel, local hospitals have been quick to respond positively. Demelza Hospice Care stands out as an excellent service for children who are dying, providing care and support to their parents too after their child has died. Many GPs and the Mortuary staff at Lewisham Hospital have provided a great deal of support for many families. The mortuary staff, in particular, do everything within their power to make the most dreadful experience that a parent can imagine more bearable. Two firms of undertakers provide their services free to the parents of children who have died.

Serious Injury

In general rates of accidents and injuries in children in Lewisham are lower than is the case for the country as a whole. Hospital admissions caused by injuries in children up to the age of 15 and in young people aged between 15 and 24 are lower than average.

The most recent rates of admission of children because of injury, however, have shown an increase, and the nature of injuries causing admission, or attendance at the Accident and Emergency Department (A&E) are not well understood (Table 2). It is also of note that the rate of attendance of children under 5 at A&E is significantly higher than the national average. It would appear that many of these children, at least during the winter months, attend A&E because of respiratory disease, particularly because of asthma. Nevertheless, accidents in Lewisham children should be investigated further.

Table 2: Rate of Hospital Admissions for Injuries in Children by Age Group

	Hospital admissions cause by unintentional and deliberate injuries in children (aged 0-14 years)				Hospital admissions cause by unintentional and deliberate injuries in children (aged 15-24 years)			
	2010/11	2011/12	2012/13	2013/14	2010/11	2011/12	2012/13	2013/14

Greenwich	71.2	83.7	90.3	97.1	112.6	100.6	85.6	84.6
Lambeth	96.3	107.1	100.3	108.1	132.9	130.9	110.4	118.7
Lewisham	73.1	85.8	101.6	105.2	125.2	123.5	107.8	118.8
Southwark	98.9	113.9	108.6	100.5	123.3	127.4	104.4	106.1
London	89.0	93.3	84.6	86.8	119.4	111.1	100.7	101.5
England	115.2	118.2	103.8	112.2	154.2	144.7	130.7	136.7

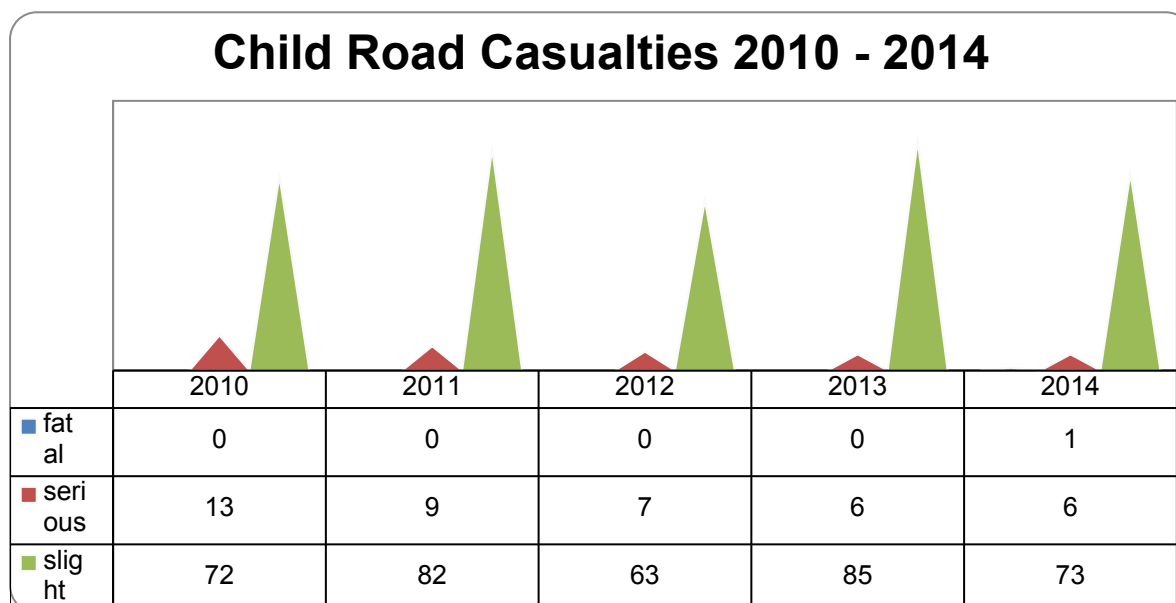
Road traffic accidents have been the focus of particular attention in Lewisham. The numbers of children killed or seriously injured in road traffic accidents is significantly lower than the national average as a result. This has been achieved by the targeted work of the Road Safety and Sustainable Transport team, within Lewisham Council. In recent years, children killed or serious injured in road traffic accidents have been the subject of an annual report to the LSCB.

A total of 1,039 casualties in all age groups were recorded on Lewisham's roads in 2014. There were seven fatalities, 56 serious and 976 slight injuries recorded. Certain road users still remain vulnerable locally, and are over-represented in casualty figures. The most vulnerable road users are still cyclists, pedestrians and motorcyclists. Children aged fifteen years and under were found to be highly represented in the pedestrian figures, with those aged between 12-15 years deemed most at risk. This is similar to patterns noted throughout London, and described nationally.

In 2014 there was a death of a child on Lewisham's roads. The child who died was a child from abroad, who was in this country for purposes of study. This highlighted the issue of the preparedness of children from other countries in dealing with the challenges of road traffic in London. As there are several organisations in Lewisham that provide services to children from abroad, who are often here to study, there is a challenge to ensure that all are providing effective road safety awareness to the children receiving their services.

The numbers of injuries in children has been stable, reducing slightly in recent years (Fig. 2). This is against a marked fall in the preceding years. Vulnerable road users are most at risk, mainly pedestrians who account for 53 of the total number of casualties under the age of 16. All seven of the children who were killed or seriously injured on Lewisham's roads in 2014 were pedestrian casualties, five of whom were injured during the morning run to school. Of the children who were most seriously injured, one was aged five years, three were aged seven years, and the remaining three were aged 13, 14 and 15 years old. All of the police reports cite the pedestrian as 'failing to stop' or as being 'careless', 'reckless' or 'in a hurry' or that they 'failed to look properly'. This has highlighted a message that needs to be sent to parents regarding protecting their children near the road and ensuring that their children are aware of road safety issues. It also highlights society's responsibility to ensure that this happens in other ways too.

Figure 2. Children (under 16 yrs.) Killed or Seriously Injured on Lewisham's Roads



In its most recent report on this issue, *Safe Streets for London, The Road Safety Action Plan for London 2012*, Transport for London (TfL) promotes an increase in walking and cycling. In London, the new target is to achieve a 40% reduction in the numbers killed or seriously injured by 2020 from a baseline of the 2005-2009 average. A further report - *Safer Streets for London - Our six road safety commitments* was published in February 2014 by TfL and builds on the road safety action plan to ensure we continue to reduce the numbers injured on London's roads. TfL is working with London Boroughs and a number of other stakeholders, and providing funding to help achieve this goal.

In November 2010, NICE published *Preventing unintentional injuries among children and young people aged under 15: road design and modification*. Due to a lack of evidence on other measures meeting the NICE inclusion criteria, the guidance only covered 20 mph limits, 20 mph zones and engineering measures to reduce speed or makes routes safer. A key recommendation from the guidance was that local highway authorities and strategic partnerships should take action to introduce measures to reduce speed in streets that are primarily residential, or where pedestrian and cyclist movements are high. These measures could include speed reduction features (for example, traffic calming measures on single streets, or extended 20 mph zones). This is consistent with previous evidence that higher speeds reduce the time available for people to react and increase the severity of collisions. Studies have shown that pedestrians have a 90% chance of surviving a car crash at speeds below 30 kph but a less than 50% chance at speeds of 45 kph.

An evidence review, *Reducing unintentional injuries in childhood*, conducted by the National Children's Bureau in 2010 investigated the evidence for effective strategies to prevent unintentional injuries in childhood, and found that seatbelts and child safety restraints and relevant legislation mandating their use were effective in reducing child injuries. Bicycle helmets were also cited as an important measure in reducing injury, with studies from outside the UK reporting that legislation mandating the use of helmets led to increases in their use (ranging from 43 to 84%) and reduced injuries in children.

A review of evidence for the prevention of Road Traffic Collisions was published by the Centre of Public Health (CPH) at the Liverpool John Moores University in September 2010. They found that environmental changes such as implementing area-wide traffic calming (e.g. speed humps, 20mph zones and speed cameras), marked pathways for cyclists, and school crossing patrols were effective in reducing road traffic accidents and associated injuries.

The introduction of 20mph zones in residential areas or areas frequently used by pedestrians and cyclists was recommended in the Department of Transport's *A Safer Way* consultation document in April 2009.

One of the objectives of Lewisham's Local Implementation Plan (LIP) 2011-2031 is to 'reduce the number of road traffic collisions and improve safety on the public transport network'. Four of the seven collisions that led to death or serious injury of a child in Lewisham took place on the A20, the A2, the A209 (South Circular), or in Lewisham and Catford town centres which are on the Transport for London Road Network.

The use of traffic engineering measures as targeted local safety schemes remain an important method of reducing collisions. Between 2010 and 2014 the following measures have all been used with good effect in Lewisham:

- Installing mini-roundabouts
- Providing traffic refuges
- Providing anti-skid surfaces
- Traffic calming features
- Junction realignment.

Finally, adequate street lighting and regular maintenance of Lewisham's roads are essential for road safety.

Introduction of a borough-wide 20mph limit on all borough roads, as has been proposed by the Mayor, should address the road safety inequalities that currently exist, where some areas have such a zone and others do not. It will also give drivers a consistent and uniform message about the importance of reducing speed in order to reduce serious injury and death on the borough's roads. Introduction of the 20mph borough wide speed limit will be complete in 2016, with a period of monitoring post implementation to ensure speeds are being adhered to.

Many specific projects have been undertaken in Lewisham to educate children in road safety or to improve the safety of children on the roads. These include:

- Schools Programme
This covers all road safety topics including pedestrian, cycle and in-car safety.
- Bikeability
Cycle Training is offered by an in-house team to children currently in Year 5 or 6. To improve the numbers of parents taking part in cycling as a leisure activity with their children the Lewisham (£10 for 1 month) Cycle Loan scheme has been funded for a further year.

- Scooter Training
40 schools benefited from practical scooter training for their year 2 pupils.
- RATED
RATED (the Road Safety young driver education programme) is aimed at increasing an awareness of road safety and considerate driving in young drivers. A similar scheme is available for older drivers.
- Pilot Bikesafe and Scootersafe Programmes
Lewisham was chosen to offer Bikesafe and Scootersafe riding skills sessions through additional TFL funding. The riding skills session is run by Metropolitan Police Officers specialising in offering advice and support for all riders but in particular young moped riders.
- School Travel Plans (STPs)
The aim of STPs is to reduce the number of car journeys to and from schools and to increase the number of people choosing healthier, safer and more sustainable active travel options such as walking and cycling. This year schools with accredited travel plans have increased from 56% in 2011 to 78.5%, a slight decrease on last year's figures.
- School Crossing Patrols
School Crossing Patrols provide a vital service by escorting children across the road at points on their journey where they are often most vulnerable. In Lewisham there are currently 29 school crossing patrol sites, of which 28 are staffed.
- Junior Travel Ambassador (previously known as Junior Road Safety Officer)
The Junior Travel Ambassador (JTA) scheme aims to encourage peer-to-peer engagement and gives schools resources and guidance to promote safer, active and independent travel within the school community. The majority of primary schools in Lewisham are involved in the Junior Travel Ambassador scheme.
- Car Seat Checking and Antenatal Advice
For all parents of very young babies and children there is also a road safety car seat fitting service aimed at ensuring children are travelling safely in vehicles, seats are checked free of charge on the first Tuesday of every month. The road safety team also attend the early pregnancy presentations at Lewisham Hospital once a month to promote car seat safety from the very first journey made in a car.

Recommendations - Mortality and Serious Injury

Recommendations on mortality relate to the assessment of the impact of a major new programme and the conduct of a review and several investigations. It is recommended that any action required as a result of any of these actions should be taken into account in future reviews of the Children and Young People's Plan.

- Premature delivery is the single most important cause of mortality of children in Lewisham. The impact of the recently initiated programme to tackle this issue will be closely monitored.
- Excess mortality in boys and in children of Black African origin will be investigated further.

- Action necessary for the support of parents and families immediately after the death of a child so as to ensure the continued wellbeing of children whose siblings die will be reviewed.
- The reasons for high levels of attendance of children under 5 at A&E will be investigated further.
- The reasons for the recent increase in admissions of children to hospital because of injury will be investigated further.

It is evident that much work has been done in Lewisham in the last decade to improve road safety and to reduce the number and severity of road traffic injuries. However, it is important to maintain and continue to improve the programme of casualty reduction. Continuing action on the following are, therefore priorities:

- In order to maintain the observed decrease in numbers of child road casualties, a regular review or audit of the use road safety measures in Lewisham in order to ensure the needs of children and young people are being met on the roads of Lewisham.
- The implementation of the borough wide 20mph speed limit to further enhance the vulnerable road user's casualty reduction programme.
- Targeted education programmes for children and young people including guidance on how to cope with complex situations on the road.
- Education programmes for road users, in particular the drivers who may be at greater risk of causing injury to vulnerable road users.

Children with Special Educational Needs & Disabilities

A child or young person has special educational needs (SEN) if they have a learning difficulty or a disability which calls for special educational provision to be made for them.

Special educational needs can be broadly categorised as:

- learning difficulties (specific, general, severe or profound)
- communication or language difficulties (speech and language, autism)
- behavioural difficulties (emotional, behavioural or social)
- physical and sensory difficulties (hearing, vision, physical, multi-sensory).

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

A child under compulsory school age has SEN if he or she is likely to fall within the definition above when they reach compulsory school age, or would do so if special educational provision was not made for them⁷⁸.

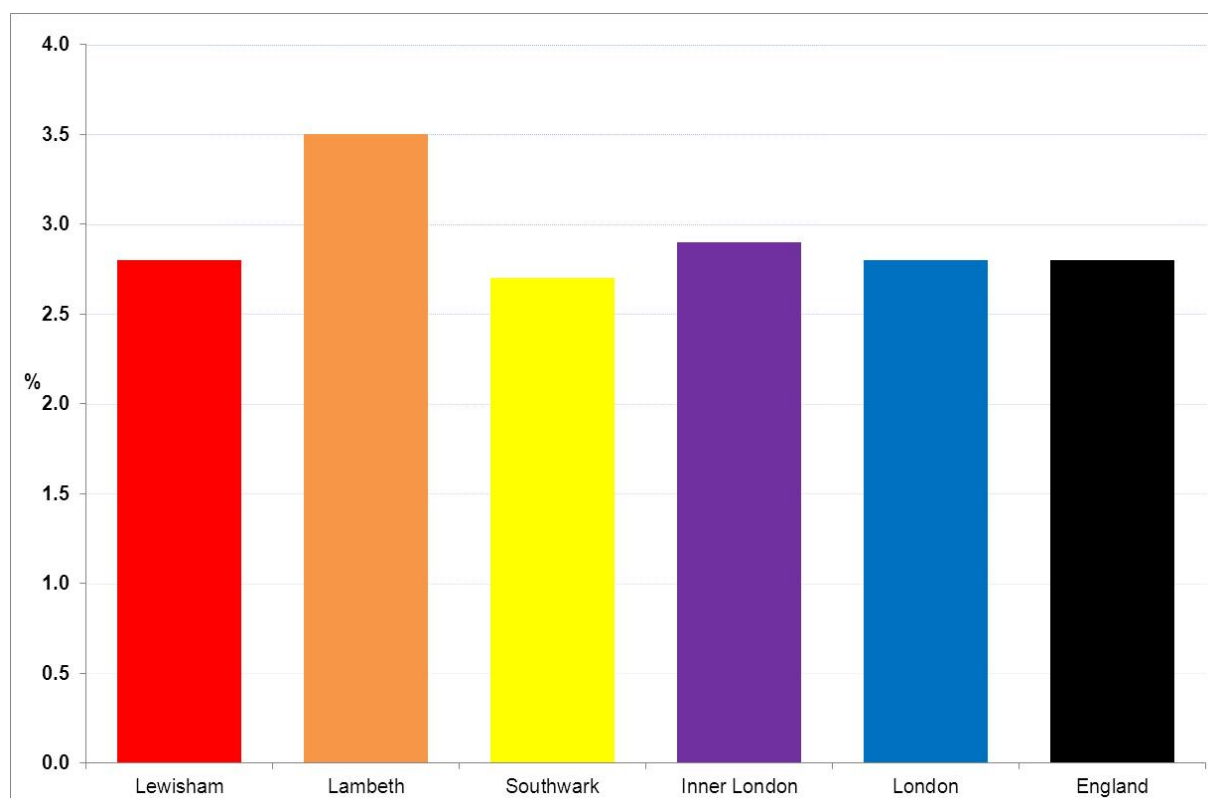
Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is ‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. This definition provides a relatively low threshold and includes more children than many realise: ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Key Indicators

Children and young people with an identified SEN who have been issued with an Education, Health and Care plan, or Statement of Special Educational Needs, currently account for 2.7% of the school age population in Lewisham (Fig 1). This is comparable to Lewisham’s neighbours, and to London and England as a whole. Of these children, 75% are male and around 50% have a diagnosis of Autism Spectrum Disorder (ASD), which is significantly higher than the national average. Of children with special education needs in Lewisham, 83% have their needs met within Local Authority maintained provision (39% Maintained Special school; 35% Maintained Mainstream school; 9% Maintained Resource Base/SEN unit).

⁷⁸ [SEN Code of Practice](#) (2015)

Figure 1: % of pupils with Statements/Education Health Care Plans



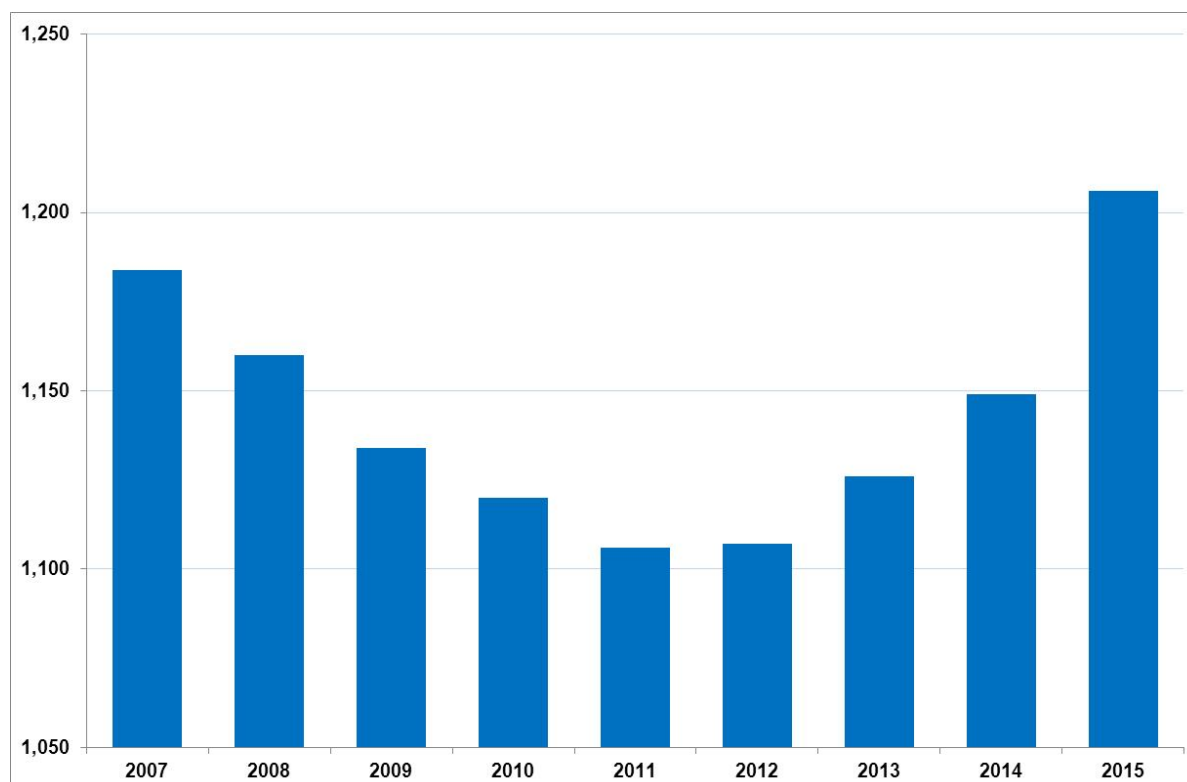
Source: Department of Education 2014

The Children and Families Act 2014 states that, from 1st September 2014, the age range for Education, Health and Care plans will be between birth (0) and 25 years of age. This is an extension on Statements of Special Educational Needs which were only for children and young people of compulsory school age. As a result, there has been a significant increase in the SEN cohort of children aged between 0 and 5 years (Fig 1). Almost 50% of the new Education, Health and Care needs assessments undertaken by the SEN team currently relate to children in this age group.

Overall SEN projection calculations suggest Lewisham will see a minimum increase of 7.7% in Education, Health and Care plans over the next ten years. The SEN projections also suggest that between 60 and 70 children and young people will attend an out of borough special school each year based on current trends. On the assumption that special schools within Lewisham are, and will continue to be, at full capacity, by 2024 there will be a shortfall of approximately 120 places in suitable special schools within London Borough of Lewisham.

Children and young people with an identified SEN who **have not** been issued with an Education, Health and Care plan, or Statement of Special Educational Needs, currently account for 16.2% of the school age population. These children and young people have their needs met through school SEN support, which is available in all schools to meet SEN need under the threshold of Statements and Education, Health and Care plans. Of the 16.2%, 57% of this cohort are in Primary School and 27% are in Secondary School.

Figure 2: Number of Lewisham Pupils with Statements/Education, Health & Care Plans⁷⁹



Multi-Agency Planning Pathway (MAPP):

MAPP is a care co-ordination service for children with complex health, learning, therapy or transition needs. It is a special feature of the services for children with complex needs in Lewisham. MAPP creates a Team Around the Family, through bringing together the family, including the child or young person, and relevant professionals at co-ordinated meetings to agree a multi-agency action plan of support to meet the needs of the child and family. MAPP also provides a care co-ordination service for the Joint Initial Assessment Clinic (JIAC). The JIAC provides professionals such as doctors, therapists and nurses, the family and the child or young person the opportunity to attend a single appointment to clarify the nature of the child or young person's problems and (if appropriate) agree a diagnosis and a plan of support. MAPP also undertakes Education, Health and Care plans for children under five years of age.

Table 1: MAPP Service Caseload - January 2015

Total	180
Male/Female %	59:41
% aged 0-5	79
% of caseload with a Statement/EHCP	28
% of caseload known to at least 2 other services	78

⁷⁹ Lewisham's Children with Complex Needs Service

Short Breaks

The Short Breaks service:

- enables eligible parents/carers with disabled children and young people to have a short break from their caring responsibilities;
- ensures that while the parents/carers are receiving a break from their caring responsibilities that their disabled child or young person additional needs are being met and that they benefiting as much as their parents/ carers from this short break.

The Short Breaks service provides two types of short break services; a Targeted Short Breaks service and a Specialist Short Breaks service. These services are aimed at families with different levels of need.

- **Targeted Short Breaks** service - are for families with disabled children who have additional needs that prevent them from accessing activities that would enable their parents/ carers to take short breaks from their caring responsibilities.
- **Specialist Short Breaks** service - are for families with disabled children who need more breaks from caring because their child's additional needs mean that they have to spend much more time caring for them than they would if their child was not disabled. This service is for families with the highest levels of need and can only be assessed through the Disabilities Social Work Service. If assessed through the Disabilities Social Work Service, the support packages will then be administered through the Short Breaks Service.

Table 2: Short Breaks Usage

	Targeted Short Breaks	Specialist Short Breaks
All Ages	245	328
0-4	74	12
5-8	82	81
9-12	59	93
13-17	30	142

Portage

Portage is an educational home visiting service for pre-school children with developmental needs. The aim of Portage is to support the development of young children's play, communication, relationships and full participation in day to day life at home and within the wider community. Support offered through Portage is based on the principle that parents are the key figures in the development of their child and Portage aims to help parents to be confident in this role, regardless of their child's needs. Portage can also support transition for a child who is going in to a nursery and support the process for children who need an Education, Health and Care Plan (EHCP) to access education. There are approximately 120 new referrals to the Portage service each year, of which, over 50% are referred because of Social Communication issues identified between the age of 2-3 years.

Disability Register

The Children Act 1989 requires all Social Services Departments keep a register of children and young people with disabilities to assist with planning and monitoring of local services. The disability register is a voluntary database held on children and young people aged 0- 18 years who live in the borough of Lewisham. The register helps us build up a picture of the number of children and young people with a disability living in Lewisham and their needs which in turn helps us to shape and plan together appropriate services and support. Signing up to the register enables us to target and direct information which is more specific and relevant to children and family's needs and interests.

The register provides an opportunity to directly consult with children, young people and their parents and carers about how to improve and develop services, highlight gaps in services and work together to develop and improve services and profile relevant national and local organisations. Lewisham Council's Disability Register is currently undergoing redevelopment, and will be available by September 2015. This register will support the service to target appropriate information and advice to families with disabled children.

Recommendations - Children with Special Educational Needs and Disabilities

The key aim of the service is to improve life outcomes for children with special educational needs and disabilities through the implementation of a new Partnership SEND strategy. The strategy will build on the work that has been achieved already following the introduction of the most significant changes to the Special Educational Needs system in 30 years, which came into effect from the 1st September 2014 through the Children and Families Act 2014. The strategy will provide direction for the partnership and will set out the aims and priorities for all agencies working with children and young people with SEND across Lewisham. The strategy also establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements to the lives and life-chances of our children and young people with SEND.

The key objectives of the strategy are:

- Developing inclusive communities and schools that are accepting and welcoming of all and will enable children and young people with SEND to play, learn and work.
- Delivering a significant cultural change through working with children, young people, parents and carers by ensuring the views, wishes and feelings of the family, child and young person are central to the statutory process
- The replacement of Statements of Special Educational Needs (SSEN) and Learning Difficulty Assessments with Education, Health and Care plans (EHC plans) for children and young people 0-25 year
- Greater multi agency working bringing together education, health and social care through a single assessment process for children and young people 0-25 years and securing the right support at the right time for children and young people with SEND and their families.
- Giving the option of a personal budget for Children and young people assessed as needing an EHC plan or with an EHC plan
- Empowering families to become independent through the development of the local offer that will provides comprehensive, accessible and up to date information in one

single place from education, health and social care for children and young people who have SEN or a disability.

- Ensuring that education, health and social care services support children and young people with SEND to prepare for adult life and help them go on to achieve the best outcomes in employment, independent living, health and community participation

DRAFT

Universal and Targeted Public Health Services for Children and Young People

There is a large range of health and social care services for children in Lewisham. All the evidence suggests that these services provide a robust and effective support to children in times of ill health or other crisis. There is always room for improvement, but the partnership is confident that each of its members aims to provide the best possible service and is striving to make those services even more effective.

It would be impossible to describe and discuss all healthcare services that are relevant, but this chapter focuses in particular on public health services for children. These are services that aim to reach all children, or at least be available to all children, in a particular age group, and are services where public health objectives – the improvement or protection of health, or the prevention of illness or other problems dominate.

Children's Centres

There is a network of Children's Centres across Lewisham, all of which are commissioned from external providers from the voluntary sector or Lewisham schools. There are three overarching outcomes for children and young people that Children's Centres are expected to secure improvements against:

- Improved parenting and attachment
- Improved school readiness
- Prevention of escalation

Children's Centres aim to deliver support to those families who, with their help, can reduce their needs and reliance on targeted and specialist services. Children's Centres work closely with a range of partner agencies, especially from health. The quality of provision is supported and monitored by the council and every Centre inspected by Ofsted under the new framework has been awarded a 'Good' or 'Outstanding' judgement.

All Children's Centres offer a mixture of one-to-one and group support for families. Many of the families accessing Children's Centres face a range of difficulties including poverty, worklessness, isolation, domestic violence, mental health and other health issues. Improving health outcomes is a key area for Children's Centres and includes:

- Support for families to access appointments for children's immunisations
- Healthy eating and lifestyles
- Access to breastfeeding support
- Distribution of vitamin D
- Parenting skills and promoting attachment
- Support with accessing mental health services
- Advice on smoke free homes
- Help with visiting a dentist
- Support for those in domestic violence situations
- Improving children's readiness for school
- Advice on benefits and employment and training

Children's Centres are aligned with Health Visiting teams and GPs and work closely with health visitors and midwives, some of whom are co-located in Children's Centres. Health Visitors register families with Children's Centres at their new birth visits and are a key referring agency to Children's Centres. Joint-working with health partners is continually being strengthened, particularly through increasing the number of activities in the Centres run by health colleagues including health visitors' child health clinics and developmental reviews. Children's Centres have also been part of a pilot with the School-Aged Nursing Service to support take-up of MMR2 and Pre-School Booster immunisations which is to be further developed in future. Relationships with GPs are also to be increased, particularly as Children's Centres can offer support to families with accessing appointments including those for immunisations at their local GP surgery.

Health Visiting

The Health Visiting Service leads on the delivery of the early years elements of the national Healthy Child Programme, working across a range of services and organisational boundaries, including children's centres, maternity services and GPs, to improve public health outcomes for children aged 0-5. Through home visits and health assessments for families from pregnancy under the child is five years old, the service delivers targeted interventions to ensure the continued development of the child physically and emotionally. Additional support is offered to more vulnerable families, though provision is based on overall need to ensure that all children are given the opportunity to be at the utmost level of school readiness by age five.

The Health Visiting programme defines the universal offer as including the following areas:

- Health & Development reviews (including mental health assessments, immunisation, screening and physical examinations)
- Promotion of health and wellbeing (including stop smoking, improved diet, increased physical activity, breastfeeding, keeping safe, prevention of sudden infant death, maintaining infant health, improved dental health)
- Promotion of sensitive parenting and child development
- Involvement of fathers
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

As part of the Government's vision for 'improving the health outcomes of our children and young people so that they become amongst the best in the world', responsibility for commissioning 0-5 children's public health services is transferring from NHS England to local government on 1 October 2015. For Lewisham, this will mean commissioning the Health Visiting Service and FNP. This final transfer joins up the commissioning for children under 5 with the commissioning for 5-19 year olds and other public health functions which also now sit within the local authority. This move also supports our existing strategy of aligning Health Visiting, FNP, Children's Centres and Maternity Services. This will help to ensure that families accessing these services receive seamless support along an integrated care pathway.

Because of local arrangements, and an agreement with NHS England, Lewisham Council has already been commissioning these services on behalf of, or with the NHS. This means

that in practice the current transfer of Lead Commissioner responsibility to the local authority will not change the day-to-day commissioning or provision of these services in Lewisham, although it will mean that the Council has direct control of the funding for the services.

The Partnership is, therefore, in a strong position for the transfer of the commissioning public health services for children under five. This transfer and the development of the Health Visiting Service is an invaluable opportunity for Lewisham and should help us in our objectives to give children the very best start in life. Current efforts to achieve full recruitment to this service, the full implementation of the agreed common outcomes framework for children under five, and the achievement of better outcomes for children should continue to be major priorities for the Lewisham Children and Young People's Partnership.

Health Visiting Model in Lewisham

The Lewisham Health Visiting Service works with local children's centres and midwifery services to achieve the best possible outcomes for families in Lewisham, with a focus on those identified as having targeted needs. Links between these services are being developed further to ensure a fuller Early Years offer. The Health Visiting Service is area-based geographically, structured in line with local children's centres and GP practices, working together to deliver integrated, evidence-based services for children and families, with a focus on prevention, promotion and early intervention. Health Visitors signpost families towards children's centres at the New Birth Review and the services share data with one another on children and families to improve their reach and to target their support more effectively at those most in need. As leaders of the Healthy Child Programme, Health Visitors are vital in identifying needs and working with others to ensure prompt preventative care is provided.

Alongside the transfer of the Health Visiting Service from NHS England to the local authority, the Government also put in place the 'Health Visitor Implementation Plan 2011 – 2015: A Call to Action'. This requires Health Visiting Services across England to expand, and in Lewisham, the target was to reach 72 WTE Health Visitors at 'Agenda for Change' pay Band 6 or Band 7 by April 2015. However, recruitment and retention of Health Visitors has proved a challenge across London. As of July 2015, there were 51 WTE Health Visitors within the Lewisham service. There is a robust recruitment plan in place to ensure that the service reaches the required number of Health Visitors as quickly as possible. 11 new Health Visitors are starting in September and October 2015 which will take the total number to 62 WTE. Further interviews will take place in September 2015 for staff qualifying in January 2016. It is therefore expected that the service will have reached the target of 72 WTE Health Visitors by February 2016.

In addition Lewisham has a well-established, high performing Family Nurse Partnership Service (FNP). FNP works with vulnerable first-time teenage mothers from pregnancy until their child turns two years old. Located at the intensive care end of the Healthy Child Programme, FNP is part of a preventive pathway for the most disadvantaged and vulnerable infants and therefore targets key areas of health inequalities such as immunisations, breast feeding and teenage pregnancies. The primary purpose is to reduce the impact of multiple deprivation and improve short and long term health and well-being outcomes for vulnerable young mothers and their babies. Upon graduation, FNP clients are automatically transferred

to the Health Visiting Service's targeted caseload. Lewisham has a well-established FNP programme which has run successfully for five years. The service currently has a caseload of 67 clients, and has a staffing contingent of 6.4 WTE Family Nurses, 1 WTE Supervisor and 1 WTE Administrator. Each WTE Family Nurse has a maximum of 25 families per caseload. Upon graduation from the service, clients are automatically transferred to the Targeted Health Visiting caseload.

Maternal Early Sustained Childhood Home-visiting Programme (MESCH)

MESCH is a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. Lewisham is the first area in London to be undertaking the MESCH programme.

School Nursing

In March 2012, the Department of Health launched a major new national strategy for the development of school aged nursing services in England and Wales¹.

The national school nursing development programme is a contribution to the government's intention to focus on public health and to improve the life chances of children and young people through effective preventative services and the provision of early help. The Department of Health has developed the programme in partnership with the Department for Education, professional organisations, school nurses and most importantly young people themselves. The vision of this national programme is that delivering public health services to children and young people should be led by specialist community public health nurses, working in schools and other environments, and supported by a team with an appropriate skill mix to reflect local need. The new service will improve children and young people's health and wellbeing by:

- Leading, delivering and evaluating universal Public Health programmes for school-aged children and young people, both within school and community settings.
- Taking an evidence based approach to delivering cost effective programmes or interventions which contribute to children and young people's health and wellbeing e.g. reductions in childhood obesity and under 18 year old conception rates.
- Referring and delegating within the team to maximise resources and utilise expertise of other skilled professionals.
- Supporting seamless transition into school, from primary to secondary school and transition into adulthood.
- Leading support for children and young people with complex and/or additional health needs including education, training and support for families, carers and school staff.
- Identifying children and young people in need of early help and where appropriate providing support to improve their life chances and prevent abuse and neglect. This includes

working with children and young people at risk of becoming involved in gangs or youth violence.

- Contributing as part of a multi-agency team, to support children, young people and families, particularly those with multiple needs.
- Supporting vulnerable children including children in care and support for their carers (including young people in contact with Youth Justice system).

Though the vision is ambitious, unlike the national Health Visitor Expansion Programme, no additional funding has been provided nationally for this programme. The onus is, therefore, on local commissioners to ensure funding is available for appropriate development of this service at local level.

School Aged Nursing Services in Lewisham

The existing School Aged Nursing Service (SANS) in Lewisham is well-established, fully recruited and has a high level of advanced skills; many of the nurses are qualified Public Health Practitioners and hold additional qualifications in sexual and reproductive health. Since April 2013, funding for SANS, in common with the rest of the country, has been from the local Public Health Budget. In response to the launch of the national programme, Lewisham's Public Health, Children and Young People's Commissioning and School Aged Nursing Service (SANS) worked together to review SANS locally, looking in particular at gaps in provision and how these should be prioritised in terms of which were the most important to address first. The following were the agreed priorities:

1. Developing school based Healthy Child teams
 - A virtual team of all who are supporting the health and well-being of children and young people in a school, informed by school health profiles with the school nurse co-ordinating their actions in a single plan
2. Developing early intervention support for emotional health and well-being
 - Ensuring that all Band 6/7 School Nurses are trained and equipped to identify and respond to children and young people's emotional needs.
3. Support for children and young people with increased vulnerability
 - Following up on CYP with short and long term vulnerabilities offering support around healthy lifestyle and ensuring access to health checks immunisations etc. This will include children who, for whatever reason, are not in a mainstream school. This group has been identified as being extremely vulnerable, and there is little or no provision for some of these groups of children. The need for a service for home schooled children has been identified as a major gap by a recent serious case review.
4. Increasing access to support (in school)
 - Increasing the availability of open access drop in within the school day
5. Increasing access to support (out of school)
 - Providing "one stop" open access drop-ins based in youth centres and other appropriate venues, offer to include Sexual Health service access, Smoking Drugs and Alcohol support and Tier 1 mental health support.

The development of public health nursing for school aged children is also a major priority for the Lewisham Children and Young People's Partnership. Our local strategy is in line with an important national strategy. Additional investment in the service has allowed us to address the greatest and most pressing needs already identified. .

Recommendations - Public Health Services for Children and Young People

- Current efforts to achieve full recruitment to the Health Visiting service, the full implementation of the agreed common outcomes framework for children under five, and the achievement of better outcomes for children should continue to be major priorities for the Lewisham Children and Young People's Partnership.
- New ways of addressing all the priorities identified in the review of School Aged Nursing in Lewisham now have to be considered as part of the CYPP.
- The even closer integration of Health Visiting, School Nursing and Children's Centre services, and their integration with services such as midwifery, primary health care and social care is now necessary to ensure the maximum impact of all these services on the health of children and young people.

Culture, Sport, Leisure and Play Activities

Lewisham Music Hub and Service

The Hub is led by Lewisham Music Service, and funded by Arts Council England to enhance and support access to music for young people aged 5 to 18 in Lewisham. The Hub has four core roles: access for all children to learn a musical instrument, provision of opportunities for children to play in ensembles, promotion of progression routes, and developing a singing strategy. In addition the Hub provides and supports CPD for staff, delivers live events and projects, and provides an instrument loan service.

The Music Hub has a range of partners, including Goldsmiths, Horniman Museum & Gardens, Midi Music Company, London Philharmonic Orchestra (LPO), London Symphony Orchestra, Montage Theatre Arts, Squeaky Gate, Street Vibes and Trinity Laban Conservatoire of Music & Dance. Collaborative projects, such as *Animate Orchestra*, offer Lewisham young people the chance to perform alongside world class musicians in settings such as the Barbican and the South Bank Centre as well as local venues.

The Lewisham Music Service delivers over 400 hours of music tuition every week to children and young people in over 70 schools, as well as running a wide range of ensembles and choirs across the borough both after school and at its Saturday Music Centre at Prendergast Vale School.

Sport and Leisure

Alfred Banya completing

Libraries

Antonio Rizzo from Libraries Services completing