

Healthy Early Years Joint Strategic Needs Assessment

March 2025



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Title: Healthy Early Years Joint Strategic Needs Assessment

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Introduction

This joint strategic needs assessment (JSNA) covers the period from birth to five years old for children living in Tower Hamlets. The aim is to highlight areas of success and identify ongoing areas of need and to inform our future work.



The Population

This JSNA focuses on children from birth to five years old living in Tower Hamlets. For information about neonatal (under 28 days old) morbidity and mortality please see the Maternity JSNA.

What is being done locally?

There are many local actions aimed at improving the health and wellbeing of young children and families, such as Family Hubs, the Family Nurse Partnership (FNP) and Healthy Start.

What is the local picture?

Within the borough there are over 19,000 children under 5 years old. Nearly half of these children are living in poverty. Children in Tower Hamlets experience higher rates of childhood obesity, dental decay and injury compared to the national average. Positively, more children in Tower Hamlets are breastfed compared to neighbouring boroughs and the national average.

Considerations

Data quality is a key risk with many sources out of date or incomplete.

Low vaccination coverage is another key risk, with children in Tower Hamlets susceptible to infectious disease outbreaks such as measles and pertussis (whooping cough).



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Caveats



- In some cases, data is not available at a borough level. In this instance Trust level, regional or national data may be used as a placeholder.
- Data from Barts Health NHS Trust will include the Royal London Hospital (RLH) in Tower Hamlets but also contains data from neighbouring hospitals in North East London (NEL).



Acronyms

ACE – Adverse Childhood Experience
ASQ – Ages and Stages Questionnaire
BFI – Baby Friendly Initiative
BFN – Breastfeeding Network
BFWS – Baby Feeding and Wellbeing Service
CFC – Children and Family Centre
ED – Emergency Department
FNP – Family Nurse Partnership
GBV – Gender Based Violence
GLD – Good level of development
GP – General Practitioner
Hib – Haemophilus influenzae type B
ICB – Integrated Care Board
JSNA – Joint Strategic Needs Assessment
LMNS – Local Maternity and Neonatal System

MMR – Measles, Mumps, Rubella vaccine
NEL – North East London
NEON – Nurture Early for Optimal Nutrition
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
RLH – Royal London Hospital
SC – Sister Circle
SDH – Social Determinants of Health
SEND – Special Educational Needs and Disabilities
SUDI – Sudden Unexplained Death in Infancy
TB – Tuberculosis
UN – United Nations
UNICEF – United Nations Children's Fund
VAWG – Violence against women and girls
WHO – World Health Organization



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Setting the scene: Demographics – general population

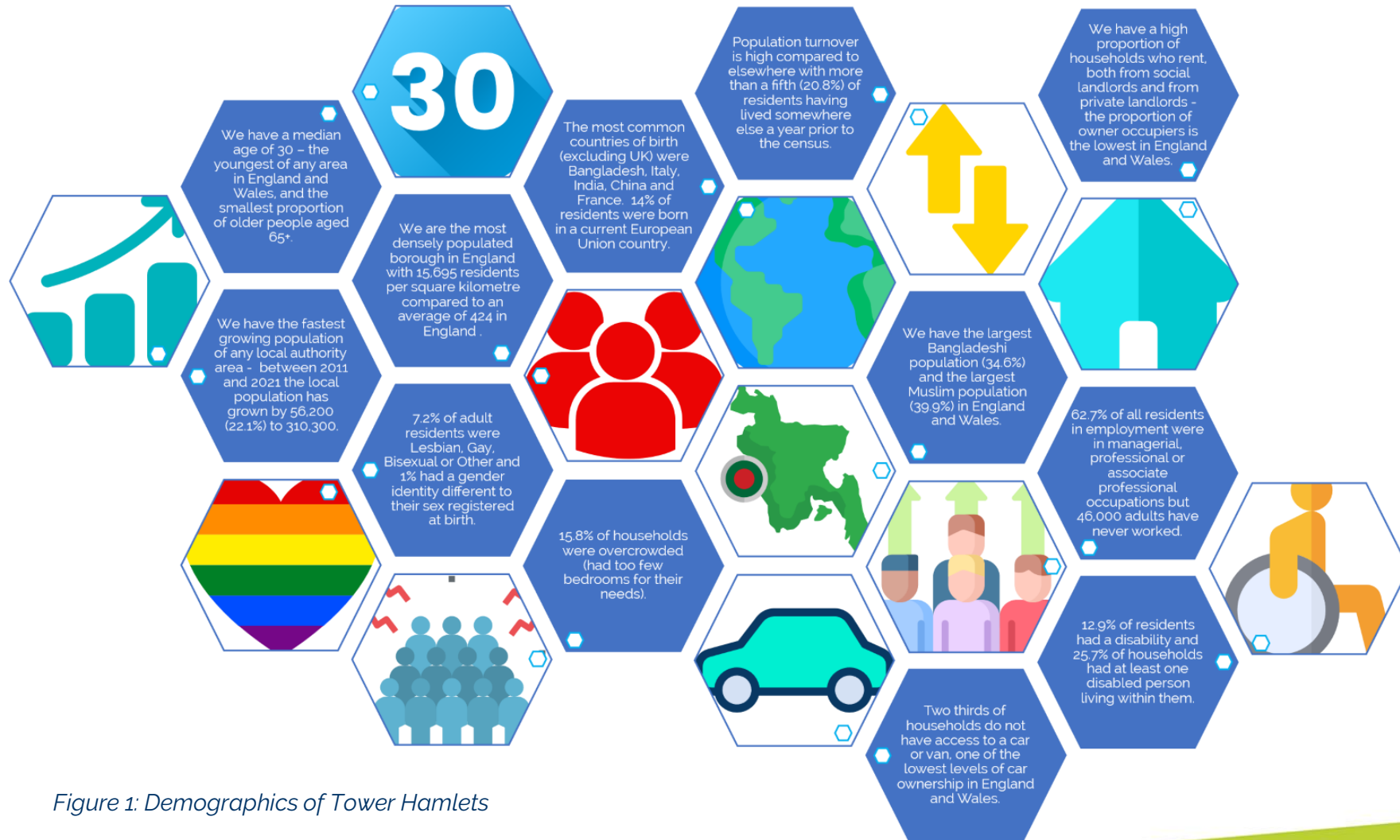


Figure 1: Demographics of Tower Hamlets



Setting the scene: Demographics

Tower Hamlets is the most densely populated local authority in England (Figure 2), and between the last two censuses (2011 and 2021) saw the largest population increase in England at 22.1%.^{1,2,3} In contrast the population of London overall increased by only 7.7%.³

In Tower Hamlets there are over 19,000 children under the age of four and over 27% of households have dependent children [1].³

Tower Hamlets has the lowest median age of any local authority in England at 30 years old. The England average is 40 years old.³

Those with Asian ethnicity make up the largest proportion of the population in Tower Hamlets, accounting for 44.4% in 2021, followed by 39.4% identifying as White, 7.3% as Black and 5% having mixed ethnicity.³

- Data from the 2021 census found 61% of children under 5 in Tower Hamlets have Asian ethnicity. Estimates from Barts Health NHS Trust suggest 47% of children under 5 in Tower Hamlets have Bangladeshi ethnicity.^{4,5}

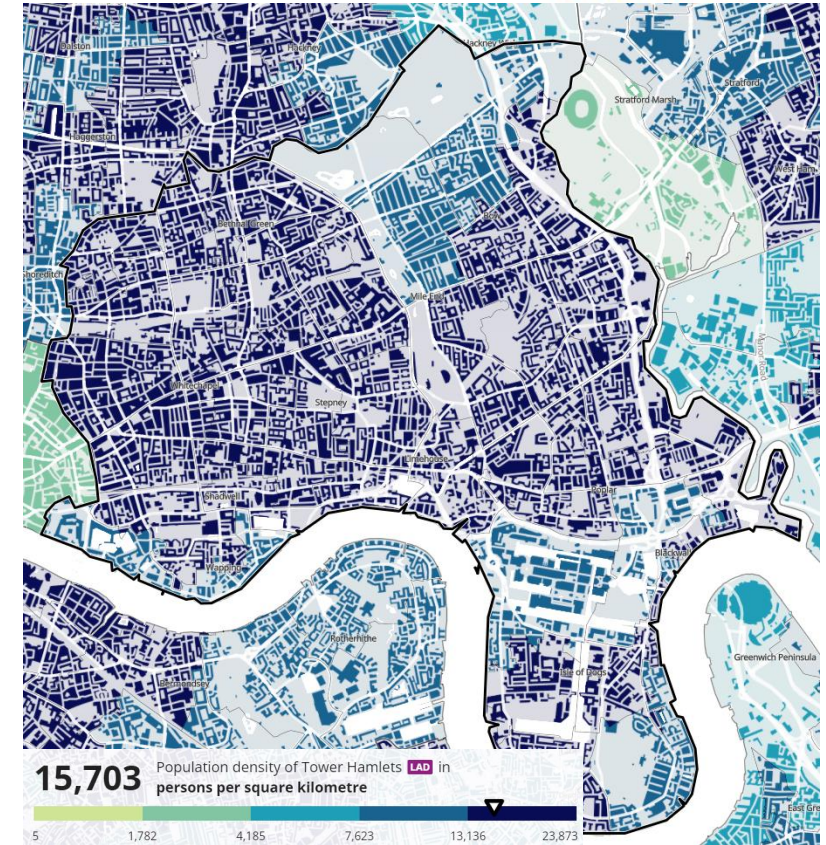


Figure 2: Population density map of Tower Hamlets.¹



Setting the scene: poverty

Tower Hamlets residents experience higher rates of poverty compared to other areas in London and England. Experiencing poverty has negative impacts on the health and wellbeing of parents and children.⁶

43% of families with at least one child aged between 0 and 4 years are in relative poverty, accounting for around 3,680 children.⁷

7% are in food poverty.⁷

52% of families with at least one child aged between 0 and 4 years are experiencing fuel poverty.⁷

44% of families with at least one child aged between 0 and 4 years are eligible for the national Healthy Start scheme.⁷

48% of children are living in poverty after housing costs. This is the **highest rate of any local authority** in the United Kingdom.⁷

78% of children under 5 who were admitted to hospital live in quintile 1 or 2 areas (according to the Index of Multiple Deprivation), these areas account for the most deprived 40% of households.^{5,7}

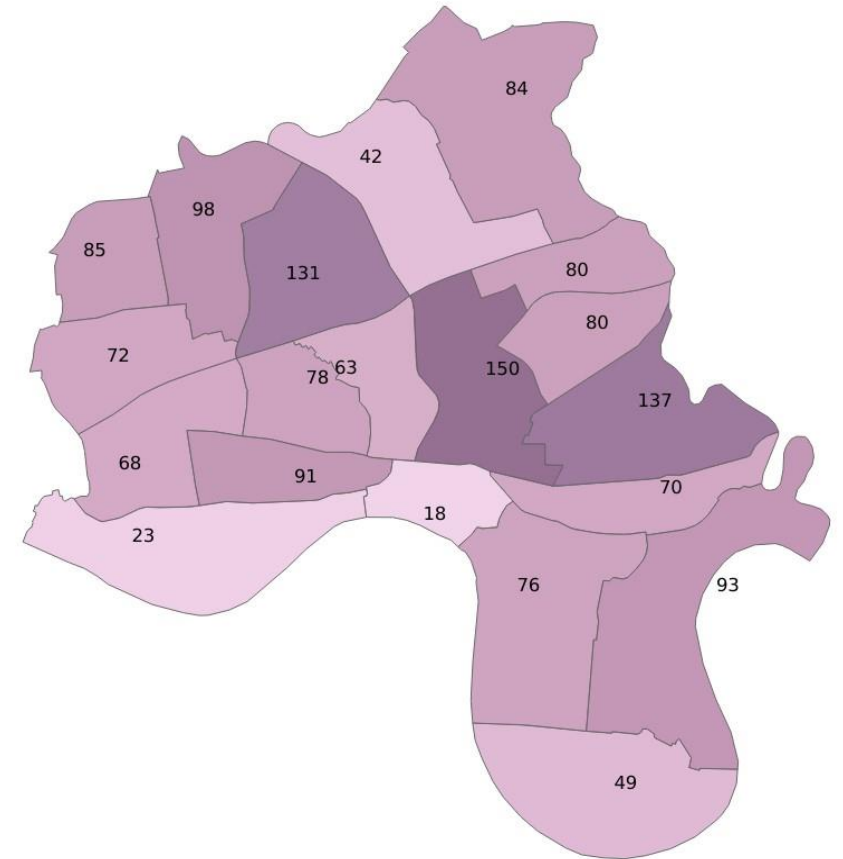


Figure 3: Heat map of Tower Hamlets showing households living in relative poverty with at least one child aged 0-4.⁷



Setting the scene: Summary

- Tower Hamlets is the most densely populated area in the country and has the lowest median age of any other local authority area.
- There are large numbers of young children living in Tower Hamlets, with nearly half of all children in the borough living in poverty.
- The focus areas for this JSNA are grouped into three categories; mortality, morbidity and behaviours and risk factors.



Policy context: Legislation, policy and guidelines

Global

- [Universal Declaration of Human Rights 1948](#)⁸
- [UN Convention on the Rights of the Child 1989](#), ratified in the UK 1992⁹
- [WHO Global Strategy for Women's, Children's, and adolescents' Health 2015](#)¹⁰
- [United Nations Sustainable Development Goals 2015](#)¹¹
- [WHO Reducing inequities in health across the life-course 2020](#)¹²



National

- [Equality Act 2010](#)¹³
- [Health & Social Care Act 2012](#)¹⁴
- [Children & Families Act 2014](#)¹⁵
- [Better Births Four Years On 2020](#)¹⁶
- [The Best Start for Life 2021](#)¹⁷
- [Supporting public health: Early years high impact areas 2021](#).¹⁸
- [Improving the mental health of babies, children and young people: a framework of modifiable factors 2024](#)¹⁹

Regional

- [North East London Joint Forward Plan 2023](#)²⁰

Local – Tower Hamlets

- [Accelerate! Children and Families Partnership Strategy 2024-2029](#)²¹
- [Tower Hamlets Health & Wellbeing Strategy 2021-2025](#)²²
- [Tower Hamlets Council Strategic plan 2022-2026](#)²³
- [Tower Hamlets Early Help Strategy 2023-2025](#)²⁴
- [Tower Hamlets For All Partnership Plan 2023-2028](#)²⁵

Policy context: Legislation, policy and guidelines



International and national policies inform local strategies that guide our work. The [Accelerate! Strategy](#) is a five-year plan developed by the Tower Hamlets Children and Families Partnership that outlines our vision and specific ambitions for improving the health and wellbeing of children in Tower Hamlets.³⁰ The eight ambitions are summarised below.

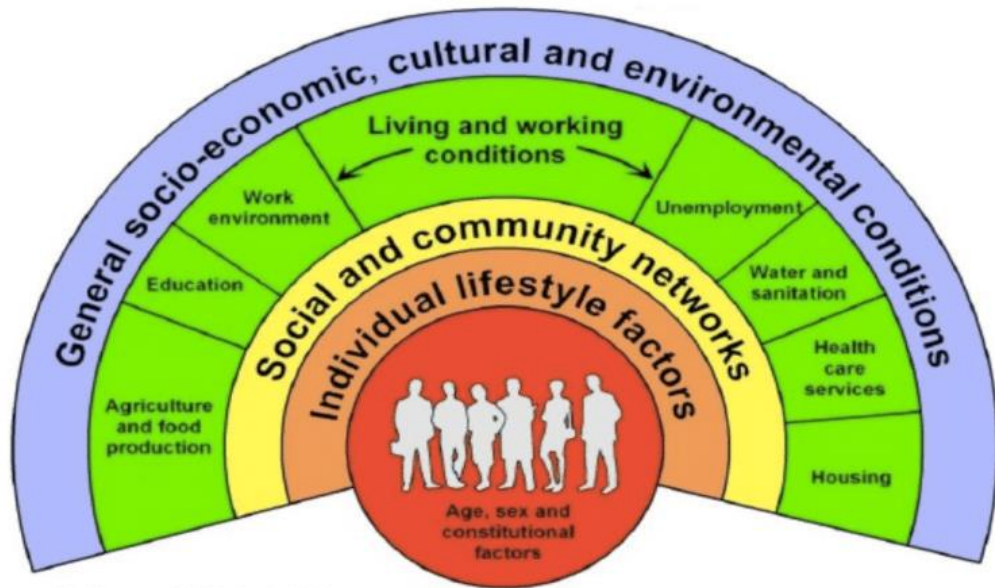
| Accelerate! Strategy Ambitions | Key Outcomes |
|--|--|
| Ambition 1: A Great Start in Life | Increased rates of breastfeeding, improving immunisation coverage, optimising maternal health and maternity care, increasing uptake of free early education entitlements, introduce Family Hubs, increase the percentage of children achieving a good level of development in reception. |
| Ambition 2: A healthy childhood | Increase rates of childhood immunisation coverage, increase the percentage of children with a healthy weight in reception and year 6, tackle social determinants of health (air quality, overcrowding) |
| Ambition 3: Supporting Good Mental Health and Wellbeing | Perinatal mental health and wellbeing, decrease wait times for mental health support services, improvement in self-reported happiness in the Pupil Attitude Survey |
| Ambition 4: The right support for children with special educational needs and disabilities and their families | Early detection through antenatal and newborn screening programmes, develop a new SEND strategy, reduce waiting times for diagnosis |
| Ambition 5: Safe and secure | Improve collaboration with local partners to safeguard children from harm such as neglect, bullying and violence. |
| Ambition 6: Achieve their best in education and opportunities to develop a career | Reduce school absence and increase educational attainment after 16, increase the percentage of children with SEND or who are care experienced in education employment or training. |
| Ambition 7: Support families in the cost of living and child poverty crisis | Increase the percentage of families receiving the support they are eligible for, address the impacts of overcrowding, implement 'poverty-proofing' in services. |
| Ambition 8: Champion co-production, equality and anti-racism | Ensure all services collect data about protected characteristics in order to tackle inequities. |



Wider context: Evidence, reviews and delivery plans

- [Best beginnings in the early years](#): Report from the Children's Commissioner which identifies priority areas in childhood and effective interventions.²⁶
- [Family Hubs and Start for Life Programme Guide](#): Guidance and delivery expectations from the Department of Health and Social Care and the Department for Education about the implementation of Family Hubs and Start for Life programmes.²⁷
- National Institute for Health and Care Excellence (NICE) guidelines:
 - [Diabetes \(type 1 and type 2\) in children and young people](#)²⁸
 - [Babies, children and young people's experience of healthcare](#)²⁹
 - [Developmental follow-up of children and young people born preterm](#)³⁰
 - [Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care](#)³¹
 - [Maternal and child nutrition](#)³²
 - [Physical activity for children and young people](#)³³
- [NHS Long Term Plan](#): NHS plan for health care provision over the next 10 years.³⁴
- [Casting Long Shadows Report](#): Health Visiting report summarising observed developmental consequences of the COVID-19 pandemic on children.³⁵
- Relevant research is continuously published in journals. It is important to keep up to date with evidence to ensure we can provide best practice care.
 - An example of recent research can be found here: [Social inequalities and their impact on children's health: a current and global perspective](#)³⁶

Effective interventions: Wider determinants of health



Source: Dahlgren and Whitehead, 1991

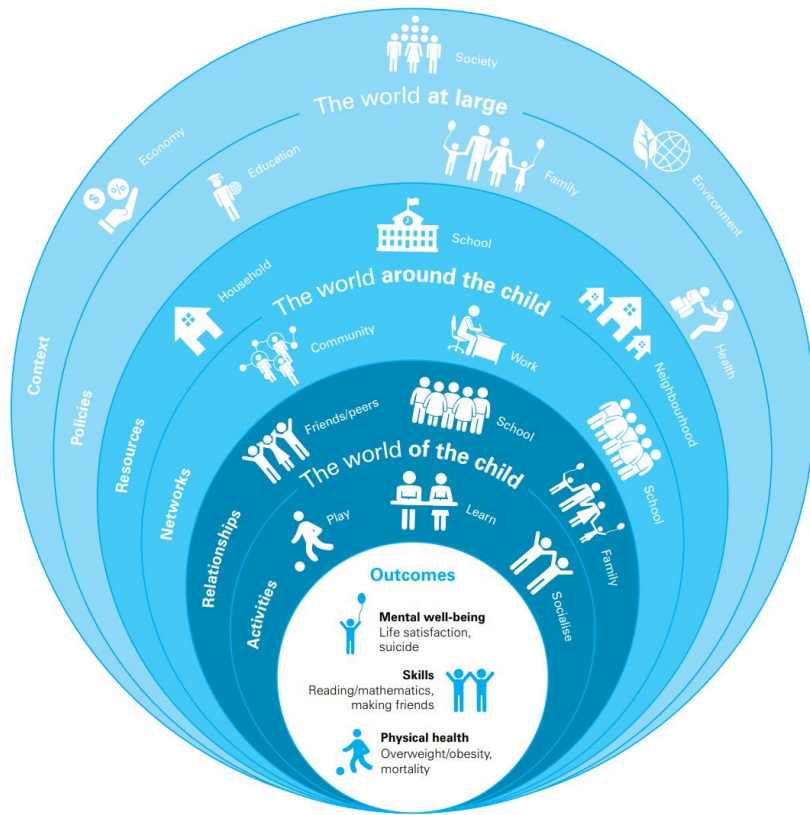
Figure 4: Visual depiction of the social determinants of health.³⁷

The social determinants of health (SDH) shown in Figure 3 are a wide range of complex and interconnected factors that influence health.³⁷

The determinants of health play an important role in wellbeing during early childhood.^{17,36} During childhood, the influence of the SDH is largely driven by the socioeconomic circumstances of the adults that children live with, thus perpetuating inequity through generations.³⁶ The affects of the SDH for children begin pre-conception and during pregnancy, which can further exacerbate existing health inequity between different groups.^{36,37}

Exposure to factors such as racism, poverty and tobacco smoke; and differential access to healthy food, healthy housing and healthcare impact a child's risk of infectious disease, malnutrition, growth and development.³⁶

Effective interventions: Wider determinants of health



The distribution of the SDH within the population accounts for the inequitable gradient in child health outcomes by factors such as gender, ethnicity, and socioeconomic status.³⁸⁻⁴¹ This distribution does not occur by chance, rather it is created by inequitable policies, distribution of power, structural racism, social class structures and commercial influence from harmful commodity industries such as fast food, alcohol and gambling.^{39,40,42} Socioeconomic and health inequity is perpetuated through intergenerational transmission of disadvantage.⁴³ These structures are outside an individual child's control (Figure 5) however directly impact on their access to health promoting activities and environments.^{36,39-42}

To put this in context, this means a child of Asian or Black ethnicity is more likely to experience poverty,⁴⁴ and children who experience poverty have a greater likelihood compared to a child not experiencing poverty of;

- Living in a lower quality home that may be difficult to heat, damp, mouldy, and not have enough space for the family⁴⁵
- Living in a neighbourhood that experiences poorer air quality⁴⁶
- Living in a neighbourhood with more fast-food outlets, alcohol stores, betting shops and stores selling tobacco products^{39-42, 47}
- Having frequent infections partially as a result of living with lower air and housing quality.^{45,46} This then leads to greater time out of social and educational opportunities.³⁹⁻⁴²

Figure 5: Visual depiction of a child's worlds of influence and the impacts these have on child health outcomes.^{38,39}

Effective interventions: Best practice guidelines

Vaccination



- Vaccination is one of the most effective public health interventions, providing protection against serious infectious diseases and saving millions of lives globally.⁴⁸⁻⁵⁰
- When 95% of the population are vaccinated herd immunity is reached meaning those who are too young or too unwell to be vaccinated are also protected.⁴⁸⁻⁵⁰

Optimise preconception health and maternity care



- Before becoming pregnant it is recommended parents are as healthy as possible. Early access to antenatal care also improves outcomes for parents and babies.⁴⁸
- Continuity of carer and having families lead decision making in maternity care improves outcomes for parents and babies.⁴⁸

Attachment, bonding and mental health support



- Early years are a crucial time for brain development. The environment a child experiences during the early years can impact their development. With consistent and responsive relationships supporting social, emotional and cognitive development.⁴⁸
- Supporting parental mental health improves the ability of parents and children to develop close, nurturing bonds.^{48,51}

Oral health



- Tooth decay is preventable and inequitable. Tooth decay can cause pain, infection, and lead to hospital admissions.^{48,51}
- All children under 5 should be supported to brush their teeth with a fluoride containing toothpaste twice a day to prevent tooth decay.⁴⁸

Supporting breastfeeding



- Breastmilk provides nutrition and comfort to babies, as well as providing immune support and assisting in development of baby's immune system.⁵¹⁻⁵³
- Breastfeeding also provides maternal benefits as it decreases the risk of some cancers, assists in post-partum weight loss and assists with bonding and attachment with the baby.⁵¹⁻⁵³

Making Every Contact Count



- Each contact with families provides an opportunity to check the health of parents and children and provide health promoting advice.
- This allows for prevention of illness, earlier detection of any issues and timely referrals to support services.⁵⁴

Health literacy



- Parental health literacy influences children's access to care and their uptake of health promoting behaviours including physical activity and dental care. Low health literacy is associated with poorer child health outcomes.^{55,56}
- Empowering parents with knowledge enables them to make informed choices to improve and support their child's health.^{55,56}

Healthy weight and nutrition



- Being a healthy weight and eating a balanced diet full of fresh foods supports growth and development in childhood. It also decreases lifelong risk of many conditions including adult obesity and diabetes.⁴⁸



Context and interventions: Summary

- Both international and national law provides the legal framework for child health services in England. These include requirements about equality, the rights of service users and the minimum services that are required.
- Guidelines about evidence based and safe child health care exist from a global to local level. The World Health Organization (WHO) and United Nations (UN) provide global strategic guidance, with more localised guidelines developed by Government departments, the NHS and within Tower Hamlets Council.
- Reviews, such as the Casting Long Shadows and Best Beginnings Reports provide objective overviews of issues and areas of need at a national level. While NICE guidelines and published research provide current guidance and evidence for safe and equitable child health care.
- There are many interventions that are effective at improving child health outcomes such as effective maternity care, improving health literacy, and supporting familial mental health and wellbeing. These effective interventions in part address the structural factors related to the SDH and aim to reduce health inequity.

The local picture: Topic areas

The next section presents local data across three high level categories; mortality (related to death), morbidity (ill health), and behaviours and risk factors (actions that can be health harming or promoting).

Mortality

- Infant mortality rate
- Childhood mortality

Morbidity

- Admissions of newborn babies
- Healthy weight
- Mental wellbeing
- Oral health
- Development
- Injury
- Emergency department presentations
- Admissions to hospital

Behaviours and risk factors

- Breastfeeding
- Vaccination
- Physical activity
- Nutrition
- Poverty and cost of living

The local picture: Infant mortality

The overall infant (under 1 year old) mortality rate in Tower Hamlets has been decreasing from 2014-2021 and is now similar to the England average (Figure 6), note that data from 2022 –2023 is not yet available as investigation is ongoing.⁵⁷

Nationally the main causes of death in this age group are:

- congenital malformation
- chromosomal abnormalities
- issues related to prematurity.⁵⁷⁻⁵⁹

Risk of infant death varies by socioeconomic factors including poverty, with areas that experience higher levels of deprivation having higher rates of infant death.⁵⁸ Breastfeeding is protective against infant death in contrast to tobacco smoking exposure which increases infant death risk.⁵⁸

It is important to highlight that despite a downward trend, England experiences higher infant mortality rates than other comparable European countries.⁵⁸

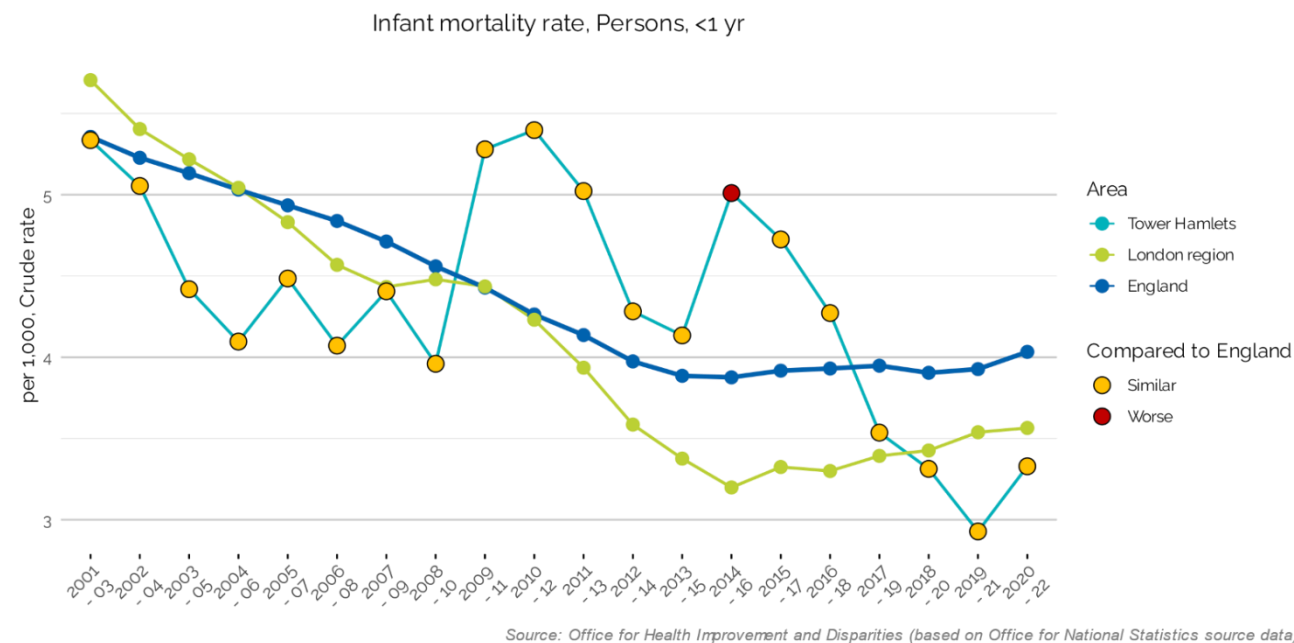


Figure 6: Infant mortality rate 2001-2022 in Tower Hamlets, England and London.⁵⁷



The local picture: Infant mortality

Sudden Unexplained Death in Infancy (SUDI)

SUDI is a sudden, unexpected and unexplained death of a baby. Although it is relatively uncommon, many of the risk factors for SUDI are preventable.⁶⁰

An analysis into SUDI across NEL was completed following an increase in instances of SUDI in 2022-2023. This analysis found:

- 87% of cases occurred in households with at least one of the following factors:⁶⁰
 - parental drug or alcohol use
 - social care involvement
 - overcrowding
 - poverty
 - tobacco exposure
 - parental mental illness
 - parental criminal activity
 - limited uptake of antenatal care.

Unsafe sleep settings were identified in 90% of cases.⁶⁰



The local picture: Childhood mortality



At a national level, death of children aged 1-4 years old occurs at a rate of 17.6 per 100,000 (Figure 7).⁶¹ This is the second highest rate after 15-17 year olds. Since 2020 the mortality rate in this age group has increased from a low of 10.0 in 2021.⁶¹

Inequities exist in childhood mortality across England;

- Children who live in the most deprived neighbourhoods experience mortality rates more than twice as high as children who live in the least deprived neighbourhoods.^{59,61}
- Children with Black, Black British, Asian or Asian British ethnicity had higher death rates (50-57 per 100,000) than other ethnic groups (25.3 per 100,000 for White children). This rate has been increasing since 2021 compared to White children where the rate has been static since 2020.^{59,61}

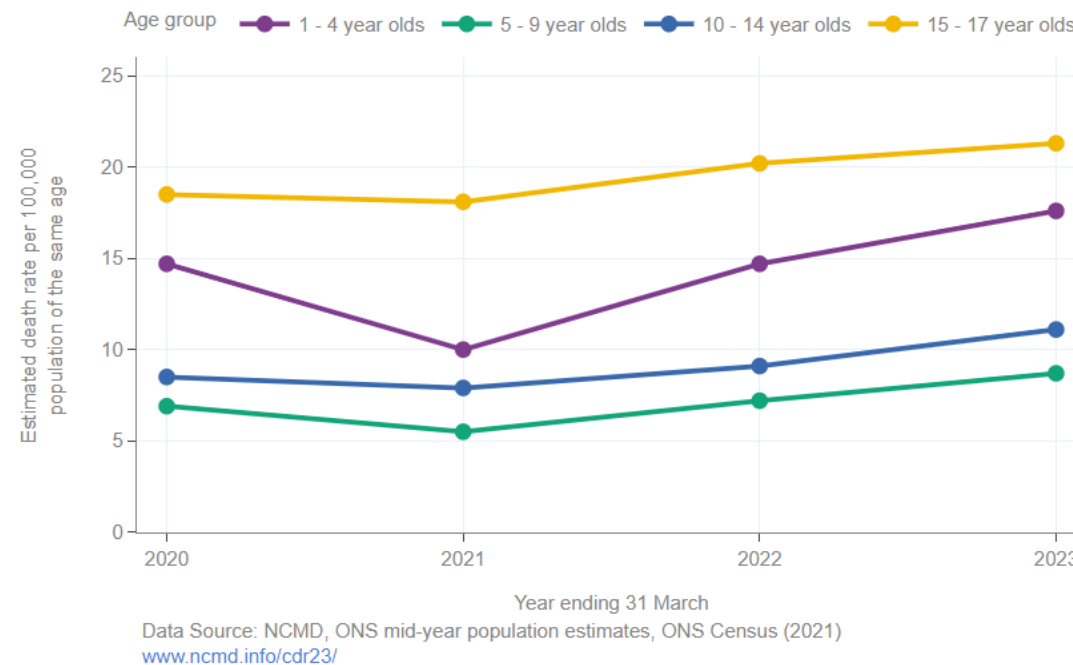


Figure 7: Childhood mortality rate 2020 – 2023 per 100,000 population, by age group.⁶¹



The local picture: Childhood morbidity

Emergency department presentation

In the past 12 months among children under 5 years old, two of the most common presentations to the RLH emergency department (ED) were respiratory conditions (including wheeze and viral illnesses) and injuries (Figure 8).⁵

This is in keeping with national data where respiratory infections, gastroenteritis and accidents are the leading causes of presentation to an ED for young children.⁶²

Children presenting to an ED with a non-emergency condition is common, with some studies suggesting this is increasing.⁶³ One study from the UK found that children under 5 are more likely than older children to present to an ED with a non-emergency issue.⁶⁴ Difficulty accessing primary care and parental health literacy have been identified as reasons why parents present to ED rather than primary care.⁶³

Improving parental understanding of emergency signs and symptoms in children may help to decrease non-emergency presentations to ED.⁶³

Royal London Hospital emergency department presentations for 0-5 year olds

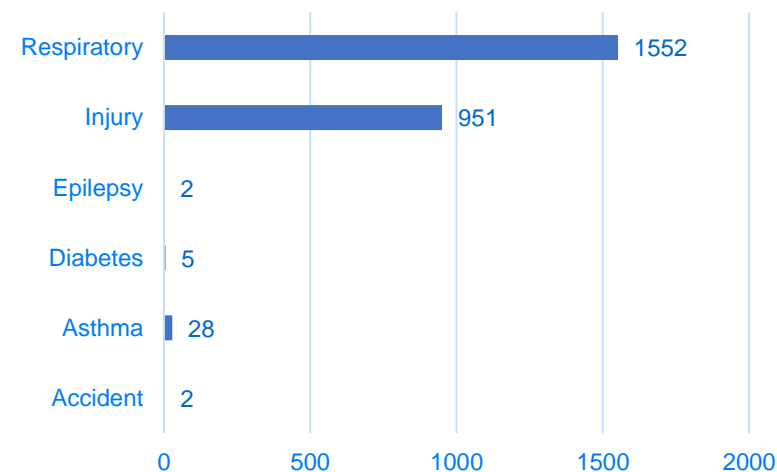


Figure 8: Emergency department presentations.⁵

The local picture: Childhood morbidity

Injury

Greater numbers of children aged 0-4 years old in Tower Hamlets are admitted to hospital due to injury compared to the England average (Figure 9).⁶⁵ Evidence suggests children living in areas with greater deprivation experience higher rates of unintentional injury compared to those living in the least deprived areas [14].⁶⁶

Nationally the five most common causes of unintentional injury in under 5s are:

1. Choking or suffocation
2. Falls
3. Accidental poisoning
4. Burns
5. Drowning⁶²

Given the higher rates of injury for this age group in Tower Hamlets, ongoing work is required to prevent accidents and injuries.

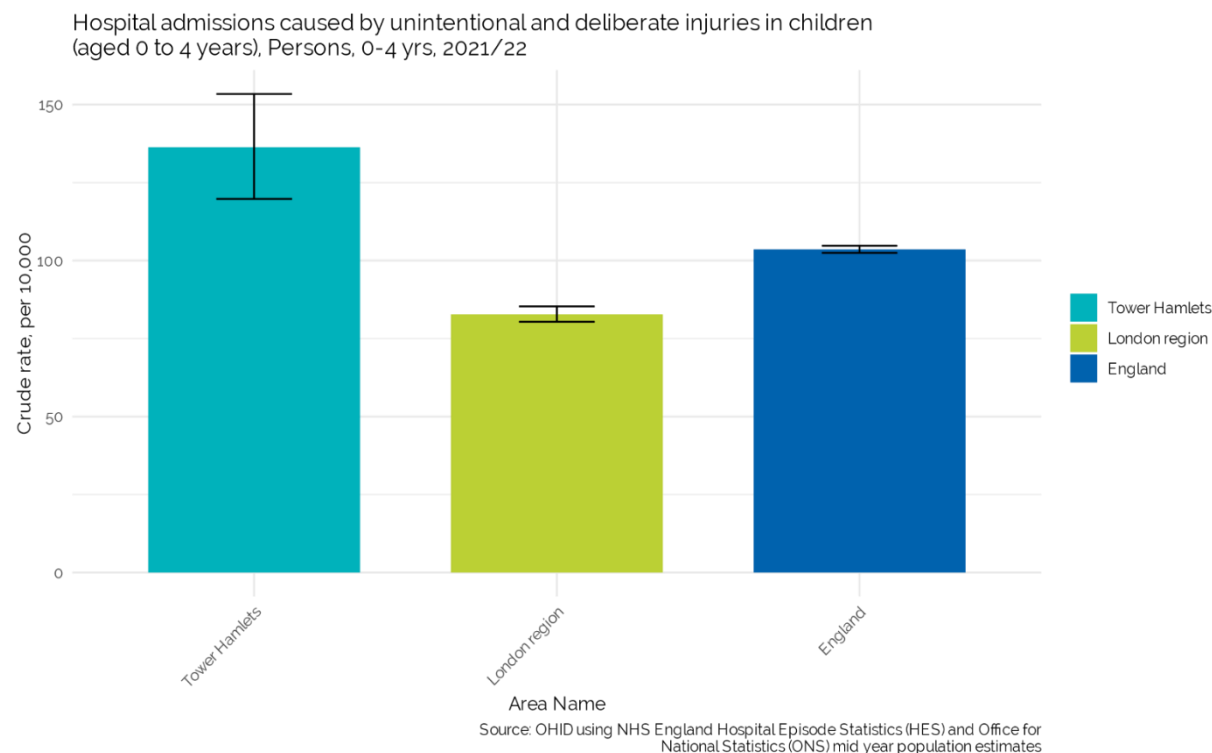


Figure 9: Hospital admissions due to injury.⁶⁵



The local picture: Childhood morbidity

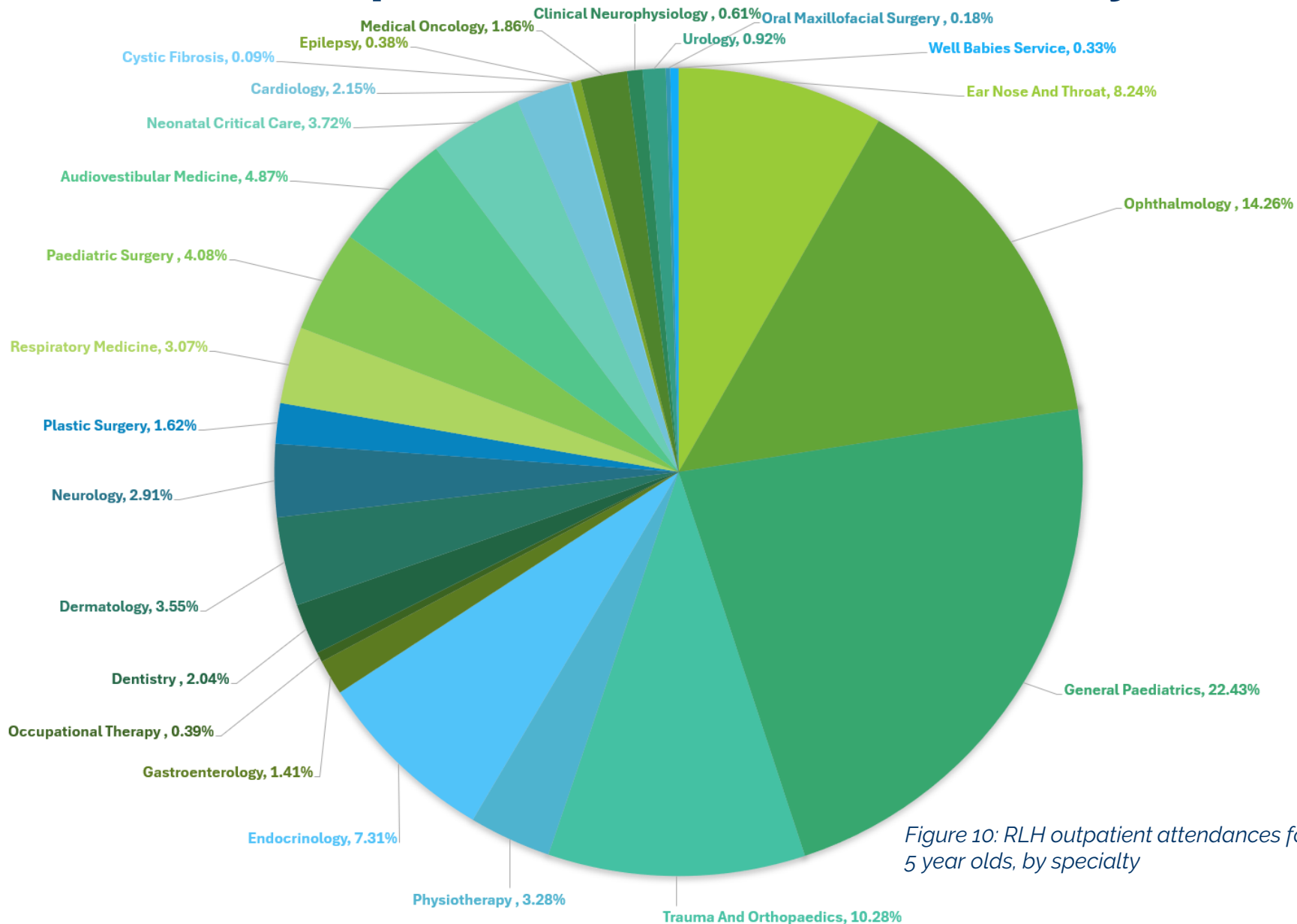


Figure 10: RLH outpatient attendances for 0-5 year olds, by specialty

Outpatient attendances

Of all paediatric outpatient appointments across the whole of Barts Health NHS Trust, 30% are at the Royal London Hospital for children aged 0-5.⁵

Of those appointments at the RLH, general paediatrics accounts for the biggest proportion of outpatient appointments, followed by ophthalmology, trauma and orthopaedics.⁵



The local picture: Childhood morbidity



Admission to hospital

In 2023 there were 11,553 hospital admissions for all children (0-18years old) across Barts Health NHS Trust.⁵ Of those, 7,564 admissions were for children under 5 admitted to the Royal London Hospital accounting for 65.5% of all paediatric admissions in Barts Health NHS Trust.⁵

Elective admissions accounted for 12% of total admissions of children under 5 at the Royal London Hospital.⁵

Between 30 and 60 children are admitted to critical care each month (Figure 11).⁵

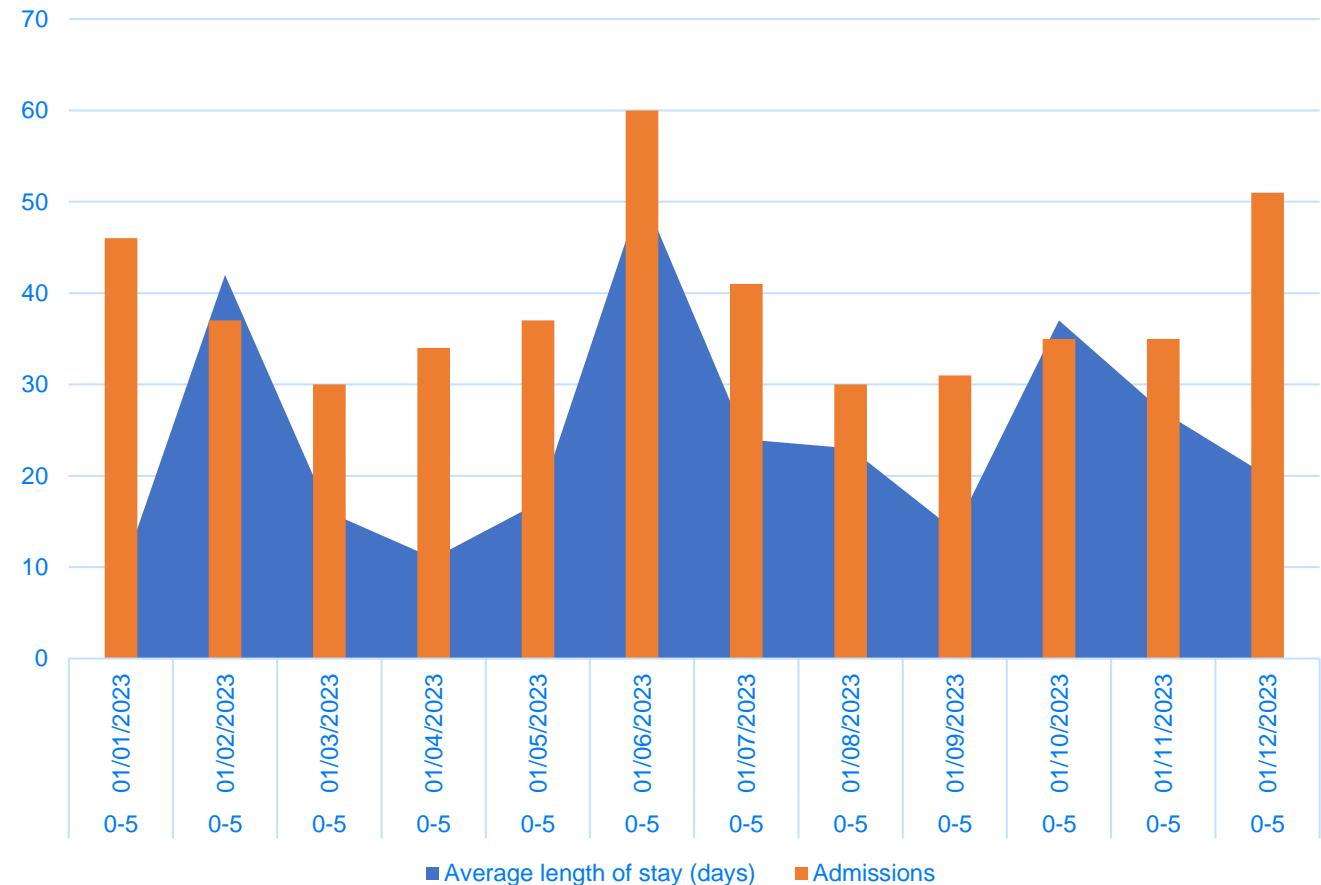


Figure 11: Critical care admissions 0-5 by month.⁵



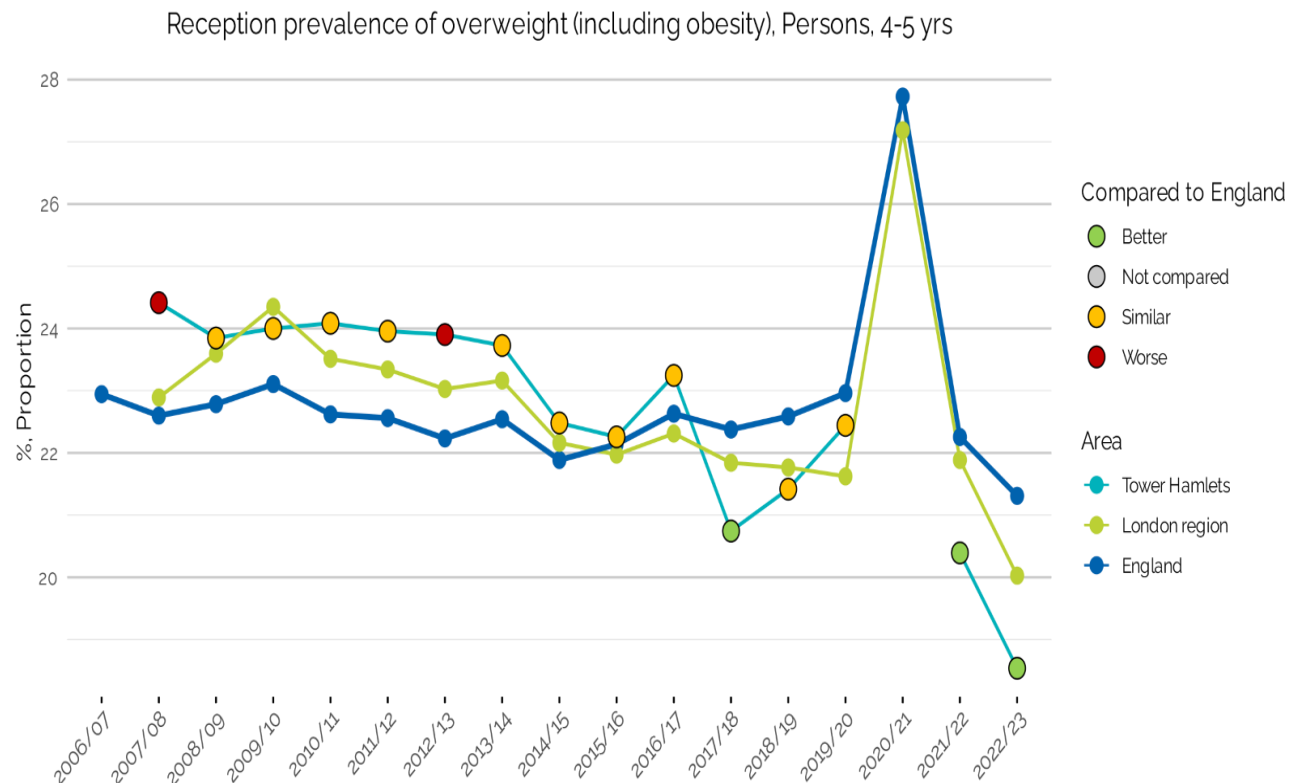
The local picture: Childhood morbidity



Healthy weight

Compared to England, fewer children in Tower Hamlets in reception have excess weight, this includes being overweight or obese (Figure 12).⁵²

Over recent years there has been a concerted public health effort to address childhood excess weight with programmes including the [Food for Health Awards](#), [Healthy Early Years London](#) and [Healthy Start Scheme](#).



Source: OHID, using National Child Measurement Programme, NHS England

Figure 12: Prevalence of children in reception who are overweight or obese.⁵²



The local picture: Childhood morbidity

Healthy weight

Despite a decrease in the proportion of children with excess weight in Tower Hamlets (as shown on Slide 25), when data is examined exclusively by rates of obesity the local picture changes.⁵²

In Tower Hamlets children experience obesity rates higher than the England average with nearly **11% of children** in reception in 2022 meeting the criteria for obesity (Figure 13).⁵²

Childhood obesity is associated with a lifelong increased risk of obesity, high blood pressure, diabetes and cancer.⁶⁷ Obesity is a form of malnutrition and rates have risen steadily in the past 20 years providing a considerable public health challenge.⁶⁷ Combatting childhood obesity will require an ongoing systematic approach to address the food environment, physical inactivity and food marketing.⁶⁷

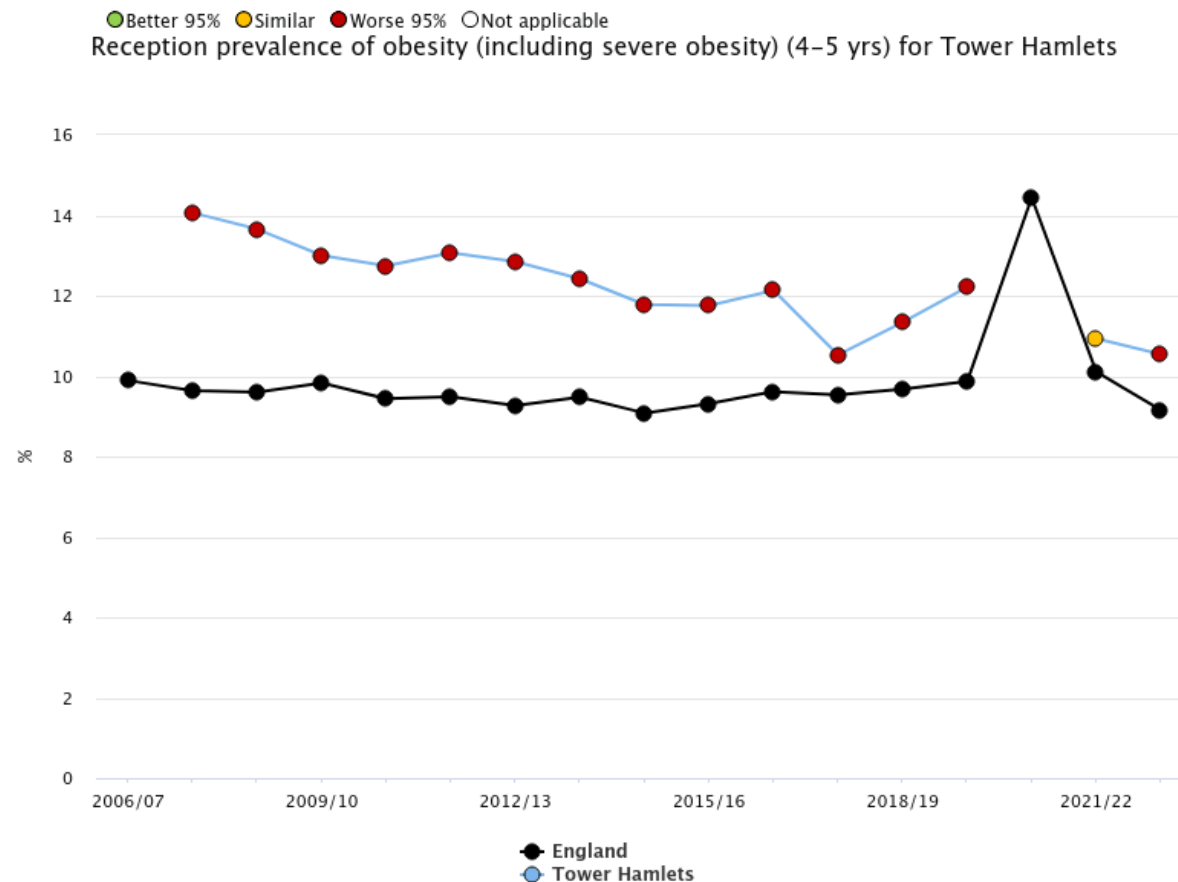


Figure 13: Prevalence of children in reception who have obesity.⁵²



The local picture: Childhood morbidity

Mental wellbeing

Children under 5 display emotional distress differently to adults and older children. This can mean that mental wellbeing of younger children is not considered as frequently as it is for older children and adolescents. In 2017 a national study found 5.5% of 2-4 year olds had a mental health condition and as many as 25% of children under 5 had attachment difficulties.⁶⁸ A repeat study has not been completed.

Many factors influence the mental wellbeing of young children including the relationship they have with adults, exposure to substances during pregnancy, living in deprivation, parental mental illness and exposure to adverse childhood experiences such as domestic violence, parental abandonment or being the victim of abuse.^{19,68}

Protective factors for children under 5 include breastfeeding, having secure attachment and play. Secure attachment and mental wellbeing for young children is important for developing resilience, social and emotional development, and protects against future mental illness.^{19,68}



The local picture: Childhood morbidity

Mental wellbeing

The framework shown in Figure 14 highlights the complex range of factors that influence the mental wellbeing of young children.¹⁹

No specific data has examined the prevalence of mental illness in children aged 0-5 in Tower Hamlets, however estimates suggest the prevalence of mental illness in all children (0-18 years old) is increasing, while access to mental health care has decreased since the COVID-19 pandemic.⁶⁹ As part of the Health Visiting service infant and parent mental wellbeing is checked, particularly during the new birth and 6-8 week visit, however they do not collect specific data about the prevalence of perinatal mental illness within the borough.

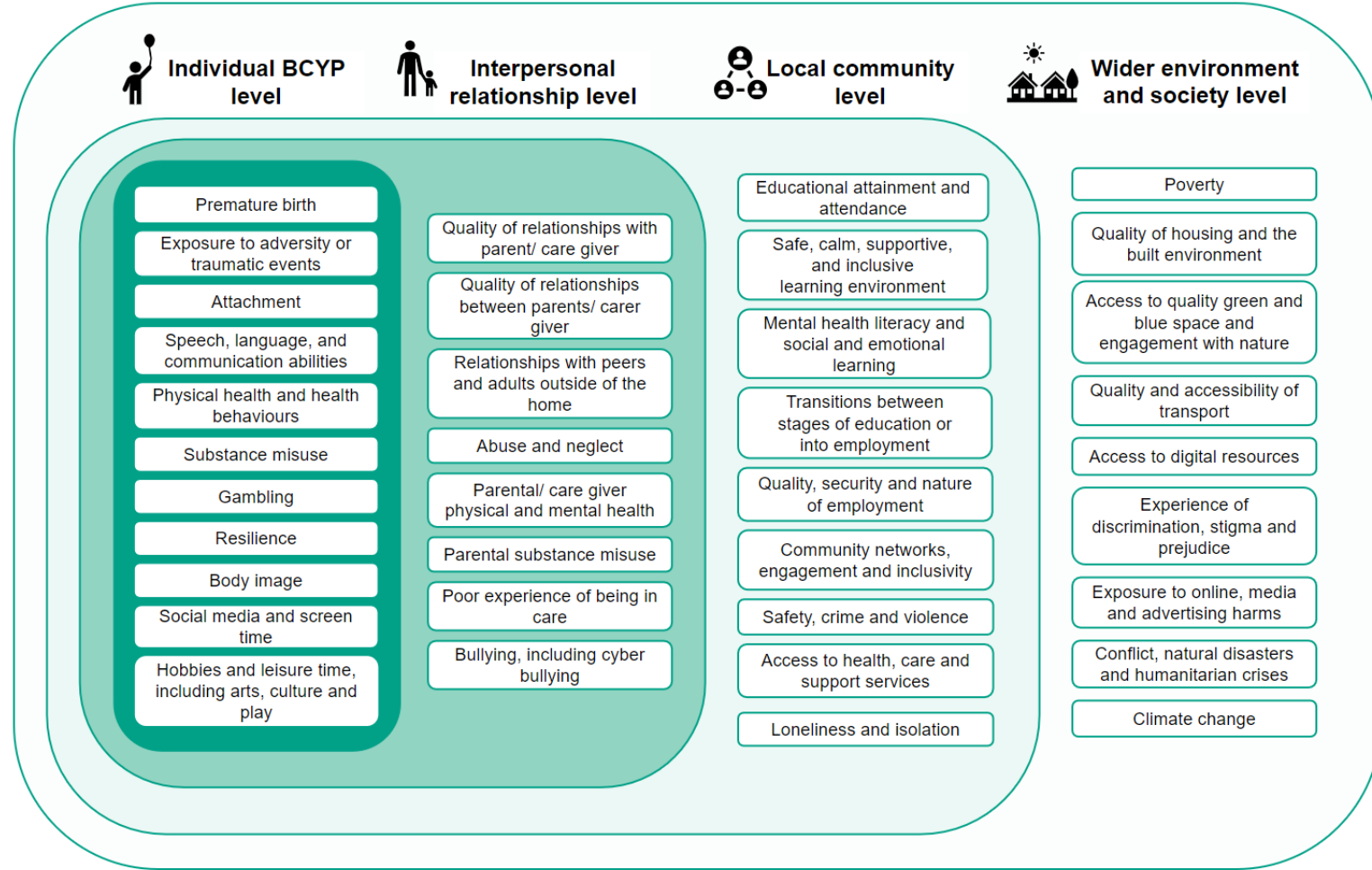


Figure 14: Modifiable factors that influence babies, children and young people's mental wellbeing.¹⁹

The local picture: Childhood morbidity

Adverse Childhood Experience (ACE)

ACEs are significant events that occur during childhood. These can include exposure to events such as domestic violence, physical abuse, emotional abuse, neglect or sexual abuse.⁷⁰ It is very difficult to accurately assess the prevalence of ACEs given that the many instances are unreported.⁷⁰

Retrospective studies conducted in the UK found that over 40% of adults reported experiencing at least one ACE, with 10% experiencing four or more.⁷⁰ In London between April 2017 and March 2018 over 50,000 children experienced an ACE.⁷¹ Those living in deprivation, with high levels of parental stress or with parents who have negative thoughts about their child(ren), were at greater risk of experiencing an ACE.⁷⁰

Although we have no specific local data, the proportion of children in Tower Hamlets who have experienced an ACE may be comparatively high given the rates of poverty and gender based violence (GBV) within the borough.^{7,72,73}



The local picture: Childhood morbidity

Adverse Childhood Experience (ACE)

Children who experience a greater number of ACEs have a lifelong increased risk of developing a mental illness, engaging in health harming behaviours and developing poor physical health.^{26,51,70}

Activities which may decrease the likelihood of ACEs occurring include; perinatal mental health screening, perinatal GBV screening, and using a trauma informed approach.^{68,70} For some families parenting interventions can reduce the risk of future ACEs occurring.⁷⁰

Estimates have found that investment in evidence based early childhood support may save over £16 billion per year, partially due to the reduction in ACEs and subsequent long-term issues stemming from experiencing these.⁵¹



The local picture: Childhood morbidity

Development

Fewer children in Tower Hamlets are achieving a good level of development (GLD) at the end of reception compared to England (Figure 15).⁵² Nationally children living in more deprived areas have lower rates of achieving school readiness than higher income areas.^{52,74} Children eligible for free school meals are also less likely than their peers to meet expected levels of development,⁷⁴ These are likely contributing factors in Tower Hamlets given the high levels of poverty within the borough.⁷

It is also important to consider the detrimental impact of the COVID-19 pandemic on childhood development, as children had decreased exposure to social gatherings, outdoor experiences and may have been exposed to increased levels of familial stress during lockdowns; all of which can negatively affect development.⁷⁵

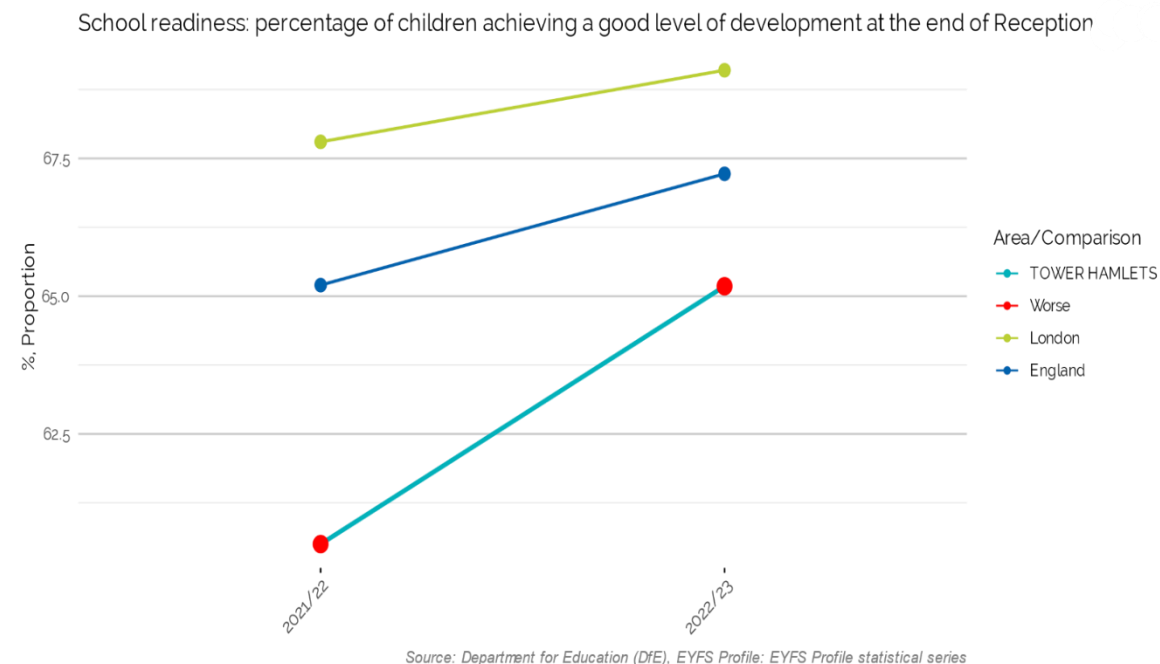


Figure 15: Percentage of children achieving a good level of development.⁵²



The local picture: Childhood morbidity



Development

The school readiness measure includes assessment of 17 early learning goals which cover reading, writing, communication, numeracy, listening and comprehension, self-care, relationships and emotional regulation, physical development, creativity, and understanding of the world around them.⁷⁶

Interestingly, when school readiness is assessed by gender it is evident that boys in Tower Hamlets are significantly less likely than girls to reach a GLD by the end of reception. Just under 73% of girls in Tower Hamlets achieve a GLD which is similar to the national average, however only 58% of boys achieve a GLD which is below the national average (Figure 16).⁷⁷

At a national level boys are less likely than girls to achieve school readiness. There are also differences in rates of school readiness achievement when examined by different ethnic groups and level of deprivation.⁷⁴ It would be useful to understand more about the children in Tower Hamlets who are not meeting a GLD to assess where support could be provided.

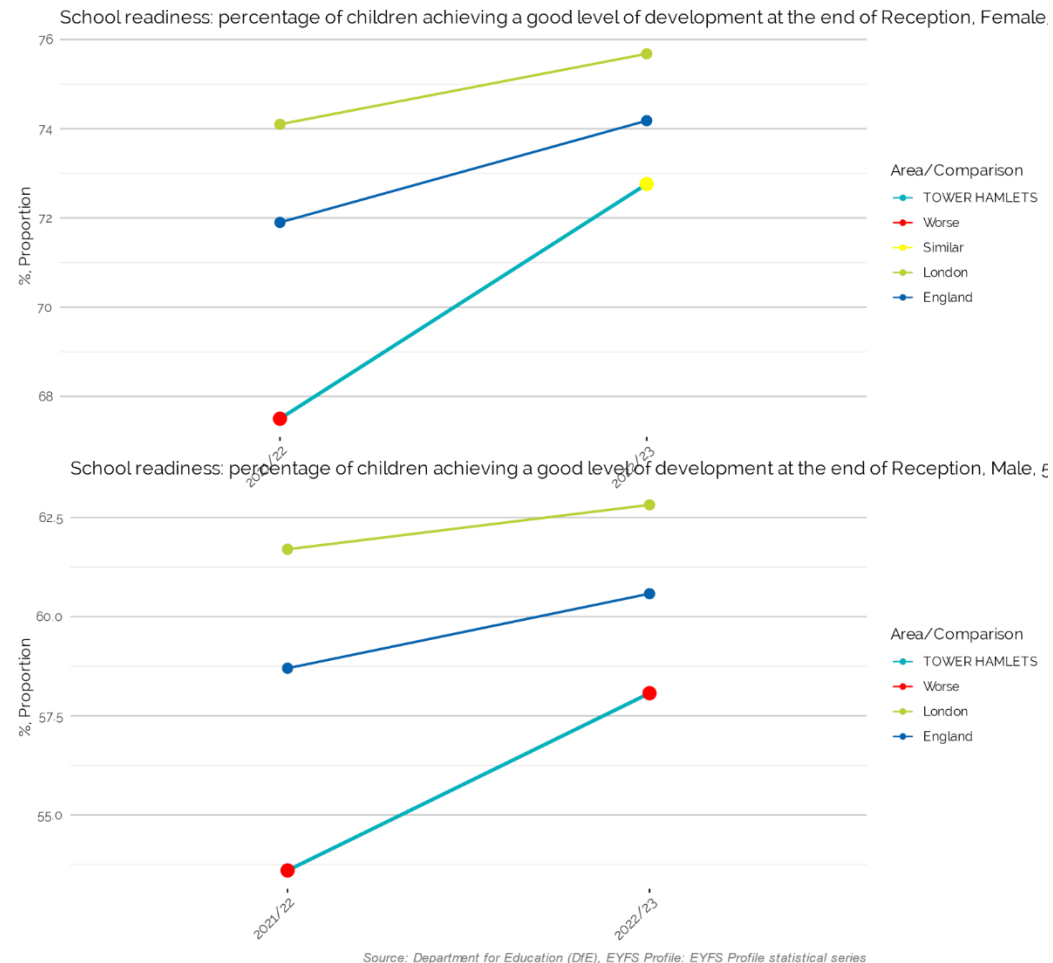


Figure 16: School readiness of girls and boys in Tower Hamlets.⁷⁷



The local picture: Childhood morbidity



Development

The final universal Health Visiting check occurs when children are between 2 and 2.5 years old. At this check a child's development is assessed using the Ages and Stages Questionnaire (ASQ) which is generally completed by parents.⁷⁸ The ASQ contains questions in five domains; communication, gross motor (physical skills such as walking, jumping), fine motor skills (more intricate skills such as stacking small blocks or threading beads on a string), problem solving skills and social skills such as using cutlery.⁷⁸

In the 2023/2024 year in Tower Hamlets;⁷⁹

- 99% of children received a 2-2.5 year review with an ASQ by 2.5 years old.
- 74.5% of children were at or above the expected level of development in all five domains
 - 85% of children were at or above the expected level for communication skills
 - 91% of children were at or above the expected level for gross motor skills
 - 83% of children were at or above the expected level for fine motor skills
 - 87% of children were at or above the expected level for social skills
 - 92% of children were at or above the expected level for problem solving skill

Tower Hamlets early years development data is not available on Fingertips making comparisons to other areas difficult.⁵² For the year 2022/2023 79.2% of children across England were achieving at or above the expected level in all five domains, suggesting that children in Tower Hamlets may be below the national average, however more data is required to form accurate conclusions.⁵²



The local picture: Childhood morbidity

Oral health

Dental decay is largely preventable, yet in 2023 71 children under 5 were admitted to the RLH to have a dental extraction under general anaesthetic.⁵

Dental decay disproportionately impacts children from lower socioeconomic groups, with children living in the most deprived areas nearly 3 times as likely to have dental decay compared to those in the least deprived areas.⁸⁰ Those with Asian or 'other' ethnicity in the 2022 National Dental Epidemiology study experienced the highest prevalence of tooth decay compared to any other ethnic group.⁸⁰

Poor dental health is inequitable and must be addressed as childhood dental decay can cause wider health issues including pain, infections, feeding difficulty, loss of sleep, school absence and lifelong poor dental health.⁸¹

Water fluoridation is the most effective public health intervention for preventing dental decay, however water fluoridation does not occur in London.⁸¹⁻⁸³ Other effective prevention measures include,⁸¹⁻⁸³

- Promotion of breastfeeding
- Encouraging decreased sugar consumption, especially between meals
- Provision of appropriate toothbrushes and fluoride toothpaste
- Fluoride varnish programmes
- Supervised toothbrushing
- Oral health support during health visiting appointments



For further information about oral health in Tower Hamlets please see the Children's Oral Health JSNA.

The local picture: Childhood morbidity



Oral health

Greater numbers of children in Tower Hamlets experience dental decay than the England average (Figure 17).⁸⁰ Although a decrease in rates is seen in 2021/22 it is important to consider the impact of the COVID-19 pandemic, as evidence suggests access to dental care was severely limited during this period which may be masking the true level of dental decay in the community.⁸⁴

There are 36 NHS dental practices in Tower Hamlets with most residents living within 500 meters of an NHS dental practice. However, data collected in 2022-23 found 38% of children (aged 0-19) saw an NHS dentist in Tower Hamlets, this is substantially lower than the national average of 53%.⁸⁵

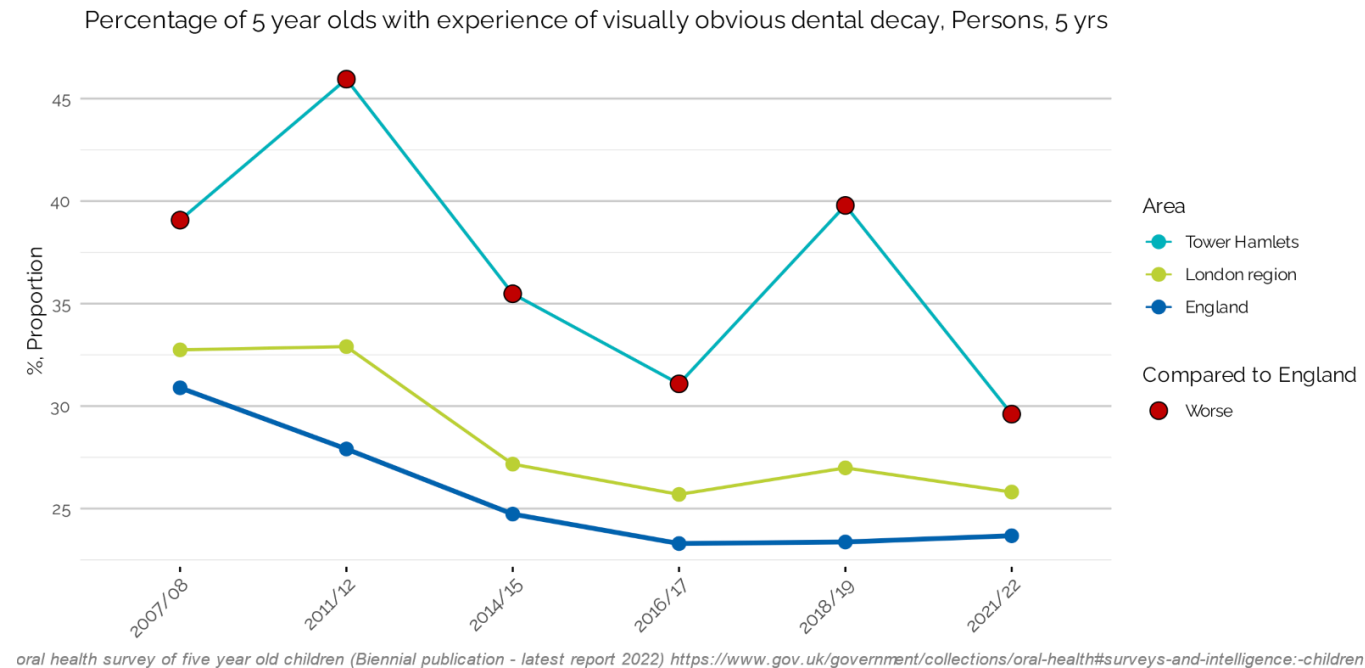


Figure 17: Dental decay in 5 year olds.⁸⁰



The local picture: Behaviours and risk factors



Breastfeeding

As published by the Office for Health Improvement and Disparities, in 2021 98.5% of babies in Tower Hamlets had breastmilk (including expressed or donor milk) as their first feed.⁵² This was the second highest rate in the country, with only Newham achieving a higher rate of 98.6% (Figure 18).⁵² However, reports from the RLH in 2023 suggest 76% of babies had breastmilk as their first feed.⁸⁶

A baby's first feed being breastfed breastmilk is beneficial for establishing long term breastfeeding and ensures the baby gets the protective benefits of colostrum.^{52,53} Colostrum is the concentrated milk first produced when starting breastfeeding. It is high in protein, has immunoglobulins that provide immunity to babies and provides transfer of bacteria and prebiotics that assist in gut development.^{52,53}

Breastfeeding also provides maternal benefits as it decreases the risk of some cancers, assists in post-partum weight loss and assists with bonding and attachment with the baby.^{52,53}

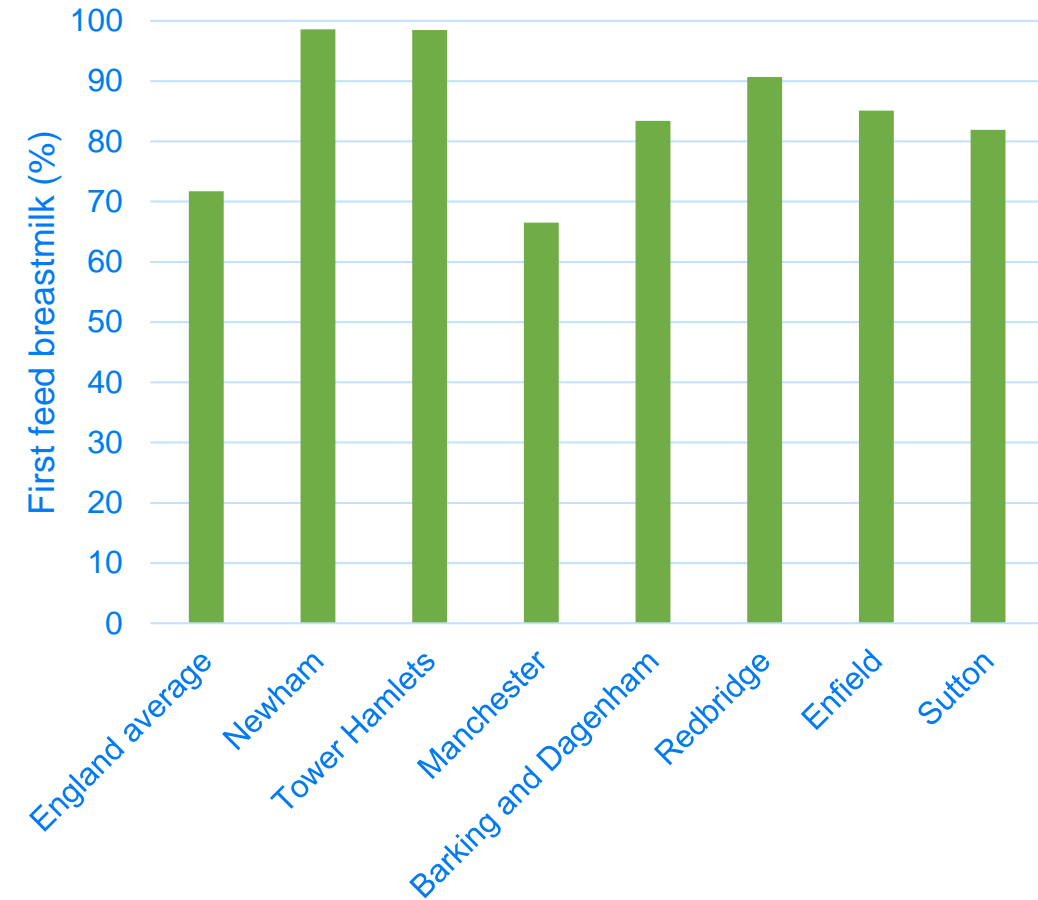


Figure 18: Prevalence of first feed breastmilk in different areas of England in 2021.⁵²



The local picture: Behaviours and risk factors



Breastfeeding

Figure 19 shows the percentage of women partially or fully breastfeeding their baby at 6-8 weeks.⁵²

Tower Hamlets rates are significantly better than England, however the data sharing is poor, with the last published data being from 2020 despite our health visiting service providing quarterly updates meaning we know the rate for 2023 was 82.95%.⁷⁹

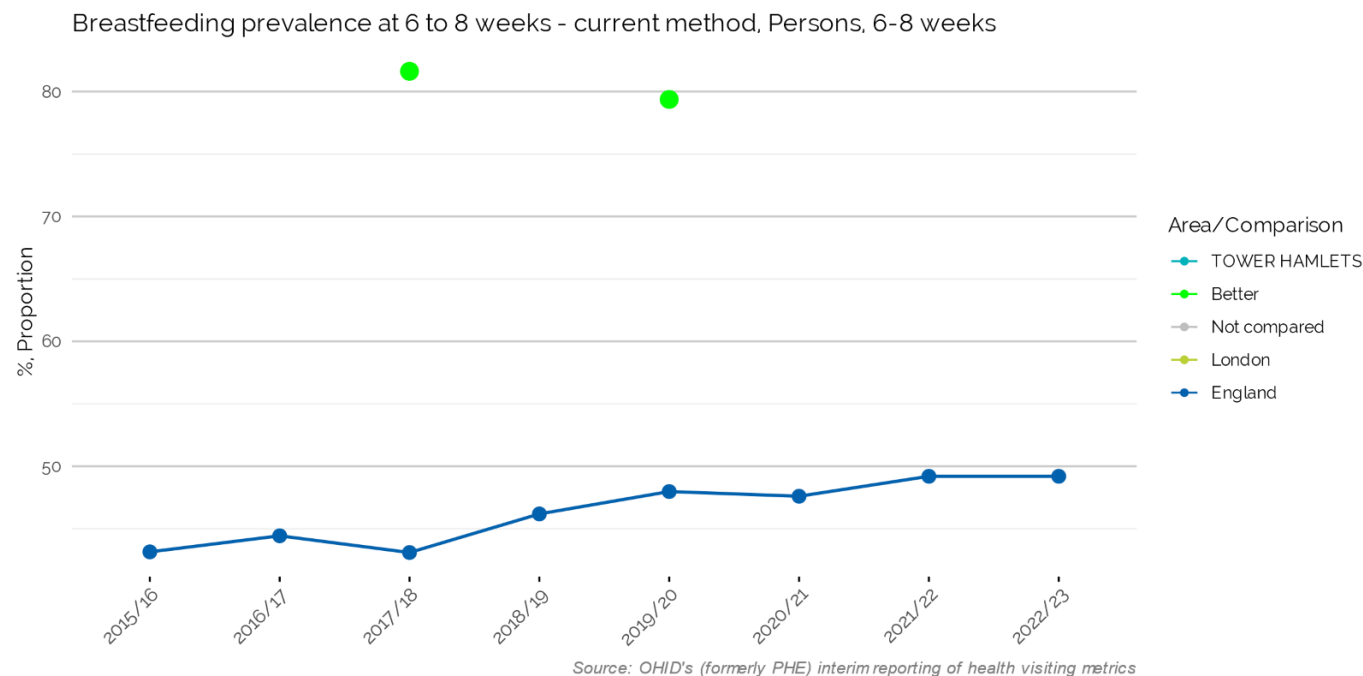


Figure 19: Prevalence of any breastfeeding at 6-8 weeks.⁵²



The local picture: Behaviours and risk factors

Breastfeeding

Both the WHO and UNICEF recommend **exclusive** breast feeding until 6 months old, after which food may be introduced alongside continued breastfeeding until the mother or child choose to stop and for at least two years.⁵³

Currently, data about breastfeeding status at 6 months is not routinely collected.

Although exclusive breastfeeding rates at 6 weeks are comparatively high in Tower Hamlets (Figure 20), there is significant **need for improvement** to reach the WHO and UNICEF recommendation.⁷⁹

Over the past year for babies 6 weeks of age;⁷⁹

- **40%** were exclusively breastfed
- **20%** were not breastfed
- **40%** were mix fed with breastmilk and formula milk

We should continue to support all babies to be exclusively breast fed given the benefits of exclusive breastfeeding to both parents and babies.

Breastfeeding prevalence at 6 weeks in Tower Hamlets 2023-2024

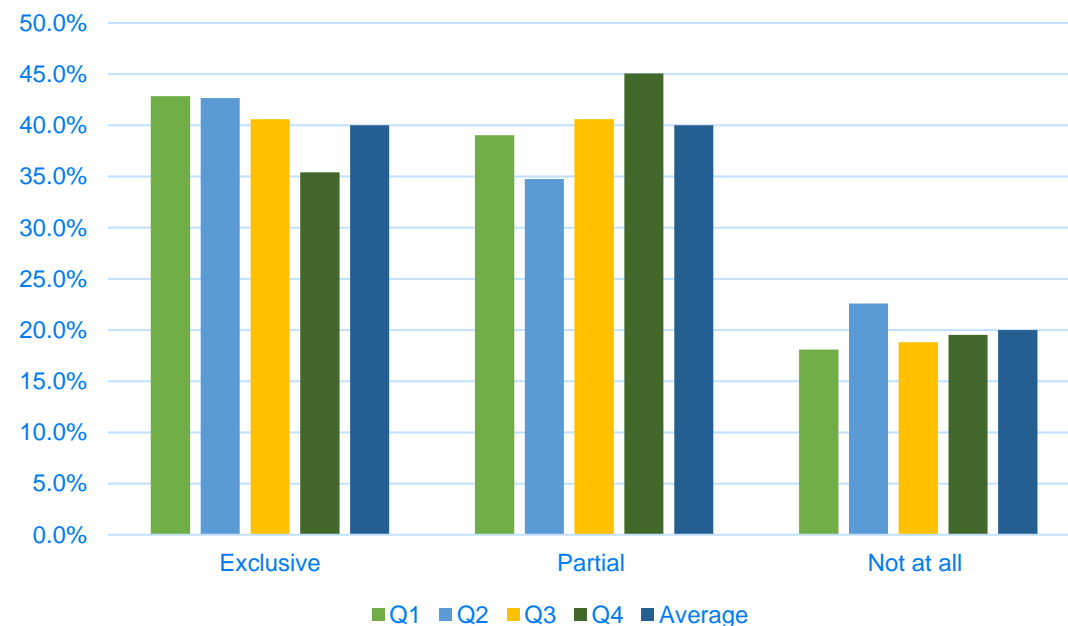


Figure 20: Feeding status at 6 weeks in 2023.⁷⁹



The local picture: Behaviours and risk factors



Vaccination

The national routine immunisation schedule contains five scheduled vaccination timeframes for children under 5 years old (Table 1).⁸⁷ Some vaccines require multiple doses such as MMR and the pneumococcal vaccine, to ensure the immune system produces a sufficient response to provide protection from disease.^{87,88}

Herd immunity is achieved when enough of the population are vaccinated against a disease, meaning a disease struggles to circulate as not many people are susceptible to the disease.⁸⁸ Herd immunity helps to protect vulnerable people within a population who are unable to be vaccinated due to health conditions such as cancer.⁸⁸ The WHO population vaccination coverage target is 95%, this level ensures herd immunity is reached.⁵⁰

| Age | Diseases protected against |
|------------------|--|
| 8 weeks | <ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), hepatitis B (DTaP IPV Hib HepB) Meningococcal group B (MenB) Rotavirus oral vaccine |
| 12 weeks | <ul style="list-style-type: none"> DTaP IPV Hib HepB Pneumococcal infections (PCV) Rotavirus oral vaccine |
| 16 weeks | <ul style="list-style-type: none"> DTaP IPV Hib HepB MenB |
| 1 year | <ul style="list-style-type: none"> Hib and Meningococcal group C (Hib MenC) PCV Measles, mumps and rubella (MMR) MenB |
| 3 years 4 months | <ul style="list-style-type: none"> Diphtheria, tetanus, pertussis and polio (DTaP IPV) MMR |

Table 1: Routine childhood immunisation schedule.⁸⁷



The local picture: Behaviours and risk factors



Vaccination

The uptake of second dose of the MMR vaccine is used as a proxy measure for overall early years vaccination status, as the second MMR vaccination is the final routine vaccination children receive prior to the human papilloma virus (HPV) vaccination at age 12.⁸⁷

MMR vaccination rates in Tower Hamlets are significantly below the WHO target (Figure 21) meaning the borough is susceptible to an outbreak of measles.^{89,90}

Measles can cause serious illness and even death in young children.⁹¹ Measles cases are rising across the country and therefore low vaccination coverage is an issue which needs to be urgently addressed by providing easily accessible catch-up vaccination clinics and raising public awareness.⁹⁰ Current data does not allow us to examine MMR vaccination rates by different demographic features such as ethnicity.

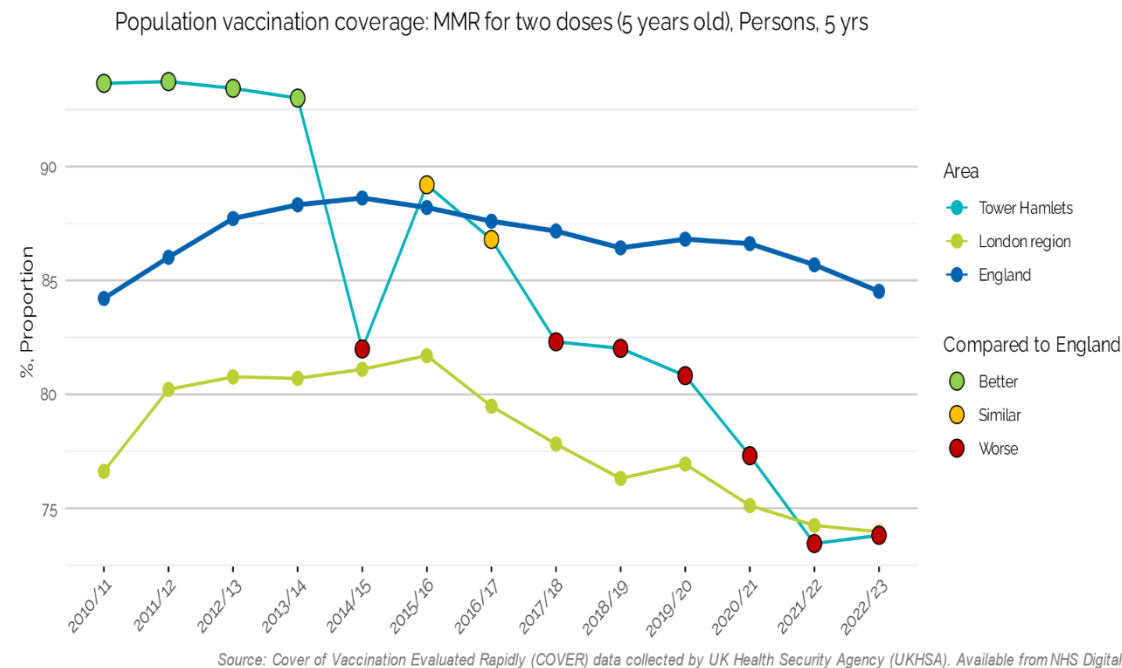


Figure 21: 5-year-olds in Tower Hamlets who have received two MMR vaccinations.⁸⁹



The local picture: Behaviours and risk factors



Vaccination

For all vaccinations scheduled in early childhood fewer children are vaccinated in Tower Hamlets compared to the national average (Table 2).^{52,88} The WHO 95% coverage target is not reached for any vaccines, both within Tower Hamlets, or across England as a whole.

In England coverage for childhood vaccinations has been decreasing since 2019-2020,^{88,92,93} in Tower Hamlets coverage has been gradually declining since 2014, and has seen a more accelerated decline since 2019/2020.⁵² Vaccination is one of the pillars of public health and has saved millions of lives across the world.⁴⁹ However, following the COVID-19 pandemic vaccine hesitancy and mistrust in health systems has increased, therefore contributing to further declines in vaccination rates.^{49,94}

| Age | Vaccination | Coverage | National average |
|---------|---|----------|------------------|
| 1 year | DTaP IPV Hib HepB ^(3 doses before 1 year) | 90.0% | 91.8% |
| | MenB ^(2 doses) | 88.7% | 91.0% |
| | Rotavirus ^(2 doses) | 86.7% | 88.7% |
| | PCV | 91.6% | 93.7% |
| 2 years | Hib MenC | 82.2% | 88.7% |
| | PCV ^(2nd dose) | 82.5% | 88.5% |
| | MMR | 81.9% | 89.3% |
| | MenB ^(3rd dose) | 81.8% | 87.6% |
| | DTaP IPV Hib HepB ^(coverage of 3 doses by age 5) | 89.1% | 92.6% |
| 5 years | DTaP IPV Hib HepB ^(coverage of 3 doses by age 5) | 90.7% | 93.2% |
| | Hib MenC ^(coverage by age 5) | 86.5% | 90.4% |
| | MMR ^(1st dose) | 87.2% | 92.5% |
| | MMR ^(2nd dose) | 73.8% | 84.5% |
| | DTaP IPV ^(booster) | 73.9% | 83.3% |

Table 2: Percentage of children vaccinated by age 1,2 and 5 in Tower Hamlets compared to the national average 2022/2023 data.^{52,88}



The local picture: Behaviours and risk factors



Vaccination

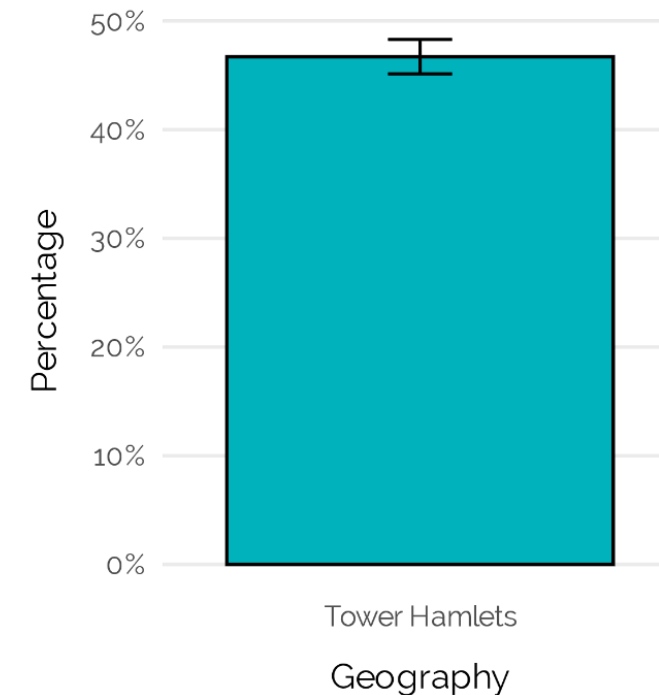
The BCG vaccination protects against Tuberculosis (TB). The vaccination is offered to babies at higher risk of exposure to TB, this may be due to the area they live in, or if they are in contact with relatives who are from a country with high rates of TB.⁹⁵

In 2021, within Tower Hamlets, nearly half of all babies were vaccinated with the BCG vaccine (Figure 22).⁹⁶ In 2022-23 79% of eligible babies received the BCG vaccine by 3 months old.⁸⁹

Data sharing about BCG vaccination rates could be improved to allow for identification of falling coverage and to inform subsequent intervention where required. Current data does not allow us to examine BCG vaccination rates by different demographic features such as ethnicity. This information would be helpful for identifying any groups with lower-than-expected coverage and allow for appropriate resource allocation to address coverage rates in such groups.

BCG coverage at <1 years

Tower Hamlets, 2020/21



Source: CEG Dashboard

Figure 22: Coverage of the BCG vaccine in Tower Hamlets 2020-21.⁹⁶



The local picture: Behaviours and risk factors

Physical activity

Physical activity through play is crucial for children's physical, social, emotional and cognitive development and mental wellbeing.^{51,97} It is recommended that babies have at least 30 minutes of tummy time and children over one year old engage in at least 180 minutes of physical activity each day. This can be achieved through lots of different activities such as dancing, skipping, climbing, riding a bike, running games and water play.⁹⁸ Increasing physical activity during early childhood assists in healthy bone development and reduces the likelihood of children having excess weight.⁹⁹

Outdoor play in particular allows children more space to engage in moderate physical activity and time to connect with the natural world.^{100,101} Concerningly, evidence suggests children are spending less time outdoors than previous generations, especially in natural areas.¹⁰² This is in part due to resource constraints, concerns about safety, access to natural spaces and practical limitations meaning some early years settings have no outdoor space on site.¹⁰²

Little is known about how much physical activity children in Tower Hamlets are getting each day. However, due to the high population density and urban nature of the borough it is possible that many children are not meeting physical activity recommendations and in particular are not having adequate time in natural spaces. Tower Hamlets has half the amount of green space compared to the national average.¹⁰³ Physical activity levels generally decline as we age and are influenced by increasingly sedentary jobs and leisure activities. It is important we can support children and families in the borough to be active and engage with nature so they develop healthy lifelong habits.¹⁰⁴



The local picture: Behaviours and risk factors

Nutrition

Diet during early childhood can have lifelong implications on an individual's dietary preferences, risk of obesity, risk of cardiovascular disease and oral health.^{51,105-108} Early childhood diet also influences childhood growth and physical and cognitive development.^{105,107,109}

Evidence from the UK suggests that children under 5 consume sugar, salt, saturated fat and protein above recommended levels while the intake of fibre is below recommended levels.¹¹⁰ Many children are not exposed to a wide variety of foods during early childhood, with UNICEF estimating only one in three children aged 6-23 months globally are exposed to the minimum level of dietary diversity required for healthy development.^{110,111}

Research from Australia suggests eating habits can be formed as early as 18 months old, and that these habits persist into later childhood.¹¹² This study found some children developed healthy habits; those who consumed a greater amount of fruit and vegetables also engaged in more outdoor physical activity, while others had already formed an unhealthy habit of snacking while sedentary in front of a screen.¹¹²



The local picture: Behaviours and risk factors



Nutrition

The Nurture Early for Optimal Nutrition (NEON) study conducted in Tower Hamlets examined feeding habits of Bangladeshi families with children aged 6-23 months old.¹¹³ The study found four practices occurred commonly:¹¹³

- Introduction of solids before children are 6 months old
- Overfeeding of children through giving large portions, frequent snacks between meals, force feeding and feeding while distracted by a screen
- Children given foods they like, particularly sweets, in order to 'fill them up'
- Prolonged bottle feeding and parent led feeding

Participants also reported advertising, family pressure and societal norms influenced how they fed their children.¹¹³

Early years settings do not have any mandatory food standards and research from the Local Government Authority suggests that monitoring of nutritional content of food provided in early years settings is limited.¹⁰⁸ Councils report there is a large focus on school food, but limited work on early years food provision.¹⁰⁸ Given the implications of diet in early childhood, a greater focus on early years nutrition is required.



The local picture: Behaviours and risk factors

Poverty and cost of living

Higher numbers of children in Tower Hamlets live in poverty compared to other areas, with nearly 50% of children under 5 living in poverty after housing costs.⁷ Levels of poverty have been exacerbated following the COVID-19 pandemic and the subsequent cost of living crisis. Experiencing poverty increases the likelihood of developing poor mental and physical health, with this risk continuing into adulthood.^{114,115}

Children who experience poverty:^{51,116-119}

- Have a higher risk of premature death^{51,116-119}
- Are more likely to experience poor educational outcomes^{51,116-119}
- Have higher rates of stress and are more likely to develop mental illness^{51,116-119}
- May have differing exposure to the wider determinants of health such as; racism, bullying, tobacco smoke, overcrowding, access to technology, poor housing quality and access to medical services, thereby further exacerbating health inequities among the most and least deprived children.^{51,116-119}

Surveys of local residents following the COVID-19 pandemic identified cost of living as a key concern, with 68% of respondents reporting they have financial concerns, and others describing material deprivation.^{115,120}

The local picture: Summary

Mortality

- The infant mortality rate in Tower Hamlets has been decreasing from 2014 and is now similar to the national average.
- Although rates of SUDI are relatively low, investigation after an increase in cases in NEL in 2022/2023 found that the majority of instances had modifiable risk factors such as exposure to tobacco smoke or an unsafe sleeping environment.
- Nationally, mortality rates for children aged 1-4 are the second highest after children aged 15-19 years old.
- Differing ethnicities and socioeconomic groups experience greater risk of childhood mortality.

Morbidity

- Greater numbers of newborn babies are admitted to hospital in Tower Hamlets compared to the national average.
- The majority of paediatric hospital admissions are for children under 5 years old.
- Respiratory conditions and injuries are the most common reasons children under 5 present to the ED.
- Children in reception have a higher rate of obesity compared to the national average.
- Fewer children are reaching a GLD at the end of reception.
- Greater numbers of children experience poor oral health.
- Despite no local data, national evidence suggests high numbers of children experience mental illness and adverse childhood experiences.

Behaviours and risk factors

- Breastfeeding rates in Tower Hamlets are high compared to the national average. Although rates of exclusive breastfeeding at 6 weeks are higher than the national average, the rate remains well below the WHO target.
- Fewer children in Tower Hamlets are fully vaccinated compared to the national average. Coverage rates are below the WHO target of 95%.
- More children experience poverty in Tower Hamlets. This has lifelong consequences for health and wellbeing. Experience of poverty is also linked to health promoting behaviours such as physical activity and eating healthy foods.



Local actions: Addressing childhood mortality

Safe sleep

Safe sleep education is essential to ensure all new parents are aware of the risks SUDI.

The Tower Hamlets [GP Care Group](#) provides safe sleep advice as does national charity [The Lullaby Trust](#).

One of the best things parents can do to protect their newborn baby is to be smokefree and provide baby with a safe sleep space.

Barts Health NHS Trust

Provides maternity care to residents in Tower Hamlets.

- Ensure babies are growing, moving and developing as expected during pregnancy.
- Provide adequate medical care during labour in order to safely deliver babies

In addition to midwifery and obstetric support the Royal London Hospital provides [free antenatal classes](#). These classes largely focus on birth and labour, however in the final sessions safe sleep education is provided.

Family Nurse Partnership

Provides additional support with a family nurse for young first-time parents from pregnancy until their baby is at least 1 year old [Family Nurse Partnership for Young Parents](#)

Accident prevention

There are no specific accident prevention programmes within the borough however staff in CFC and Health Visitors are trained to provide accident prevention education and advice. Further work from the Council around window safety is planned to commence later this year.

The [Child Accident Prevention Trust](#) are a UK charity providing education and advice about how to minimise the likelihood of experiencing the most common childhood accidents.

Smoking

Tobacco smoke exposure is a risk factor for stillbirth and SUDI.^{121,122} Free smoking cessation services are available through [QuitRight Tower Hamlets](#). There are no vaping cessation services currently available.

Baby Buddy app

Provides information to parents covering the antenatal to early childhood period.

Mellow Bumps

Six week antenatal parenting course offered by [Toyhouse](#) specifically designed for families with additional vulnerabilities



Local actions: Addressing childhood morbidity



Health Visiting

All children are entitled to multiple reviews with a Health Visitor starting in the antenatal period up until they turn 2.5 years old. These will cover many topics including safe sleep, vaccinations and development. For some families needing additional support [Maternal Early Childhood Sustained Home Visiting is available](#) which offers at least 25 home visits before a child is two.

Healthy Eating

Although not designed specifically for early years, there are many programmes in the borough providing [cost of living](#) support, including access to healthy food and meals. The Alexandra Rose Charity provides free [fruit and veg vouchers](#) for some residents.

[Food for Health Awards](#) encouraging local food outlets to make their products healthier with less salt, sugar, and fat.

Family Nurse Partnership

Provides additional support with a family nurse for young first-time parents from pregnancy until their baby is at least 1 year old [Family Nurse Partnership for Young Parents](#)

Baby Buddy app

Provides information to parents covering the antenatal to early childhood period.

Vaccination

Influenza, COVID-19 and pertussis vaccination is offered during pregnancy to provide protections to newborns.

Barts Health NHS Trust

Provides emergency and specialised medical care for children in Tower Hamlets. This includes outpatient and inpatient services including

Newborn Screening - NHS

Blood spot screening tests for 10 rare but important disorders to enable early detection and treatment for babies.

Hearing screening test is provided to all babies, and formal audiology to those with an abnormal screening result.

Newborn and infant physical exam examination to check the eyes, heart, hips, and testes within 3 days of birth and repeated at 6-8 weeks

Family Hubs and CFCs

There are many support services available at local Family Hubs including stay and play sessions, parenting classes, and Health Visiting appointments. More information is available on the [Tower Hamlets Family Hubs website](#)

Safeguarding

The Tower Hamlets Multi-Agency Safeguarding Hub (MASH) assist when concerns about the safety of a child are raised. [Contact details for safeguarding services are available here.](#)

Mellow parenting

A 14 week parenting course offered by [Toyhouse](#) specifically designed for new parents with additional vulnerabilities.



Local actions: Addressing childhood morbidity



Mental health

Perinatal mental health services are provided through the East London NHS Trust. [Specialist perinatal mental health services](#) are for people with moderate to severe mental illness. [Tower Hamlets Talking Therapies](#) provides care to those with mild to moderate mental illness. You can even [self-refer to the service using this form](#).

Children experiencing mental health difficulties or trauma are treated by the local [Children and Adolescent Mental Health Service](#). The upcoming Children's Mental Health JSNA will cover this topic in more detail.

Healthy Early Years London (HEYL)

[HEYL](#) is an initiative from the Mayor of London and aims to reduce health inequalities for children under 5 by supporting early years settings to promote healthy choices. Settings that have achieved a HEYL award must show how they encourage health promoting behaviours such as healthy eating, physical activity, oral health and mental wellbeing.

Hospital admissions

The [Tower Hamlets Care Confident](#) videos provide brief information about common childhood illnesses such as fever, cold and flu. [Urgent Primary Care Services](#) are available to Tower Hamlets residents, to increase access to GP services and reduce the number of people who need to visit an ED after hours.

Healthy Weight

There are many services in Tower Hamlets that support children to have a healthy weight. These include clinical services such as paediatric dietitians, parenting support and physical activity support such as Parkrun junior. A full directory of [Child Healthy Weight Support Services](#) is available [here](#).

Development

Childhood development is assessed by Health Visitors using the Ages and Stages Questionnaire. Children needing additional support can be referred to many services including; Child Development Service, Speech and Language Therapy, Autism Spectrum Disorder Assessment Service

Oral Health

Many programmes including HEYL partially address oral health education. CFCs also promote good oral health and have resources available for parents. [Tower Hamlets Care Confident](#) has an oral health video, in English and Bengali, that covers when to go to the dentist, what toothpaste to use and how to support older children to brush their teeth. Health Visitors encourage parents to 'Lift the Lip' to check their child's teeth.



Local actions: Addressing behaviours and risk factors



Breastfeeding

The Tower Hamlets [Baby Feeding and Wellbeing Service \(BFWS\)](#) alongside the [Breastfeeding Network \(BFN\)](#) provide a variety of breastfeeding supports.

- Antenatal workshops at CFCs
- Post natal ward visits to assist in establishing breastfeeding
- Contact all postnatal women and people in Tower Hamlets to introduce the service and offer ongoing support as required
- Run drop-in breastfeeding support sessions on weekdays at CFCs
- One-on-one support and home visits

The BFN also provide breastfeeding peer support and run a national [breastfeeding helpline](#) available 24 hours a day.

A UNICEF breastfeeding coordinator based in the RLH supports maternity staff to provide breastfeeding assistance to new parents and is instrumental in the RLH continuing to achieve Baby Friendly accreditation.

Childhood vaccination programme

In the early years children have five routine vaccinations at age eight weeks, 12 weeks, 16 weeks, one year, and 3 years 4 months.

These vaccinations provide protection against 13 infections which can cause children to become very unwell.

Vaccinations are usually given at GP clinics

Family Hubs and CFCs

Family Hubs provide a range of support to parents and children. These include;

- Parenting courses
- Baby massage and sensory sessions
- Cooking and starting solids workshops
- Stay and play sessions

More information is available on the [Tower Hamlets Family Hubs website](#)

Healthy Start

Vitamins:

- In Tower Hamlets anyone who is pregnant, breastfeeding, or aged under 4 years old can collect free vitamins from CFCs.
- For those receiving certain benefits this is funded through the national Healthy Start Vitamin Scheme, with Tower Hamlets providing additional funding for those who do not qualify for the national scheme.

Vouchers:

- Those who qualify for the national Healthy Start scheme are also eligible for financial support to buy fruit, vegetables, pulses and milk from the 10th week of pregnancy until their child is 4 years old.
- The Healthy Start card provides £4.25 per week during pregnancy, £8.50 per week for babies under one and £4.25 for children aged 1-4 years old. [Find out more about Healthy Start and apply here.](#)

BCG vaccination

BCG vaccination protects against TB and is offered to all at risk infants, usually at 28 days old. This includes babies who have a parent or grandparent born in a country with a higher incidence of TB, or if the baby will be travelling to a high incidence country.



Local actions: Other services

Addressing the cost of living and poverty crisis



Baby banks and parental support

Local charitable organisations providing support:

- [Little Village](#) provide clothes and equipment
- [Wrap a Hug Sling Library East London Sling Library](#), Babywearing Consultancy and Parent Support
- [Social Action for Health](#) provide SureSTEPS programme, gestational diabetes support, coffee groups, walking groups and English language support.
- [Sister Circle](#) run maternity mates, genital cutting support, trauma counselling and group peer support and conversation cafes.
- [Toyhouse](#) run a toy library, play sessions, parenting courses, baby groups, and cooking classes.
- [First Love Foundation](#) support Tower Hamlets residents with difficult financial and housing situations.

Out of Tower Hamlets but provide services across London:

- [Choices Boutique](#) charity providing clothes and equipment
- [PramDepot](#) provide supplies for women with no recourse to public funds, fleeing domestic violence or leaving prison
- [Sebby's Corner](#) charity in Barnet that provide clothing, equipment and nappies for referred families.

Food banks

- [Bow and Bethnal Green food bank](#)
- [Island gardens food bank parish pantry](#)
- [Tower Hamlets Council FOOD Stores](#) for £3.50 membership fee collect food valued at £25-35. Multiple sites across the borough.
- See locations and opening times of multiple other local [food banks in Tower Hamlets here](#).

Early education and childcare

There are many providers of childcare in Tower Hamlets including childminders, nursery schools and private nurseries.

From age two some children are eligible for 15 hours a week of free childcare, while all three- and four-year-olds are eligible for 570 hours of free childcare each year.

The eligibility criteria for free childcare is expanding over the next 12 months to include children from nine months old. You can find out more about early education funding and find a provider [on the Tower Hamlets website](#).

Early Help

Early Help provides additional services to families who may be experiencing parental conflict, mental health challenges, financial stress, challenges associated with caring for a child with special educational needs and disabilities (SEND), housing insecurity or substance misuse.

Other cost of living support

- [Local warm hubs](#) and financial support for heating your home
- [Residents Support Scheme](#) provides payments to help with short term financial pressures such as energy bills or replacing broken essential household items.
- [Help with housing costs](#) including short and long term support.



Local actions: Other services



Outdoor space

Access to outdoor green space is important in Tower Hamlets as many residents live in flats and multistorey buildings. There are many parks in Tower Hamlets (Figure 23) including 14 parks with Green Flag awards which recognise well managed parks and green spaces.^{123,124} Victoria Park in Tower Hamlets is the oldest public park in London and is often voted among the top 10 parks in the country.¹²⁵

Play

There are 55 designated play areas in Tower Hamlets including three adventure playgrounds and 17 to experience the social, sensory playgrounds with inclusive equipment to allow all children and physical benefits of play.¹²⁷

Idea Stores and libraries

Across the borough there are eight Idea stores or libraries for residents to access. Free to access sessions designed for young children are held in many of the Idea Stores and libraries including musical performances, story times and art clubs.¹²⁶

Be Well Leisure Offer

Tower Hamlets has recently insourced all of the leisure centres within the borough. There are 6 centres available with different facilities such as gyms, swimming pools and sports courts. Students, teenagers and senior citizens can access reduced cost memberships, you can find out more at [the Be Well website](#).

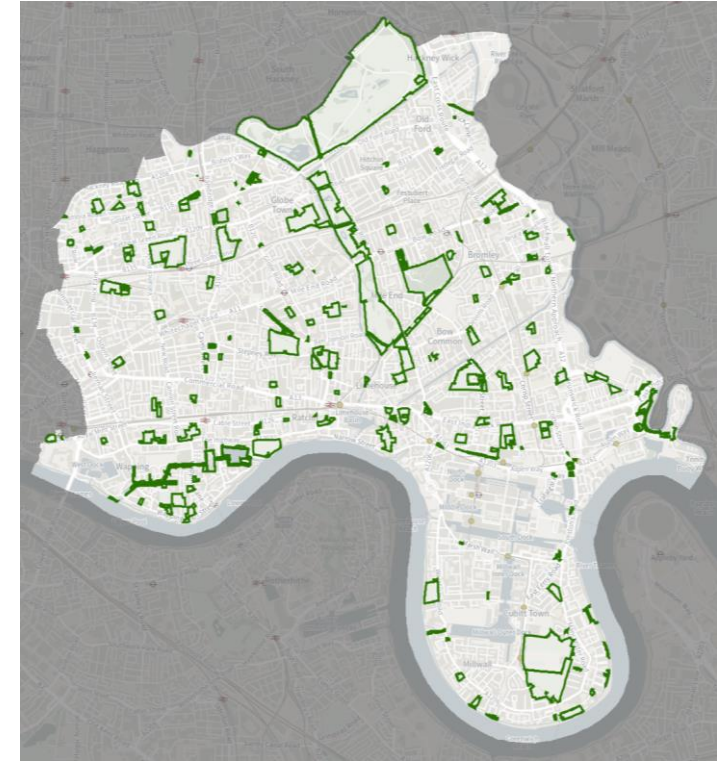


Figure 23: Map of parks and green spaces in Tower Hamlets.¹²⁸



The local actions: Summary

There are many local actions aimed at improving the health and wellbeing of parents and young children in Tower Hamlets including Family Hubs, Healthy Start and the Baby Feeding and Wellbeing Service.

However, there are some notable areas for improvement and gaps in services;

- Lack of support for improving the quality of housing, particularly rental accommodation.
- Limited drop in and flexible vaccination clinics.
- Limited accident prevention education and support.
- Difficult access to NHS dentistry services.
- Limited focus on early years nutrition and diet advice

Feedback from residents should be used to inform future actions that would be beneficial during the early childhood period.



Resident and stakeholder perspectives

Input into this JSNA was sought from a wide range of organisations within the borough including health and social care, voluntary organisations and other teams within Tower Hamlets Council. A survey was sent to local voluntary and community sector organisations with the assistance of the Tower Hamlets Volunteer Centre.

While every effort was made to contact relevant organisations within the borough some may have been missed. If you are aware of any other organisations that could contribute to future JSNAs please contact us using the details in the [Feedback](#) section.

In this section information gathered from stakeholders will be summarised around four themes;

- What is going well?
- What could be improved?
- Are there any new or emerging issues?
- Any resident feedback collected by the organisation

Please note that in some instances information gained through this collaboration is unable to be published and therefore has been excluded from the JSNA however is still used to help inform priorities and recommendations.

Resident and stakeholder perspectives



Voluntary and Community Sector

| | What is going well? | What could be improved? | New or emerging issues | Resident feedback |
|------------------------|--|--|--|---|
| Sister Circle (SC) | <ul style="list-style-type: none"> Targets support to groups (such as those with refugee status or asylum seeking) that need it most.¹²⁹ Have connections with the community to raise awareness of available support. Were able to continue supporting women in person during the COVID-19 pandemic.¹²⁹ Car seat provision to new parents to safely transport the baby home. | <ul style="list-style-type: none"> SC are working on a new feedback mechanism to ensure their service is continuously improving.¹²⁹ Cultural safety of staff in the labour ward and wider maternity system could be improved. Communication with residents about entitlement to interpreting services. How social services are introduced and interact with families, currently women often feel very defensive and protective. | <ul style="list-style-type: none"> Increasing level of complex needs within service users. Many women need support with housing, immigration and finances.¹²⁹ Women with limited social support need assistance with childcare while in labour. | <ul style="list-style-type: none"> Women report negative experiences with maternity services, particularly around not feeling listened to and spoken to in belittling or negative ways. Others highlight the need for cultural differences to be considered, such as differing expressions of pain and the importance of staff gender in some circumstances.¹²⁹ |
| Women's inclusive Team | <ul style="list-style-type: none"> Gathering input from a variety of sources in order to improve maternity care in Tower Hamlets.¹³⁰ Have regular input from residents about what is important to them.¹³⁰ | <ul style="list-style-type: none"> Improve health literacy with better antenatal and postnatal education and effective communication to residents.¹³⁰ Health and social being responsive to individual needs.¹³⁰ | <ul style="list-style-type: none"> Some women with uncertain immigration status are being charged for maternity care, leaving vulnerable women with a newborn and a large debt.¹³⁰ | <ul style="list-style-type: none"> Women consistently report their desire to be listened to about their own health. Some women report feeling discriminated against by staff members, while others report overtly racist treatment.¹³⁰ |
| Toyhouse | <ul style="list-style-type: none"> Provide services aimed at addressing the most pressing needs in the community.¹³¹ Productive partnerships with other organisations in the borough.¹³¹ | <ul style="list-style-type: none"> Sustainable funding models would improve ability to plan services longer term.¹³¹ Increased awareness and appreciation of the skills and expertise the local voluntary and community sector offer.¹³¹ Address long term issues within the borough such as poverty, overcrowding, low health literacy, domestic abuse and disability support.¹³¹ | <ul style="list-style-type: none"> A wide range of adverse effects of the pandemic have been noticed: heightened levels of fear, anxiety, loneliness, isolation, greater housing insecurity, increased need for full time parents to generate income despite caring for children.¹³¹ | <ul style="list-style-type: none"> Not a week passes that at least one service users says, "This is the best session/service I have been to in Tower Hamlets" Recently a service user said, "The Toyhouse Centre is a life saver - I don't know what I would have done without being able to come here and be supported and cared for".¹³¹ |



Resident and stakeholder perspectives



Voluntary and Community Sector

| | What is going well? | What could be improved? | New or emerging issues | Resident feedback |
|--|--|---|---|--|
| Social Action for Health | <ul style="list-style-type: none"> Provide SureSTEPS programme for people who are having financial difficulties while pregnant or have children under 5.¹³² Have good relationships with the local Bangladeshi community.¹³² | <ul style="list-style-type: none"> Longer funding cycles would improve security of programmes for residents and referrers.¹³² Responses to safeguarding referrals need to improve to ensure disproportionate reactions are avoided.¹³² Cultural competency within the healthcare system needs to improve.¹³² Communication to residents and partner organisations.¹³² | <ul style="list-style-type: none"> Health education needs to improve, women report not feeling they have the ability to make informed choices about birth plans, feeding and vaccination.¹³² Increasing perinatal mental health issues within Bangladeshi and Somali communities, however there remains significant stigma around seeking support.¹³² | <ul style="list-style-type: none"> Some residents report not understanding what a CFC is and why they would go there. They also don't understand why they need to provide so much information to sign up.¹³² Women diagnosed with gestational diabetes have a limited understanding of what this is and what short and long term follow up they need.¹³² |
| Early education settings, for example nurseries and childminders | <ul style="list-style-type: none"> Provide early education to all children regardless of developmental stage and additional needs.¹³³⁻¹³⁵ | <ul style="list-style-type: none"> Staff would appreciate more support for children with additional needs.¹³³⁻¹³⁵ High levels of poverty within the borough, this can impact children's ability to engage in childcare settings.¹³³⁻¹³⁵ Inequity in accessing quality care – wealthier families can pay to choose the setting they want whereas families with lower incomes do not get this choice.¹³³⁻¹³⁵ Staff education and training is variable across the sector.¹³³⁻¹³⁵ More early help support is needed.¹³³⁻¹³⁵ Staff report missing Health Visiting coming into settings as happened before COVID-19.¹³³⁻¹³⁵ | <ul style="list-style-type: none"> Cost of early childcare education can be prohibitive, especially with the increasing cost of living.¹³³⁻¹³⁵ There are increasing numbers of children with additional needs, this adds pressure on staff who already have large workloads.¹³³⁻¹³⁵ Greater numbers of children require speech and language support however the waiting list is very long.¹³³⁻¹³⁵ Staffing is an increasing issue which will be exacerbated by the upcoming increase funded hours.¹³³⁻¹³⁵ | <ul style="list-style-type: none"> NA |



Resident and stakeholder perspectives



Residents

| | What is going well? | What could be improved? | New or emerging issues |
|--|--|---|---|
| <p>Healthwatch</p> <ul style="list-style-type: none"> Q3 patient experience report.¹³⁶ Ethnic minority communities' access to mental healthcare report.¹³⁷ Dentistry in Tower Hamlets.¹³⁸ Children's Health Services in NEL.¹³⁹ | <ul style="list-style-type: none"> Most respondents reported that communication between their GP and hospital specialists was good.^{136,139} The majority of health staff are helpful and kind and the quality of care is seen as good.^{136,138,139} | <ul style="list-style-type: none"> Ongoing challenges booking face to face GP appointments and speaking to someone on the phone to book an appointment is increasingly difficult.^{136,139} Long wait times for appointments at the Royal London Hospital is a concern for residents.^{136,139} Waiting lists for NHS dentistry are long and in some cases practices suggest private options however this is often prohibitively expensive. Residents may opt for dental extraction rather than treatment to save a tooth due to cost.¹³⁸ In Tower Hamlets only 14% of respondents to the Healthwatch survey felt that access to Children's health services was good. 57% of people felt well informed about their care and had positive views on staff communication and 60% felt the quality of care was good. Only 42% of respondents felt positively children's health services overall.¹³⁹ | <ul style="list-style-type: none"> Somali residents report not feeling able to disclose mental health struggles due to fear their children will be taken from them.¹³⁷ Dentists advertise as providing NHS services, however the majority of appointments are reserved for private patients.¹³⁸ |



Resident and stakeholder perspectives



NHS Services

| | What is going well? | What could be improved? | New or emerging issues | Resident feedback |
|-------------------|---|--|--|---|
| NEL ICB & LMNS | <ul style="list-style-type: none"> Published the NEL LMNS Equity and Equality needs assessment and subsequent Equity and Equality Action Plan in 2022.^{140,141} Regular feedback is sought from residents through the Maternity and Neonatal Voices Partnership. Advice offered through a midwifery triage line during COVID-19.^{140,141} | <ul style="list-style-type: none"> Inequity in outcomes for Black and Asian babies and new parents.¹⁴⁰ Improve access to continuity of carer throughout pregnancy and increase social prescribing.¹⁴¹ Access to preconception genetic testing for consanguineous couples.^{140,141} Cultural competency and safety training staff and trauma informed care training for staff.^{140,141} Develop accessible information and improve health communication to residents.^{140,141} Work is underway to develop group antenatal midwifery sessions.¹⁴¹ | <ul style="list-style-type: none"> Poor communication and assessment in early labour leading to patients being sent home inappropriately.¹⁴¹⁰ Digital exclusion of some groups impacts their care.¹⁴⁰ Ongoing impact of trauma related to accessing maternity services during the COVID-19 pandemic.¹⁴¹ Inconsistent detection of gestational diabetes and poor management of those with diabetes during pregnancy.^{140,141} | <ul style="list-style-type: none"> Ongoing language and cultural barriers in maternity care. The community would like to co-produce services.^{140,141} Clearer communication between patients, the hospital and primary care.^{140,141} A staff member responsible for communication to patients would be helpful to decrease anxiety and confusion around discharge.^{140,141} Multilingual advocates on wards would be useful.^{140,141} |
| UNICEF BFI at RLH | <ul style="list-style-type: none"> Baby feeding specialists are an excellent resource. The borough has relatively high rates of breastfeeding compared to the national average.⁸⁶ Partnership with the Breastfeeding Network.⁸⁶ The baby friendly initiative helps settings to identify gaps and make improvements.⁸⁶ Digital information improves accessibility for some groups; however we need to ensure it is accurate and updated.⁸⁶ | <ul style="list-style-type: none"> Prioritise antenatal education about infant feeding, and ensure it is discussed in all antenatal appointments.⁸⁶ Neonatal guidelines should highlight and support the importance of breastfeeding for infants in the neonatal unit.⁸⁶ Bottle feeding should not be offered as a routine solution overnight on the maternity ward. Staff should support women to breastfeed at all hours.⁸⁶ Education for midwives about tongue tie, as many parents are told a baby has tongue tie and they then won't even try to breastfeed. In reality most of these babies will be able to successfully be able to breastfeed without the need for frenulotomy.⁸⁶ Need to consider the societal normalisation of bottle feeding, for example encouraging early childcare settings to not have toy bottles for feeding dolls.⁸⁶ Work is underway to improve the IT system for recording breastfeeding data. Currently unable to examine the data by ethnicity.⁸⁶ | <ul style="list-style-type: none"> Within the population mixed feeding (including with expressed breast milk) is common with only around 40% of babies being exclusively breastfed.⁸⁶ Many new parents feeling unprepared and unaware of what is normal for a newborn. For example, not expecting them to wake every 2-3 hours, that they will likely lose weight in the first week of life.⁸⁶ | <ul style="list-style-type: none"> Culturally appropriate education is appreciated, in particular the Bengali breastfeeding group.⁸⁶ Parents report not feeling like they have talked about breastfeeding enough in the antenatal period. Don't feel able to say no to suggestions of bottles on the postnatal ward.⁸⁶ |



Resident and stakeholder perspectives



NHS Services

| | What is going well? | What could be improved? | New or emerging issues |
|------------------------|---|---|---|
| Paediatrics | <ul style="list-style-type: none"> Services are responsive to family's needs, for example the Hospital at Home service allows children who are borderline for needing admission to receive care in the community.⁷² A Child Death Liaison has been appointed, this allows ensures all child deaths are reported to the National Child Mortality Database promptly.⁷² The department has good links with primary care, local universities and NHS England.⁷² When a child is admitted the parent is also given a meal to decrease the financial burden of having a child in hospital.⁷² The Youth Empowerment Squad provide insight into what is important for young people in the health system. | <ul style="list-style-type: none"> Improving early access to maternity care would assist in decreasing neonatal admissions.⁷² Improving community knowledge about how to register and access primary care. Many early childhood presentations to ED could be managed in primary care, however many families are not registered with a GP. In NEL this is estimated to involve 12,000 families.⁷² High burden of nutrition related diseases and negative health impacts of childhood poverty.⁷² Decrease the number of children exposed to smoking and vaping.⁷² Investment in workforce and providing continuity of care.⁷² Rates of GBV and violence towards children are comparatively high. Promoting the importance of play, outdoor space and socialisation for young children.⁷² Work on reducing the number of children requiring dental extractions.⁷² | <ul style="list-style-type: none"> Increasing numbers of children diagnosed with Type 1 diabetes (autoimmune condition) and Type 2 diabetes (insulin resistance and impaired insulin production leading to high bloods sugars).⁷² Greater numbers of children post the COVID-19 pandemic presenting with developmental delay.⁷² Vaccine preventable diseases re-emerging. Improving access to support for children with SEND.⁷² |
| Childhood vaccinations | <ul style="list-style-type: none"> Tower Hamlets has a childhood immunisation coordinator who supports general practices to improve vaccination uptake. The coordinator has good relationships with practices across the borough and also provides information in the GP Care Group Bulletin.¹⁴² Clinics across the borough are all sharing similar information about vaccinations and clinical staff have a good awareness of absolute contraindications to vaccinations.¹⁴² Each patient needs to be recalled three times before they are listed as declining the vaccination. Although this is resource intensive this approach ensures people are given multiple opportunities to discuss vaccination.¹⁴² | <ul style="list-style-type: none"> The capacity of the Tower Hamlets immunisation team could be improved. Other boroughs have a full immunisation team that can offer mobile vaccination services, this isn't available in Tower Hamlets.¹⁴² Training for administrative staff about immunisations, as often they will be managing recalls, but don't feel equipped to answer parental questions. Increasing the access to vaccinations by providing more flexible services, for example;¹⁴² <ul style="list-style-type: none"> Drop in clinics that don't require appointments Restarting the vaccination hotline so parents can ask questions Consider commissioning health visitors to deliver the 8 week vaccinations Produce a video with local community leaders, in community languages Health literacy about vaccination could improve. There are many prevalent misconceptions within the community such as vaccination not being important as the diseases aren't circulating anymore.¹⁴² | <ul style="list-style-type: none"> Pharmacies are unable to vaccinate children. Many parents want more information and to have a conversation with a professional before they will vaccinate their child.¹⁴² Some parents who have immigrated to England want their children to stick to the immunisation schedule from their previous home.¹⁴² Vaccination coverage drops for children over 1 year old, partially due to an increase in exposure to misinformation and greater difficulty accessing appointments as parents may have returned to work.¹⁴² |



Resident and stakeholder perspectives



NHS Services

| | What is going well? | What could be improved? | New or emerging issues | Resident feedback |
|---------------------------------|---|--|---|--|
| Neonatal infant feeding service | <ul style="list-style-type: none"> This is a unique service that many neonatal units do not have, around 70% are breastfeeding at time of discharge. The donor milk bank allows babies to have donor breastmilk if needed. Staffing rates have improved, and more specialist staff have been employed following findings from the Ockenden Report.¹⁴³ | <ul style="list-style-type: none"> Antenatal education for parents needs to be improved. The unit has not yet achieved full UNICEF baby friendly accreditation however they report challenges with some criteria such as using no formula and not limiting visitors. As babies in neonatal units are so vulnerable this is often not practical or safe.¹⁴³ | <ul style="list-style-type: none"> Staff feel language barriers are increasing and prevent them from providing the best care. In general the age of mothers is increasing which means pregnancy and labour is higher risk for complications. There is a high level of poverty in the borough.¹⁴³ | <ul style="list-style-type: none"> No formal feedback process |
| Gateway midwifery | <ul style="list-style-type: none"> The service provides continuity of care for some of the most vulnerable residents during pregnancy. The team is very experienced and skilled.¹⁴⁴ | <ul style="list-style-type: none"> Relationships with social care and health visiting have been challenging to form, the team would like to collaborate effectively and improve care.¹⁴⁴ | <ul style="list-style-type: none"> Domestic violence appears to be becoming increasingly violent and severe.¹⁴⁴ | <ul style="list-style-type: none"> No formal feedback process, currently working to address this. |
| Screening | <ul style="list-style-type: none"> High uptake of infectious disease screening. High uptake of newborn hearing screening, and good uptake of formal audiology testing if screening is abnormal.¹⁴⁵ | <ul style="list-style-type: none"> Increase residents' awareness of the importance of booking before 10 weeks in order to get sickle cell and thalassaemia screening at the ideal time.¹⁴⁵ National data systems need improvement to prevent new arrivals to the borough from appearing on screening recall lists before they have even arrived in the country.¹⁴⁵ | <ul style="list-style-type: none"> Low levels of health literacy impact the ability of clinicians to gain accurate family history which impacts decisions about additional screening tests. Low rates of attendance for hip checks if the newborn physical exam is abnormal.¹⁴⁵ Newborn blood spots are frequently taken incorrectly meaning babies need a repeat sample taken.¹⁴⁵ | <ul style="list-style-type: none"> No formal feedback process |
| Childhood mortality | <ul style="list-style-type: none"> Have a Child Death Nurse who reviews all child deaths, this is a new post and has been very effective at improving collaboration.¹⁴⁶ | <ul style="list-style-type: none"> Some staff do not feel confident to give safe sleep advice. Education for parents about emergencies and when to call an ambulance rather than transport a child to hospital in a private vehicle.¹⁴⁶ | <ul style="list-style-type: none"> The system is struggling to meet capacity especially with the increased need and complexity of care required for patients.¹⁴⁶ | <ul style="list-style-type: none"> A new patient advocate has started and will be collecting feedback when there are care concerns.¹⁴⁶ |



Resident and stakeholder perspectives



NHS Services

| | What is going well? | What could be improved? | New or emerging issues | Resident feedback |
|-----------------|---|--|---|---|
| Talking therapy | <ul style="list-style-type: none"> • Have relatively broad acceptance criteria. • Currently have good staffing capacity and could provide additional services. • Good collaboration with other perinatal mental health services to ensure people are seen by the most appropriate service. • Wait times are shorter compared to other mental health services.¹⁴⁷ • Have a wide range of support including prerecorded webinars, group sessions and individual counselling therapy. While people wait for individual therapy they can access the webinars.¹⁴⁷ | <ul style="list-style-type: none"> • Talking Therapy do not get many referrals from midwives or health visitors. The service has been advertised on maternity wards however there hasn't been a notable increase in referrals. • Improved collaboration with voluntary organisations that also provide perinatal mental health support.¹⁴⁷ • Improved connections to primary care to ensure that GPs are aware of who and how to refer. • Need for counselling support for victims of GBV, this is not provided by talking Therapy specifically but is an identified gap in services.¹⁴⁷ | <ul style="list-style-type: none"> • Increasing need for pregnancy loss and stillbirth support. • High numbers of vulnerable mothers with no local support networks. • Getting people to know about and attend group sessions. • Group workshops can be delayed while waiting for enough people to be signed up. • Of those who are aware and attend group sessions many do not complete the whole programme. • Ongoing challenge to ensure the service meets cultural needs, where possible the service tries to use native language speaking staff rather than relying on interpreting services. • Increasing comorbidity of long-term physical health conditions and mental health conditions.¹⁴⁷ | <ul style="list-style-type: none"> • Positive feedback about group sessions as they made people feel less isolated and validated their experiences as normal.¹⁴⁸ • Talking Therapy support was particularly appreciated during the COVID-19 pandemic.¹⁴⁷ • People who had individual therapy reported staff were kind, positive and that therapy provided was incredibly helpful.¹⁴⁷ |
| FNP | <ul style="list-style-type: none"> • FNP is a well-established service in the borough providing additional support to young first-time parents. Due to decreasing teenage pregnancy rates the acceptance criteria has widened to include parents 21 years old and under (or up to 24 if they have additional vulnerabilities).¹⁴⁹ • FNP have a more holistic approach and develop long term relationships. They can be more flexible to meet the needs of parents compared to other services.¹⁴⁹ • FNP have good relationships with other local service including Safe East (sexual health), the Gateway team and perinatal mental health team. • Staff are well supported with regular supervision and opportunities for professional development.¹⁴⁹ | <ul style="list-style-type: none"> • Improve capacity of other core services such as midwifery and health visiting. • Babies are being looked after by FNP for longer as they have to wait for Health visiting to have the capacity to take over care. This has led to a small waitlist for FNP developing. • Breastfeeding rates and uptake of LARC within the FNP cohort. • Work to decrease smoking in this cohort – 22% were smoking at time of intake into FNP in 2023. • There has been an increase in young mothers arriving from Bangladesh, the interpreting service cannot meet the increased demand. Building rapport and trust is more challenging when using interpreters.¹⁴⁹ | <ul style="list-style-type: none"> • Increasing need for housing support, some new parents are being sent out of the borough which is generally inappropriate for this cohort.¹⁴⁹ • Increasing neurodevelopmental needs however the wait times for speech and language therapy assessment are increasing. No feedback once a referral is sent leaving FNP staff wondering if it has been received.¹⁴⁹ • Increasing reliance on technology for entertaining children.¹⁴⁹ • Increasing concerns regarding the influence of social media on young people's perceptions of healthy relationships. Some prominent social media influencers promote misogynistic and controlling narratives, potentially normalising this abusive behaviour.¹⁴⁹ | <ul style="list-style-type: none"> • Parents appreciate the continuity of care and ability to develop a trusted relationship with one professional.^{149,150} • Parents feel listened to and empowered by the support from FNP. Some report they couldn't have been a successful parent without their support.^{149,150} • Parents appreciate that family nurses can link them in with other services.^{149,150} |



Resident and stakeholder perspectives



| | What is going well? | What could be improved? | New or emerging issues | Resident feedback |
|--------------|---|--|--|---|
| Primary care | <ul style="list-style-type: none"> Continuity of care in general practice is a large benefit.^{151,152} Despite system pressures, GPs are constantly innovating to try and improve access to care. E-consult is a great resource for those who can confidently use the internet. Clinical leads have improved the connections between primary, secondary and tertiary care and ultimately have assisted in improving patient care.^{151,152} Family Hubs offer a great opportunity for improving access to care however the website is challenging to navigate.¹⁵² Having a low-risk maternity matron has been excellent for improving the links between primary and secondary care.¹⁵¹ | <ul style="list-style-type: none"> Some GPs have vast experience with new parents and babies and will opportunistically ask questions about maternal mood or breastfeeding even when parents are presenting for unrelated issues. However, many GPs are not confident in this area and in a time pressured situation aren't able to provide this screening. Further training for GPs in this area may be helpful.^{151,152} High numbers of women with gestational diabetes who are subsequently at risk of developing T2DM. Many are not coded correctly in primary care systems and therefore do not get recalled each year for review.¹⁵¹ Better communication to primary care about available services at Family Hubs, many GPs aren't aware of what is on offer. Being able to have Family Hub updates in the GP intranet would be very useful. Work to improve the relationship between CFCs and primary care could be useful, many residents aren't utilising the centres and GPs don't feel able to inform them.¹⁵² Residents generally accept Vitamin D when offered in primary care, however, most don't have a good understanding of why it's important.¹⁵² Loss of services over the past few years is a challenge, for example psychology in CFCs, pharmacy first scheme, lead professionals for children leaving special care, postnatal maternal checks with GPs, Isle of Dogs peer support.^{151,152} Introduce integrated digital systems to enable GPs to more easily access hospital care records.¹⁵² Support for new parents who have recently arrived to the UK and have limited support networks and may not speak English. Housing prioritisation for vulnerable pregnant people to ensure they stay within the borough.^{151,152} | <ul style="list-style-type: none"> Increasing misinformation about vaccination is a challenge.^{151,152} The ability to self-refer to maternity services is good at increasing accessibility; however, a downside is that people no longer see their GP in the early stages of pregnancy meaning opportunities for safeguarding, public health messaging, and assessing maternal medical conditions are missed.¹⁵¹ Maternal mental health referral pathways can be difficult for GPs to navigate and referrals can be declined as they don't meet the threshold for the Perinatal Mental Health Team. A single point of referral for all mental health services would be useful for GPs. Care Confident is not frequently used by GPs as it isn't seen as being up to date. The Royal College of Paediatrics and Child Health approved app Healthier Together is more commonly used.^{151,152} A challenge is rebuilding community trust in vaccination that was eroded during the COVID-19 pandemic.^{151,152} Increase in children with language and communication difficulties.¹⁵² Greater numbers of parents require interpreters during appointments, this means double appointments are booked and reduces the number of patients GPs can see in a day.¹⁵² High rates of gestational diabetes and maternal obesity.¹⁵¹ | <ul style="list-style-type: none"> Difficulty with wait times and ability to make appointments.^{151,152} Can be challenging to navigate online systems and it can be hard to get appointments on the same day.^{151,152} |



Resident and stakeholder perspectives



London Borough of Tower Hamlets services

| | What is going well? | What could be improved? | New or emerging issues | Resident feedback |
|------------------------------------|---|---|---|---|
| Baby Feeding and Wellbeing Service | <ul style="list-style-type: none"> The BFWS in Tower Hamlets is unique and provides more flexible and comprehensive care compared to other boroughs.¹⁵³ The service is universal and provides longitudinal care beginning in the antenatal period. Breastfeeding rates in the borough are much higher than the national average.¹⁵³ Within the community word has spread about the utility of the drop-in breastfeeding groups, with some parents attending from out of borough.¹⁵³ | <ul style="list-style-type: none"> Recording of ethnicity and other demographic data. Staff education, particularly on the maternity ward, about breastfeeding and being baby friendly. Decrease the use of bottles on the postnatal ward. Improving communication and IT systems for notification of people who have given birth out of borough to ensure that all new parents who live in Tower Hamlets are contacted by the service.¹⁵³ | <ul style="list-style-type: none"> Capacity and staff workload is an issue. Some people who are claiming Healthy Start vouchers are using the money to buy formula and then on-selling the formula. Increasing numbers of families are being told their child has tongue tie. There is increasing misinformation that tongue tie causes issues with eating and speech. Parents can often become fixated on frenulotomy as the only solution when many babies with tongue tie are able to breastfeed without intervention. Increasing demand for colostrum harvesting from low-risk women which prevents access to the service for those who need it most.¹⁵³ | <ul style="list-style-type: none"> Residents appreciate that the BFWS has more time than other services and they can be someone to talk to. Residents appreciate the ability to have home visits, especially in the first few weeks after birth when getting out of the house may be challenging. Some residents wished that their midwife had told them about the BFWS so they could have accessed support earlier.¹⁵³ |
| Early education | <ul style="list-style-type: none"> Good relationships with local early years settings.¹³³ Some settings use a trauma informed approach and can support children in a more holistic way.^{133,135} | <ul style="list-style-type: none"> Accessibility HEYL scheme for smaller settings and childminders, currently it is very labour intensive with unclear benefit to settings.¹³³ Remove barriers to accessing early intervention. Currently staff feel some families have to wait for situations to escalate before they are eligible to access support.¹³⁵ Poverty remains an issue within the borough and was exacerbated by COVID-19.¹³³ | <ul style="list-style-type: none"> Increases in children with additional needs post COVID-19 and increases in numbers of children with communication, behavioural and emotional regulation challenges.^{133,135} Staffing in the early education setting is a concern, particularly with increased access to free hours meaning more children will be able to access care. Consistency in staff training is required to ensure all early years settings provide high quality education.¹³³ | <ul style="list-style-type: none"> Settings consistently report that HEYL is too much work and doesn't provide tangible enough benefits to encourage them to achieve higher awards.¹³³ |



Resident and stakeholder perspectives

London Borough of Tower Hamlets services












| | What is going well? | What could be improved? | New or emerging issues |
|---|--|---|--|
| Tackling poverty | <ul style="list-style-type: none"> The team is responsive and adaptive to best meet needs of residents. They run community cupboards, food pantries and supply food to local food banks. They can provide one off financial support for families in crisis to assist with things such as heating, furniture or whiteware and run outreach in the community to assist people with applications and advice.¹⁵⁴ Children eligible for free school meals can access free school holiday programmes.¹⁵⁴ | <ul style="list-style-type: none"> Short term funding cycles are challenging as projects often feel uncertain.¹⁵⁴ Communication within the council could be improved so that teams who are expected to deliver outcomes are more involved in funding and planning decisions.¹⁵⁴ | <ul style="list-style-type: none"> Housing crisis meaning some residents are sent out of borough and away from support networks. The waitlist for council housing is years long. Residents don't want to move away from their home meaning overcrowding is an increasing issue.¹⁵⁴ Cost of living and increasing poverty. Some families who were previously financially secure are now struggling. There is increasing demand for support through the resident crisis support grant despite restricting the application criteria.¹⁵⁴ |
| Violence Against Women and Girls (VAWG) | <ul style="list-style-type: none"> Collaborate with multiple teams internally and external organisations including Faith leaders to ensure that VAWG is seen as everyone's issue to address.⁷³ | <ul style="list-style-type: none"> Tower Hamlets has the second highest rate of GBV in London.⁷³ | <ul style="list-style-type: none"> Unable to publish this information |
| Early Help, Family Hubs, CFCs | <ul style="list-style-type: none"> Centralisation of services through Family Hubs will hopefully improve the accessibility for families.¹⁵⁵ | <ul style="list-style-type: none"> Work with social services to improve interactions with residents and work to decrease the fear and stigma about social services involvement.¹⁵⁵ | <ul style="list-style-type: none"> Impact of COVID-19 on parental isolation and children's development, mental health, behavioural and emotional regulation. Increased consumption of high calorie, nutrient poor foods leading to oral health issues and obesity. Cost of living crisis particularly the price of fresh fruit and vegetables. Having enough physical space in Family Hubs/CFCs to run all the programmes that services have capacity for. Health rooms are in particularly short supply meaning residents are missing out on services.¹⁵⁵ |
| Healthy Start Vitamins | <ul style="list-style-type: none"> Universal provision within Tower Hamlets for all children under 4, pregnant and breastfeeding people.¹⁵⁶ Parents appreciate the free vitamins, although some prefer to self-fund vitamins that contain a greater range of vitamins.¹⁵⁶ | <ul style="list-style-type: none"> The online ordering system for vitamins is ineffective. Vitamins are often delivered close to expiry dates. Data collection about numbers of vitamins given out is poor. Staff need education about what the vitamins contain and what they are for.¹⁵⁶ | <ul style="list-style-type: none"> Since the digital transition for Healthy Start many residents don't bring their card when collecting vitamins. This means that we cannot claim back funding for those who have collected vitamins and are eligible under the national scheme.¹⁵⁶ The Healthy Start website needs improvement as it can reject applications from families who are eligible.¹⁵⁶ |



Resident and stakeholder perspectives: Summary

Key themes

-  Communication – to residents and within health and social care organisations needs to improve.
-  Improved parental education and support – to empower parents by increasing health literacy about topics such as healthy pregnancy, breastfeeding, services are available in Tower Hamlets, introducing solids and Vitamin D.
-  Staffing – capacity is stretched in many services particularly interpreting services, health visiting and early education.
-  Access – residents are concerned about timely access to health care for themselves and their children.
-  Training – cultural safety and cultural competency for all staff, vitamin education for staff who give out the vitamins (particularly those in CFCs), training about vaccinations.
-  Trust – following the COVID-19 pandemic there is a need to rebuild community trust in the health system, particularly for vaccinations.
-  Collaboration between organisations – make it easy to refer to services and have regular collaboration between external communications.
-  Continuity of care – is important to residents and professionals. Residents also appreciate services that are responsive, flexible and have more time.
-  Comorbidity – increasing developmental and social care needs within the early years population

Gaps in knowledge and services

What are we doing well?

- The Royal London Hospital and Health Visiting service accredited by UNICEF as being baby friendly.
- The Baby Feeding and Wellbeing Service provide an excellent breastfeeding support service not available in other boroughs. Rates of breastfeeding in Tower Hamlets are relatively high compared to other boroughs.
- Family Hubs act as a central point of access for families and they offer a wide range of services.
- The local voluntary and community sector provide targeted and universal services to our residents. These include Sister Circle, Toyhouse, Social Action for Health and the Women's Inclusive Team.
- Women's health physiotherapy has recently started in the borough.
- Tower Hamlets provides universal vitamins to supplement the national Healthy Start Vitamin offer.
- The tackling poverty team provide services addressing the cost-of-living crisis.
- Many services can be accessed virtually including appointments, classes and parenting apps.
- The Child Healthy weight directory is a concise resource that summarises all available services.
- Fewer children in Tower Hamlets are overweight or obese compared to the national average.
- The FNP provides excellent continuity of care.

What do we need to know?

- Most indicators cannot be examined by ethnicity meaning inequities are unable to be examined.
- What are the most recent infant mortality statistics?
- Why are more newborn babies in Tower Hamlets admitted to hospital?
- Why are more under 5s admitted to hospital due to injury?
- Do under 5s in Tower Hamlets have good mental wellbeing? What is the local prevalence of ACEs?
- What are the ongoing impacts of COVID-19 on early childhood development?
- Why are more parents delaying or refusing childhood vaccinations?
- How many children are eligible for BCG vaccination in Tower Hamlets?
- How physically active are young children in Tower Hamlets and do they access outdoor space daily?
- Why are more children being diagnosed with diabetes?
- How we can better support early education settings to undertake health promotion initiatives?
- How can we support more parents to exclusively breastfeed?

What are the gaps?

- Timely collection of accurate data
- Clear, consistent and accessible communication from health and social care providers to residents.
- Improved education particularly for first time parents or new arrivals to the borough
- Ongoing high levels of poverty and deprivation within the borough
- Improving access to health care, including out of hours, dentistry and primary care.
- In Tower Hamlets childhood obesity rates are high, we need effective interventions to support children to have a healthy weight.
- Fewer children are achieving a GLD suggesting a need for increased developmental support.
- A greater number of children in Tower Hamlets have dental decay. Preventative measures such as fluoridated water may assist with this.
- More support to improve the quality of rental housing.
- There is a lack of flexible vaccination clinics.
- There is limited accident prevention education.
- There is limited support about nutrition for toddlers.
- Gathering and acting on resident feedback.
- No data about breastfeeding rates past 8 weeks old



Summary



- There is a substantial amount of work occurring in Tower Hamlets to support families and ensure children have the best start in life. However significant numbers of children continue to experience poverty, food insecurity and fuel poverty which can impact their growth and development suggesting more work is required.
- Some residents find accessing healthcare challenging, while others report not knowing about or understanding what services are available to them.
- Trust in the healthcare system has been eroded following the COVID-19 pandemic, more work is needed to rebuild this. Childhood development has also been impacted by the pandemic however support services are struggling to meet the increased demand.
- Further education and support for staff interacting with families is needed, to ensure all staff are confident to have discussions about topics such as the Healthy Start Vitamin programme and vaccinations.



Priorities: what are the priorities for improvement for the next 12 months?



Data

• We must improve data collection and quality particularly for ethnicity data. Data sharing and interagency collaboration should also improve to ensure all current information is shared in a timely way to allow for appropriate resource allocation and intervention design. Without adequate data, evidence-based decision making and responses to emerging issues cannot occur [23].

Communication

• Residents are asking for clear and consistent messaging from providers across the system. Consistent messaging will assist with rebuilding trust with residents. It will require improved collaboration and communication between partner organisations to develop approved resources that can be shared with residents.

Address ongoing inequity

• Children from different socioeconomic backgrounds and those with different ethnicities experience different health, social and educational outcomes, this is inequitable and needs to be addressed. Ethnicity data collection for children is often limited which prevents inequities from being detected.

Developmental support

• Many stakeholders mentioned the increasing numbers of children requiring speech, language or other developmental support. Waiting times for assessment are long, and many children are missing out on early intervention.

Increase resident voice

• Residents provide powerful and crucial feedback about the efficacy, safety and accessibility of local services. While some organisations have established pathways for receiving feedback, others have room for improvement. Regular resident feedback will help Tower Hamlets to provide the best services possible for our community.

Staff training

• Another common theme was the need for improved staff training across multiple areas. Residents, and some partners, report a need for cultural competency training and anti-racism training particularly within the healthcare system. All staff working with residents should have ongoing professional development to ensure they are providing evidence based, safe and effective care.

Building capacity

• The system is facing immense pressure with many services facing staff shortages. As a borough we need to ensure ongoing staff recruitment and planning to enable the provision of safe and timely care. Consideration must also be given to developing a workforce that is reflective of the community.



Recommendations



- In this section the recommendations for action are displayed. These have been developed in consultation with stakeholders and reflect the collective input into this JSNA.
- The recommendations are presented in three sections based on the estimated timeframes for implementation:
 - Short term: These recommendations are either easier to act upon or are urgent with respect to risk to health and wellbeing of parents and babies.
 - Medium term: These recommendations are for things such as evaluation and removing barriers to care that will take a longer period of time to act upon.
 - Long term: These recommendations are complex problems such as addressing health inequity and will require prolonged commitment and systems change from all stakeholders.



Recommendations

Short term



| Recommendation | Rationale | Responsibility | Timeline |
|--|--|---|--|
| Staff training about healthy start vitamins | Vitamins are provided free of charge to all children under 4 and anyone who is pregnant or breastfeeding. Some staff are not confident to provide advice and education about the vitamins and therefore training is required to enable all staff to answer questions. | <u>LBTH Public Health</u> : Provide training to staff, particularly those in CFCs about healthy start vitamins. | Training should be provided within the next 3 months. |
| Improve communication between partners, and to the community | Communication between partners allows for greater collaboration, resource sharing and should ultimately improve services for residents. Effective communication to residents addresses differing levels of health literacy, cultural competency and language barriers. Consistent messaging improves trust in the message and empowers parents with knowledge to make informed choices about their children's care. ^{157,158} | All organisations providing health or social care to families with young children. | Establishing improved communication processes will take time, however the process has already started during the research for this JSNA. |
| Listen to residents | Although the voices of residents have been included throughout this JSNA, there are areas where more feedback could be gathered. It is recommended that all services develop systematic ways of regularly collecting resident feedback. | All organisations providing services to residents. | Work to improve feedback collection should be started immediately and ideally in place by the end of 2026. |



Recommendations

Short term



| Recommendation | Rationale | Responsibility | Timeline |
|--|--|---|---|
| <p>Increase maternal and childhood vaccination rates</p> | <p>Maternal vaccination is safe and offers the best protection to newborns against serious infections such as pertussis (whooping cough). Maternal vaccination rates are low, meaning many newborns are susceptible to illness. This is particularly important given pertussis (whooping cough) cases are rising nationally. Although childhood vaccination rates are comparatively good, we are still below WHO targets and are therefore susceptible to outbreaks of vaccine preventable diseases. The Tower Hamlets Children's strategy, 'Accelerate!', also identifies increasing vaccination coverage as a key priority area.</p> | <p><u>ICB</u>: Raise awareness with partners, communication campaign for residents.</p> <p><u>Midwifery, Health Visiting, Royal London Hospital</u>: Have a responsibility to inform all parents about the safety, efficacy and importance of maternal and childhood vaccinations.</p> <p><u>Primary care</u>: Have a responsibility to discuss vaccination with pregnant people and new parents.</p> | <p>Addressing low maternal vaccination rates is an urgent priority and work should begin immediately. Increased maternal vaccination rates should ideally be seen within 6-12 months.</p> <p>Immunisation working groups in the borough are actively working on strategies to increase childhood vaccination rates.</p> |



Recommendations

Medium term



| Recommendation | Rationale | Responsibility | Timeline |
|---|--|---|--|
| Responsive services | Residents and stakeholders provided feedback that flexible services that can respond to the needs of individuals are preferred. This allows for responsive, and appropriate care to be provided. | All organisations providing services to residents. | Ongoing professional development of health care staff should further develop these skills. |
| Make every contact count (MECC) | Making every contact count ensures healthcare providers opportunistically give health promotion advice and signpost to other available supports. It is an evidence-based intervention that improves health and wellbeing. ¹⁵⁹ Feedback from this JSNA suggests that using a MECC approach can feel burdensome for staff, especially when under time pressure. Indicating a need for staff training about how MECC can be used in conversations with residents in a less burdensome way. | All organisations providing services to residents. <u>LBTH</u> Public Health to provide guidance about rationale and evidence for MECC. | This may partially be addressed by the updated antenatal care pathway. Training videos about Healthy Start vouchers and vitamins may further enable staff to use a MECC approach. These videos are due to be completed within the next 3 months by LBTH. |
| Workforce planning: <ul style="list-style-type: none"> • Futureproofing to ensure safe staffing levels. • Workforce reflective of the community | A sustainable long-term workforce plan is crucial to prevent further staffing pressures. Having a diverse workforce increases trust, innovation and assists in creating a culturally competent workforce. ¹⁶⁰ A strategy to increase diversity should start with reaching local young people to raise awareness of local career pathways. | All organisations should have a workplace plan including an equity, diversity and inclusion strategy, and ensure workplace diversity improves and reflects the community. | This will require long term change. All organisations should have a strategy in place and be monitoring workplace diversity within the next 12 months. |
| Continuous professional development (CPD) and training: clinical, cultural, anti- racism | Clinical staff must have access to appropriate clinical training to ensure ongoing professional development, while all staff within the health and social care system should have access to anti-racism and cultural safety and competency training. | All organisations providing care to families with young children should ensure staff have access to appropriate training and development tools. | All staff should have access to CPD tools, however the need for cultural training and anti-racism training should be introduced within the next 12-24 months. |



Recommendations

Medium term



| Recommendation | Rationale | Responsibility | Timeline |
|---|---|--|---|
| <p>Improve antenatal and early years education to ensure parents know about:</p> <ul style="list-style-type: none"> • having a healthy pregnancy and why this is important • breastfeeding • safe sleep • vaccinations • normal newborn behaviours (such as the frequency of feeding, sleeping and dirty nappies) • perinatal mental health • information about available services such as CFCs, Toyhouse • post-natal contraception • early years nutrition, particularly for older toddlers • accident prevention | <p>A recurrent theme throughout this JSNA has been a lack of cohesive education within the borough. Parents have the right to make informed choices about healthcare. Having a healthy pregnancy is the best start for new babies, and improving antenatal education is one step in improving maternal and neonatal outcomes and health literacy. Support for parents once children are born also needs improvement with many parents unsure about the services available to them and uncertain about how to navigate the health system. For example, some parents are unsure about why Healthy Start Vitamins are recommended, and other parents report not knowing what the CFCs are for and are put off joining due to the amount of information gathered.</p> | <p>Partners involved in updating the antenatal care pathway</p> <ul style="list-style-type: none"> - LBTH Public Health - Midwifery RLH - Maternity services RLH - Health Visiting - NEL ICB <p><u>LBTH</u>: Increased promotion of Family Hubs and CFCs to ensure families understand their function and available supports. Updated communications strategy to inform residents about available services.</p> | <p>Work on the updated antenatal care pathway has commenced and aims to be completed within the next 12 months.</p> <p>Promotion of Family Hubs and CFCs is ongoing, work to improve communications is underway with a new communication campaign including Family Hubs social media platforms.</p> |
| <p>Address the increased demand for speech, language, communication and developmental services following COVID-19.</p> | <p>Many stakeholders reported increasing numbers of children are requiring developmental support, however wait times are very long. Children experience better outcomes if they receive help early, therefore work to improve access to developmental support is required. This recommendation is support by the Tower Hamlets Children's strategy, 'Accelerate!'.</p> | <p><u>Barts Health Children's Therapies, NEL ICB</u></p> <p><u>Family Hubs</u> – need to update the <u>early language development webpage</u> as it currently provides no information about the services available in the borough.</p> | <p>Increasing service capacity will take time, however work should commence within the next 6 months to improve access to developmental services. The Family Hubs website should be updated within the next 6-12 months.</p> |



Recommendations

Medium term



| Recommendation | Rationale | Responsibility | Timeline |
|--|--|--|--|
| Ongoing work to combat high levels of childhood poverty | Experiencing childhood poverty can have lifelong consequences on health and wellbeing. High numbers of children in Tower Hamlets continue to experience childhood poverty despite many programmes targeted at addressing this. | All organisations providing services to residents. | Work to combat childhood poverty is already occurring however services should continuously be evaluated to ensure they are best serving residents. Eliminating childhood poverty is a long term goal that requires sustained systems change. |
| Remove barriers to accessing care | A recurrent theme in this JSNA was that residents face difficulty accessing essential care including dental services, primary care and after-hours care. Delays in accessing care exacerbate health inequities, result in worsening symptoms and impact mental wellbeing. ¹⁶¹ | All organisations providing services to residents in particular primary care, dental care, Royal London Hospital and Early Help services. | Increasing capacity and improving access will take time. Organisations should evaluate barriers and work to improve access within the next 24 months. |
| Support further organisations to achieve UNICEF BFI accreditation | Our goal is to be a Baby Friendly borough, however only two organisations have achieved accreditation. This is also supported by the NEL infant feeding strategy. ¹⁶² | All partners can support the goal of becoming Baby Friendly. The <u>CFCs</u> and <u>Family Hubs</u> should be priority organisations to get accreditation. | CFCs and Family Hubs should register and begin the process toward being accredited within the next 12 months. |
| Review impact of Family Hubs | Evaluation is required to ensure that changes in services are meeting the needs of residents. | <u>LBTH</u> Public Health and Early Help | This JSNA partially evaluated outcomes, however a specific evaluation should be completed. |
| Provide greater support for parents about nutrition for children aged 1-5. | Currently there is support for breastfeeding and introducing solids, but there is then a gap in support until children start school. | <u>LBTH</u> Public Health in partnership with other stakeholders. | Work is scheduled to begin on this within the next 12 months. |



Recommendations

Long term



| Recommendation | Rationale | Responsibility | Timeline |
|---|---|---|---|
| Data | <p>Data collection is needed to monitor the effectiveness of interventions, identify emerging areas of need and ensure inequities are being addressed. Currently there are large gaps in data about:</p> <ul style="list-style-type: none"> • Ethnicity, age and SES in nearly all data collected in the early years • BCG vaccination • Why greater numbers of children in Tower Hamlets are admitted for accidents and injury • Physical activity levels and access to outdoor spaces • Rates of exclusive breast feeding at 6 months and beyond • Wait times for outpatient services compared to other boroughs • Mental wellbeing of under 5s in Tower Hamlets • Why greater numbers of under 5s are admitted to hospital due to accidents in Tower Hamlets | <p>All organisations that collect data within Tower Hamlets need to improve. However, given a large amount of data comes from the Royal London Hospital, Health Visiting and other NHS services improvement in these services is a priority. LBTH to work with partner organisations to establish formal data sharing agreements.</p> | <p>Data quality and collection improvement will be a continuous process. However it is recommended improvement starts within the next 12 months.</p> |
| Address inequities | <p>Children from different ethnic groups and socioeconomic status face different experiences and outcomes this is inequitable and can cause lifelong. It is unacceptable that children with Asian or Black ethnicity experience higher rates of dental decay and childhood mortality than other ethnic groups. Many of the other recommendations will support reducing health inequities.</p> | <p>All organisations providing care to families are responsible for actively addressing inequity. LBTH: to advocate about issues that will impact equity, such as folate fortification and water fluoridation.</p> | <p>Eliminating inequity will take a prolonged period of time, some work is already underway however future initiatives should always be being developed.</p> |
| Improve housing quality and aim to reduce the waiting list for social housing | <p>Housing quality impacts children's mental and physical wellbeing. Ongoing support is required for families, especially those who are renting, to improve the quality of their homes with things such as curtains, heating and ventilation.</p> | <p>LBTH housing team, tackling poverty, public health (in an advocacy role). All other partners should continue to advocate for improvement.</p> | <p>This will require prolonged structural change. Long term funding is required to allow for continued support for families facing housing and cost of living challenges.</p> |



Recommendations

Long term



| Recommendation | Rationale | Responsibility | Timeline |
|--|--|---|--|
| <p>Address high rates of childhood obesity</p> | <p>Childhood obesity is associated with a lifelong increased risk of obesity, high blood pressure, diabetes and cancer. Childhood obesity is another area of health inequity as Black children experience higher rates of childhood obesity compared to Asian or White peers.¹⁶³ The Tower Hamlets Children's strategy, 'Accelerate!', also identifies promoting child healthy weight as a key priority area. Work to promote parental and childhood physical activity may reduce both maternal and childhood obesity and support healthy childhood growth and development.^{164,165}</p> | <p><u>LBTH Public Health</u>: Ongoing work to promote healthy weight within the borough. Increase awareness of the importance of preconception health. Support parents to be physically active during pregnancy by increasing leisure offers. <u>Health Visiting, Midwifery, Royal London Hospital, Primary care</u>: Encourage physical activity during pregnancy and in early childhood. <u>CFC and Family Hubs</u>: Talk to parents about appropriate physical activity for different age groups and encourage outdoor play.</p> | <p>Work in this area is already occurring and should be ongoing. New recommendations such as increasing pregnancy leisure options should aim to commence within the next 12 months. Eliminating childhood obesity entirely will be a challenging task due to the complex nature of the issue, however it should remain a long term goal.</p> |



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Thank you to teams within the Council who provided data, advice, and shared perspectives about priority issues.

- Violence against women and girls
- Early Help
- Family Hubs
- Public Health
- Early Education
- Tackling Poverty

Feedback

We welcome your feedback.

If you would like to provide feedback on this JSNA please leave your comments by clicking or scanning the QR code or [following this link to the online form.](#)

Tower Hamlets Healthy Early Years
JSNA



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