

The First 1,001 Days

Southwark's Joint Strategic Needs Assessment

Southwark's Public Health Division
August 2024

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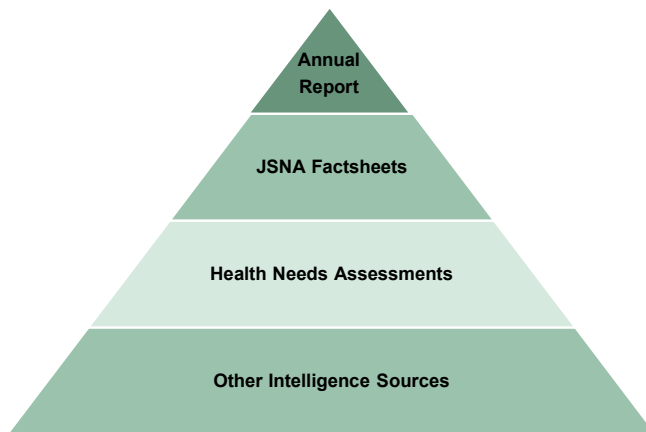
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The JSNA Annual Report provides an overview of health and wellbeing in the borough.



Tier II: JSNA Factsheets provide a short overview of health issues in the borough.



Tier III: Health Needs Assessments provide an in-depth review of specific issues.



Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

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Section 1: Executive Summary & Recommendations

This health needs assessment aims to describe the health needs during the first 1,001 days of life in Southwark

The aim of this assessment is to understand the demographics along with met and unmet needs during the first 1,001 days of life, and the inequalities of outcomes for infants.

The objectives of the project are to:

- Provide an overview of the demographics, fertility and health needs of pregnant Southwark residents and their infants;
- Identify which factors in pregnancy lead to preventable causes of neonatal and infant mortality and morbidity, focusing on those with modifiable aspects;
- Outline current provision of services addressing need and providing support during the 1,001 day period, including service mapping, referral pathways and gaps;
- Make evidence-based recommendations for appropriate and effective support in Southwark.

Any one of the topics touched on in this report could be a needs assessment in itself. This project does not intend to be exhaustive but rather aims to provide broad overview of some of the key risk factors impacting the population in Southwark.

Southwark has a diverse infant population and further work is needed to ensure services reach those in most need



The total number of live births in Southwark decreased by 31% between 2010 and 2021, from 5,131 to 3,525 births.



There were 9,655 infants aged 0-2 years old in Southwark in 2022, a decrease of 1.5% from the year before.



Over half of all births in Southwark are to mothers and birthing parents born outside of England. The main non-UK countries of birth are Nigeria, Sierra Leone, & Ghana.



It is estimated that 1 in 5 women and people are affected by poor perinatal mental health, equating to around 700 individuals per year.



Between 2021-2022, 51% of births in Southwark were to women and people in the three most disadvantaged deciles.



Some interventions are reaching too few of those in need. Future work needs to focus on the implementation of realistic, evidence based interventions at scale.

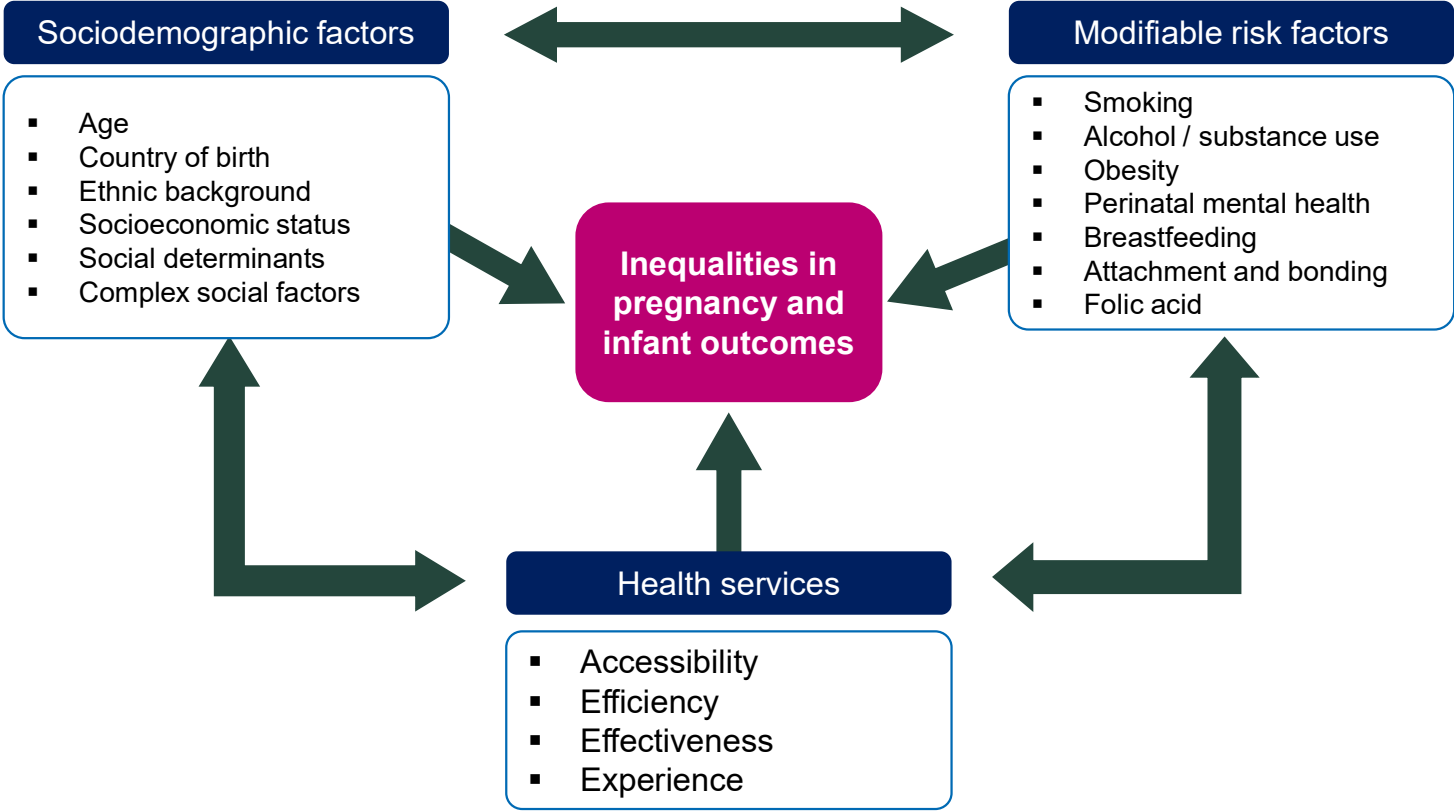


Black women and people are 3.7 times more likely to die as white women and people during pregnancy, delivery or postpartum.



Our understanding of gaps is limited by the availability of data. Many prevalence estimates are based on national research, limiting our understanding of the local scale.

Inequality in pregnancy and infant outcomes is often the result of interactions between numerous factors



Southwark has extensive assets with which to give every child the best start in life, although inequalities persist

The first 1,001 days from pre-conception up to the first 2 years of life are critical for a healthy start to life.

- In order to give children in Southwark the best start in life, it is important to identify those at increased risk of adverse outcomes and aim to reduce maternal risk factors and increase protective behaviours.
- Some of the key risk factors identified in this needs assessment are maternal smoking, perinatal mental health, maternal obesity and inequalities in HV coverage.
- Breastfeeding is identified as a key protective factor.
- These are identified as priority areas that need specific action taken against them.

Health inequalities persist, particularly among those living in deprived areas, those with complex social factors, and those from certain ethnic backgrounds.

- Current provision in Southwark meets local need in part, however developments need to be made to facilitate improvements in accessibility for those with the highest level of need, acceptability of services, and efficacy.
- There are a number of instances where interventions are reaching far too few of those in need. Future work needs to focus on the implementation of realistic, evidence based interventions at scale.
- Our understanding of gaps is limited by the availability and usability of data. Some prevalence is based on estimations, and with issues such as perinatal mental health it is difficult to grasp the true scale of the problem.
- However, the impact these issues can have on population health, and the inequality of this impact, is undeniable.

Several recommendations to meet perinatal mental health needs have been drawn from this assessment (1/2)

Theme	Recommendation	Suggested owner/ work stream
Strategy	<p>Create a local perinatal and parent-infant mental health strategy and establish a steering group.</p> <p><i>Parental mental health is referenced in the joint mental health and wellbeing strategy 2021-24 but not perinatal and parent-infant mental health.</i></p>	Family Hubs and Start for Life programme/ Public Health/ CYP Mental Health Steering Group
Training	<p>Perinatal mental health training is delivered to the early years workforce to enable staff to offer advice and referrals.</p> <p><i>Southwark's Family Hubs delivery plan sets out to deliver this training.</i></p>	Family Hubs and Start for Life programme
	<p>Ensure all Healthy Child Programme and Children & Family Centre staff have the opportunity to be trained to deliver evidence-based low-level support for mild-to-moderate mental health needs.</p> <p><i>Some staff are trained to provide individual support and advice directly and indirectly.</i></p>	Family Hubs and Start for Life programme /Public Health/ ICB Commissioners
	<p>The early years workforce are trained to identify social determinants which are risk factors for perinatal mental health including financial stress, insecure housing, employment and domestic violence. Staff are able to signpost to relevant services.</p> <p><i>There is no formal training in place addressing this "Making Every Contact Count" approach at present.</i></p>	Family Hubs and Start for Life programme /Public Health
	<p>Ensure all Health Visitors can provide sufficient parent-infant relationship support for those not accessing specialist PNMH support.</p> <p><i>The 6-8 week HV provides an opportunity to inform about parent-infant relationships but it is unknown if these conversations take place.</i></p>	Health Visiting/ Public Health

Several recommendations to meet perinatal mental health needs have been drawn from this assessment (2/2)

Theme	Recommendation	Suggested owner/ work stream
Delivery	<p>Target for 75% of women and people from Black, Asian, mixed and other ethnic minority backgrounds to receive continuity of care. <i>Approximately 10% of all people giving birth at GSTT or KCH receive continuity of care.</i></p>	GSTT and KCH midwifery/ ICS/ Southwark Maternity Commission
	<p>Identify and embed an evidence-based, low-cost programme that will increase the reach of existing current parent-infant relationship provision and reduce the implementation gap (e.g. e-Family Foundations which is evidenced to improve interparental relationships). <i>Current interventions such as SUSI, VIPP-SD and The Incredible Years require delivery by a specialist and are therefore limited by capacity.</i></p>	Public Health
Communications	<p>Review resources available to families regarding PNMH and parent-infant relationships, with emphasis on suitability for fathers and co-parents. <i>Current local resources focus on local offer as opposed to providing education.</i></p>	Family Hubs and Start for Life programme/ Public Health/ Communications
	<p>Work with partners and community organisations to promote existing community assets to increase uptake in high risk groups. <i>Many organisations are not aware of other mental health and wellbeing services in the borough, particularly those pertaining to perinatal and parental mental health.</i></p>	Public Health/ Communications/ SLaM/ other providers

Improvements to monitoring and evaluation are essential in order to assess success of interventions

Theme	Recommendation	Suggested owner/ work stream
Monitoring & evaluation	<ul style="list-style-type: none"> ▪ Establish a robust set of data metrics to be collected by SLAM, including demographics of service users. ▪ Establish continuity of care data points for high risk groups to be collected by GSTT and KCH. ▪ Review the role of Family Hubs in referral pathways. ▪ Monitor use of community assets by high risk groups, including establishing a baseline. ▪ Complete PNMH needs assessment to review progress. 	<p>Public Health/ Commissioners</p>

A number of next steps are proposed to meet local infant feeding needs

Theme	Recommendation	Suggested owner/ work stream
Strategy	<p>Work with South East London LMNS to develop a South East London infant feeding strategy including specific local content such as access to formula for families experiencing food insecurity.</p> <p><i>This strategy is currently going through the relevant approval processes.</i></p>	Family Hubs and Start for Life programme/ Public Health/ SEL LMNS
Training	<p>Train Family Hub staff to become Breastfeeding Champions providing infant feeding support and refer to specialist services.</p> <p><i>Staff currently receive mandatory infant feeding training, however delivery of this has been inconsistent since the COVID-19 pandemic.</i></p>	Infant Feeding Leads/ CFC staff
Delivery	<p>Scale up current local drop in offer to six breastfeeding groups per week including one “out of hours” for working parents.</p> <p><i>There are currently four drop in breastfeeding groups and two specialist clinics per week.</i></p>	Infant Feeding Leads/ Health Visiting/ Family Hubs and Start for Life programme
Communications	<p>Improve utilisation of the digital offer for the perinatal period, including up to date and evidence-based infant feeding content.</p> <p><i>Currently up to date evidence-based content is available via the Baby Buddy app and provided on an information padlet maintained by the IFL. Baby buddy uptake is currently low, and how well the padlet is utilised is unclear.</i></p>	Family hubs and Start for Life programme/ Public Health

Creating an infant feeding friendly environment may bolster infant feeding rates in Southwark

Theme	Recommendation	Suggested owner/ work stream
Accreditation	<p>Achieve Stage 3 UNICEF Baby Friendly Initiative accreditation for health visiting services. <i>Southwark Health Visiting currently holds Stage 2 accreditation.</i></p>	Public Health/ Infant Feeding Lead/ Health Visiting
	<p>Achieve Stage 3 UNICEF Baby Friendly Initiative accreditation for Children & Family Centres and Family Hubs. <i>Southwark children centre's are not currently registered to the UNICEF Baby Friendly Initiative.</i></p>	Family Early Help/ Public Health
	<p>Establish a replacement for the Breastfeeding Welcome scheme and increase the number of local establishments signed up to 100. <i>Just over 60 establishments signed up to the Breastfeeding Welcome Scheme.</i></p>	Family Hubs and Start for Life programme/ Public Health
Monitoring & evaluation	<ul style="list-style-type: none"> Establish data points to be collected by IFLs/HVs about service user demographics compared to the groups identified as high risk in this needs assessment. Establish data points to be collected by IFLs/HVs regarding breastfeeding intentions versus behaviour to guide reasoning behind early cessation. Continue to monitor breastfeeding initiation and continuation. Monitor access to digital offer (e.g., clicks, views, downloads) 	Health Visiting/ IFL/ Public Health

Maternal obesity should be addressed through the Healthy Weight strategy and Start for Life programme

Theme	Recommendation	Suggested owner/ work stream
Training	As outlined in the Healthy Weight Strategy, 75% of all professionals working in maternity settings will have completed the online healthy weight-training module by 2027. <i>The online healthy weight-training module is currently available for maternity staff, however uptake is very low.</i>	Public Health/ Maternity
	Opportunity for all early years workforce to be aware of healthy weight offer locally and able to signpost to government healthy eating guidance. <i>The online healthy weight-training module covers local healthy weight offers and refers trainees to government healthy eating guidance. Roll out can be extended to wider early years workforce.</i>	CFC leads/ Early Help
Delivery	Establish a baseline measure of take up of existing weight management services by those who are overweight or obese and disclose that they are looking to conceive within the next 12 months . This measure should then show improvement year on year. <i>Take up of existing weight management services by women looking to conceive is currently unknown.</i>	Public Health
	Establish a baseline measure of take up of existing weight management services by those who have had a baby in the past 12 months and are overweight or obese. Take advantage of all contacts during this period to encourage uptake services. This measure should then show improvement year on year. <i>Take up of existing weight management services by those who have had a baby in the last 12 months is currently unknown.</i>	Public Health/ Maternity
	The above baseline measures will be established with a view to set up a campaign aiming to improve uptake of existing weight management services within these target groups.	

Awareness of national and local schemes needs to be improved to take advantage of Southwark's assets

Theme	Recommendation	Suggested owner/ work stream
Delivery	Carry out engagement activities within the community to scope out preferred forms of activity and nutrition support for pregnant women and birthing people who are obese. <i>There is not currently provision specifically for pregnant women and people who are obese.</i>	Public Health/ GSTT/ KCH/ MNVP
	Improve registration of the Healthy Start scheme among eligible families to 85% by March 2027. <i>Current uptake is 65%.</i>	Public Health
Communications	Produce communications plan to improve knowledge among families and professionals of national and local weight management programmes and healthy eating schemes aimed at high risk families. <i>Current knowledge among families and professionals is variable.</i>	Public Health/ Communications
Accreditation	Achieve Stage 3 UNICEF Baby Friendly Initiative accreditation for health visiting services. <i>Southwark Health Visiting currently holds Stage 2 accreditation.</i>	Infant Feeding Lead/ Health Visiting/Public Health

Robust monitoring and evaluation will improve our understanding of maternal obesity need in the borough

Theme	Recommendation	Suggested owner/ work stream
Monitoring & evaluation	<ul style="list-style-type: none"> ▪ Monitor uptake of Maternity Healthy Weight training module among HCPs. ▪ Improve collection of weight data during pregnancy and 6 months post partum. ▪ Monitor existing service utilisation by: <ul style="list-style-type: none"> ▪ Pregnant women and people ▪ Those planning to become pregnant ▪ Those who have given birth within the last year 	All HCPs working with pregnant women and people and new parents

Maternal smoking can have a significant impact on infant outcomes; local need must be addressed effectively

Theme	Recommendation	Suggested owner/ work stream
Strategy	<p>Establish clear referral pathways into the local stop smoking service and take advantage of maternity contacts during pregnancy, demonstrated by an increase in referrals made by midwives.</p> <p><i>Low referral rates of pregnant women and people (20% in 2022/23) suggest professionals and those in need of smoking support are not aware of how to refer /self-refer into the service.</i></p>	Public Health/ Maternity/ Everyone Health/ GPs
Training	<p>Run an information session to ensure the whole early years workforce is aware of local smoking services and how to refer into these.</p> <p><i>Current knowledge of local services among staff is variable.</i></p>	EY workforce/ Public Health/ Everyone Health
	<p>Ensure maternity and CFC staff are aware of the opportunity to train to offer VBA to pregnant women and people.</p> <p><i>Staff can enrol in free, 30 minute e-learning on giving VBA on smoking cessation, however uptake of this is unknown.</i></p>	Maternity/ CFC Leads/ Early Help

There are opportunities to embed stop smoking support into existing services (1/2)

Theme	Recommendation	Suggested owner/ work stream
Delivery	<p>Provide an opt-out referral to receive stop smoking support for all pregnant women who say they smoke or have stopped smoking in the past 3 months, have a carbon monoxide reading of 4 parts per million (ppm) or above or have previously been provided with an opt-out referral but have not yet engaged with stop smoking support.</p> <p><i>This is based on NICE guidance and should be offered in all maternity services.</i></p>	Maternity/ Everyone Health- Stop Smoking Service/ Public Health
	<p>Provide routine carbon monoxide testing at booking appointment and at the 36-week appointment to assess exposure to tobacco smoke.</p> <p><i>This is based on NICE guidance and should be offered in all maternity services.</i></p>	Maternity
	<p>Provide carbon monoxide testing at all antenatal appointments if the pregnant woman or person smokes or have stopped smoking in the past 3 months, is quitting, or tested with 4 ppm or above at booking appointment.</p> <p><i>This is based on NICE guidance and should be offered in all maternity services.</i></p>	Maternity
	<p>The stop smoking service actively contacts all pregnant women and people who have been referred for help. An evidence-based means of messaging should be used to maximise the impact of these contacts.</p> <p><i>This is based on NICE guidance. Currently the Stop Smoking service tries to contact referrals three times, and if there is no response they are lost to follow up.</i></p>	Everyone Health
	<p>Provide a face to face drop in at a Family Hub where families are able to receive advice and support to stop smoking.</p> <p><i>This is not currently offered.</i></p>	Family Hubs/ Everyone Health

There are opportunities to embed stop smoking support into existing services (2/2)

Theme	Recommendation	Suggested owner/ work stream
Delivery	All pregnant smokers to be seen by smoking cessation midwife for stop smoking support. <i>Recruitment of a specialist smoking cessation midwife is underway at GSTT and KCH.</i>	Maternity
Monitoring & evaluation	<ul style="list-style-type: none"> ▪ Monitor uptake of staff e-learning on providing VBA among maternity and CFC staff. ▪ Monitor the number of pregnant women and people being referred, setting a quit date and successfully quitting smoking. ▪ Monitor completeness of carbon monoxide testing at booking. ▪ Monitor completeness of carbon monoxide testing at 36 weeks. ▪ Monitor completeness of carbon monoxide testing at all antenatal appointments for those meeting the NICE criteria. ▪ Monitor the number of women being prescribed NRT by midwives. ▪ Monitor data reporting where referrals are coming from to identify and utilise strong contacts. ▪ Monitor attendance at drop ins and collect qualitative feedback on user experience. 	Public Health/ Maternity/ Everyone Health

Recent work identified groups who are less likely to have completed health visits

Theme	Recommendation	Suggested owner/ work stream
Strategy	<p>Improve collaborative working by co-locating health visitors at Family Hubs and community midwife sites at least 20% of the working week.</p> <p><i>Currently there is no crossover between health visitor sites and CFCs and community midwife sites, and some crossover between CFCs and community midwife sites.</i></p>	Hub leads/ Health Visiting/ Early Help
Training	<p>Health visitors to offer training to Family Hub staff to provide basic infant feeding and parent-infant relationship support.</p> <p><i>Infant feeding training is offered however is not consistent.</i></p>	Health Visiting/ Hub leads
Provision	<p>Restore coverage of all health visits to 2019/20 rates.</p> <p><i>Coverage has dropped by 10-20% since 2019/20.</i></p>	Health Visiting
	<p>Increase coverage of health visits by 30% for groups identified as less likely to have completed appointments.</p> <p><i>Investigations into the HV service identified groups who are less likely to have completed appointments.</i></p>	Health Visiting/ Public Health
	<p>Actively contact high risk individuals to encourage appointment completion.</p> <p><i>It is unclear whether high risk groups are actively contacted if they don't engage initially.</i></p>	Health Visiting
	<p>Identify barriers to completion of the 28 week antenatal mandated visit and make the necessary changes to improve completion rates of this visit.</p> <p><i>We do not receive data on this, suggesting that the visits do not take place in Southwark.</i></p>	Health Visiting/ Public Health/ Maternity/ LMNS

Monitoring of HV coverage and improvements of data quality are needed

Theme	Recommendation	Suggested owner/ work stream
Monitoring & evaluation	<ul style="list-style-type: none">▪ Monitor HV coverage of groups identified as less likely to have completed appointments.▪ Improve data collection to reduce the number of missing data points e.g. “missing”, “not recorded”.▪ Monitor groups where data is missing in order to review why these are less likely to receive their HVs.	Health Visiting/ Public Health

There is a need to raise awareness of the importance of folic acid supplements prior to conception

Theme	Recommendation	Suggested owner/ work stream
Strategy	Support South East London Local Maternity and Neonatal System to develop a preconception care strategy for South East London. <i>The LMNS are currently leading on the planning of this work.</i>	SEL LMNS/ Public Health
Education	Work with schools to identify opportunities to provide education on the importance of folic acid uptake prior to conception in reducing risks of neural tube defects. <i>Current education on folic acid in schools is unknown.</i>	Public Health/ Healthy Schools Advisor/ local schools
Monitoring & evaluation	<ul style="list-style-type: none"> ▪ Continue to monitor folic acid uptake: <ul style="list-style-type: none"> - Prior to pregnancy - Once pregnancy confirmed - Not taking folic acid supplements ▪ Monitor folic acid uptake in women with a BMI 30 or above 	Maternity/ Public Health

This health needs assessment uses a number of acronyms, as well as gender inclusive terminology

Acronym	Meaning	Acronym	Meaning	Acronym	Meaning
ACE	Adverse Childhood Experience	GFR	General Fertility Rate	NBV	New birth visit
BFI	Baby Friendly Initiative	GSTT	Guy's and St Thomas'	NCSCCT	National Centre for Smoking Cessation and Training
BMI	Body Mass Index	HCP	Healthy Child Programme	NCT	National Childbirth Trust
CAMHS	Children and Adolescents Mental Health Service	HS/HSS	Home-Start/ Home-Start Southwark	NICE	National Institute for Health and Care Excellence
CFC	Children and Family Centre	HV	Health visiting/ visitor/ visit(s)	NRT	Nicotine replacement therapy
CPP	Child protection plan	IAPT	Improving access to Psychological Therapies	NTD	Neural tube defect
CYP	Children and Young People	IFL	Infant feeding lead	PNMH	Perinatal mental health
EBF/ PBF	Exclusively breastfed/ Partially breastfed	IMD	Indices of Multiple Deprivation	SIDS	Sudden infant death syndrome
EIHV	Early intervention health visiting/ visitor	KCH	King's College Hospital	SLaM	South London and Maudsley
FASD/ FAS	Fetal Alcohol Spectrum Disorder/ Fetal Alcohol Syndrome	MVP	Maternal Voices Partnership	UNICEF	United Nations Children's Fund
Early years workforce	Inclusive of all those working in early years settings, including but not limited to social workers; health visitors; midwifery; educators; health visitors; child minders; social care; voluntary care.				

Efforts have been made to ensure terminology is gender inclusive in alignment with the Equality Act (2010) and proposed guidance from Brighton and Sussex University Hospital (BSUH) where appropriate.

Section 2: Policy Context

There has been emphasis on health and social inequalities over the last decade

The NHS Long Term Plan outlines the NHS's priorities of prevention, population health and health inequalities for the next ten years.

This includes a focus on progression of care quality and outcomes, and in the context of maternity outcomes, sets out to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025. The plan additionally states the following intentions:

- Develop new and existing services
- Prioritise continuity of care
- Improve access to perinatal mental health care
- Expand support systems

Fair Society, Healthy Lives: Marmot Review highlights the impact that social inequalities have on health inequalities, and one of the primary objectives of the report focuses on giving every child the best start in life:

- Reduce inequalities in early development of health and skills
- Ensuring high quality maternity services, parenting programmes, childcare and early years education meet need across the social gradient
- Build the resilience and well-being of young children across the social gradient

The HCP is universal and aims to ensure that every child gets the good start they need for a healthy life

The Healthy Child Programme (HCP) is the key universal public health programme for improving health and wellbeing of children.

The early life stages element of the HCP is led by health visiting services, and the programme provides a framework to support collaborative work and integrated delivery. The following are priorities set out by the programme:

- Improved social and emotional wellbeing because of strong parent-child relationships
- Care that effectively keeps children healthy and safe
- Reduced child obesity by encouraging healthy diet and increased activity
- Prevention and early detection of disease by increased immunisation and screening
- Increased rates of breastfeeding
- Improved learning and readiness for school
- Early recognition of health issues to ensure timely and appropriate support
- Identification of factors that could influence health outcomes in families
- Improved short and long-term outcomes for high-risk children

The first 1,001 days from pre-conception up to the first 2 years of life are critical for a healthy start to life

“*The Best Start for Life: A Vision for the 1,001 Critical Days*” sets out six key areas for action to reduce health inequalities in the first 1,001 critical days of life.

- An integrated and family-centred Universal offer for all families, and Universal+ offer for those in need of additional, targeted or specialist support.
- An accessible, family-focused and welcoming Family Hub network, both physically and virtually available to all families.
- Provision of multi-platform information and support for families, including ease of access to their baby’s data.
- Ensuring the Start for Life workforce understands the needs of families, has time to support them, and values the contribution made by volunteers and civil society.
- Collection of data to aid continuous improvement of the Start for Life offer by evaluating what works using common outcome measures.
- Supporting accountable leadership to provide high quality, joined up care and support designed to give every baby the best start for life.
- The document emphasises factors and characteristics that can contribute to inequality in access, health outcomes or experiences, such as ethnicity, disabled babies, single parents, and same sex parents.

Southwark is one of 75 local authorities eligible for the Family Hubs and Start for Life funding package

Investment in Family Hubs represents a step forward in delivering on the commitments set out in ‘The Best Start for Life: A Vision for the 1,001 Critical Days’, and builds on delivery of the HCP.

The investment aims to enable Southwark to transform its services into a family hub model, and provide essential services in the crucial Start for Life period from conception to age two. The table below outlines the three programme delivery areas: **Access, Connection, Relationships**, and the five key criteria within them.

Delivery Area	Key criteria 1		
Access	<ul style="list-style-type: none"> ▪ Communications, information and brand ▪ Single access point 	<ul style="list-style-type: none"> ▪ Outreach ▪ Family friendly culture 	<ul style="list-style-type: none"> ▪ Accessibility and equality ▪ Going beyond Start for Life and 0 to 5
	Key criteria 2	Key criteria 3	Key criteria 4
Connection	<ul style="list-style-type: none"> ▪ Co-location ▪ Governance and leadership ▪ Commissioning & funding ▪ Outcomes ▪ Evidence-led practice, evaluation and quality improvement 	<ul style="list-style-type: none"> ▪ Data sharing ▪ Case management ▪ Common assessment ▪ Safeguarding 	<ul style="list-style-type: none"> ▪ Partnerships and co-location with voluntary, community and faith sector ▪ Integration and connection ▪ Community ownership and co-production
	Key criteria 5		
Relationships	<ul style="list-style-type: none"> ▪ Whole-family, relational practice model ▪ Training and development 		

Southwark's Joint Health and Wellbeing Strategy states the best start in life as a priority

The Southwark Joint Health and Wellbeing Strategy (2022-2027) prioritises the best start in life for every child.

Priority	Objective	Measurement
Ensure the best start in life for every child	Ensure there is holistic support and care for families during pregnancy and the first years of life	Proportion of infants who received a 6 to 8 week review by the time they were 8 weeks old.

This measurement is selected as the 6-8 week review is identified as a crucial opportunity to support both the mother or birthing parent/s and child with breastfeeding, mental health, physical examination of the infant, difficulty in accessing benefits, and to emphasise the importance of vaccinations.

A draft Child Health and Wellbeing Framework (2018-23) set out strategic priorities for children and young people

The scope of the framework was pre-conception to 24 years, however the relevant sections to the present project are pre-conception and pregnancy to early years (0-5 years).

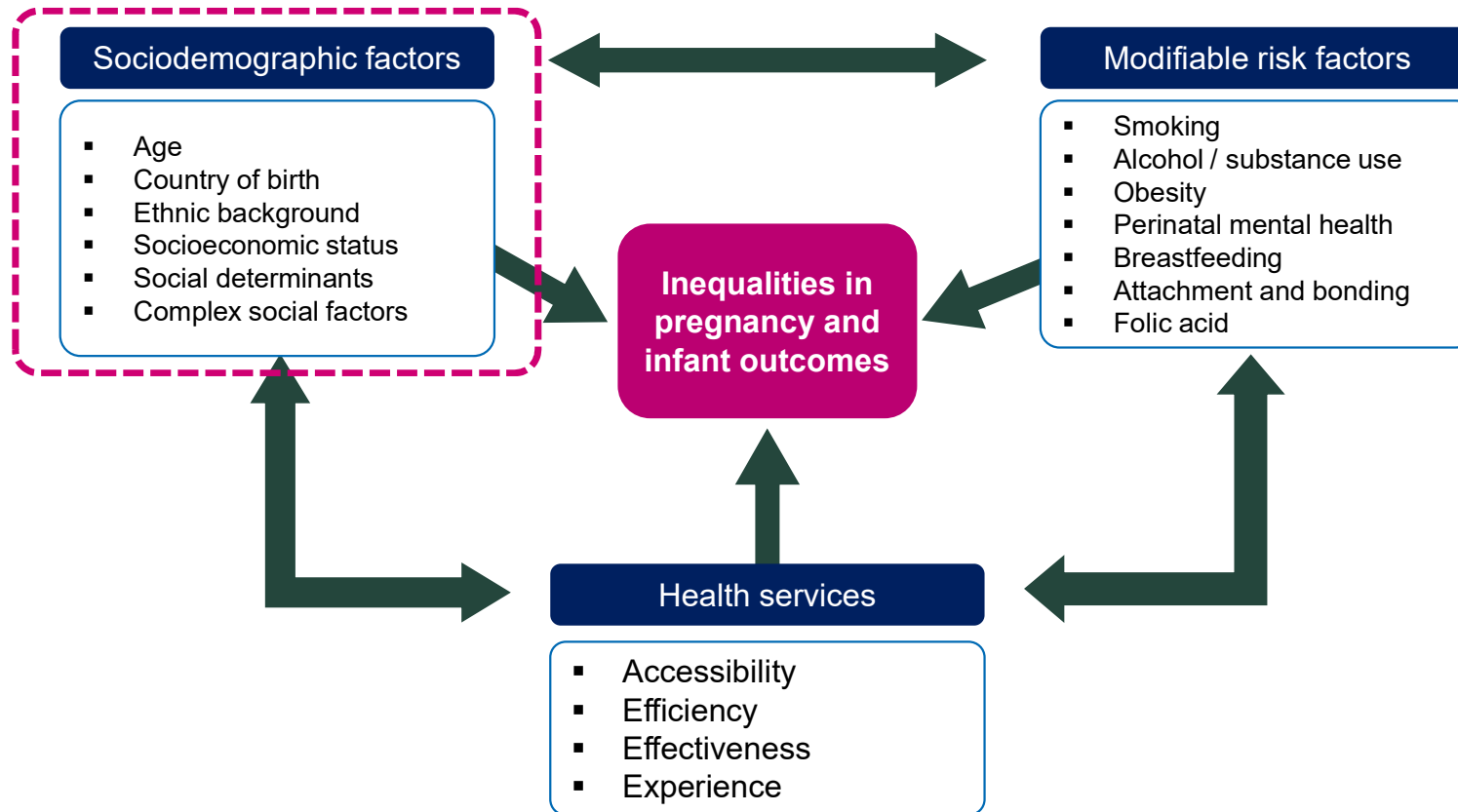
The priorities of the Child Health and Wellbeing Framework are outlined below:

Preconception and pregnancy	Early Years
<ul style="list-style-type: none">▪ Supporting women and people to achieve a healthy weight before, during and after pregnancy.▪ Ensuring mother/s or birthing parent/s are offered early support for mental health illness.▪ Reducing the prevalence of smoking in pregnancy across all socioeconomic groups.▪ Offering targeted and enhanced antenatal support for vulnerable families	<ul style="list-style-type: none">▪ Ensuring local services identify vulnerable families and provide a targeted offer that meets their needs.▪ Ensuring early years settings support child health, wellbeing and development.▪ Keeping children safe through preventing avoidable injuries and poisoning in the home.▪ Maintaining a focus on maternal and child mental health during the early years.▪ Achieving adequate levels of immunisations and screening.

The strategy also outlined what success would look like, using outcomes such as infant mortality rates and inequalities in school readiness. **Although this framework was not published, it provides a clear outline of the priorities which were identified at this time.**

Section 3: The Local Picture

Sociodemographic factors can contribute to inequalities in pregnancy experience and outcome



The population of Southwark is younger and growing more quickly than London and England averages

With a median age of 33.4 years, Southwark’s estimated population of almost 312,000 people is more than two years younger than London and almost seven years younger than England.

- The population has increased by more than 6% since 2011.
- There are around 96,199 female residents in Southwark between the reproductive ages of 15 to 49, representing almost a third of the population.

There were 9,655 infants aged 0-2 years old in Southwark in 2022, a decrease of 1.5% from the year before.

- This decrease in 0-2 years is reflective of a declining general fertility rate.

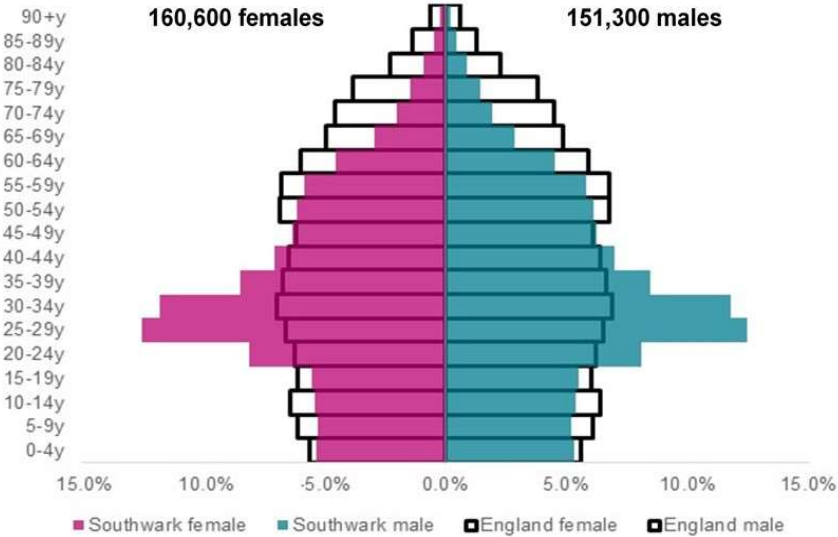


Figure 2: Age structure of Southwark compared to England, 2022

The total number of live births in Southwark is falling year on year; down by almost a third in the last decade

The total number of live births in Southwark decreased by 31% between 2010 and 2021, from 5,131 to 3,525.

- The general fertility rate for Southwark (44.2 per 1000 in 2020) is now significantly below England (55.3) and London (56.4).
- The fertility rate is much higher in the South and Centre of the borough compared with the North.
- In 2022, the highest number of live births were to those living in Nunhead & Queen’s Road ward, followed by Old Kent Road and St Giles.

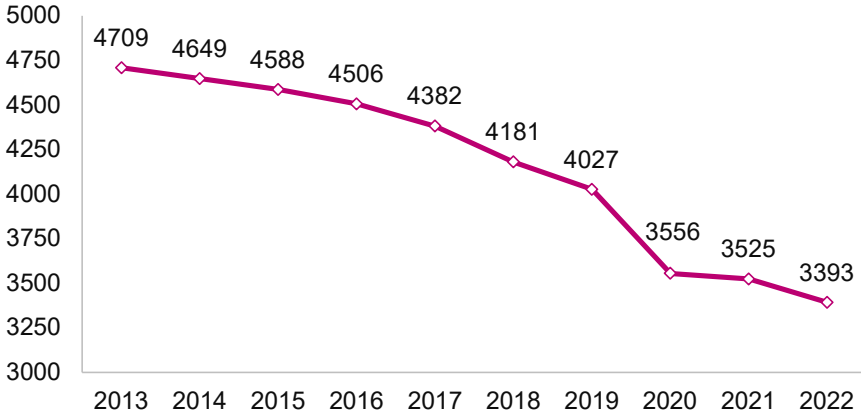


Figure 2. Total number of live births in Southwark: 2013-2022

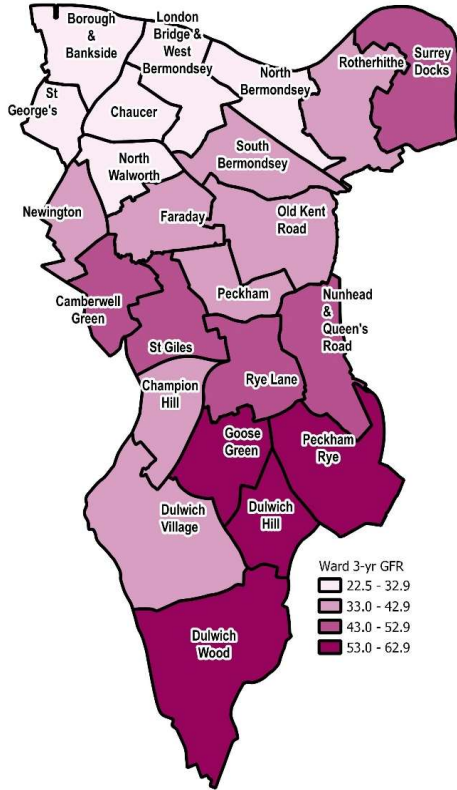


Figure 3: 3-yr average general fertility rate (GFR) by Southwark ward, 2020–2022.

Mothers/ birthing parents in Southwark are often older, which is associated with increased risks

The decline in the fertility rate in Southwark is seen across all age groups, but particularly among younger women and people, mirroring national patterns.

- The under-18 birth rate in Southwark continues to fall, and is below both London and England.
- The over-35 birth rate in Southwark (35 per 1000) is more stable, and significantly higher than England (23 per 1000).
- The average age of mothers or birthing parents in Southwark is now around 33 years.

Mothers and birthing parents over the age of 35 are at increased risk of complications during pregnancy and childbirth.

- Older mothers/ birthing parents face higher risks of pre-eclampsia, miscarriage, gestational diabetes, as well as an increased risk of maternal mortality.
- Babies of older mothers/ birthing parents face higher risks of high or low birth weight, stillbirth, preterm birth and chromosomal abnormalities.
- In Southwark, women and people over 35 accounted for almost half (45%) of all stillbirths between 2021 and 2022.

Babies of adolescent mothers or birthing parents also face increased risks of complications.

- In Southwark, those under the age of 20 have very low rates of stillbirths, but similar preterm births and new-borns with low birthweight similar to women over the age of 35.

Outcome	% of all births in age group	
	Aged <20 years	Aged >35 years
Stillbirth	0%	0.7%
Preterm birth	7%	8%
Low birthweight	10%	8%

Figure 4. % of outcomes occurring in those aged under 20 years old and over 35 years old in Southwark (2021-22)

Mothers/ birthing parents in Southwark are from a more diverse range of backgrounds than the national average

New mothers or birthing parents and infants in Southwark are from a diverse range of backgrounds, emphasising the need for services to be culturally sensitive.

- Over half of all births in Southwark are to mothers and birthing parents born outside of England.
- Between 2021 to 2022, mothers' main non-UK countries of birth were: Nigeria, Sierra Leone, Ghana, France and United States.

Over 80 different main languages are spoken by Southwark residents, and a large proportion of residents were born overseas.

- Around 10,200 residents report not being able to speak English well, or speak English at all.
- The top five main languages (excluding English) spoken at the time of the Census 2021 were:
 - Spanish (13,000 residents)
 - Italian (4,200 residents)
 - Portuguese (3,600 residents)
 - French (3,500 residents)
 - 'All other Chinese' (2,200 residents)
 - Around 4 in 10 people living in the borough were born outside the UK.

Country of birth and ethnic background are associated with poorer health outcomes

Stillbirth disproportionately affects women and people born in African countries.

- Between 2021-22, 64% of stillbirths in Southwark were to women and people not born in the UK.
- 23% of stillbirths were to women and people born in African countries, and 10% to women and people born in the Americas. This shows that stillbirths are disproportionately higher for these groups (17% and 7% of total maternal population, respectively).
- Conversely, 36% of stillbirths were to women and people born in UK and The Channel Islands, and 19% to women and people born in Europe, showing stillbirths are disproportionately lower (46% and 14% of total maternal population, respectively).

Black, Asian and mixed ethnic groups are more likely to die in childbirth and during the first year after giving birth.

- Local data frequently uses the measure “country of birth” instead of ethnicity, therefore conclusions about the impact of ethnic group on health outcomes cannot be drawn on a local level.
- However, in the UK there is an almost four-fold difference in maternal mortality rates amongst women and people from Black ethnic backgrounds and an almost two-fold difference amongst women and people from Asian ethnic backgrounds compared to White women and people.

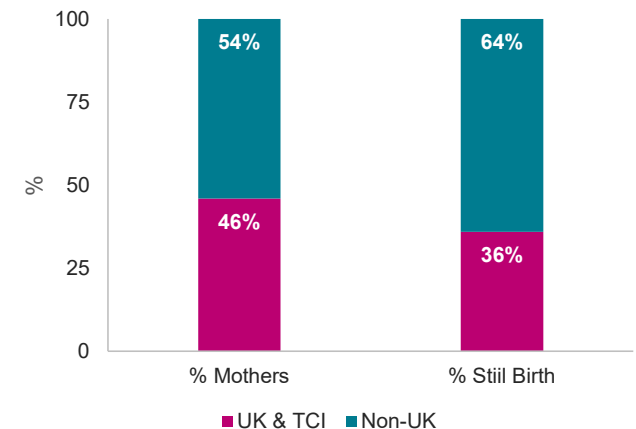


Figure 5. Percentage of mothers and stillbirths in Southwark by country of birth (2021-2022)

Child Death Review (CDR) is a statutory process where all cases of child deaths are reviewed to identify learning

The CDR process reviews all deaths among children aged 0-18 years, regardless of cause of death. CDR is to identify learning and potential modifiable factors associated with each death.

- The insights generated can then be used to prevent further deaths of a similar nature, via local, regional and national operational and policy levers.
- CDR involves the systematic collection and review of information from multiple professional stakeholders across the entire health and social system, including NHS Hospital Trusts, Primary Care, Education, Social Care, Police and Safeguarding.
- While the process involves participation from across all wider determinants of health, the statutory responsibility for CDR rests with Local Authorities and NHS Integrated Care Boards.

There were a total of 54 deaths of children aged 0-2 years old in Southwark between April 2019 to March 2023.

- Of these, 69% occurred between the ages of 0-27 days, 24% between 28-364 days, and 7% 365 days to 2 years, with the majority of deaths occurring during the neonatal period.
- The number of infant deaths (under one year) is in line with national and regional figures.
- National and regional data does not provide age breakdown by year beyond one year, so it is not possible to compare numbers of deaths in 0-2 year olds.
- 43% of deaths among children aged 0-2 years were categorised by the child death overview panel as due to a perinatal/ neonatal event.
- The second most common category was missing (22%), likely due to the case pending CDR, and chromosomal, genetic or congenital abnormality (17%).
- Key learnings stress the importance of:
 - Timely identification and monitoring of antenatal complications (e.g. pre-eclampsia);
 - Follow-up of missed attendance during the antenatal and postpartum periods; and
 - Strong communication between antenatal and postpartum services.

Data on death among children aged 0-2 years reveals inequalities by deprivation decile and ethnic group

Child death data for the 0-2 age range reveals inequalities by deprivation, with the vast majority of deaths occurring among families experiencing social and economic disadvantage.

- 87% of all child deaths occurring from April 2019 to March 2023 were experienced by families living in the three most disadvantaged deciles in Southwark.
- In contrast, none of the deaths with recorded postcodes over this period occurred within the three least disadvantaged deciles. Note: two child death entries were missing postcode data.

There also appear to be inequalities in child death by ethnic groups, with some ethnicities disproportionately experiencing child death.

- 39% of all child deaths over the same period were among those from a Black or Black British ethnic group. This is compared to 20% of child deaths among White ethnic groups, 17% from Asian or Asian British ethnic groups and 13% from a mixed ethnic group.
- A more detailed breakdown of ethnic data shows that 28% of all child deaths were to those from a Black African ethnic group, almost double that of the next highest ethnic group of White British (15%).

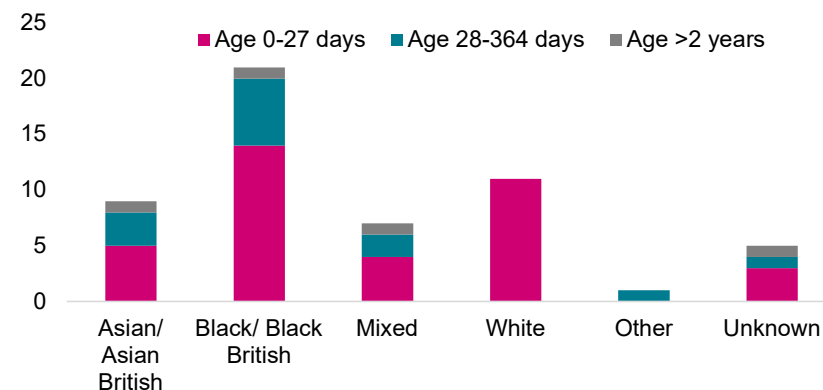


Figure 6. Total child deaths (0-2 years) by age and ethnic group (2019-23)

Patterns of social and economic disadvantage in the borough will influence inequalities in health outcomes

Southwark has high levels of social and economic disadvantage across the north and centre of the borough.

- Southwark is ranked in the bottom quartile of local authorities on both the average rank (43rd) and average score (72nd) measures.
- 50% of infants aged 0-2 live in areas in the three most disadvantaged deciles in Southwark, while 7% live in the three least disadvantaged deciles, suggesting at least half of infants are at increased risk of poorer outcomes associated with disadvantage, such as poor diet.
- Between 2021-2022, 51% of births in Southwark were to women and people in the three most disadvantaged deciles compared to 6.3% of those in the three least disadvantaged deciles.

The spread of social and economic disadvantage will influence the inequalities seen in health outcomes in the borough.

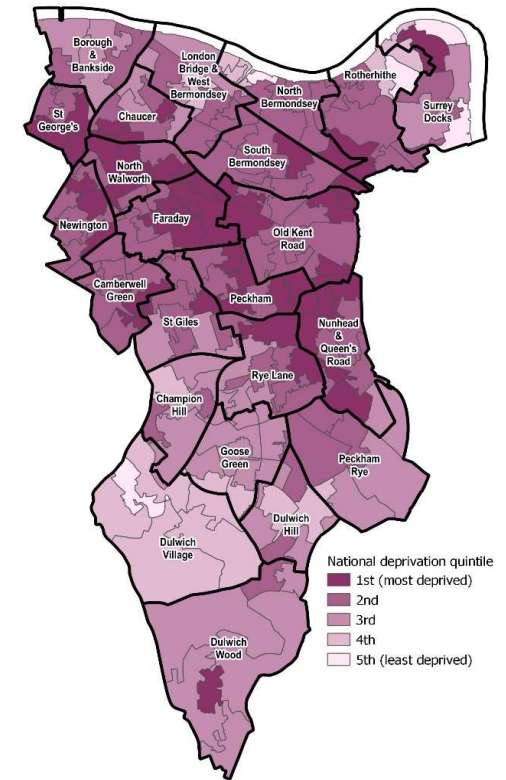


Figure 7. Indices of Deprivation 2019

Women and people living in more disadvantaged areas experience greater health inequalities

Rates of stillbirth in Southwark have declined over the last year, though they remain relatively high and are more common in disadvantaged areas.

- The rate of 4.7 per 1,000 has consistently remained higher than London and England over the last decade, though it is worth noting that numbers are still very small (52 stillbirths between 2019-2021).
- Between 2021-2022, 68% of all stillbirths in Southwark occurred in areas of highest disadvantage (top 40%).

Between 2021-2022, rates of preterm births were higher among women and people living in more disadvantaged areas.

- Preterm birth is the leading cause of neonatal mortality in the UK, and the rate in Southwark is 73 per 1,000. This is lower than the London rate of 76.4 per 1,000 and the national rate of 79.1 per 1,000.
- Evidence suggests preterm births are more common in those living in the most disadvantaged areas.
- Across Southwark, 7.3% of births in the most disadvantaged quintile were preterm, compared to 5.3% in fourth most disadvantaged quintile (not compared to least disadvantaged quintile due to low numbers).

Wider determinants of health can have a significant impact on outcomes in the first 1,001 days (1/2)

Wider determinants of health, such as disability status, educational qualifications and lone parenting, can have a detrimental impact health and wellbeing outcomes of 0-2 year olds.

Parental disability

- Of 2,804 children in need in Southwark at the end of March 2022, 8% had a primary assessed need of parents disability or illness.
- The rate of any mental health need was found to be almost four times higher in preschool children who lived with a parent in receipt of benefits related to low income and disability (10.4%) compared to parents not receiving benefits (2.8%).

Education

- At the time of the 2021 Census, 12% of the over 16 Southwark population reported having no qualifications, compared to 46% of the Southwark population being educated to a degree plus level, a rate considerably higher than that of both London (38%) and England (28%).
- Children of mothers with no qualifications have been found to be almost four times as likely to have socioemotional behavioural problems compared with degree plus level.

Lone parenting

- Of 130,800 households, 9% were recorded as being lone parent households with dependent children. The largest proportions of households consisting of lone parents tended to be in the centre of the borough around Peckham, Faraday and Old Kent Road.
- Parental separation is associated with lower psychological well-being and more behavioural problems, poorer school performance and perseverance, and that experience of parental separation is likely to impact their own relationships as they get older.

Wider determinants of health can have a significant impact on outcomes in the first 1,001 days (2/2)

Further wider determinants of health which can impact infant outcomes include housing and homeless, employment and family income.

Housing

- 23.3 per 1,000 households including one or more dependent children (under 18) in Southwark are owed a prevention or relief duty under the Homelessness Reduction Act, a rate substantially higher than that of London (17.4 per 1,000) and England (14.4 per 1,000).
- Starting life in temporary accommodation may impact on access to universal health care such as immunisations, and is associated with greater rates of infection and accidents.

Income and employment

- Of just under 9,800 infants aged 0-2 living in Southwark in 2021, 1,300 were in a relative low income family equating to approximately 13% of the 0-2 population, a proportion mirroring that of London (13%) and lower than that of England (19%).
- Of those children living in a relative low income family, 40% were in non-working families, compared to 35% in London and 38% in England.
- The Marmot Review suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults, as well as exposure to risks that can have a serious impact on mental health during childhood.

Stark racial inequalities in health care persist in maternity care, leading to poorer maternal outcomes

Clear racial inequalities in health care exist and have been evidenced by Black, Asian and minority ethnic backgrounds in the UK experiencing poorer health outcomes and lower quality of care.

- These inequalities persist in maternity care, with maternal outcomes substantially worse for Black women and birthing people.
- The MMBRACE-UK report (2018-20) outlined clear racial variations in maternal deaths, showing that Black women are 3.7 times as likely to die as White women during pregnancy, delivery or postpartum and Asian women 1.8 times as likely.
- Factors associated with social disadvantage argued to contribute to this inequality, however research into maternity experiences have made it clear that these factors alone do not explain the disparity.
- Studies have revealed there to be other aspects promoting and perpetuating the inequality in the maternity care received by these women. For example, black, Asian and minority ethnic women are found to:
 - Worry more about labour and delivery;
 - Not feel treated with respect and report staff unhelpful and rude;
 - Be denied adequate pain relief and have less confidence in staff;
 - Report poorer experiences of maternity care in general.
- The research highlights that these interactions can be linked to racial biases rooted in the health system and predicated on negative racial stereotypes held by healthcare professionals. The subsequent discriminatory behaviour and attitudes have been shown to negatively impact clinical outcomes and experiences of care for women and birthing people.

Complex social factors impact 1 in 10 pregnant Southwark women and people

An estimated 10% of Southwark women and people who had their booking appointment in 2021/22 were deemed to be subject to complex social factors.

- Examples of complex social factors in pregnancy include: poverty; substance misuse; asylum seeker/ refugee status; difficulty speaking/ understanding English; age under 20; domestic abuse.

It is possible that, depending on which complex social factors are of concern, a child protection plan (CPP) will be needed for their baby.

- A CPP is made when a child is considered to be at risk of significant harm.
- Approximately 0.5% of 0-2 year olds living in Southwark have a CPP.
- As of August 2022, there were 57 CPPs for children aged 2 and under (including unborn) in Southwark, of which 39 had substance misuse and/or domestic abuse identified at the contact/ assessment stage.³
- The number of those from a Black or mixed ethnic background with a CPP is disproportionate to the general population, while those from a White or Asian background are underrepresented.
- Of the 39 CPPs with substance misuse and/or domestic abuse, a third were for those from a White ethnic background.
- The most frequently identified category of abuse was emotional abuse, accounting for over half of all CPPs, followed by neglect.

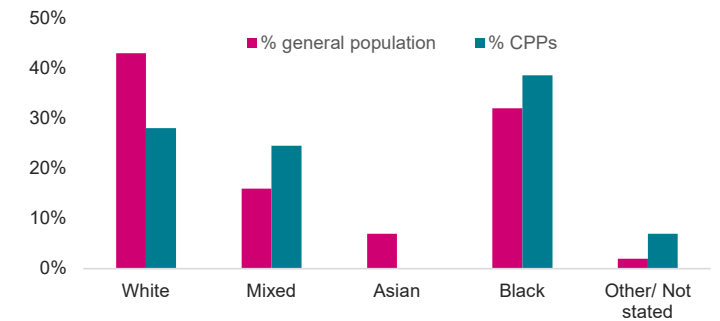


Figure 8. Number of CPPs and proportion of general 0-2 population by ethnic group (MYE 2019/ Aug 2022)

* Value not shown as count less than 5

Those with complex social factors are less likely to have early access to maternity care

Complex social factors can impact pregnancy outcomes in different ways.

- For example, domestic abuse increases the risk of miscarriage, infection, preterm birth and injury or death to the baby. It can also cause emotional and mental health problems, such as stress and anxiety, which can affect the development of the baby.
- An indicator frequently impacted by most complex social factors is timely access to maternity care.

Pregnant women and people with complex social factors are known to book later on average, and late booking is known to be associated with poor obstetric and neonatal outcomes.

- NICE recommends that women and people are supported to access antenatal care by 10 weeks.
- These recommendations fail to be met; in 2021/22 57% of women and people in Southwark have their booking appointment within ten weeks of pregnancy, a rate similar to England.
- Nationally, only 46% of those deemed to be subject to complex social factors have early access to maternity care, therefore facilitating early booking is more important for these groups than the general population.
- Later booking is associated with poorer outcomes, as the initial appointment is crucial for identification of risk factors such as smoking.

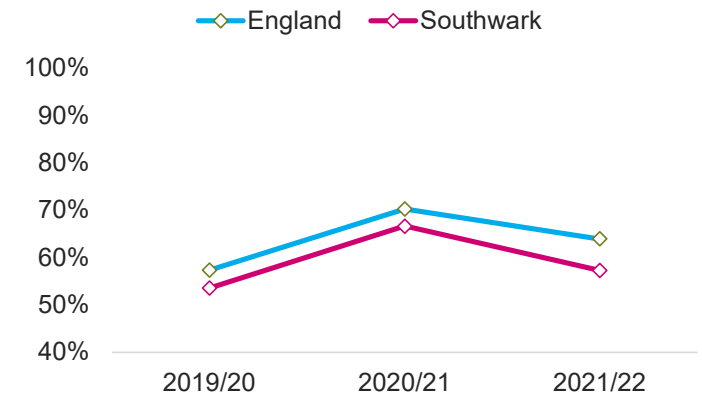
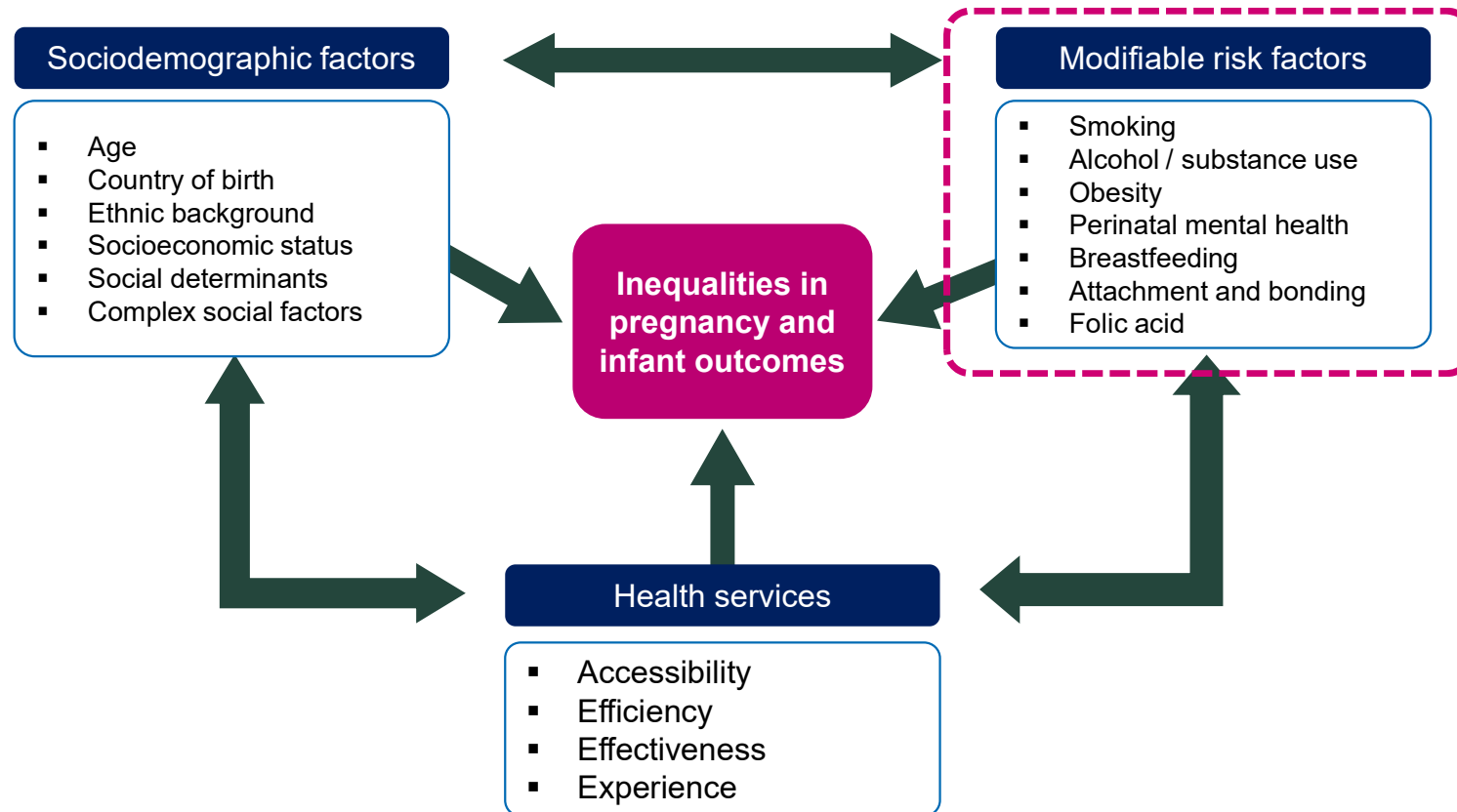


Figure 9. % of booking appointments by 10 weeks of pregnancy in England and Southwark: 2019-2022

The sociodemographic factors discussed have numerous associated outcomes in Southwark

Risk	Southwark Picture	Associated Outcomes
Age	71% of births are to women and people over the age of 30 (2021-2022)	Increased incidence of stillbirth, preterm birth and low birthweight in those over the age of 35
Ethnic background	Over half of all births are to mothers and birthing parents born outside of England (2022)	Increased incidence of stillbirth and maternal mortality in women and people from Black, Asian and mixed ethnic groups
Deprivation	51% of births were in the three most deprived deciles (2021/22)	Increased rates of stillbirth among women and people living in more deprived areas
Wider determinants	Parental disability (8%), lack of education (12%) and lone parenting (9%) impact Southwark's population	Risk of mental health need, behaviour problems, educational outcomes and future relationships can all be increased
Racism and discrimination	Racial biases rooted in the health system lead to discriminatory behaviour and attitudes by healthcare professionals	Black women and people are 3.7 times more likely to die as White women and people during pregnancy, delivery or postpartum (2018-20)
Complex social factors	10% of women and people deemed to be subject to complex social factors (2021/22)	Those with complex social factors are known to access antenatal care later; this is associated with poor neonatal outcomes

There are modifiable risk factors that can have a significant impact on pregnancy outcomes



Children exposed to adverse childhood experience often experience poorer outcomes later in life

Adverse Childhood Experiences (ACEs) are stressful or traumatic event that occurs before the age of 18

- ACEs are a significant risk factor for health-harming and anti-social behaviour later in life.
- Examples of ACEs include:
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Living with someone who has abused drugs
 - Living with someone who abused alcohol
 - Exposure to domestic violence
 - Living with someone who has gone to prison
 - Living with someone with serious mental illness
 - Losing a parent through divorce, death or abandonment

A UK study on ACEs found that 47% of people experienced at least one ACE, with 9% of the population having 4+ ACEs

- ACEs can have an impact on future physical and mental health, and can be barriers to healthy attachment relationships forming for children. Some of the effects are:
 - An increase in the risk of health problems in adulthood, including cancer and heart disease, and an increased risk of mental health difficulties, violence and becoming a victim of violence.
 - An increase in the risk of mental health problems, such as anxiety, depression, and post-traumatic stress.
- The longer an individual experiences an ACE and the more ACEs someone experiences, the bigger the impact it will have on their development and their health.

Smoking is the largest modifiable risk factor for poor birth outcomes and a major cause of health inequality

The proportion of women and people known to be smokers at time of delivery is lower than England and similar to London.

- In Southwark, 4.5% of women and people known to be smokers at time of delivery (2022/23). The figure has remained stable for the last decade, and compares to 4.6% in London and 8.8% in England.
- Smoking prevalence estimates for the general adult population suggests no statistically significant variance between wards. However, this may not reflect the population of pregnant women and people in Southwark.

Smoking prevalence among pregnant women and people is considerably higher in more disadvantaged groups.

- Nationally, 24% of pregnant women and people living in the most deprived decile smoke during pregnancy, compared to 4% in the least deprived decile.
- Applying these figures to the Southwark birthing population (2021/22) would equate to approximately 57 women and people in the most deprived decile and 1 woman or person in the least deprived decile.

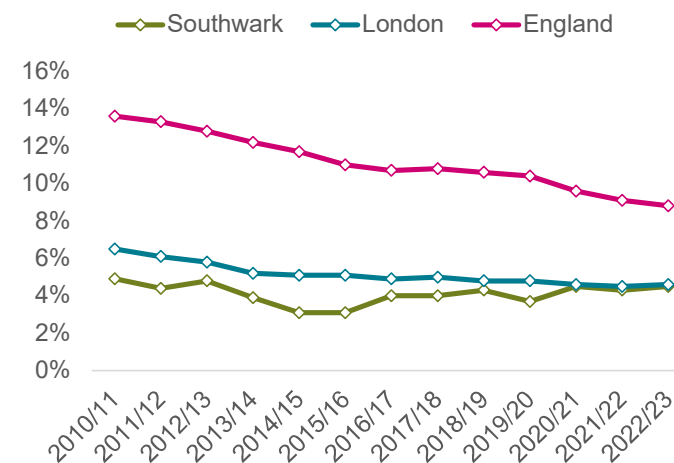


Figure 10. Percentage of women and people known to be smokers at time of delivery

Smoking is a modifiable risk factor associated with a number of poor health outcomes

Smoking may interact with other factors, increasing the risk of these health outcomes.

- The below outcomes may occur in any member of the general population, however there is evidence to suggest that smoking during pregnancy can increase the risk of these outcomes.
- This does not mean these outcomes are definite or exhaustive.
- It is likely that interactions with other confounding factors, such as age, socioeconomic status and obesity may increase or decrease risk.

Foetal and neonatal outcomes	Infant, child and adolescent outcomes	Maternal outcomes
<ul style="list-style-type: none">▪ Miscarriage▪ Stillbirth▪ Preterm delivery▪ Low birthweight▪ Birth defects▪ Sudden infant death syndrome (SIDS)	<ul style="list-style-type: none">▪ Asthma▪ Obesity▪ Type 2 diabetes▪ Behavioural problems▪ Low levels of cognitive development	<ul style="list-style-type: none">▪ Ectopic pregnancy

Exposure to second hand smoke at home and in pregnancy is a major cause of disease among children.

- Children who live in a household where at least one person smokes are more likely to develop asthma, chest infections, meningitis, ear infections and coughs and colds.

Drug and alcohol use is a modifiable risk factor associated with increased risk of poor health outcomes

The proportion of women and people drinking alcohol and/or misusing drugs during pregnancy in Southwark is unknown.

- Local and regional data is not readily available on the rates of alcohol consumption and drug use in pregnancy. However, in 2018/19, 4.1% of pregnant women and people in England were reportedly drinking alcohol and 1.4% were misusing drugs at the time of booking first appointment with their midwife (booking appointment usually takes place before the 10th week of pregnancy).
- The measure relied on self-reporting of drinking status and drug use, therefore bias may remain as women and people are likely to under-report these behaviours in early pregnancy.

Lower socioeconomic groups often report lower levels of consumption, yet experience greater or similar levels of alcohol-related harm.

- Despite rates of stillbirth being highest among women living in areas of deprivation, nationally the proportion of women drinking during pregnancy is slightly lower in those living in the most deprived decile (3.3%) while higher in the least deprived decile (5%).
- Women from a White ethnic background are more likely to consume alcohol during pregnancy than any other ethnic group.

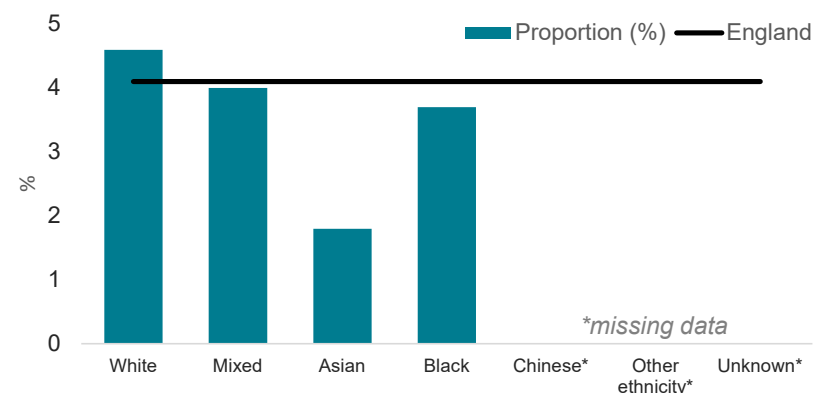


Figure 11. Proportion (%) of women and people in England drinking alcohol in early pregnancy by ethnic group (2018/19)

Drug and alcohol use is a modifiable risk factor associated with a number of poor health outcomes

Drug and alcohol consumption during pregnancy has been found to increase the risk of poor outcomes.

- Increased risk of miscarriage, preterm birth, low birth weight, problems with development and growth, vulnerability to infection and feeding and breathing problems.
- It is likely that interactions with other confounding factors, such as age, socioeconomic status, obesity and smoking status may increase or decrease an individual's risk of these outcomes, whereas FASD is unique to alcohol consumption during pregnancy and NAS is unique to drug use during pregnancy.

Outcomes associated with alcohol consumption during pregnancy		Outcomes associated with drug use during pregnancy
<p> Foetal alcohol spectrum disorder (FASD)</p> <ul style="list-style-type: none">▪ An abnormal appearance▪ Short height▪ Low body weight▪ Small head size▪ Poor co-ordination▪ Intellectual disability▪ Poor memory▪ Behaviour problems▪ Problems with hearing or seeing▪ Problems with the heart, kidneys or bones	<p>The most severe form of FASD is known as foetal alcohol syndrome (FAS), characterised by:</p> <ul style="list-style-type: none">▪ Central nervous system problems▪ Restricted growth▪ Facial abnormalities▪ Learning and behavioural disorders which may be severe and lifelong	<p>Neonatal abstinence syndrome (NAS), wherein physical dependency on some prescribed and illegal drugs is passed onto the baby.</p>

Obesity is a modifiable risk factor affecting some groups disproportionately

Rates of obesity during early pregnancy are lower in Southwark than London and England.

- In 2018/19, 17% of pregnant women and people were obese (BMI \geq 30kg/m²) in early pregnancy in Southwark. This is comparable to the London rate of 18% and national rate of 22%.
- At present there is not enough data to identify trends over time or patterns at a local level.

There are clear inequalities in the groups experiencing obesity during pregnancy.

- In England, 33% of women and people from a Black ethnic background were obese during early pregnancy compared to 22% of the general population.
- Rates of obesity in early pregnancy are almost twice as high in the most deprived decile (29%) when compared to the least deprived decile (15%).

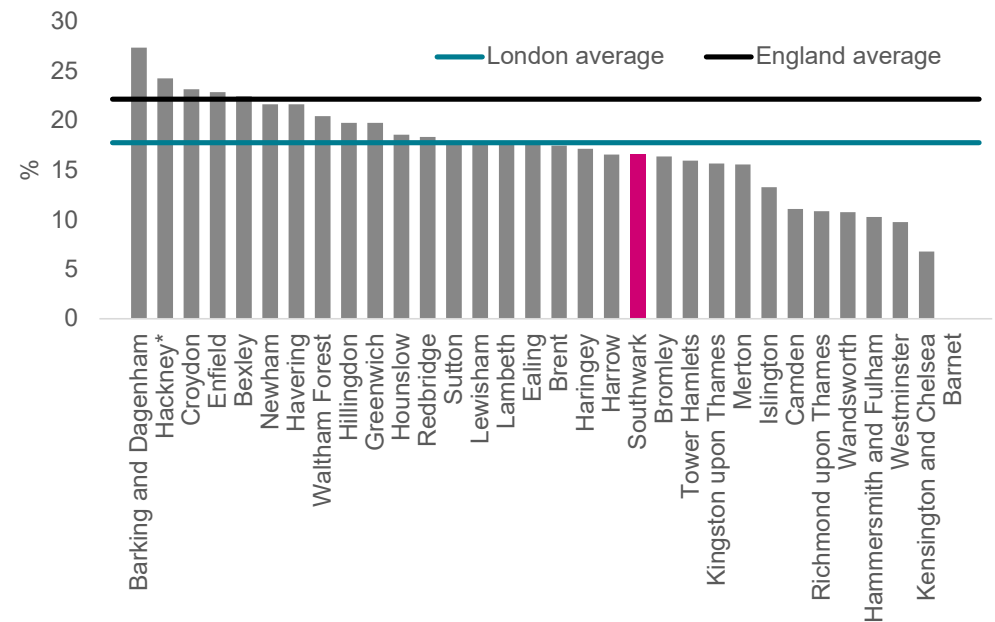


Figure 12. % of women and people who were obese during early pregnancy across all London boroughs: 2018/19

Obesity is associated with increased risk of adverse health outcomes

Infant, child and adolescent outcomes	Maternal outcomes
<ul style="list-style-type: none">▪ Foetal death▪ Stillbirth▪ Congenital abnormality▪ Shoulder dystocia▪ Macrosomia (high birth weight)▪ Subsequent obesity	<ul style="list-style-type: none">▪ Diabetes, thromboembolism and miscarriage▪ Increased risk of maternal death.

Outcomes may be acute, while others may persist into childhood and further still into adulthood.

- The risk of obesity in adulthood and risk of future obesity-related ill health increases as children get older.
- Health consequences of childhood obesity include glucose intolerance, Type 2 diabetes, hypertension, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem and bullying.

3,000 people in Southwark who are pregnant or have a child under 2 have perinatal mental health needs

The scale of perinatal mental health (PNMH) need in Southwark is unknown, however it is estimated that 1 in 5 women and people are affected, equating to around 700 individuals per year.

- PNMH needs are those occurring during pregnancy or in the first year following the birth of a child. Local PNMH data is based on estimates due to difficulties measuring the size of the issue.
- A national cohort analysis found the prevalence of diagnosed maternal mental health need in mothers of 0-2 year olds was 22%, with depression and anxiety being the most prevalent.
- However, regionally, London had the lowest prevalence of any maternal mental need (17%) and Northern Ireland had the highest (30%). The incidence of maternal mental health need was highest between 0-3 months, emphasising the necessity of support during the perinatal period.

Certain groups are at greater risk of psychiatric conditions during pregnancy and within the first two years post-birth.

- Nationally, the prevalence of maternal mental need ranges from 28% for children living in areas with the highest levels of socio-economic disadvantage to 18% in the lowest.
- In addition, prevalence is higher in mothers aged less than 20 years (32%) and 20-24 years (30%) than those aged 30-34 (21%) and 35-39 (20%).
- Prevalence was highest in children of a White ethnicity (25%) followed by mixed (21%). A limitation of these figures is that Black and ethnic minority groups are often less likely to have mental health needs detected due to diagnostic tools that are inappropriate for individuals from non-Western cultures.
- Socioeconomic disadvantage intersects with disadvantages associated with ethnicity to magnify negative health outcomes.

Perinatal mental health is a modifiable risk factor associated with increased risk of poorer health outcomes

Maternal mental health needs constitute an adverse childhood experience (ACE), which is associated with increased risk of long-term mental illness, cancer, heart disease, and respiratory disease.

Foetal and neonatal outcomes	Infant, child and adolescent outcomes	Maternal outcomes
<ul style="list-style-type: none">Preterm deliveryLow birthweight	<ul style="list-style-type: none">Emotional problemsBehavioural problemsDisorganised or insecure attachmentLow levels of cognitive developmentProblems with physical growth and development	<ul style="list-style-type: none">Suicide or suicidal ideationSelf harmImpaired parent-baby bondingChanges in physical wellbeingRelationship breakdown

These outcomes are not exhaustive, and they are likely to result from the interaction of multiple risk factors and other confounders.

- Much research is based on antidepressant use due to availability of prescription data; it is difficult to disentangle the effect of antidepressants, lifestyle confounding factors and depression.
- Women and people with PNMH problems are more likely to restart smoking if they had stopped during pregnancy, use illicit drugs and consume alcohol to excess.

Breastfeeding coverage in Southwark is higher than England average, but shows inequalities

In the period 2018/19 to 2021/22, 55% of children in Southwark were exclusively breastfed (EBF), 30% were partially breastfed and 15% were not breastfed at all at 6-8 week health visit.

- There is no comparable data available for London. In 2021/22 in England, 49% of children were exclusively or partially breastfed at 6-8 week health visit, significantly below Southwark (85%).

EBF coverage decreases as deprivation increases, while the proportion not breastfed at all increases.

- Almost 1 in 5 children are not breast fed at all in the most deprived quintile, compared to less than 1 in 10 in the least deprived. The distribution of types of breastfeeding across deprivation quintiles has stayed similar across the time period.
- The highest rates of EBF are observed in mothers and birthing parents ages 30-39 (66%), while those who are older are most likely to partially breastfeed (PBF).
- EBF is highest for children from a White ethnic group, and lowest for children from a Black, Asian or unknown ethnic group.
- The proportion of children who are not breastfed at all is highest for White and mixed ethnic groups, as these groups are less likely to be PBF.

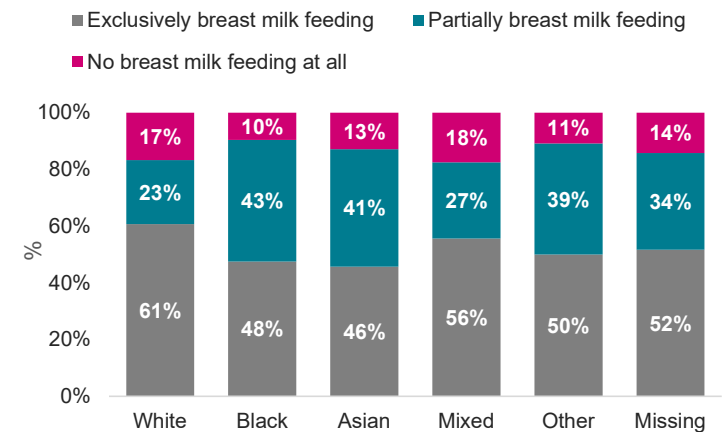


Figure 13. Breastfeeding coverage at 6-8 weeks in Southwark by ethnic group of child (2018-2022)

Breastfeeding can have a protective effect against a number of adverse infant and maternal outcomes

Breast milk is the most nutritious source of food for infants and possesses innumerable health benefits for both mother/ birthing parent and baby, including improved child health and cognitive development, maternal health, and parent-infant bonding.

	Infant Outcomes	Maternal outcomes
Reduced risk of:	<ul style="list-style-type: none">▪ Childhood obesity▪ Gastrointestinal (GI) disease▪ Lower respiratory tract infection (LRTI)▪ Allergies▪ Otitis media▪ Dental disease▪ Sudden Infant Death Syndrome (SIDS)▪ Cardiovascular disease	<ul style="list-style-type: none">▪ Breast cancer▪ Ovarian cancer▪ Osteoporosis▪ Cardiovascular disease▪ Obesity
Improved:	<ul style="list-style-type: none">▪ Cognitive development▪ Parent-infant attachment	<ul style="list-style-type: none">▪ Perinatal mental health

Poor infant attachment has the potential to significantly impact life outcomes

It is estimated that in areas of mixed socioeconomic status, 30% of infants have ‘insecure’ attachment and 20% have ‘disorganised’ attachment with their caregiver.

- Applied to Southwark’s under 2 population, this would equate to 3,000 infants with ‘insecure’ attachment and 2,000 with ‘disorganised’ attachment.
- Rates of ‘insecure’ attachment are likely to be much higher in certain groups, including under 2s of mothers with mental health needs as well as looked after children¹. Thus true figures may be higher.

Poor attachment is associated with ‘externalising’ and ‘internalising’ behaviours, impacting the way an individual interacts with their environment and their internal psychological behaviour.

- Externalising behaviours refer to interactions with ones environment such as aggression and hyperactivity, while internalising behaviours refer to behaviours directed inwardly toward oneself such as social withdrawal and anxiety.
- Though many effects of a poor attachment style present in later childhood and adolescence, one more immediate outcome is that of poor school readiness.
- Outcomes associated include criminality, poor peer relationships and borderline personality disorder.
- There is also an association between poor bonding quality and maternal mental needs postnatally, as well as mental health needs throughout childhood and adolescence.

Although the impact of adverse childhood experiences (ACEs) can be significant, there is evidence that relationally enriched environments may buffer their effects.

- Bonding predicts infant social-affective development, including social-emotional, behavioural, temperamental outcomes, and resilience.

A very low percentage of people living in Southwark take folic acid supplements before pregnancy

The percentage of women and people taking folic acid supplements before pregnancy in Southwark is less than half that of London.

- In 2021/22, 9% of women and people in Southwark took folic acid before pregnancy compared to 26% in London and 20% in England.
- It is important to note that nationally, 45% of pregnancies and one third of births are unplanned or ambivalent; it is unlikely for someone with an unplanned pregnancy to be taking supplements.
- 77% of women and people in Southwark begin taking supplements once their pregnancy is confirmed, meaning 86% take folic acid supplements at some point before or during pregnancy. This is higher than in London (78%) and England (72%).
- The number of women and people taking folic acid prior to becoming pregnant in Southwark appears to be declining, with a 3% decrease between 2019 to 2022.

Locally there are disparities between women and people seen by different teams of community midwives.

- GSTT community caseload midwives are divided into teams by the postcode they work in. Three teams in particular: Acacia, Acorn and Chestnut, target postcodes with high numbers of black, Asian and minority ethnic groups, lower socioeconomic status, refugees and young mums/ birthing parents.
- The proportion of women and people seen by the Chestnut team taking folic acid during pregnancy was considerably lower than those seen by Acacia and Acorn.
- This disparity could be attributed to the fact that many of those seen by the Chestnut team are young mothers and birthing parents, who are unlikely to have planned their pregnancy, and therefore would not have been taking folic acid supplements.

Taken before and during pregnancy, folic acid can help prevent major birth defects

It is recommended that women and people hoping to conceive take a 400 micrograms folic acid tablet every day before pregnancy and until 12 weeks of pregnancy has passed.

- Folic acid can help prevent birth defects known as neural tube defects (NTDs), which occur when the neural tube does not close properly in utero.
- These types of defects develop very early in pregnancy, which is why it is recommended that women and people begin taking folic acid supplements before conception.
- The two most common NTDs are spina bifida and anencephaly.

Spina bifida	Anencephaly
<p>In spina bifida, part of the neural tube does not develop or close properly in the womb, leading to defects in the spinal cord and bones of the spine.</p> <p>It is not known what causes spina bifida, but a lack of folic acid before and in the early stages of pregnancy is a significant risk factor.</p> <p>With the right treatment and support, many children with spina bifida survive well into adulthood.</p>	<p>Anencephaly is a life-limiting condition where the baby's brain and spinal cord do not develop properly. As a result, large parts of the baby's skull and brain are missing.</p> <p>Most babies with the condition are stillborn.</p>

There are additional risk factors that may have a significant impact on neonatal and infant outcomes

This is not an exhaustive list of modifiable risk factors, and there are others that likely impact Southwark's population, including those outlined in the table below:

Risk factor	Difficulties measuring	Prevalence	Impact on infant/ child
Maternal nutrition	Measuring maternal nutrition is complex, and often nutritional status is assessed by BMI and uptake of dietary supplements such as folic acid.	Most likely to exist in developing countries and low socio-economic populations due to expense of nutrient-dense foods.	Preterm birth, low birth weight, mortality, congenital defects, hypothyroidism, intellectual disabilities
Prenatal infection	Data relies on medical records and omits infections for which individuals did not seek medical care.	In a longitudinal sample of 15,462 UK mothers, 8.7% reported having had an infection during pregnancy (2022).	Increased risk of neurodevelopmental disorders.
Domestic abuse	Barriers to reporting, including feelings of shame, embarrassment, fear, experience of a negative response and recognising abuse.	6.9% of women in the UK were estimated to have experienced domestic abuse in 2021. Pregnancy can act as a trigger for domestic abuse.	Physical injury, long-term health and wellbeing, trauma; constitutes an ACE.

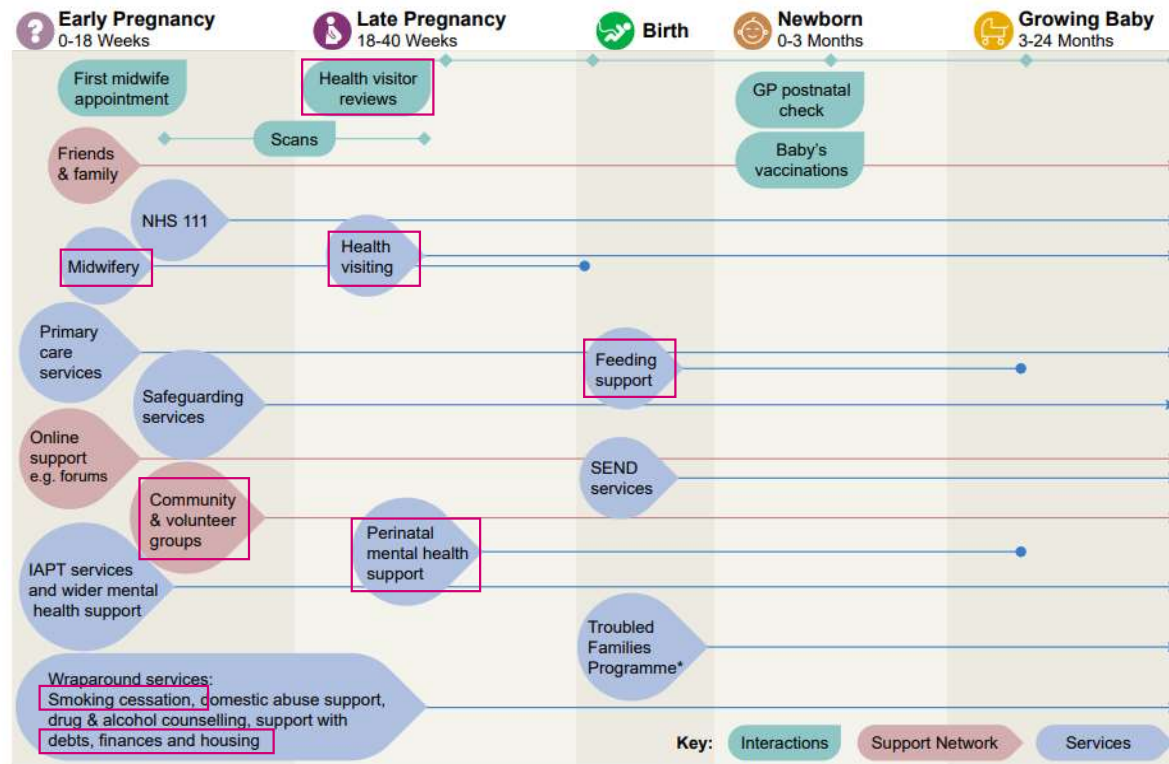
Modifiable risk factors interact with sociodemographic factors to impact risk of certain outcomes

Risk	Southwark Picture	Associated Outcomes
Smoking	4.5% of women are known to be smokers at time of delivery (2022/23)	Increased risk of poor infant outcomes including stillbirth, low birthweight, SIDS, asthma, obesity, and Type 2 diabetes
Alcohol and substance use	Local data unavailable, however 4.1% of pregnant women in England were reportedly drinking alcohol at time of booking appointment (2018/19)	Increased risk of FASD and FAS, miscarriage, preterm birth and low birth weight
Obesity	17% of pregnant women were obese during early pregnancy (2018/19)	Increased risk of stillbirth, congenital abnormality, shoulder dystocia, macrosomia and later obesity
Perinatal mental health	Estimated 10-20% women and 10-15% fathers are affected by perinatal mental health problems	Increased risk of preterm birth, low birthweight, emotional and behavioural problems, maternal suicide
Breastfeeding	55% of children exclusively, 30% partially breastfed and 15% were not breastfed at all at 6-8 weeks (2018-22)	Not breastfeeding associated with obesity, GI disease, LRTI, SIDS, dental disease, allergies, otitis media, cardiovascular disease
Attachment and bonding	An estimated 50% of infants have insecure or disorganised attachment	Associated with delinquency, criminality, poor relationships and mental health needs.
Folic acid	15% of pregnant women took folic acid before pregnancy (2018/19)	A lack of folate can result in neural tube defects such as spina bifida and anencephaly

Section 4: The Local Response

A range of services are available to support pregnant women and people in Southwark

The diagram below displays some of the services available to support pregnant women and people in Southwark, and those in the pink boxes will be discussed in greater detail.



Midwife appointments are a universal service provided by the NHS

Midwives provide personalised care and support throughout pregnancy, during labour, and up to ten days postpartum.

- The South East London Integrated Care System contracts GSTT and King's College Hospital to provide midwife appointments to women and people living in Southwark, accessible via self-referral.
- Better Births recommended that the NHS ensure continuity of carer, meaning that women and people receive dedicated support from the same midwifery team throughout their pregnancy.
- There is evidence that continuity of carer leads to better outcomes for mother or birthing parent and baby, and provides a more positive experience of pregnancy.
- Specifically, those from socially disadvantaged and black and minority ethnic groups, including those with complex pregnancies, benefit from the continuity of carer model.
- The NHS Long Term Plan previously set a goal that 75% of women from these groups receive continuity of care by 2024, although this was subsequently removed following the pandemic. Despite removal of this goal, it is clear that applying this to the diverse population of Southwark has potential to significantly reduce inequalities of neonatal and obstetric outcomes.
- The number of women placed on the continuity of carer pathway (2021/22) was **substantially lower** in both GSTT and KCH than the national rates.

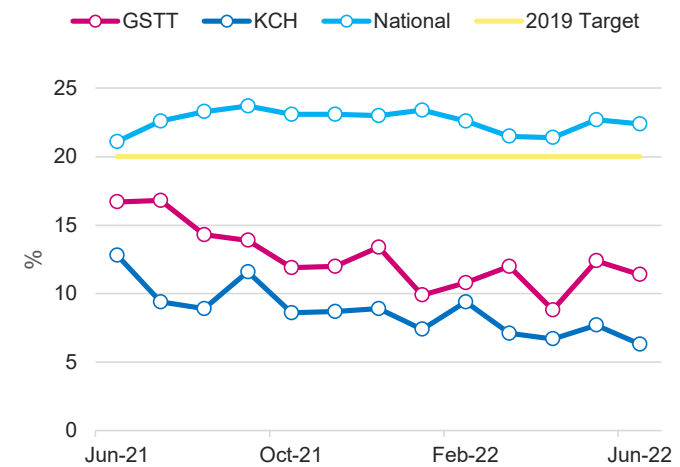
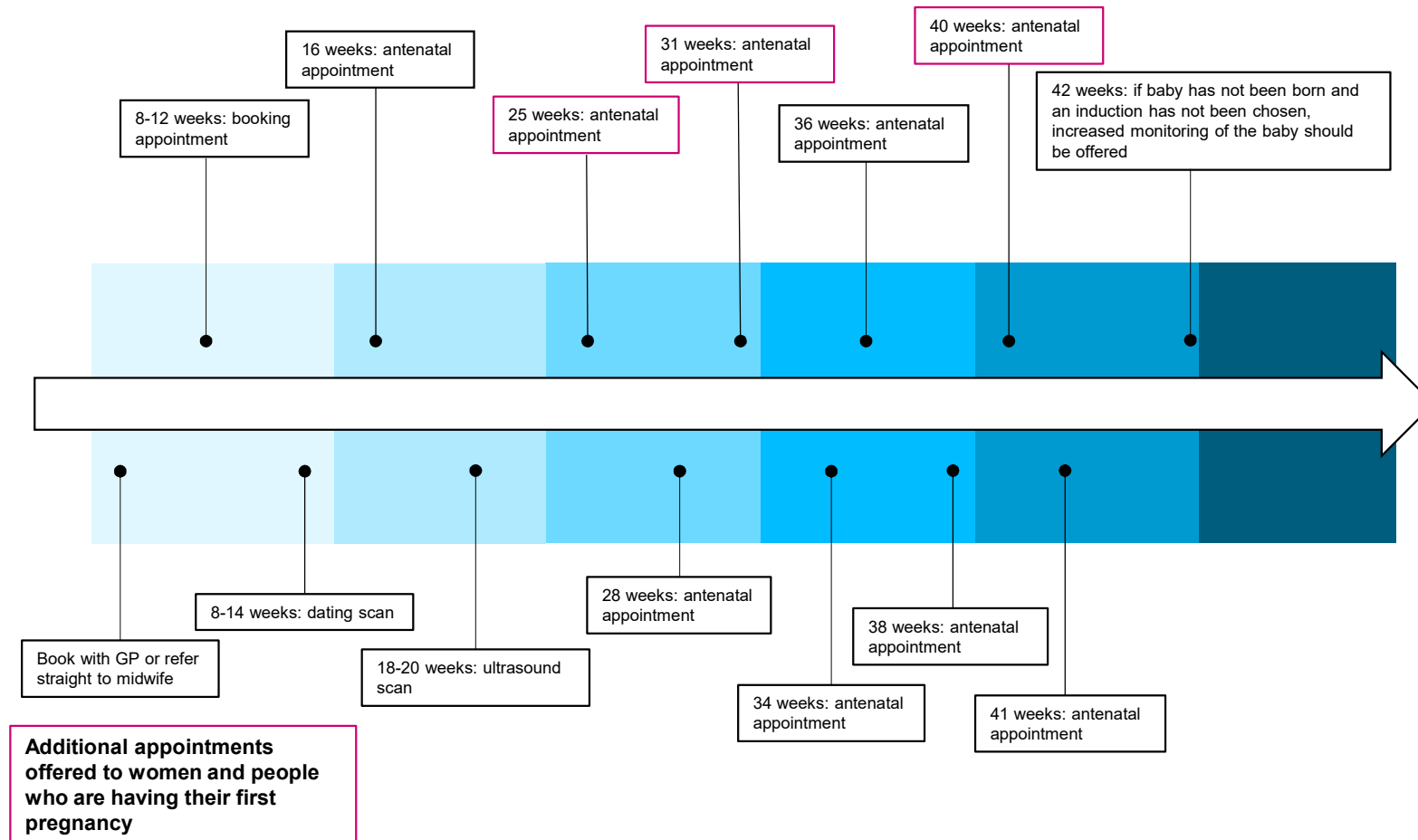


Figure 14. Number of women placed on continuity of carer pathway by 28 weeks (%)

Women and people expecting their first child will have up to ten antenatal appointments, including two scans



Public Health are responsible for commissioning health visiting (HV) services

GSTT via Evelina London community services provides HV services for Southwark.

- These services lead the delivery of the HCP 0-5 years for the borough, ensuring that children are developing well and are adequately supported by family and professionals where required.
- The HV service has three tiers of provision which aim for the following key outcomes (**though not entirely within the influence of the service**):
 - Improved life expectancy and healthy life expectancy
 - Reduced infant mortality
 - Reduced low birth weight of term babies
 - Reduced smoking at delivery
 - Improved breastfeeding initiation and at 6-8 weeks
 - Child development at 2-2^{1/2} years
 - Reduced under-18 conceptions
 - Reduced excess weight in 4-5 year olds
 - Reduced hospital admissions caused by unintentional and deliberate injuries in CYP aged 0-14 years
 - Improved population vaccination coverage
 - Reduced tooth decay in children aged 5
- HVs provide a vital opportunity to identify any problems early on.
- In particular, the 6-8 week review is identified as a crucial opportunity to support both the mother/ birthing parent and child with breastfeeding, mental health, physical examination of the infant, difficulty in accessing benefits, and to emphasise the importance of vaccinations.

Health Visitor appointment completion rates are higher in Southwark than in London or England

The proportion of infants receiving their new birth visit (NBV) within 14 days is higher in Southwark than London and England.

- This is consistent across all other HVs aside from the 2-2^{1/2} year review, which dropped below the England rate in 2021/22.
- In addition, there was a 10-20% drop in appointment completion rate prior to the pandemic which hasn't recovered.

An evaluation of the HV service looked into the service users in comparison to Southwark's eligible population based on local deprivation level, ethnicity and maternal age.

Local deprivation level (IMD)	<ul style="list-style-type: none">▪ There did not appear to be any inequalities in access due to local levels of deprivation.
Ethnicity	<ul style="list-style-type: none">▪ There appear to be fewer children from Black and mixed ethnic groups within the HV cohort than expected based on the demographics of Southwark's <5 year old population.▪ 17-20% of clients have missing or not known ethnicity data, so it may be the case that underrepresentation of Black and mixed ethnic groups is due to missing information.
Maternal age (at birth)	<ul style="list-style-type: none">▪ Mothers/ birthing parents aged 19-29 make up a smaller share of the HV population than expected based on the demographics of mothers/ birthing parents who give birth in Southwark.

Families with complex needs may be supported by an Early Intervention Health Visitor for up to two years

The Early Intervention Health Visiting (EIHV) roles were developed by GSTT as a way of delivering HV services to the mothers/ birthing parents and families with the most complex health and social care needs.

- This includes families/ expectant women and people experiencing domestic abuse, significant mental health illness, significant learning disabilities, substance misuse.
- Previously, teenage mothers and birthing parents were referred to the Family Nurse Partnership, however following changes in teenage birth rates over recent years and current socioeconomic challenges impacting a broader population of local families, this has been replaced with the Bright Beginnings pathway.

The EIHV service provides a rapid assessment, care package and support to families with young children aged under 1 year.

- Intensive home visiting is provided, beginning with weekly visits for the first month followed by a tailored approach depending on the needs of the family following a review at 1 month.
- The programme extends until the child's 2nd birthday.

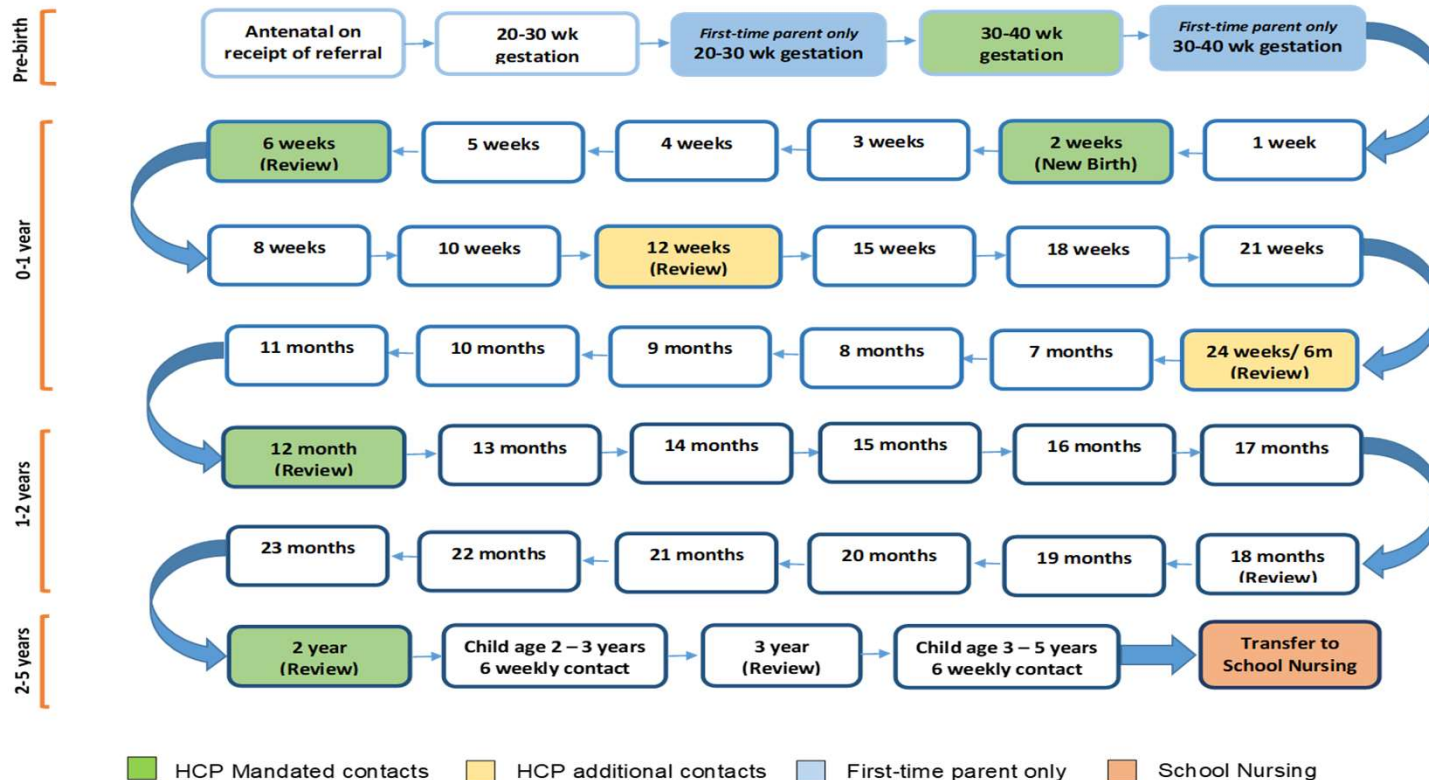
The Bright Beginnings pathway provides additional, intensive support to women and people under the age of 20.

- The service is delivered by an expanded team of EIHV's, including those who had previously operated as Family Nurses delivering the Family Nurse Partnership programme.

It has not been possible to determine the proportion of clients on EIHV due to data availability.

The Early Intervention pathway has considerably more contact points for families

EARLY INTERVENTION HEALTH VISITING



Universal and specialist infant feeding support is available to women and people living in Southwark

Breastfeeding support is provided by GSTT via Evelina, with the Infant Feeding Lead (IFL) running drop in breastfeeding drop in groups four times a week.

- Universal breastfeeding support is provided by midwifery and the HV team at New Birth Visits, follow up visits, Child Health Clinics and breastfeeding drop in groups.
- This involves undertaking a breastfeeding assessment and giving initial breastfeeding support, enabling healthcare professionals to identify more complex breastfeeding issues requiring specialist support e.g. tongue tie, multiples, low milk supply.
- The drop-in service is run by the IFL from four Children and Family Centres in Southwark. These take place in 1st Place Children and Parents' Centre in Burgess Park, Crawford Children's Centre in Camberwell, Rye Oak Children's and Family Centre in Peckham and Rotherhithe Children and Family Centre in Southwark Park.
- These sessions aim to provide a safe and comfortable environment to support breastfeeding.
- The Breastfeeding Network are also commissioned to provide peer-to-peer support and help to facilitate the drop in groups.

Specialist support is available twice a week by appointment, and from here assessments and referral for tongue tie clinics can be made.

- Currently two assessments to confirm tongue tie are required before a division is booked.
- Tongue tie division is provided by either GSTT or KCH.

Plans to improve infant feeding outcomes via the Start for Life programme in Southwark are underway

Southwark is working to further develop a sustainable breastfeeding friendly environment which supports and normalises breastfeeding.

- The HV team currently holds Stage 2 accreditation of the UNICEF Baby Friendly Initiative (BFI), that aims to enable public services to better support families with feeding and developing close and loving relationships so that all babies get the best possible start in life.
- Work is ongoing to plan an advance to Stage 3 and Achieving Sustainability in the near future.

The Family Hubs and Start for Life programme provides additional funding for infant feeding support.

- The programme aims to have the following impacts:
 - Rates and length of breastfeeding increase
 - Reduction in breastfeeding inequalities
 - Improved perinatal mental health and parent-infant relationships
 - Women and people have a more positive infant feeding experience
- Interventions include:
 - Improved digital offer through localisation of the Baby Buddy app
 - Peer support service provided by The Breastfeeding Network
 - Expansion of the infant feeding team
 - Establishment of an electric breast pump loan service

In addition, an emergency formula milk pathway is being finalised to allow families experiencing financial hardship access to formula milk.

Children & Family Centres offer new and expecting families a variety of services

Children and Family Centres are an important hub for families and children where they can socialise as well as access health information and services.

- The centres deliver universal as well as targeted services across five key areas:
 1. Family support
 2. Health
 3. Education, skills and training
 4. Advice and guidance
 5. Play, learning and development

The distribution of Children and Family Centres mirrors the pattern of inequality within Southwark, providing easy access support to those who need it most.

- There are 19 centres located across the borough, grouped into four localities:
 - Borough, Bankside and Walworth (4 sites)
 - Bermondsey and Rotherhithe (6 sites)
 - Peckham, Peckham Rye and Nunhead (5 sites)
 - Camberwell and Dulwich (4 sites)

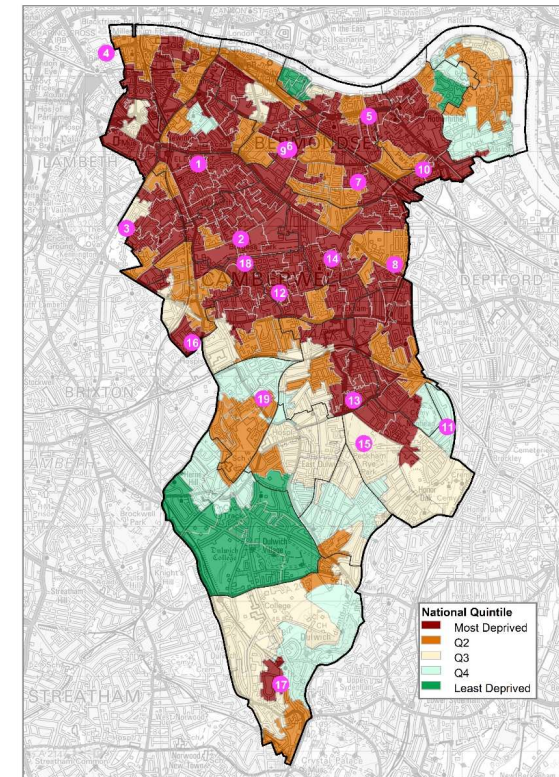


Figure 15. Southwark Children Centres and Income Deprivation Affecting Children Index (2019)

Children & Family Centres support infant development and parental wellbeing

Children and Family Centres offer the opportunity for colocation, which supports collaborative working between healthcare professionals, and provides a single point of access for families.

Early language and home learning environment:	<ul style="list-style-type: none">▪ Speech and language therapists run clinics and “Chattertime sessions” from CFCs, giving families direct access to professionals and seek advice if needed.▪ Staff at CFCs are trained to identify parents requiring extra support and refer them to the appropriate service.
Parenting support:	<ul style="list-style-type: none">▪ CFCs have several parenting programmes offered in-house and support external organisations providing different programmes or individual parenting support to local families.▪ Some CFCs have run successful targeted sessions for fathers, such as a DJ workshop held in the local community.
Parent-infant relationships and PNMH:	<ul style="list-style-type: none">▪ The Under 5 CAMHS and PNMH teams engage with parents and children in CFCs and are available to talk with parents pre-referral.▪ Staff working from CFCs, including community family workers, family support workers and early years practitioners receive training from the Under 5 CAMHS team on skills to identify and work with parent-infant relationships and mental health issues.▪ Support extends to fathers and other partners to provide a whole-family approach to tackling issues with parent-infant relationships and mental health, and classes are provided for those speaking English as a second language.

CAMHS Under 5's service offers evidence-based support, but only a small number of families are being reached

The CAMHS under 5's service is an early intervention project working with parents to support the social-emotional development of their babies and young children.

- The service offers an assessment over a number of visits to develop a comprehensive understanding of families' needs and helps with the following:
 - Building stronger relationships between parents and children
 - Understanding young children's feelings and behaviours
 - Helping children and parents who may have experienced stress
 - Improving parents' confidence with their children
- Types of support include the following evidence-based interventions:
 - Social-emotional Under 5s Screening & Intervention (SUSI)
 - Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD)
 - Practical parenting strategies (The Incredible Years)

Despite an estimated 3,000 Southwark under 2s having insecure attachment and 2,000 having disorganised attachment, the service worked with just 73 families directly, including assessment and/or treatment.

- The number of 0-2 year olds was smaller still, with the majority of the 73 families consisting of those with 3 to 5 year olds.
- The work also involves providing consultation on individual cases to the Parental Mental Health Team (30 cases), Families Nurses Partnership (22 cases), Perinatal mental health team and Children and Family Centres (10 cases).
- While this service provides an evidence based intervention, the reach is small due to resources, with only 2.2 WTE staff. As a result of low staffing, the service is not widely promoted, thus current waiting times are not reflective of need.

South London and Maudsley (SLaM) provide perinatal and parental mental health support in Southwark

Early identification of postnatal difficulties and timely support is critical in trying to prevent the development of mental illness.

- HVs and midwives are uniquely placed to identify perinatal mental health problems, with assessment of maternal mental health being standard procedure.
 - HVs undertake the NICE recommended Whooley and GAD-2 questioning at the New Birth Visit, 6-8 week visit and the one year review.
- If a need is identified, a referral is made to Improving Access to Psychological Therapies (IAPT), GP or a mental health professional.

The Southwark Parental Mental Health Team works with families with children under five where there is some experience of mental distress by one or both parents. Their work includes:

Issues addressed	Bonding and attachment, mental health and the impact upon the family, relationships, social isolation
	Practical concerns and signposting (e.g., housing, finance, immigration)
Group work	Parenting groups and courses (e.g., postnatal depression, managing stress)
	Therapeutic Baby and Toddler group, Keeping Well Post Birth, Art group
Professionals	Advice and consultation to Children's Centre staff
	Mental health awareness training

Access to parental mental health services in part reflects the population most in need

Over 200 referrals to the parental mental health team were accepted for assessment in 2021, 87% of the total referrals received by the team.

- Camberwell and Dulwich represented the highest proportion of parents of children aged 0-5 on the caseload in 2021, despite this locality generally seeing lower levels of deprivation.¹
- This suggests that the families who most need the support of the parental mental health team may not be receiving it.
- Women and people from Black, Asian and minority ethnic backgrounds are disproportionately affected by poor mental health², and this is reflected by Black, Asian, mixed and other ethnic groups accounting for almost two-thirds of parents on the parental mental health caseload in 2021.¹

Many families accessing support from SLaM have children experiencing other adverse childhood experience, such as domestic violence.

- In 2021, the average number of estimated ACEs experienced by families on the parental mental health caseload was 3.
- Children with 3 or more ACEs are found to be at an increased risk of mental health problems and life-threatening diseases before the age of 60.
- In addition, 46% over the same period were believed or confirmed to be experiencing domestic violence or abuse.

It has not been possible to review data from the PNMH team at this time.

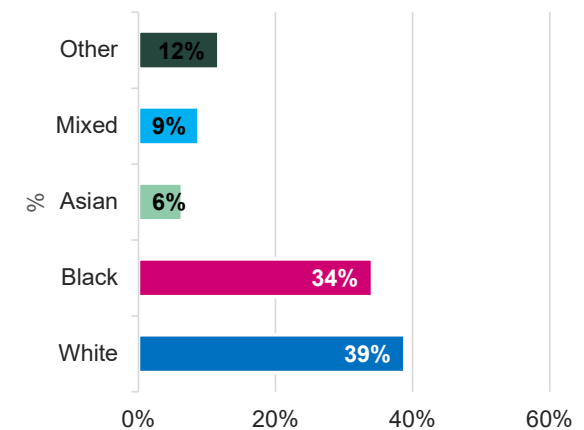


Figure 16. Average caseload proportion by ethnic group (2021) (%)

Despite low rates of smoking during pregnancy in Southwark, those needing support are not utilising it

Previously, pregnant women and people who smoke received a similar level of support to the general population.

- All pregnant women and people admitted to or visiting hospital were asked their smoking status, and upon discharge or departure, those who are smokers were referred into the local Stop Smoking service.
- However, in 2022/23 a minority of pregnant smokers were referred into this service, suggesting the pathway was not working as effectively as it could be.

In October 2023, the government published new policy and provided extra funding of £70 million per year (2024-25) to create a smoke free generation.

- This additional funding included financial incentives for pregnant women to stop smoking, and funding for specialist “Smoking Cessation Midwives”.
- As a result, the smoking support for pregnant women and people in Southwark is undergoing change, wherein the service will be offered in-house by GSTT and KCH.
- Other recent updates to NICE guidelines will be incorporated into this new service, including opt-out referrals and carbon monoxide testing at regular intervals.

There are more parental than pregnant drug and alcohol users accessing drug and alcohol services

The proportion of Southwark residents accessing drug and alcohol services who are pregnant is very small.

- From April 2019 to December 2022, there were 34 pregnant drug users in treatment and less than 15 pregnant alcohol users in treatment.
- All of the identified pregnant drug and alcohol users were engaging in structured Tier 3 drug and alcohol treatment and 93% were engaged with maternity services.

The number of parental drug and alcohol users were higher, accounting for a quarter of all service users.

- For the same period 25% of service users were identified as parental drug users and 4% were identified as parental alcohol users. This represents up to 4,800 people out of a total of over 16,400 service users, though the figure may be lower as some individuals may have been identified as both drug and alcohol users.
- All parental drug and alcohol users identified within the service engaged in structured Tier 3 drug and alcohol treatment.
- Less than 20 parental substance misuse service users were referred to engage with CGL Family Support Services and none were referred to CYP services.

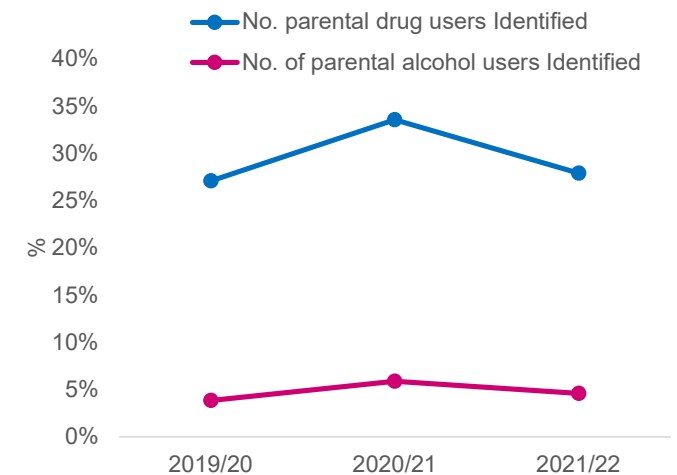


Figure 17. Proportion of CGL drug and alcohol service users who are parental drug and alcohol users.

Healthy weight in pregnancy and at the start of a child's life have been highlighted as a priority in Southwark

The Healthy Start scheme provides access to healthy food for those receiving certain benefits.

- The national government scheme provides families with children under 4 and pregnant women on certain benefits with a pre-paid card that can be used in retailers to buy cows milk, fruit and vegetables, pulses, infant formula.
- In Southwark, approximately 65% of eligible families are registered for the Healthy Start scheme (March 2022).
- Locally, the Rose Voucher scheme provides vouchers to expecting families and families with a child up to 5 years old on certain benefits. These can be spent on fruit and vegetables at local markets.
- This scheme is available for families living in areas of highest deprivation in Southwark, ensuring the most vulnerable of the population have access to healthy food.
- This scheme helps to bridge the gap before starting school, at which point children receive free school meals.

Maternity and the start of a child's life has been outlined as a priority for Southwark's Healthy Weight Strategy over the next five years (2022-27).

- A healthy weight training module focused on supporting healthcare professionals with conversations before, during and after pregnancy around healthy weight, as well as key healthy eating principles and physical activity guidelines, is being developed.
- A target has been set for 75% of healthcare professionals to have completed this training by 2027.
- In addition, Weight Watchers has recently been commissioned to provide universal weight management in Southwark.

Home-Start (HS) offers pregnant women and people, and their families with children aged 0-5 peer support

Home-Start Southwark (HSS) is a charity providing a local community network of trained volunteers and expert support.

- Volunteers provide families with emotional and practical support, from being someone to share worries with, to help with finances and housing, to strengthening of relationships.
- Families can self-refer or be referred by a professional, and some may receive support from HS alongside other services such as Early Help.
- In the period 1st January to 30th June 2022, HSS supported 62 parents/ families supported with 131 children.
- Families are often matched with volunteers based on lived experience, personality, language and culture, among other factors, which is likely to increase access and engagement.
- The ethnicity of families receiving support from HSS reflects those at increased risk of disadvantage, with 88% identifying as Black, Asian or other ethnic minority.

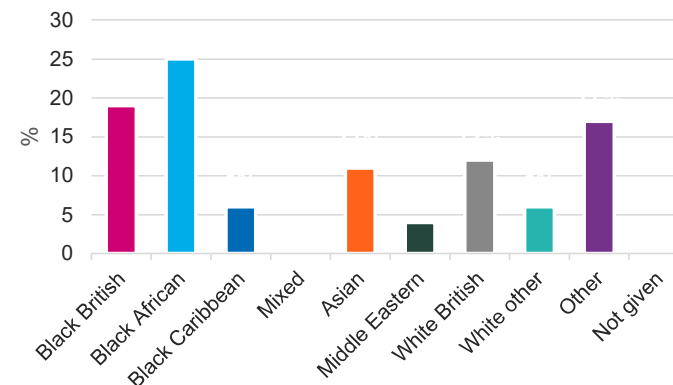


Figure 18. Ethnicity of family

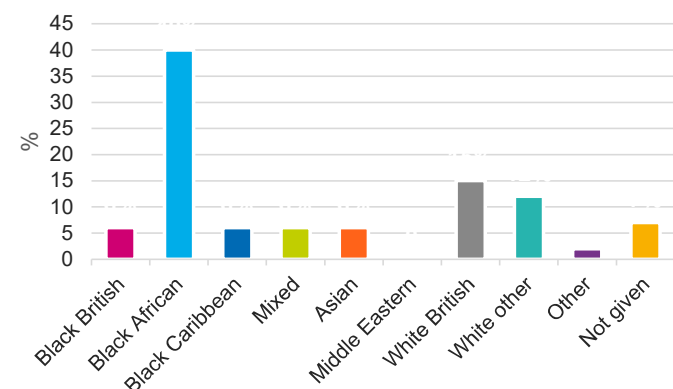


Figure 19. Ethnicity of volunteers

Parent Action supports and empowers parents to improve outcomes for children

Parent Action is a community-led social support project that aims to equip parents with the skills and confidence to improve health and development outcomes for their children.

- The project promotes early years development, combats social isolation, supports physical and mental health and endeavours to remove barriers preventing families from accessing health and social services.
- In 2021/22, Parent Action delivered 222 sessions, averaging 12 parents and 13 children per session.
- Parent Action relies on volunteers to help deliver these sessions; 38% of volunteers were current or previous Parent Action parents, suggesting many of those who have benefitted from the service in the past choose to reciprocate the support they received.

Southwark is home to a large Latin American community, and approximately 6% of the population are born in a Spanish-speaking country.

- Parent Action runs groups targeted specifically at families who speak Spanish to ensure this community is able to access and receive support that meets their needs.
- This includes Espacio Mama, where mothers and birthing parents are able to meet other Spanish-speaking parents, access information through the Latin American Women's Right Service, and receive support from a HV.
- Evaluation of one of Parent Action's Spanish-speaking mental wellbeing sessions, Mamas Empoderadas, revealed marked improvements in maternal wellbeing over the six-week course.
- This work improves accessibility for those who do not speak English as a first language, and provides valuable, community-led support to those who need it.



1 in 3 families receiving support from Parent Action are Latin American

A number of measures have been implemented in response to the cost of living crisis

Nationally administered measures include universal interventions to be received by all as well as targeted interventions for those with higher levels of need.

- Universally, all UK households from October 2022 received a £400 refund on energy bills and the energy price guarantee limited the rising costs of fuel. As a result the average annual bill for households was £2,500.
- Households in receipt of low-income benefits or tax credits will receive up to three Cost of Living payments of £301, £300 and £299 in spring 2023, autumn 2023 and spring 2024 respectively.
- A payment of £150 was made to those receiving disability benefits in summer 2023.
- Benefit payments were uplifted in 2023 based on inflation from September 2022.

Locally administered measures aimed to support those with the highest levels of need.

- Up to November 2023, national government granted a £150 council tax rebate for tax bands A-D, as well as three further cohorts of households using the Discretionary Fund. Southwark's allocation was £17M and benefited more than 100,000 households.
- In October 2024, Southwark Council announced it would be giving 5,000 residents £50 towards their council tax. This was for families impacted by the two-child benefit cap and single households of working age in council tax bands A and B.
- The national Household Support Fund continues to cover the costs of free school meals during the school holidays.
- The council already offered free healthy school meals to all primary school pupils in Southwark. The Mayor of London has provided funding for universal free school meals for all primary school pupils in London during academic year 2023/24. This has enabled the council to reallocate funds to tackle hunger in secondary schools.

Section 5: Community & Stakeholder Views

Engagement with key stakeholders revealed strengths, concerns, and priorities for improvement

An engagement event carried out by Partnership Southwark with frontline workers identified what should be prioritised for whole system working.

- In 2022 Partnership Southwark, the local care partnership for Southwark, agreed to prioritise “the first 1,001 days” for system led transformation.
- The event aimed to provide an opportunity for staff working to support families during the first 1,001 days to share thinking and feedback on strengths as a system and where improvements are needed.

Strengths to build on

- Responding quickly in emergency situations
- High performing partnerships
- Development of peer-peer support
- Recognition of the need to tackle inequalities
- Appetite to do things differently

Key concerns

- Housing crisis
- Financial insecurity
- Lack of breastfeeding support
- Language barriers
- Repeating stories
- Long waiting lists
- Access barriers

Priorities for improvement

- Staff shortages and training demands
- Increasing complexities
- Professional knowledge gap of the local offer
- Better understanding of service user needs
- Early identification and prevention
- Improving family access to support and outreach
- Need for more strategic join up/ multi-agency working
- Building and supporting parent-infant relationships
- Better use of VCS offerings and peer-peer support
- Whole family triage, more work with fathers
- Need to readily share personal data
- Maximising use of the e-Redbook
- Normalise seeking support
- Establish good support network in the pre-birth period

Patient and public engagement was carried out to inform the development of the Bright Beginnings pathway

Data collected during patient and public engagement in August and September 2022 provided insight into the experiences and needs of parents receiving care through the HV and FNP services.

- Three workshops were held, two of which were face-to-face and one online via Zoom, and attended by 25 people. An online survey received a total of 18 responses.
- Feedback was both positive and constructive, with the below key themes identified.

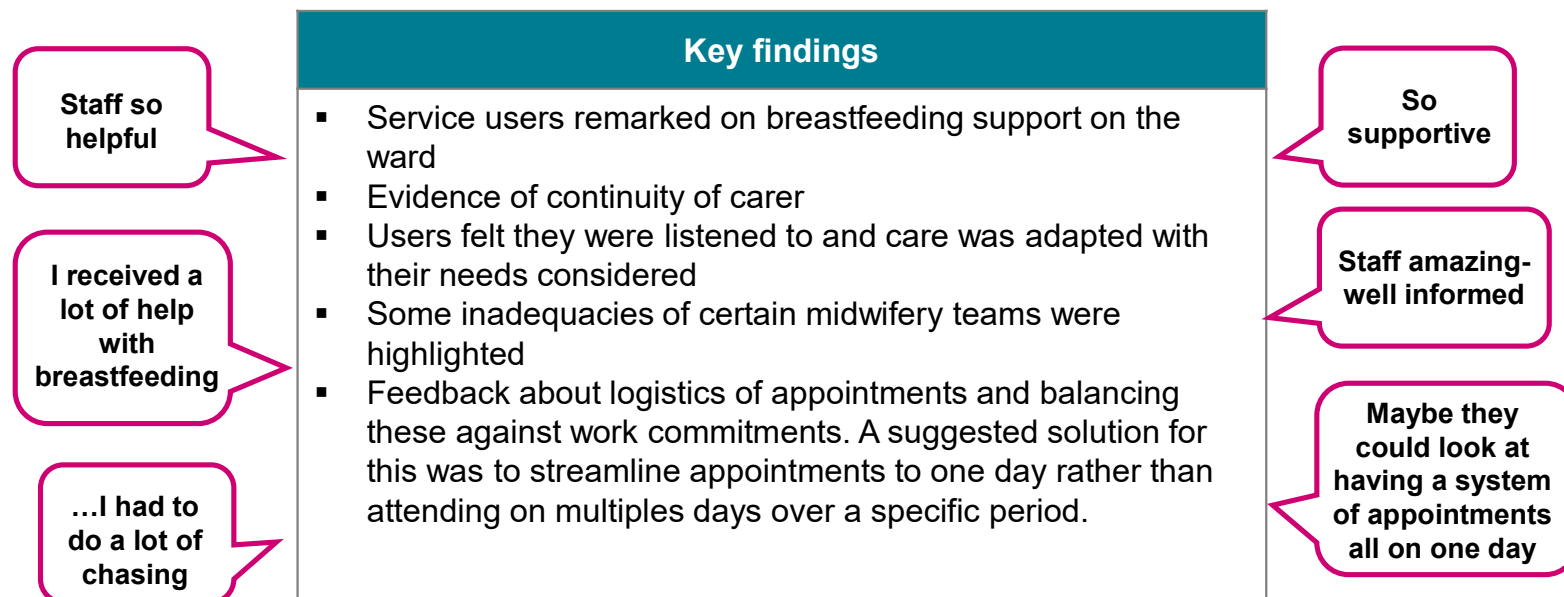
Choice	Joined up care	Continuity of care	Open discussions
<ul style="list-style-type: none">• How many visits during pregnancy and after• Where visits take place• Methods of communication at different times and milestones• Timing and frequency of information provided about pregnancy and parenting	<ul style="list-style-type: none">• Variation in the information given between different health and social services• Clarity on the differences between service offers• The role of the health visitor to help navigate services	<ul style="list-style-type: none">• Consistent contact with 1-2 HVs was vitally important to user experience	<ul style="list-style-type: none">• Value of relationships and open discussions• Particularly apparent with younger parents• Being open and inclusive important when involving partners• Partners should be, which could be rectified by involving them a involved earlier in the pregnancy

- Although themes useful for the design of the service were identified, low participation is a caveat of this engagement work.
- It will be important to conduct further patient and public engagement to review and evaluate the pathways once in place.

Maternal Voices Partnership (MVP) is a working group of women and people, commissioners and providers

The MVP carry out “Walk the Patch”, a volunteer-led program to collect feedback from maternity users on the antenatal and postnatal wards of a maternity unit.

- In 2022 Partnership Southwark, the local care partnership for Southwark, agreed to prioritise “the first 1,001 days” for system led transformation.
- Below is some of the feedback received during a session in which six service users were engaged on 30th September 2022 at KCH:



Section 6: The Evidence Base

Perinatal health identification of needs in the early years will impact on long term child outcomes (1/3)

Evidence of what works to promote good health and development in the early years is clear and set out in guidance (e.g. HCP 0-5 years). Evidence is cited throughout this document.

The State of Child Health 2020

- Neonatal mortality accounts for 70-80% of deaths in the first year of life, with causes largely attributable to perinatal causes which can be prevented through healthy behaviours before, during and after pregnancy, such as smoking cessation and breastfeeding.
- Focusing on prevention and the delivery of early intervention services for parents, children and families supports children to enjoy good health across their life course, and bolsters economic savings for the NHS and wider public services.

MBRRACE-UK Perinatal Surveillance report

- Ethnicity, deprivation and maternal age have a multidimensional effect on perinatal mortality.
- There is a need for initiatives to address population socio-demographic and behavioural factors, including a reduction of the wide inequalities in social deprivation, investigation of the causes of excess perinatal mortality for black, Asian and other ethnic minority populations, and improved strategies to reduce obesity and smoking during pregnancy.

Perinatal health identification of needs in the early years will impact on long term child outcomes (2/3)

Adverse Childhood Experiences (ACEs) and their impact

- Early identification of children living in households affected by multiple ACEs and taking appropriate supportive action can improve health and developmental outcomes through the child's life.

“Giving every child the best start in life”

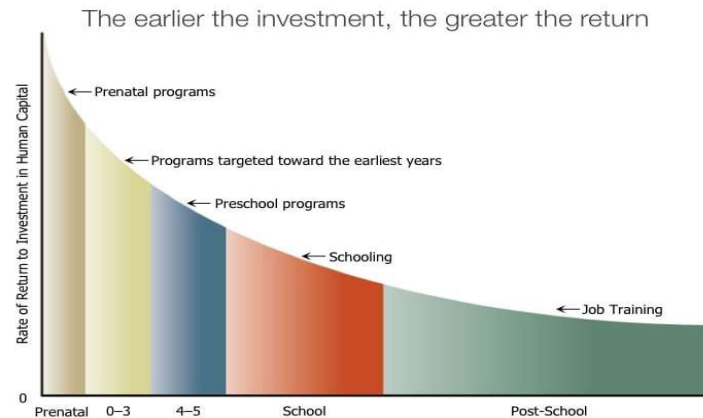
- Evidence shows that positive experiences early in life are closely associated with better school performance, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.
- Conversely, less positive experiences early in life, particularly those of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health.

Perinatal health identification of needs in the early years will impact on long term child outcomes (3/3)

Best Beginning in the Early Years: A case for investing in early years

- Early investment can help to reduce disparity and prevent achievement gaps. Gains from early intervention, if missed, are more difficult and more costly to replicate with later intervention.
- This principle is illustrated by the 'Heckman Curve'.
- A range of social science, psychological and economic evaluation indicates that:
 - Key aspects of children's skills, capabilities, behaviours and wellbeing emerge in early childhood
 - These factors can significantly influence a child's trajectory through the rest of childhood and well into adulthood
 - These factors can be influenced by timely intervention, but are more malleable earlier in life and harder to shift later in life.
 - Programmes which successfully improve these factors deliver substantial individual and social benefits over time.

Figure 20. The Heckman Curve



Source: James Heckman, Nobel Laureate in Economics

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