Key findings for Canonbury ACYPP

- 361 babies were born in Canonbury ACYPP in 2011. 54% of these births were to families living in high density social housing.

- Proportion of women breastfeeding at 6-8 weeks in Canonbury ACYPP increased from 68% in 2010/11 to 71% in 2011/12. This rate is lower than the Islington's rate of 76%.

- Proportion of Canonbury ACYPP reception pupils who were identified as very overweight decreased from 12% in 2009/10 to 11% in 2010/11. This rate is lower than the Islington average of 12%.

- Proportion of Canonbury ACYPP year 6 pupils who were identified as very overweight decreased from 24% in 2009/10 to 14% in 2010/11. This rate is lower than the Islington average of 22%.

- The overall proportion of Canonbury ACYPP children aged 0-16 years visiting an Islington NHS dentist decreased from 30% in 2010/11 to 26% in 2011/12. This is lower than the Islington average of 28%.

- In 2010/11 there were 5184 adults estimated to be experiencing depression or anxiety in Canonbury ACYPP.

- In 2008-10 the under 18 conception rates in wards in Canonbury ACYPP were; 45 conceptions per 1000 females in Canonbury ward, 59 conceptions per 1000 females in St Mary's ward, and 43 conceptions per 1000 females in St Peter's ward.

- The prevalence of adults who smoke in Canonbury ACYPP is 24%.

- Overall in Canonbury ACYPP, 95% of 1 year olds, 91% 2 year olds and 78% of five year old children received all recommended immunisations. The recommended level of uptake of childhood immunisations is 95%.
Location and Population

There were 206,100 residents living in Islington in 2011. Twenty percent of these residents were aged between 0-19 years. This population group is expected to increase by 16% in Islington in the next 20 years. Islington is the most densely populated local authority in England and one of the five most deprived boroughs in London. According to the National Child Poverty report (2011) 43% of children in Islington are living in poverty.

The 2011 Census shows the following number of residents aged between 0—19 years old are living in Islington:

**Canonbury ACYPP**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>12,300</td>
</tr>
<tr>
<td>5-9 years</td>
<td>9,600</td>
</tr>
<tr>
<td>10-14 years</td>
<td>9,100</td>
</tr>
<tr>
<td>15-19 years</td>
<td>10,800</td>
</tr>
</tbody>
</table>

*note: Canonbury children's centre cluster includes The Factory Children's Centre*

Primary Schools:
- Canonbury Primary School
- Hanover Primary School
- St John Evangelist RC Primary School
- St Mary's CoE Primary School
- William Tyndale Primary School

Secondary Schools:
- New North Community School
- City of London Academy

Wards:
- Canonbury ward
- St Mary's ward
- St Peter's ward

48% of all school children in Canonbury ACYPP are eligible for Free School Meals (compared to 48% in Islington). 2012

60% of children (aged 0-19 years) in Canonbury ACYPP are from Black or Minority Ethnic (BME) groups. Islington’s average is 66%. 2012
Maternal Health

Pregnancy and early childhood are the times when the foundations for future life are laid down. In 2011 there were 2,929 births in Islington. Fifty percent of these births were to a mother of black or ethnic minority background and 22% were registered to a single parent.

Births to families in social housing

Poor housing conditions often coexist with other forms of deprivation such as unemployment, poor education, and social isolation, all of which can have negative impacts on the health of those living there.

Infant Mortality and Low Birth Weight

Infant mortality refers to the death of a baby before his or her first birthday, excluding still births. Islington’s infant mortality rate was lower than London and England in 2008-2010 and overall there is a general downward trend. There are still significant health inequalities in infant mortality between social classes.

The proportion of babies born in Islington with low birth weight, are similar to England. Higher levels of low birth weights are generally found in the north of the borough where there are more deprived areas, although there are also a few deprived wards in the south which also have high levels.

Early Access to Maternity Services

Early booking for antenatal care (before 13th week) is important so that any risks or problems in pregnancy can be identified early and women can receive the right level of support, care and screening for their needs. Late booking is linked to poorer outcomes for mother and baby.

The Department of Health has set a target for 90% of pregnant women to be seen by a midwife before the 13th week of pregnancy. Islington’s booking rate fluctuates each month and work is focused on ensuring the target is met.
Healthy Weight, Healthy Lives

Breast milk is the best form of nutrition for infants, and exclusive breastfeeding is recommended for the first six months of an infant’s life. Thereafter, breastfeeding should continue for as long as the mother and baby wish, while gradually introducing the baby to a more varied diet.

Breastfeeding Initiation and Breastfeeding Prevalence at 6-8 weeks

Healthy Start Vitamin Distribution

Healthy Start is a UK wide Government scheme to improve the nutrition of pregnant and breastfeeding women and families on benefits or low incomes. All eligible women and children are entitled to free vitamin supplements and vouchers for fruit, vegetables, fresh milk and formula milk. In 2011/12 83% of Islington’s eligible population claimed these vouchers.

Healthy Start vitamins are available for eligible women and families in health centres across Islington. In Islington less than 10% of all eligible mothers and children claimed Healthy Start vitamins in 2011/12.
Healthy Weight, Healthy Lives

Obesity is a growing problem in the UK. Once established, obesity is difficult to treat, and prevention and early intervention are therefore very important. Overweight and obese children are more likely to become obese adults, and have a higher risk of disability and premature death in adulthood. Some obesity-related conditions can develop during childhood. Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children with cases reported as young as five years old. The emotional and psychological effects of being overweight are often seen as the most immediate and most serious by children themselves. They include teasing and discrimination by peers; low self-esteem; anxiety and depression. Obese children may also suffer disturbed sleep and fatigue.

Islington childhood obesity levels

Each year the National Child Measurement Programme (NCMP) provides information about the body mass index (BMI) of children in reception and year 6. All children who participate in NCMP have their height and weight measured, allowing BMI to be calculated. Once a child’s BMI has been calculated they will be categorised into the following: underweight, healthy weight, overweight, very overweight (obese). More information about these categorisations can be found in the glossary.

Proportion of obese reception children in Islington has remained constant over the last three years. However, there has been a year on year increase in the proportion of Islington reception children who are overweight since 2008/09.

There has been a decrease in year six children found to be obese in Islington. However there has been year on year fluctuations in this rate. The proportion of years 6 children found to be overweight in Islington was higher in 2010/11 than in any of the three previous years.

ACYP childhood obesity levels

Fig. 7: Percentage of reception children attending Islington schools who are very overweight, by ACYP, 2008/2009—2010/2011

Fig. 8: Percentage of year 6 children attending Islington schools who are very overweight, by ACYP, 2008/2009—2010/2011
Oral Health

Poor oral health, in particular, untreated dental caries in early childhood, has a considerable negative impact on the development and the wellbeing of children and their families. Despite the overall improvement of oral health among children in the UK, those from socially disadvantaged groups experience disproportionately high levels of oral health problems.

Children’s oral health in Islington

73%
Islington preschool children with decay have not received any dental treatment.

1 in 3
Islington preschool children drink soft drinks (squashes and fizzy drinks) at least once daily.

33%
Islington 5 year olds had decayed, missing or filled teeth in 2007/08. This is similar to England (31%) and London (33%).

Brushing for Life and Fluoride Varnish Programme

Brushing for Life and the Community-based Fluoride Varnish Programme are two key oral health promotion programmes which Islington children’s centres and schools are involved in. The aim of these programmes is to increase the availability of fluoride to children.

6774
Brushing for Life packs were distributed at Islington children’s centres, schools and other community settings in 2011/12.

Children’s Dental Attendance

Fig. 10: Proportion of Canonbury ACYPP resident children visiting Islington NHS dentists, by age group, 2008/2009—2011/2012

Source: NHS Dental Services, 2012

Note: It is recommended that children begin to visit the dentist once their first tooth appears. These figures do not include children attending dentists in other boroughs.
Mental Health

Mental ill health is very common, affecting about one-in-six adults and one-in-ten children and young people in England. It is associated with a wide range of poorer physical and mental health outcomes, including significant increased risk of earlier death, social exclusion and economic hardship. Children and young people experiencing deprivation and poverty have higher levels of mental health problems. Parental mental ill health is also a significant risk factor for children and young people.

Children’s Emotional Health and Wellbeing

The Early Years Foundation Stage (EYFS) is the best summary assessment of young children’s development and learning experiences. It is completed by the teacher during the last year of the EYFS (reception year in primary school) in consultation with parents and other professionals involved with the child. Judgments are based on observational assessment and knowledge of the child against a set of 117 scale points over six key areas. Children who achieve 6 or more points in each area are deemed to have reached a good level of development.

Table 3: Proportion (%) of children achieving 6 or more points (standard threshold) in Personal, Social and Emotional Development (PSED) by children’s centre, Canonbury ACYPP, 2009-2011 (3 year average)

<table>
<thead>
<tr>
<th>Area</th>
<th>PSED</th>
<th>Dispositions and</th>
<th>Social</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>85</td>
<td>90</td>
<td>85</td>
<td>80</td>
</tr>
<tr>
<td>Islington</td>
<td>81</td>
<td>89</td>
<td>81</td>
<td>74</td>
</tr>
<tr>
<td>New River Green</td>
<td>80</td>
<td>87</td>
<td>83</td>
<td>72</td>
</tr>
<tr>
<td>Packington</td>
<td>83</td>
<td>90</td>
<td>83</td>
<td>75</td>
</tr>
</tbody>
</table>

Adult Mental Health

Parents and carers play a crucial role in determining children’s emotional and physical wellbeing, social development and educational attainment. Poor mental health problems in parents and carers can impact of their mood, relationship with others including their families and their parenting ability.

Fig. 17: Estimated number of Islington adults with depression or anxiety, by ward, 2010/11

<table>
<thead>
<tr>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canonbury</td>
</tr>
<tr>
<td>Hillrise</td>
</tr>
<tr>
<td>Bunhill</td>
</tr>
<tr>
<td>Clerkenwell</td>
</tr>
<tr>
<td>Barnsbury</td>
</tr>
<tr>
<td>Junction</td>
</tr>
<tr>
<td>Highbury East</td>
</tr>
<tr>
<td>Mildmay</td>
</tr>
<tr>
<td>St Mary’s</td>
</tr>
<tr>
<td>St George’s</td>
</tr>
<tr>
<td>St Peter’s</td>
</tr>
<tr>
<td>Caledonian</td>
</tr>
<tr>
<td>Finsbury Park</td>
</tr>
<tr>
<td>Tollington</td>
</tr>
<tr>
<td>Highbury West</td>
</tr>
<tr>
<td>Holloway</td>
</tr>
</tbody>
</table>

29,700
people registered with Islington GPs are likely to be experiencing anxiety or depression now.2010

1 in 10
new mothers experience postnatal depression in the UK.

52%
of child protection cases in Islington were related to domestic violence in 2011/12. This is similar to 2010/11 which was 50%.

Source: Improving Access to Psychological Therapies (IAPT), 2011
Teenage Pregnancy

Teenage pregnancy and early parenthood are widely recognised to be associated with poor health and social exclusion. Having children at an early age can affect young women’s health and wellbeing and can limit their education, career and economic prospects. Although young people can be competent parents, studies show that the children born to teenagers are more likely to experience a range of negative outcomes in later life, and are more likely to become a teenage parent themselves.

Since 1998, Islington’s under 18 conception rate has fallen by 23%. In the first quarter of 2011 there were 32.3 conceptions per 1000 females aged 15-17 years old which was in line with London and England rates.

Teenage conceptions

Fig. 12: Under 18 conception rate per 1,000 15-17 year old females, 1998 to 1st Quarter 2011

Fig. 13: Percentage, and number, of under 16 and under 18 conceptions resulting in a maternity or abortion, Islington, 2008-2010

Fig. 14: Under 18 conception rate per 1,000, Islington wards, 2008-2010

Table 4: Under 18 conception rate per 1,000, Islington wards in Canonbury ACYPP, 2005-2010

<table>
<thead>
<tr>
<th>Area</th>
<th>2005-07</th>
<th>2006-08</th>
<th>2008-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>42</td>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>London</td>
<td>46</td>
<td>45</td>
<td>41</td>
</tr>
<tr>
<td>Islington</td>
<td>54</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Canonbury Ward</td>
<td>52</td>
<td>58</td>
<td>45</td>
</tr>
<tr>
<td>St Mary’s Ward</td>
<td>30</td>
<td>73</td>
<td>59</td>
</tr>
<tr>
<td>St Peter’s Ward</td>
<td>57</td>
<td>44</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: ONS and DfE
Alcohol and Substance misuse

It is estimated that: **2,500–3,900** children are affected by parental alcohol and substance misuse in Islington. There are many potential ways a parent misusing substances can impact on a child. These impacts are not always directly observable which is why it is called hidden harm. Alcohol misuse is often related to mental health problems and domestic violence.

Young people and adult alcohol and substance use and related harm

<table>
<thead>
<tr>
<th>Area</th>
<th>2005/06—2007/08</th>
<th>2007/08—2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>71</td>
<td>62</td>
</tr>
<tr>
<td>London</td>
<td>42</td>
<td>39</td>
</tr>
<tr>
<td>Islington</td>
<td>65</td>
<td>72</td>
</tr>
</tbody>
</table>

Fig. 15: Under 18s admitted to hospital with alcohol specific conditions, crude rate per 100,000 people, 2007/08-2009/10

In the 2008/09 school year Islington Healthy Schools Team conducted a survey to find out about the education Year 9 pupils had received about alcohol, what education they thought was most useful, their personal experiences with alcohol, and their attitudes towards it. Over 200 year 9 pupils in secondary schools across Islington completed the online questionnaire.

Fig. 16: The frequency of alcohol consumption by those Islington Year 9 pupils who reported ever having drunk alcohol, 2008/09

- 51% Every day
- 26% 2-3 times a week
- 8% Once a week
- 8% Every few weeks
- 3% Every few months
- 3% Once or twice a year (on special occasions)

Source: Islington Healthy Schools Team, 2009
Smoking is a leading risk factor for death in Islington, contributing to 1 in 5 deaths. 18% of all deaths of adults aged 35 and over were estimated to be caused by smoking in England. Smoking is a major contributor to health inequalities in Islington. Smokers are at greater risk of serious and life-long health complications.

Children are at a greater risk from secondhand smoke because they breathe more rapidly, and inhale more pollutants for their body weight than adults. Exposing children to secondhand smoke can increase their risk of chest infections, asthma, cot death and ear infections. Breathing in second hand smoke can also affect a child’s mental development, including reading and reasoning skills.

**Islington Smoking Prevalence and Mortality**

Fig. 17: Risk factors contributing to death, Islington, 2007-09

- **25%** of adults over 16 smoke in Islington.
- **1,595** Islington residents are admitted to hospital with smoking-related illnesses each year.
- **11% (76)** Islington women who gave birth were still smoking at time of delivery.

**ACYPP Smoking Prevalence and Quits**

Fig. 18: Prevalence of smoking in those with a recorded smoking status, by ACYPP, Islington's registered population aged 16+, March 2011

<table>
<thead>
<tr>
<th>ACYPP</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnsbury</td>
<td>586</td>
</tr>
<tr>
<td>Canonbury</td>
<td>593</td>
</tr>
<tr>
<td>Finsbury</td>
<td>501</td>
</tr>
<tr>
<td>Highbury</td>
<td>544</td>
</tr>
<tr>
<td>Holloway</td>
<td>1284</td>
</tr>
<tr>
<td>Hornsey</td>
<td>1047</td>
</tr>
</tbody>
</table>

Table 6: Number of residents, using Islington stop smoking service by ACYPP, 2011/12

Islington residents successfully quit smoking, using Islington’s stop smoking service in 2011/12.

**Source:** Islington Annual Public Health Report, 2011

Note: The smoking prevalence data is an estimate and there may be small discrepancies with matching the data to ACYPP boundaries.
Immunisations

Immunisation is the safest way to protect children against serious diseases. The recommended level of uptake of childhood immunisations is 95% (known as ‘herd immunity’), which means that the population that are immune can protect those who do not have immunity because the infection cannot spread easily. The immunisation schedule for children under 5 years old is:

By 1 year:
- DTaP/IPV/Hib (3 doses)
- PCV (2 doses)
- Men C (2 doses)

By 2 years:
- Hib/Men C
- PCV booster
- MMR 1

By 5 years:
- DTaP/IPV booster
- MMR 2

Fig. 19: Percentage of children immunised aged one, two and five, by Canonbury ACYPP and Islington, 2011/12

Immunisation uptake has been increasing over time in Islington. Overall there is a high uptake of vaccinations among one year old children in Islington.

Although there is still a good level of uptake of vaccinations among two and five year olds these rates are not yet at the recommended level (95% coverage), which means that children who are too young to be immunised or who cannot be immunised for medical reasons are put at greater risk.

Source: Rio Child Health System, 2012

Note: 2011/12 immunisation data is not able to be compared to 2010/11 data due to different datasets being used.

Human Papilloma Virus (HPV) Vaccination

Fig. 20: Percentage of year 8 girls receiving HPV vaccination, by Islington secondary school, 2011/12

Since 2008, the national vaccination programme has included the vaccination against the Human Papilloma Virus (HPV). This vaccination aims to reduce the incidence of cervical cancer. The HPV vaccination is given in 3 doses to girls aged 12-13 years before they reach an age when the risk of HPV infection increases and they are at subsequent risk of cervical cancer.

82% of year 8 girls received all 3 doses of the HPV vaccine in Islington in 2011/12.

Further Information

The Islington Evidence Hub is a website containing information, evidence, intelligence and data on the health and wellbeing of the Islington population. For further information visit www.evidencehub.islington.gov.uk

Islington’s Healthy Children’s Centre and Healthy Schools programmes support children’s centre and school staff to work with health professionals to improve the health and wellbeing of children, young people and their families in Islington. For more information about the Healthy Schools and Healthy Children’s Centre programmes visit www.islington.gov.uk

This profile has been produced by Islington’s Public Health Team. For more information contact louisa.shepherd@nclondon.nhs.uk or call 020 7527 1263.