Public Health England

Protecting and improving the nation's health

Improving health outcomes across maternity and the early years

Steve Morton, Health & Wellbeing Manager (Children, Young People and Families) PHE North West

Ensuring every child has the Best Start in Life – the evidence base

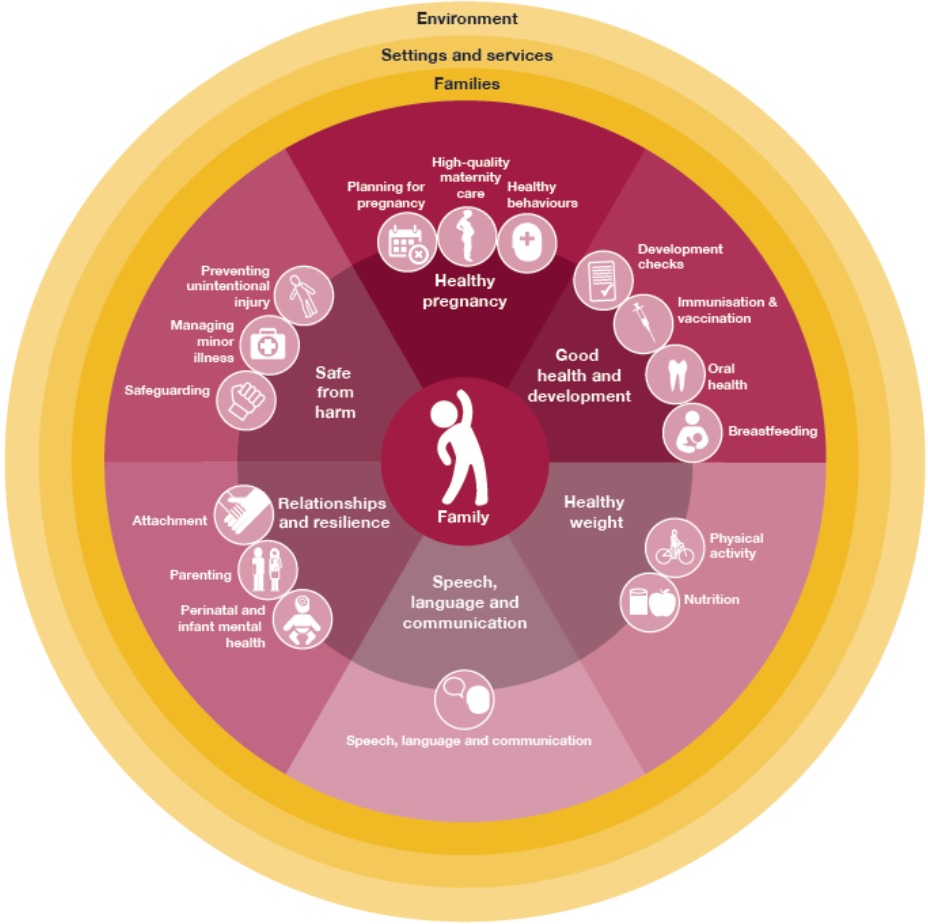
"The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status."

Michael Marmot, *Fair Society, Healthy Lives*, 2010

PHE's Best Start in Life ambitions

- Every woman experiencing a healthy pregnancy
- Every child ready to learn at 2
- Every child ready for school at 5
- A reduction in child obesity

Ensuring every child has the Best Start in Life – the model



Estimated costs of dealing with a range of health and social problems

In England we spend almost £17bn per year on late intervention (EIF)

Youth unemployment: £133m per week

Youth crime: £1.2bn per year

Educational underachievement: £22bn per generation

One year in a children's residential home: £149,240

One year in foster care: £35,152

Admission to inpatient CAMHS: £24,482

Maternity Programme update

- Cross-PHE Maternity Programme established to support women to be fit for and during pregnancy and to raise healthy, resilient children
- Aligned with Secretary of State's ambition to halve stillbirths, neonatal deaths and maternal deaths by 2030 and *Better Births: A Five Year Forward View for Maternity Care*
- PHE leading on improving prevention work stream of Maternity Transformation Programme (MTP)
- Improving prevention group established under governance of Best Start in Life Programme Board

Improving prevention and population health work stream

- Viv Bennett (Chief Nurse) is SRO
- Prevention is key to improving outcomes, reducing adverse events and ensuring women have a positive pregnancy and birth
- Work with government and NHS to promote healthy pregnancy for all women and reduce adverse outcomes for mothers and infants
- Embed prevention across the MTP

Improving prevention and population health delivery plan
Establish maternity prevention programme
Reduce health inequalities
Improve emotional and mental wellbeing
Promote contraceptive choices
Support reduction in smoking in pregnancy
Support reduction in drinking alcohol in pregnancy
Support healthy weight and good nutrition
Support improvement in breastfeeding rates
Promote uptake of imms and screening
Deliver data and evidence packages
Support transition to health visiting services

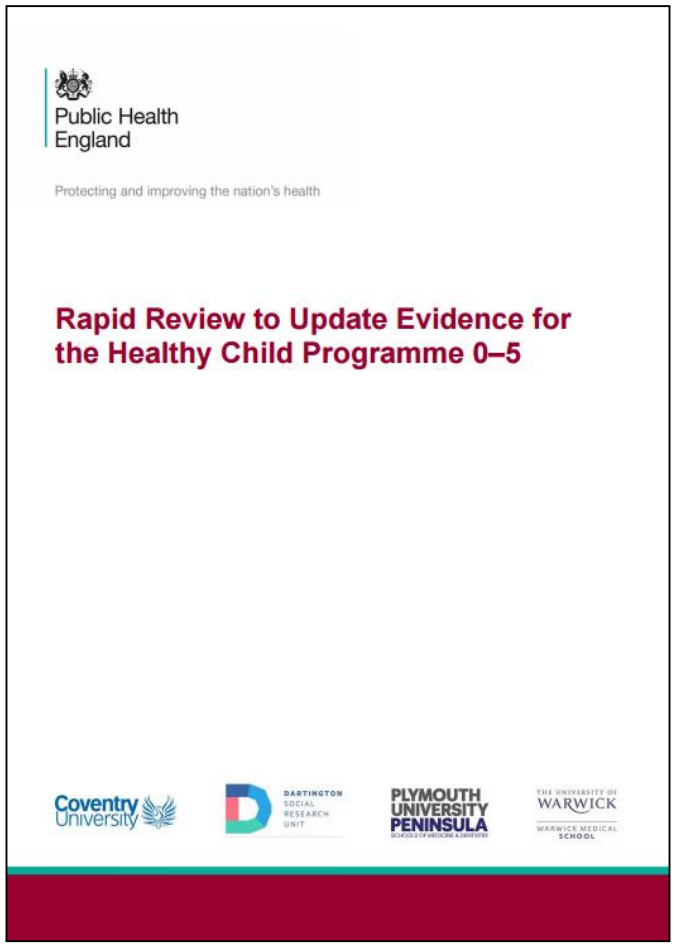
Best Start in Life – so far in 2016/17

- Review of the mandated elements of the health visitor programme completed and submitted to DH
- Publication of the child oral health action plan and resources to support oral health improvement in the Early Years
- Publication of a commissioning infant feeding services toolkit in partnership with Unicef
- Launched the Best Start in Life Health Matters in May, focusing on pregnancy to 2
- Published a framework for supporting teenage mothers and young fathers and briefing for local authorities in partnership with the LGA
- Web based Best Start Knowledge Hub

Foundations for Life and the Best Start in Life

- EIF published *Foundations for Life* in July 2016
- Uses the EIF evidence standards, to provide a common metric that can be used to support public health commissioners to compare programmes on the basis of their evaluation evidence
- PHE supports local systems and provides child public health professionals with professional leadership to implement evidence-based interventions to improve the life chances of children in their local populations
- *Foundations for Life* supports local authorities to commission the best evidence-based interventions to support parent-child interactions
- Supports PHE's goal of driving improvements across a range of outcomes to support children to reach their potential

Updating the evidence of the Healthy Child Programme 0-5



- Published in March 2015
- Aim was to synthesise relevant systematic review level evidence 2008 – 2014 about 'what works' in key areas
- Drawing out key messages in relation to:
  - identifying families in need of additional support; the delivery/effective implementation of interventions at the programme/service level and individual practitioner level
  - workforce skills and training
  - the economic value/cost benefits of the HCP, including both health and wider societal costs

The Healthy Child Programme 0-5 Pregnancy to the first five years

PRENATAL 28 WEEKS

Healthy Child programme

Mandated health visiting intervention

- Antenatal contact at 28 weeks
- 6 high impact areas
- Led by health visitors

Midwifery

- Full health and social care assessment
- Routine antenatal care and screening
- Parents at higher risk (drug abuse, alcohol abuse, domestic violence)
- Preparation for parenthood
- Maternal mental health
- Breastfeeding
- Weight management
- Smoking cessation

PARENTHOOD

BIRTH

Healthy Child programme

Mandated:

- New birth review
- 6 – 8 week review

6 High Impact Areas

- Transition to parenthood
- Breastfeeding
- Maternal mental health

GROWING AND DEVELOPING

0-2½ YEARS

Healthy Child programme

Mandated:

- 1 year review
- 2 – 2 ½ year review ASQ3/SE used for all children in England

6 High Impact Areas

- Health, wellbeing and development aged 2
- Integrated review

READY TO LEARN

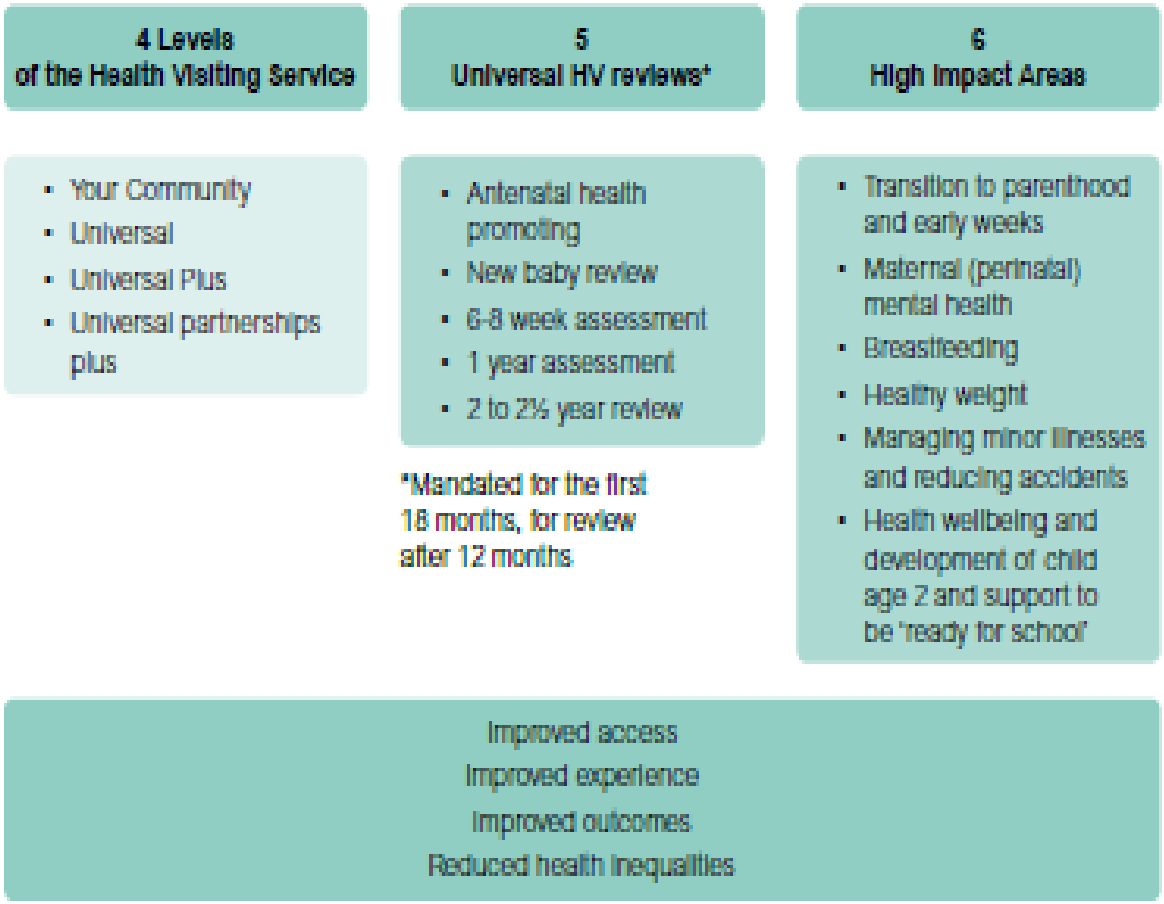
PREPARATION FOR PRIMARY SCHOOL

Healthy Child Programme aims

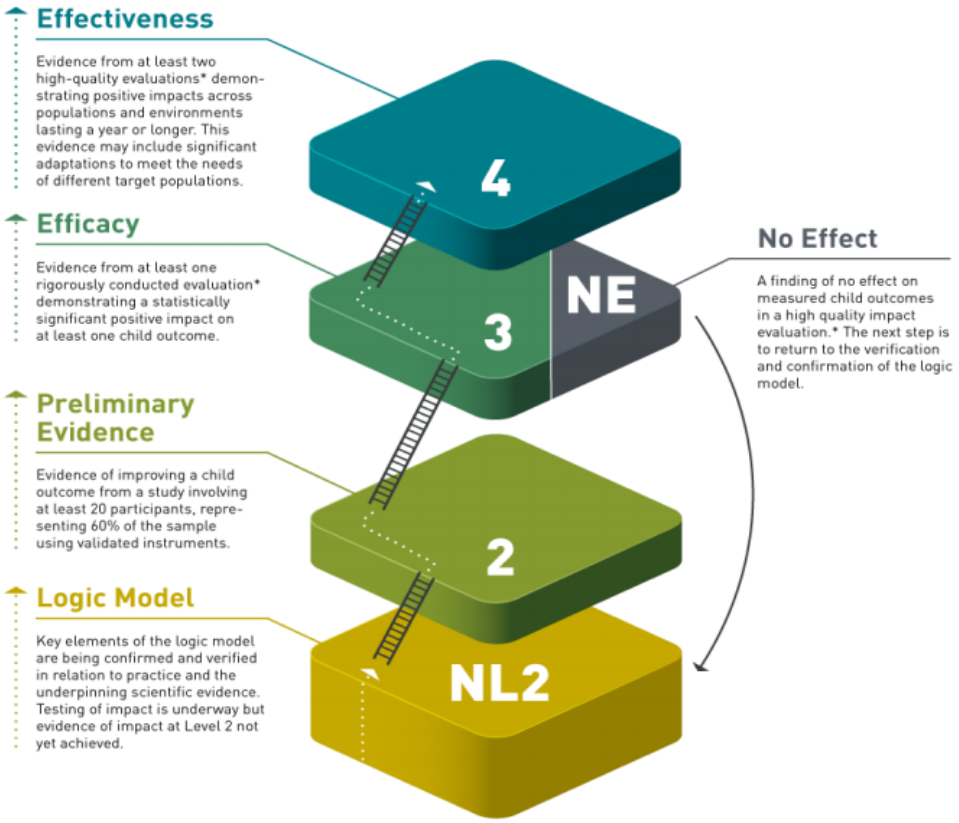
Effective implementation of the HCP should lead to:

- strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- care that helps to keep children healthy and safe;
- healthy eating and increased activity, leading to a reduction in obesity;
- prevention of some serious and communicable diseases;
- increased rates of initiation and continuation of breastfeeding;
- readiness for school and improved learning;
- early recognition of growth disorders and risk factors for obesity;
- early detection of – and action to address –developmental delay, abnormalities and ill health, and concerns about safety;
- identification of factors that could influence health and wellbeing in families; and
- better short- and long-term outcomes for children who are at risk of social exclusion.

The transformed health visiting service: 4-5-6 model



Foundations for Life – supporting the Healthy Child Programme



- HCP 0-5: progressive universalism
- FFL: providing the evidence-base for additional targeted interventions

Consolidated report – HCP and FFL

- PHE have commissioned EIF to write a consolidated report, bringing together the evidence in *Foundations for Life* and *Healthy Child Programme 0-5 rapid review to update the evidence*
- The report will bring together the evidence of what works for the range of interventions which contribute to ensuring every child has the Best Start in Life

Best Start in Life – coming up in 2016/17

- Publication of a return on investment report into health visiting and Early Years interventions
- Publication of a Best Start in Life commissioning resource in partnership with the LGA
- Evidence factsheets on speech, language and communication and attachment in partnership with EIF
- Publication of a practitioners' guide into unintentional injuries
- Series of Healthy Child Programme focussed practitioners' seminars in partnership with CAPT
- A review of what works to promote SLC in infancy and the very early years
- A "self assessment" toolkit to support the Young Parents framework
- Consolidated report – *Foundations for Life* and *Healthy Child Programme 0-5 Rapid Review to update the evidence*

For more information

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http://www.chimat.org.uk/

Public Health England

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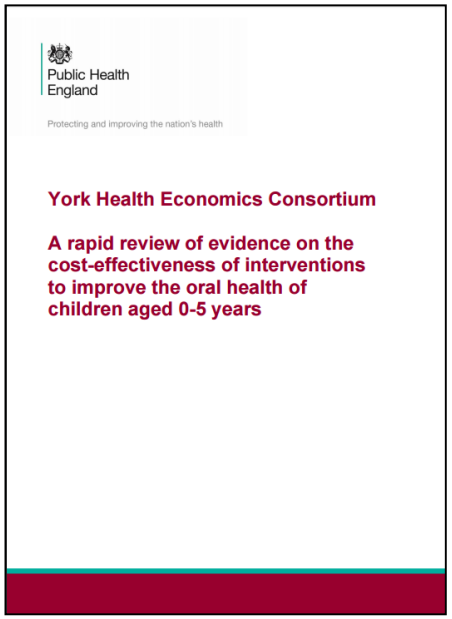
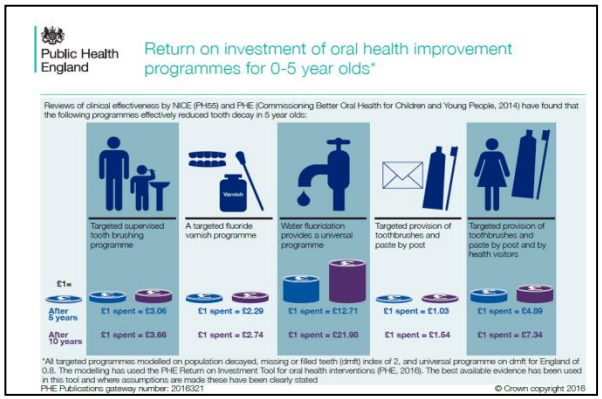
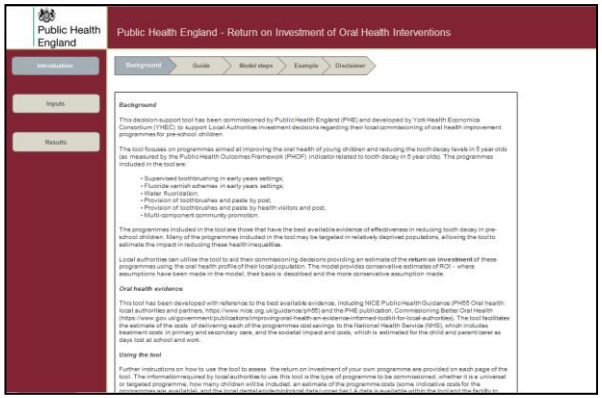
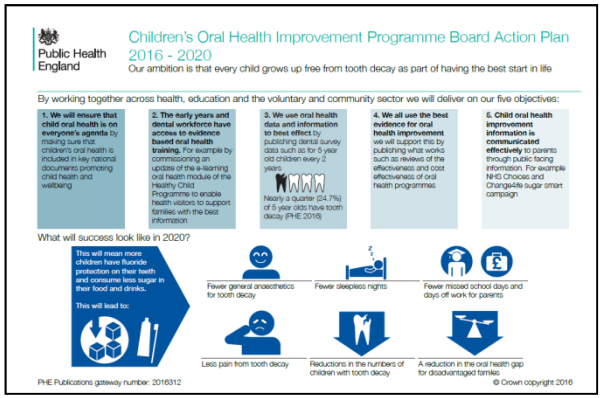
ANNEX – PHE Best Start in Life products

Child oral health action plan





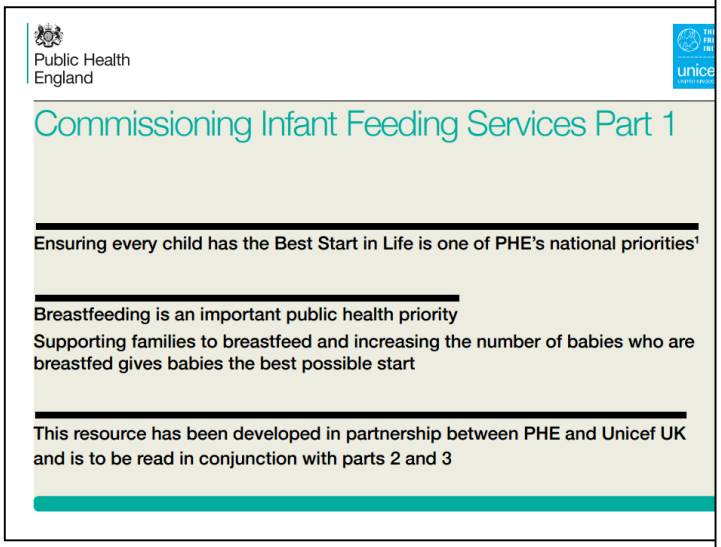


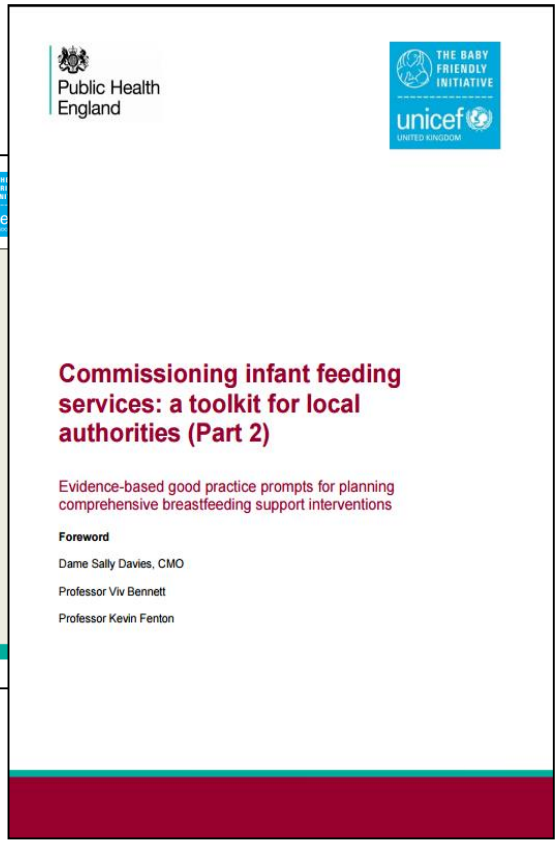


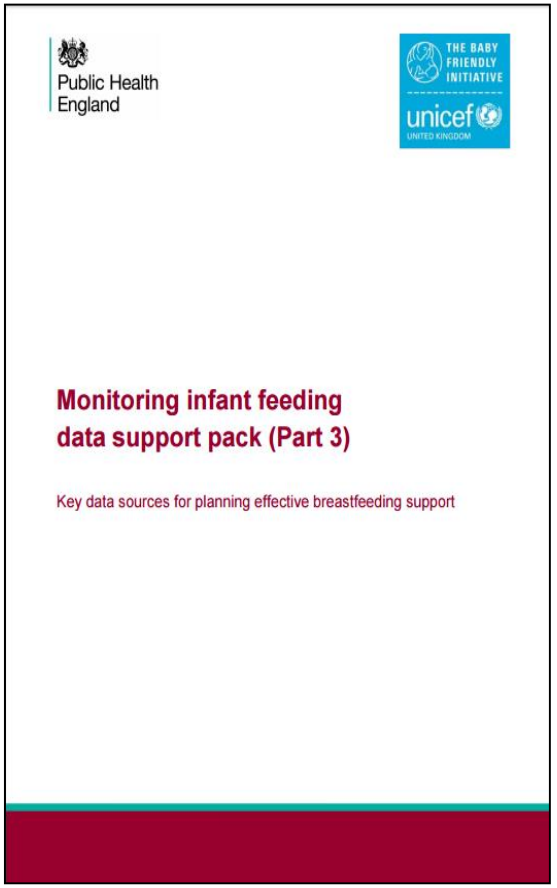
Upcoming publications:

- Supervised toothbrushing commissioning toolkit
- Supervised toothbrushing delivery report

Commissioning infant feeding services



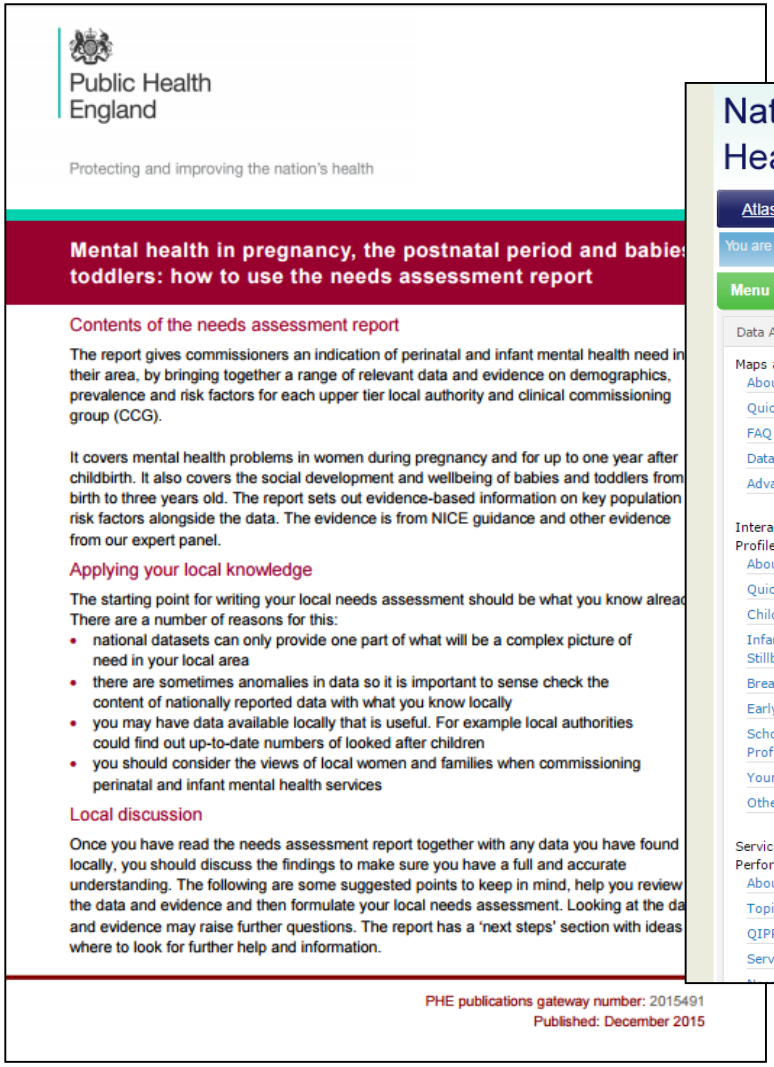




Health Matters

- Launched the Best Start in Life Health Matters in May, focusing on pregnancy to 2

Perinatal mental health assessment tool



Public Health England

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Mental health in pregnancy, the postnatal period and babies toddlers: how to use the needs assessment report

Contents of the needs assessment report

The report gives commissioners an indication of perinatal and infant mental health need in their area, by bringing together a range of relevant data and evidence on demographics, prevalence and risk factors for each upper tier local authority and clinical commissioning group (CCG).

It covers mental health problems in women during pregnancy and for up to one year after childbirth. It also covers the social development and wellbeing of babies and toddlers from birth to three years old. The report sets out evidence-based information on key population risk factors alongside the data. The evidence is from NICE guidance and other evidence from our expert panel.

Applying your local knowledge

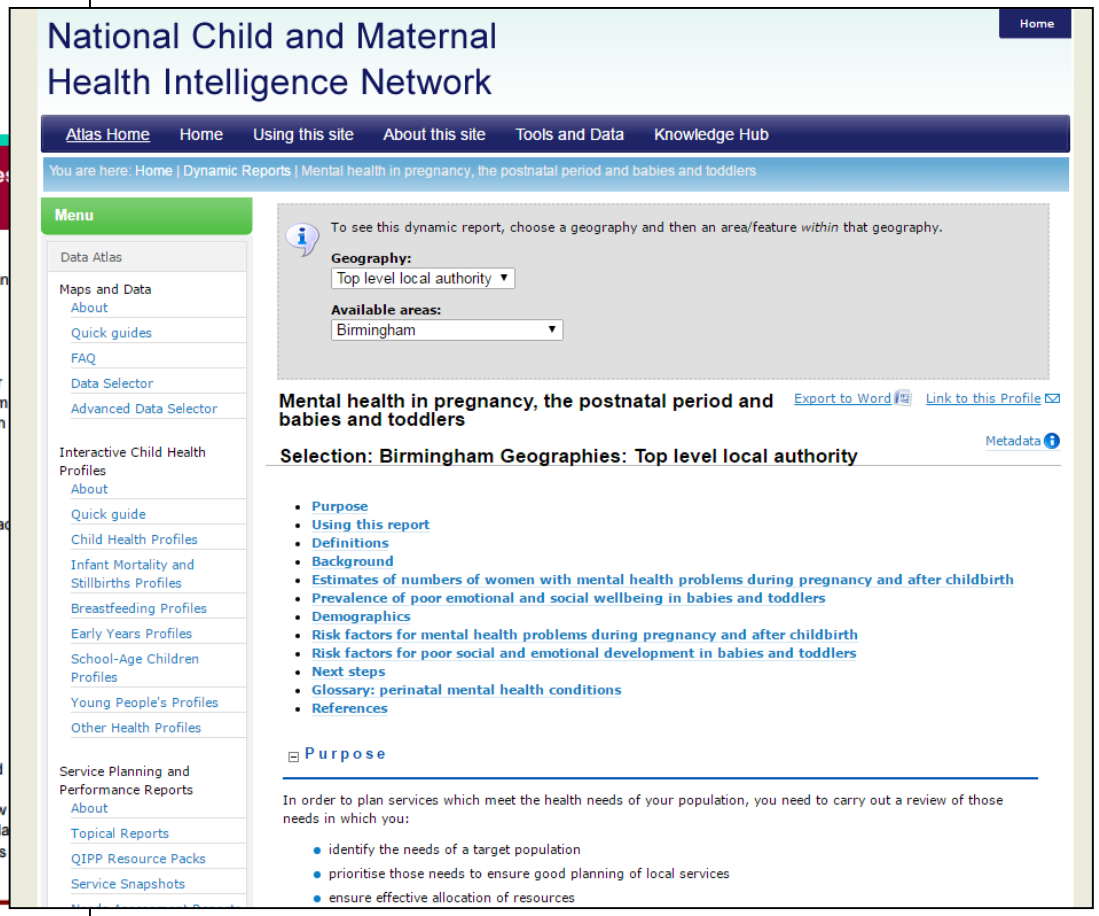
The starting point for writing your local needs assessment should be what you know alread There are a number of reasons for this:

- national datasets can only provide one part of what will be a complex picture of need in your local area
- there are sometimes anomalies in data so it is important to sense check the content of nationally reported data with what you know locally
- you may have data available locally that is useful. For example local authorities could find out up-to-date numbers of looked after children
- you should consider the views of local women and families when commissioning perinatal and infant mental health services

Local discussion

Once you have read the needs assessment report together with any data you have found locally, you should discuss the findings to make sure you have a full and accurate understanding. The following are some suggested points to keep in mind, help you review the data and evidence and then formulate your local needs assessment. Looking at the da and evidence may raise further questions. The report has a 'next steps' section with ideas where to look for further help and information.

PHE publications gateway number: 2015491
Published: December 2015



National Child and Maternal Health Intelligence Network

Home

Atlas Home | Home | Using this site | About this site | Tools and Data | Knowledge Hub

You are here: Home | Dynamic Reports | Mental health in pregnancy, the postnatal period and babies and toddlers

Menu

Data Atlas

Maps and Data
About
Quick guides
FAQ
Data Selector
Advanced Data Selector

Interactive Child Health Profiles
About
Quick guide
Child Health Profiles
Infant Mortality and Stillbirths Profiles
Breastfeeding Profiles
Early Years Profiles
School-Age Children Profiles
Young People's Profiles
Other Health Profiles

Service Planning and Performance Reports
About
Topical Reports
QIPP Resource Packs
Service Snapshots

To see this dynamic report, choose a geography and then an area/feature *within* that geography.

Geography: Top level local authority

Available areas: Birmingham

Mental health in pregnancy, the postnatal period and babies and toddlers Export to Word | Link to this Profile

Metadata

Selection: Birmingham Geographies: Top level local authority

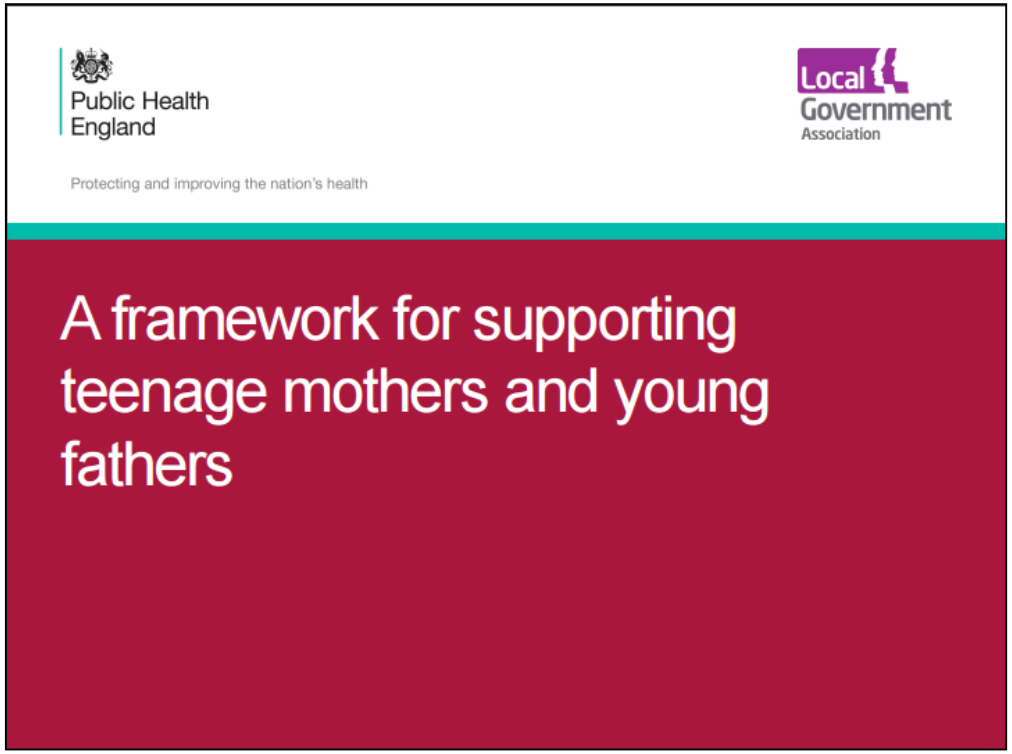
- Purpose
- Using this report
- Definitions
- Background
- Estimates of numbers of women with mental health problems during pregnancy and after childbirth
- Prevalence of poor emotional and social wellbeing in babies and toddlers
- Demographics
- Risk factors for mental health problems during pregnancy and after childbirth
- Risk factors for poor social and emotional development in babies and toddlers
- Next steps
- Glossary: perinatal mental health conditions
- References

Purpose

In order to plan services which meet the health needs of your population, you need to carry out a review of those needs in which you:

- identify the needs of a target population
- prioritise those needs to ensure good planning of local services
- ensure effective allocation of resources

Supporting teenage mothers and young fathers



Best Start in Life Knowledge Hub