



Public Health
England

Protecting and improving the nation's health

Improving health outcomes across maternity and the early years

Sarah Gaughan, Best Start in Life Programme Manager, Public Health England

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.”

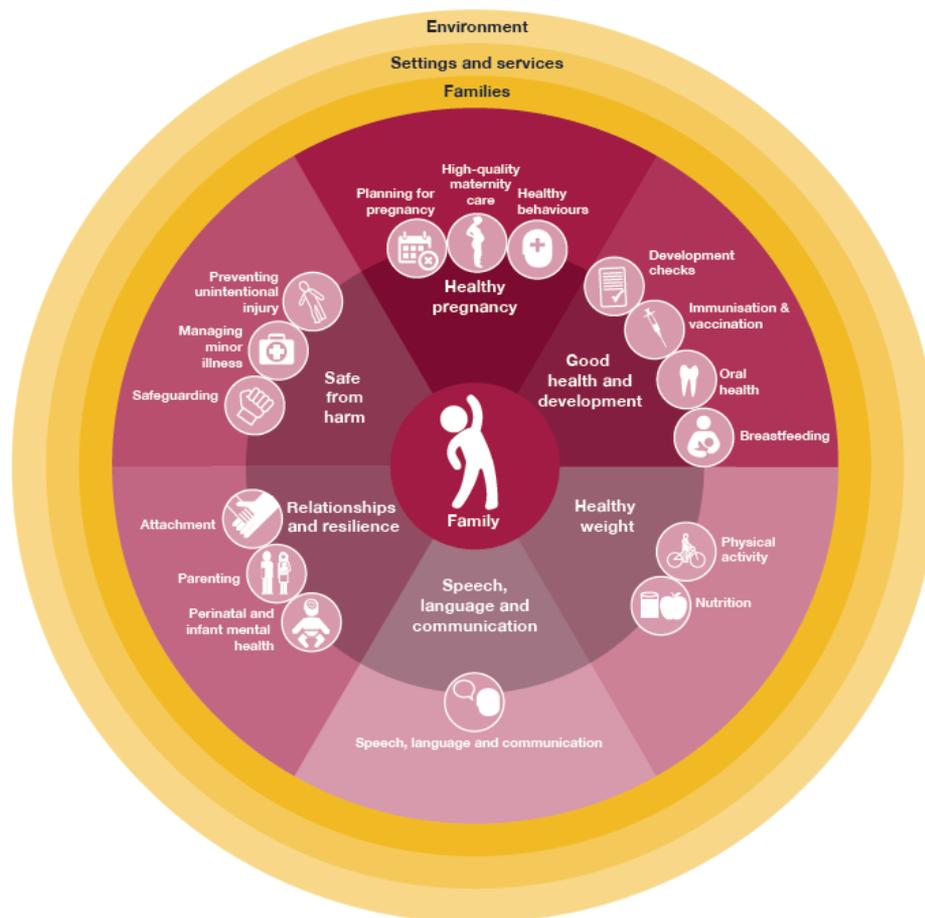
Michael Marmot, *Fair Society, Healthy Lives*, 2010



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

Support improvements in preconception health and a reduction in health inequalities

www.hee.nhs.uk

ourchance.org.uk

www.nhs.uk/start4life

Making Every Contact Count

Making Every Contact Count (MECC) is an approach to healthcare that encourages staff who have contact with the public to talk about their health and wellbeing. It encourages staff to use the opportunities arising during their routine interactions with patients to have brief conversations on how they might make positive improvements to their health or wellbeing.



- Explore opportunities to strengthen pre-pregnancy messages through MECC
- Public-facing campaigns to promote healthy behaviours and preparation for pregnancy
- Publish framework for local authorities on reducing unplanned teenage pregnancy
- Development of maternal and child health data sets and maternal health digital strategy

Increase number of smokefree pregnancies

Smoking in pregnancy

Smoking during pregnancy causes up to **2,200** premature births, **5,000** miscarriages and **300** perinatal deaths every year in the UK

It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:

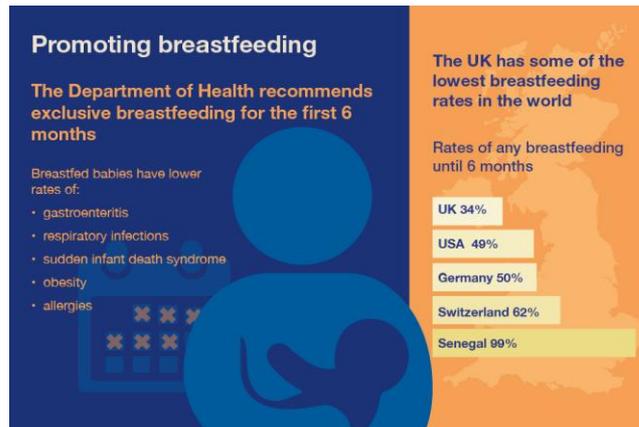
premature birth	low birth weight
problems of the ear, nose and throat	respiratory conditions
obesity	diabetes

- Identification and referral of pregnant women who smoke (stillbirth reduction care bundle element 1 / implementation of NICE guidelines)
- Action to improve training in relation to risks and impacts of smoking for all healthcare professionals
- Return on investment analysis
- Targeted work with areas with highest SATOD rates

Reduce number of women drinking alcohol in pregnancy

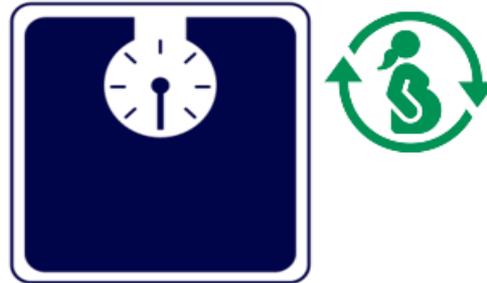
- Promote CMO guidelines on lower risk alcohol consumption
- Publish report on impact of alcohol harms encountered as a result of others drinking – to include FAS/FASD

Increase breastfeeding initiation and prevalence rates



- Publication of breastfeeding commissioning toolkit
- Promote breastfeeding through Start4Life
- Publish breastfeeding profiles and improve quality of data

Promote healthy weight and good nutrition for all women before, during and between pregnancies



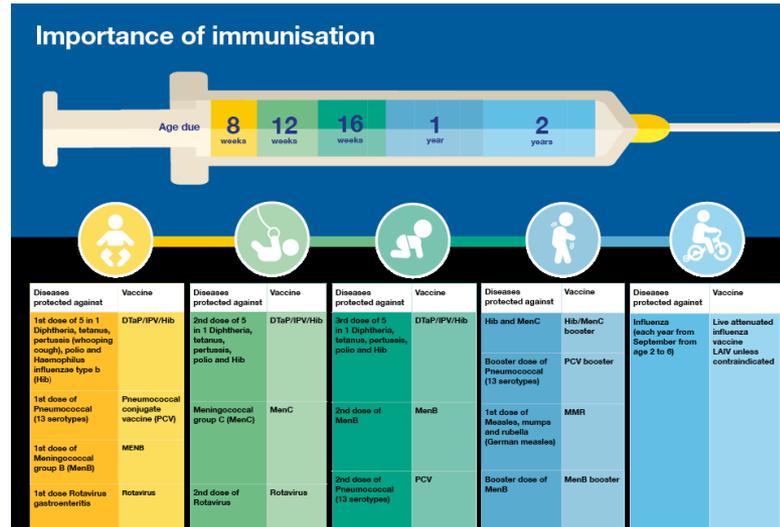
- Review of NICE guidelines and development of toolkit on weight management
- Promote uptake of folic acid and vitamin D

Improve perinatal mental health through prevention and professional leadership



- Develop perinatal and infant mental health tools
- Publish competency framework for perinatal mental health professionals
- Promote increased understanding of and skills in delivering pre-pregnancy interventions to support women with current or prior mental health problems or those in high risk groups

Promote pertussis and influenza immunisations in all pregnant women



- Produce a leaflet for immunisation in pregnancy, postnatally and rash in pregnancy awareness
- Produce training package on immunisation in pregnancy to increase knowledge amongst health professionals

Support development of workforce to improve transition from maternity into health visiting/early years



- Strengthen public health role of nursing and midwifery services to improve transition from maternity into health visiting/early years

www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

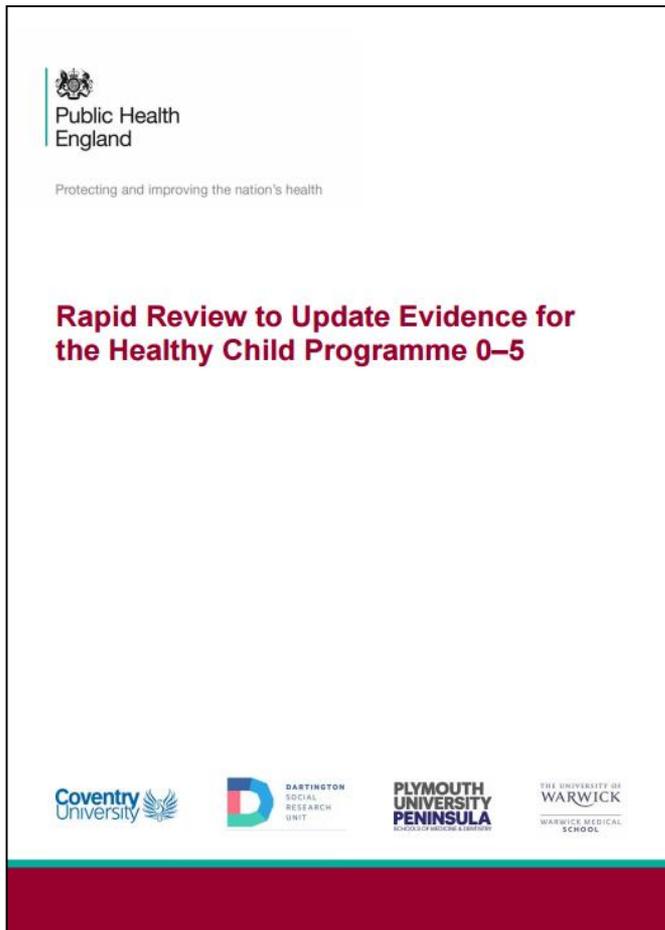
Best Start in Life – so far in 2016/17

- 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

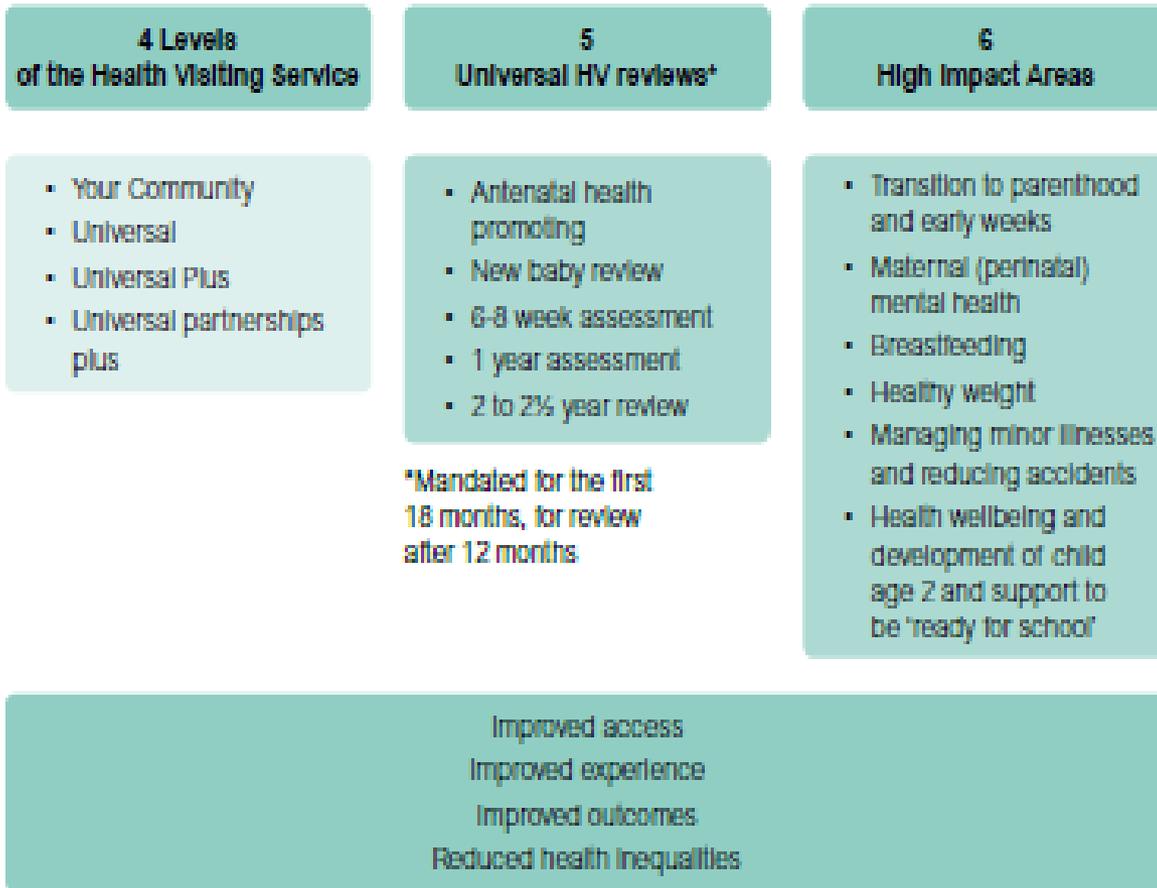


Healthy Child Programme aims

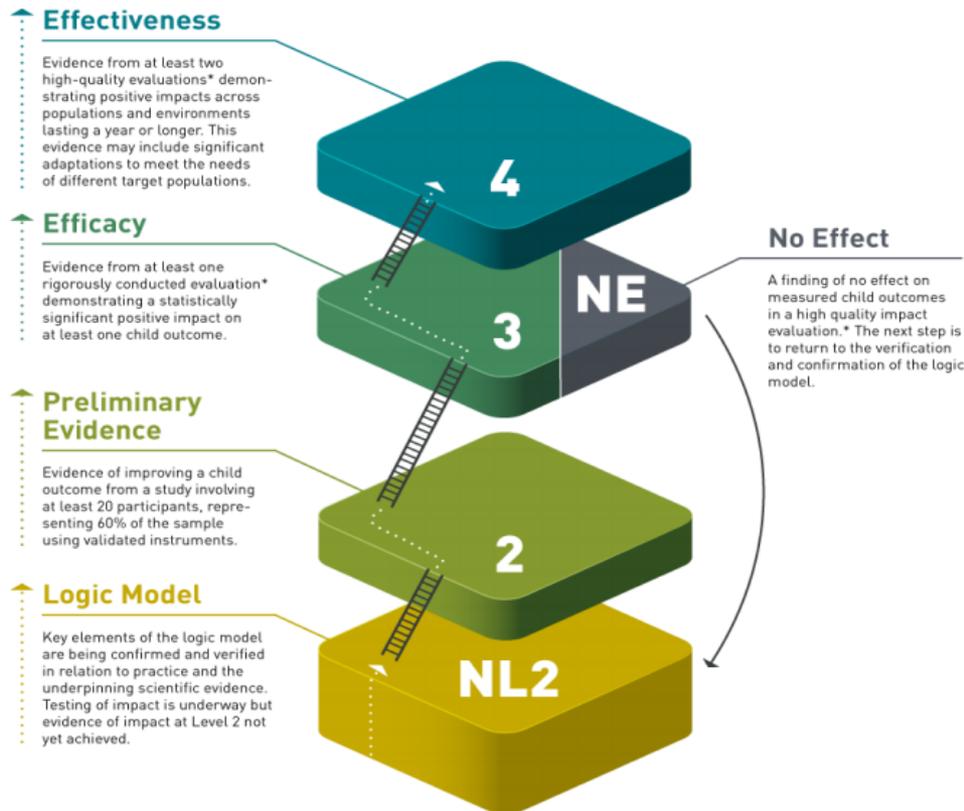
Effective implementation of the HCP should lead to:

- 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/>



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ANNEX – PHE Best Start in Life products

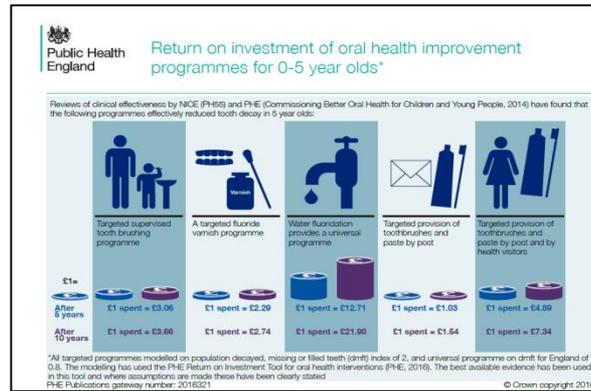
Child oral health action plan



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York Health Economics Consortium

A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years



Public Health England - Return on Investment of Oral Health Interventions

Background | Guide | Model steps | Example | Disclaimer

Background

This decision support tool has been commissioned by Public Health England (PHE) and developed by York Health Economics Consortium (YHEC) to support Local Authorities investment decisions regarding their local commissioning of oral health improvement programmes for pre-school children.

The tool focuses on programmes aimed at improving the oral health of young children and reducing the tooth decay levels in 5 year olds (as measured by the Public Health Outcomes Framework (PHOF) indicator related to tooth decay in 5 year olds). The programmes included in the tool are:

- Supervised toothbrushing in early years settings;
- Fluoride varnish schemes in early years settings;
- Water fluoridation;
- Provision of toothbrushes and paste by post;
- Provision of toothbrushes and paste by health visitors and post;
- Multi-component community promotion.

The programmes included in the tool are those that have the best available evidence of effectiveness in reducing tooth decay in pre-school children. Many of the programmes included in the tool may be targeted on relatively deprived populations, allowing the model to estimate the impact in reducing these health inequalities.

Local authorities can utilise the tool to aid their commissioning decisions providing an estimate of the return on investment of these programmes using the oral health profile of their local population. The model provides conservative estimates (ROR) - where assumptions have been made in the model, their basis is described and the more conservative assumption made.

Oral health evidence

This tool has been developed with reference to the best available evidence, including NICE Public Health Guidance (PH66) Oral health: local authorities and partners, <http://www.nice.org.uk/guidance/PH66> and the PHE publication, Commissioning Better Oral Health: using government guidelines to improve oral health in early years (April 2014) (available at www.phe.gov.uk/publications/better-oral-health). The tool facilitates the estimate of the likely delivering cost of the programmes and savings to the National Health Service (NHS), which includes treatment costs in primary and secondary care, and the societal impact and costs, which is estimated for the child and parent/carer as days lost at school and work.

Using the tool

Further instructions on how to use the tool to assess the return on investment of your own programme are provided on each page of the tool. The information required to local authorities to use the tool is the type of programme to be commissioned, whether it is universal or targeted programme, how many children will be included, an estimate of the programme costs and relative costs for the different components of the programme.

e-Learning for Health
An extraordinary project in terms of breadth and skill of content

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Healthy child Programme
E-learning to optimise health

Programme home
More information
Sample lessons
Meet the team
How to access

Healthy School Child Programme

The Healthy School Child Programme (HSC) is an e-learning programme for all healthcare professionals working with children aged 5-12 years. It is the second programme in the Healthy Child Programme. It is based on a learning resource including the Healthy Child Programme Assessment Health Programme.

It is suitable for school nurses, GPs, nurses, paediatricians and the child health team as a blended learning resource for their training, or as a refresher. It can also be used as a flexible resource in conjunction with the HSC child mental health e-learning programme, HSC focuses on the school based team, the parents, assessment and support of the mental and other health needs of young school age children, and the key issues around the identification and support of children with extra needs: social, physical or environmental.

This work was commissioned by the Department of Health and delivered by Health Education England e-learning for Health (e-ELH) in collaboration with a consortium of professional bodies. The materials have been written by subject specialists and experts in their particular field and have been subjected to extensive peer review.

The Programme is not intended to replace core learning or textbooks on these subjects but rather to focus on their impact on the health and well-being of the child.

In partnership with:
RCPCH
baep
RCGP
YOUNGMINDS
RCGP
Royal College of General Practitioners

Children's Oral Health Improvement Programme Board Action Plan 2016 - 2020

Our ambition is that every child grows up free from tooth decay as part of having the best start in life

By working together across health, education and the voluntary and community sector we will deliver on our five objectives:

- We will ensure that child oral health is an everyone's agenda by making sure the children's oral health is included in key national documents promoting child and young people's oral health and wellbeing.**
- The early years and dental workforce have access to evidence based oral health training. For example by commissioning an update of the e-learning oral health module of the Healthy Child Programme to enable health visitors to support families with the best information.**
- We use oral health data and information to best effect by publishing dental survey data such as for 5 year old children every 2 years. Nearly 3 quarters (74.7%) of 5 year olds have tooth decay (PHE 2016).**
- We all use the best evidence for oral health improvement we will support this by publishing what works such as reviews of the effectiveness and cost effectiveness of oral health programmes.**
- Child oral health improvement information is communicated effectively to parents through public facing information. For example NHS Choices and Change4u sugar smart campaign.**

What will success look like in 2020?

The tool will mean more children have fluoride protection on their teeth and consume less sugar in their food and drinks.

This will lead to:

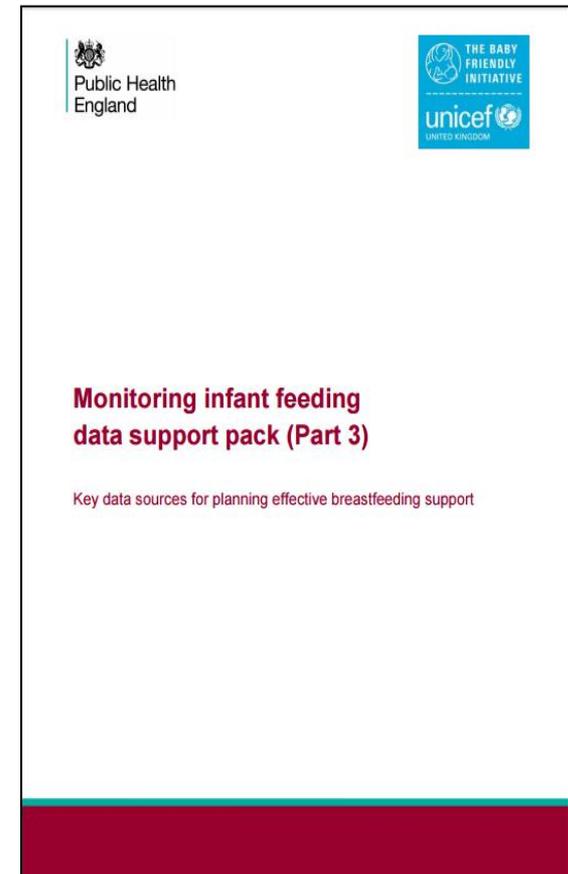
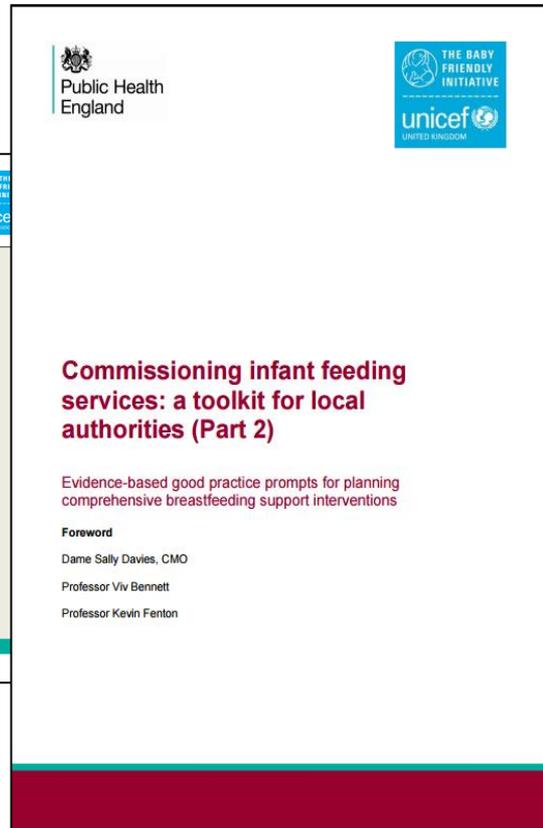
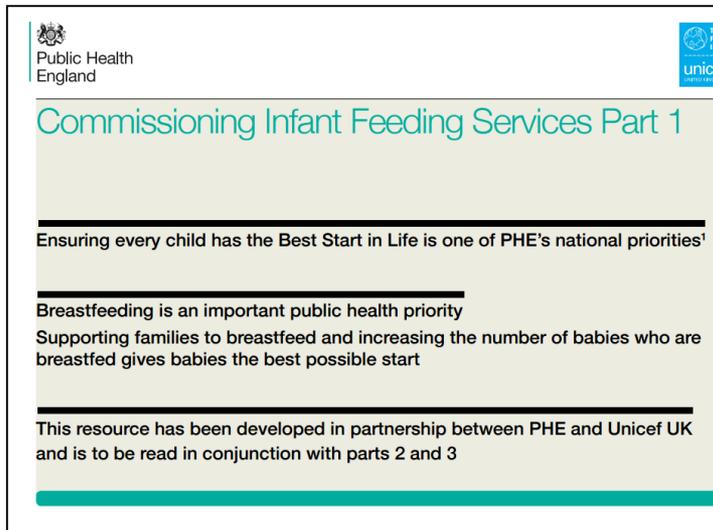
- Fewer general anaesthetics for tooth decay.
- Fewer missed school days and days off work by parents.
- Less pain from tooth decay.
- Reductions in the numbers of children with tooth decay.
- A reduction in the oral health gap for disadvantaged families.

PHE Publications gateway number: 20160312 © Crown copyright 2016

Upcoming publications:

- Supervised toothbrushing commissioning toolkit
- Supervised toothbrushing delivery report

Commissioning infant feeding services

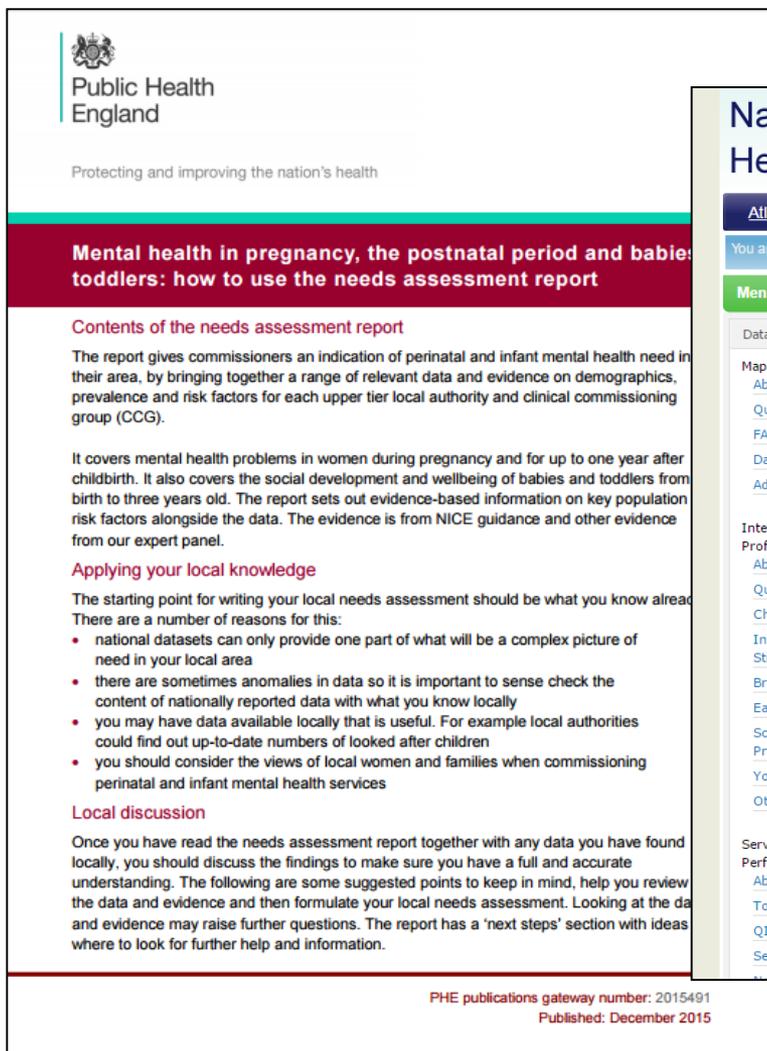


Health Matters

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



Perinatal mental health assessment tool



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Mental health in pregnancy, the postnatal period and babies and 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

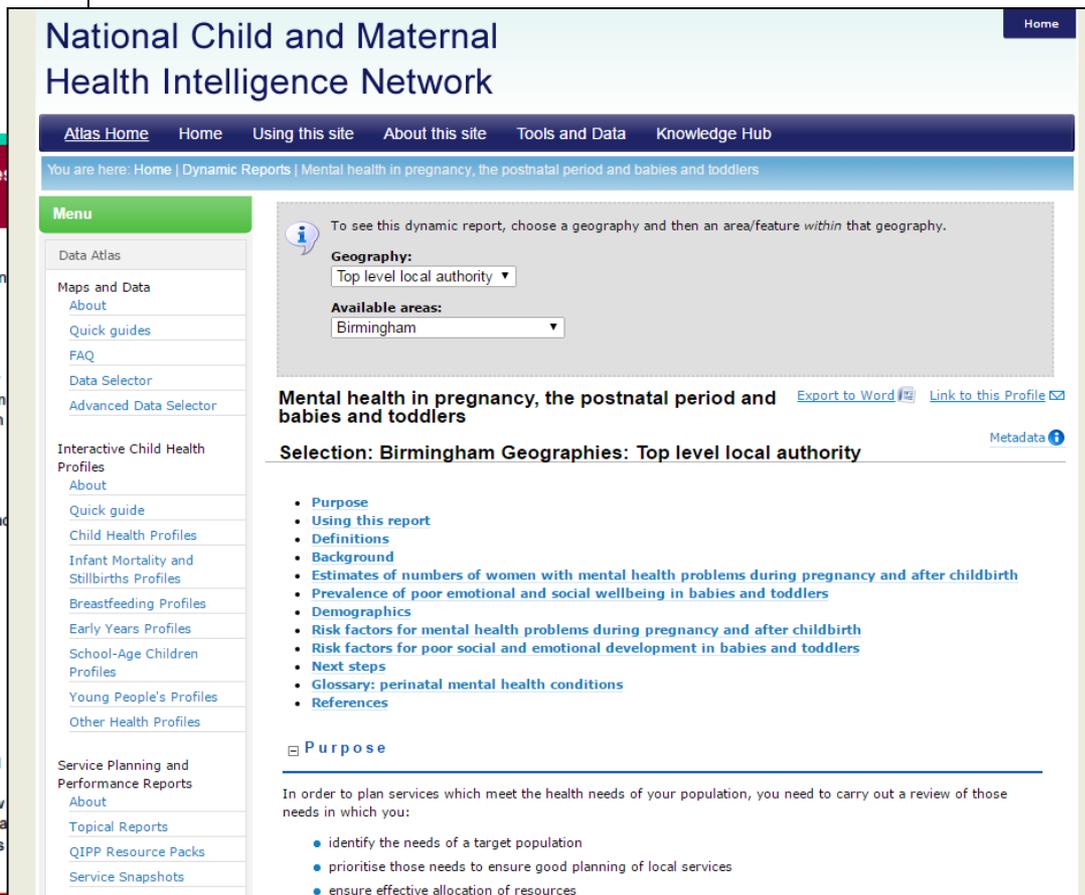
The starting point for writing your local needs assessment should be what you know already. There are a number of reasons for this:

- 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 data 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

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

Geography:
Top level local authority ▼

Available areas:
Birmingham ▼

[Export to Word](#) [Link to this Profile](#)

Mental health in pregnancy, the postnatal period and babies and toddlers

Selection: Birmingham Geographies: Top level local authority [Metadata](#)

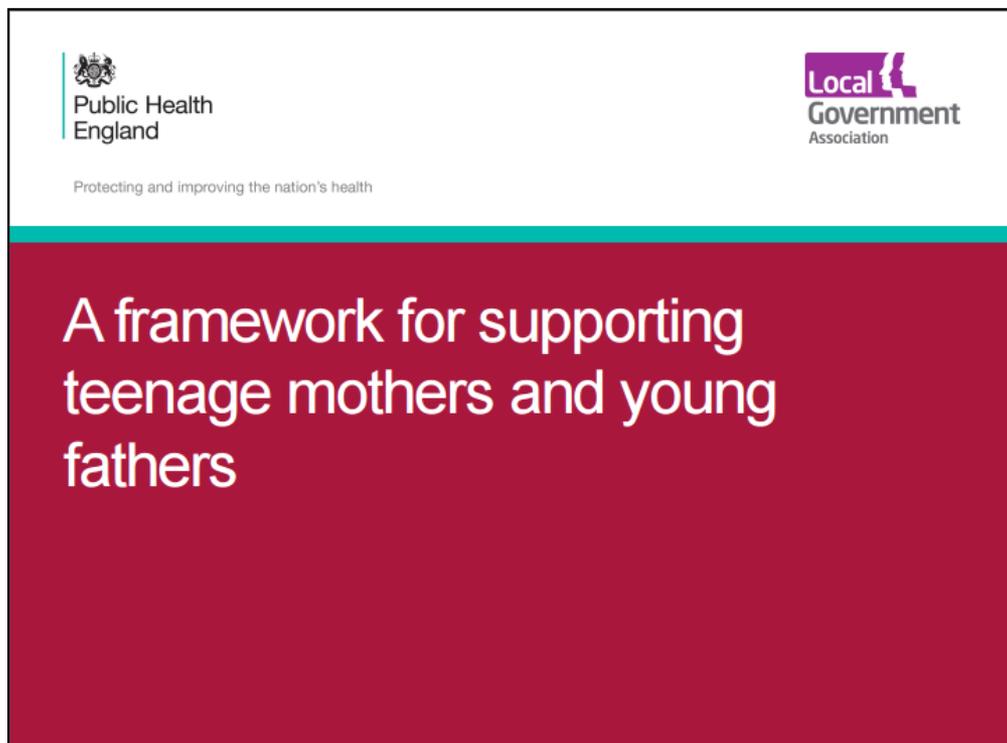
- Purpose
- Using this report
- Definitions
- Background
- Estimates of numbers of women with mental health problems during pregnancy and after childbirth
- Prevalence of poor emotional and social wellbeing in babies and toddlers
- Demographics
- Risk factors for mental health problems during pregnancy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

The screenshot displays the National Child and Maternal Health Intelligence Network (NCHMHN) website. The main heading is "National Child and Maternal Health Intelligence Network". Below this, there is a navigation menu with options: Home, Using this site, About this site, Tools and Data, and Knowledge Hub. A "Menu" section on the left lists various topics such as "Best start in life", "Early years health and wellbeing", "Healthy pregnancy", "Good health and development", "Healthy weight", "Speech, language and communication", "Relationships and resilience", and "Safe from harm". A search bar is also present.

The central focus is the "Knowledge hub – Best start in life" section. It contains a paragraph explaining the hub's purpose: "The Best start in life knowledge hub brings together information and evidence to help commissioners, providers and professionals in commissioning for better outcomes during pregnancy and in the early years. It supports Public Health England's national priority of ensuring every child has the Best Start in Life: every woman experiencing a healthy pregnancy; every child ready to learn at 2; every child ready for school at 5; and a reduction in child obesity. You can view overarching resources about commissioning services for children aged 0 to 5 and making the case for investment in this area in the [early years health and wellbeing overview](#) section, or click on topic areas below."

Below the text is a large circular diagram with a central icon of a person and the word "Family". The diagram is divided into several segments, each representing a topic area with associated icons:

- Healthy pregnancy: Planning for pregnancy, High-quality maternity care, Healthy behaviours, Development checks.
- Good health and development: Immunisation & vaccination, Oral health, Breastfeeding.
- Healthy weight: Physical activity, Nutrition.
- Speech, language and communication: Speech, language and communication.
- Relationships and resilience: Attachment, Parenting, Perinatal and infant mental health.
- Safe from harm: Preventing unintentional injury, Managing minor illness, Safeguarding.

The bottom of the screenshot shows a Windows taskbar with various application icons and a system tray displaying the time as 11:05 on 02/11/2016.