



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.”*

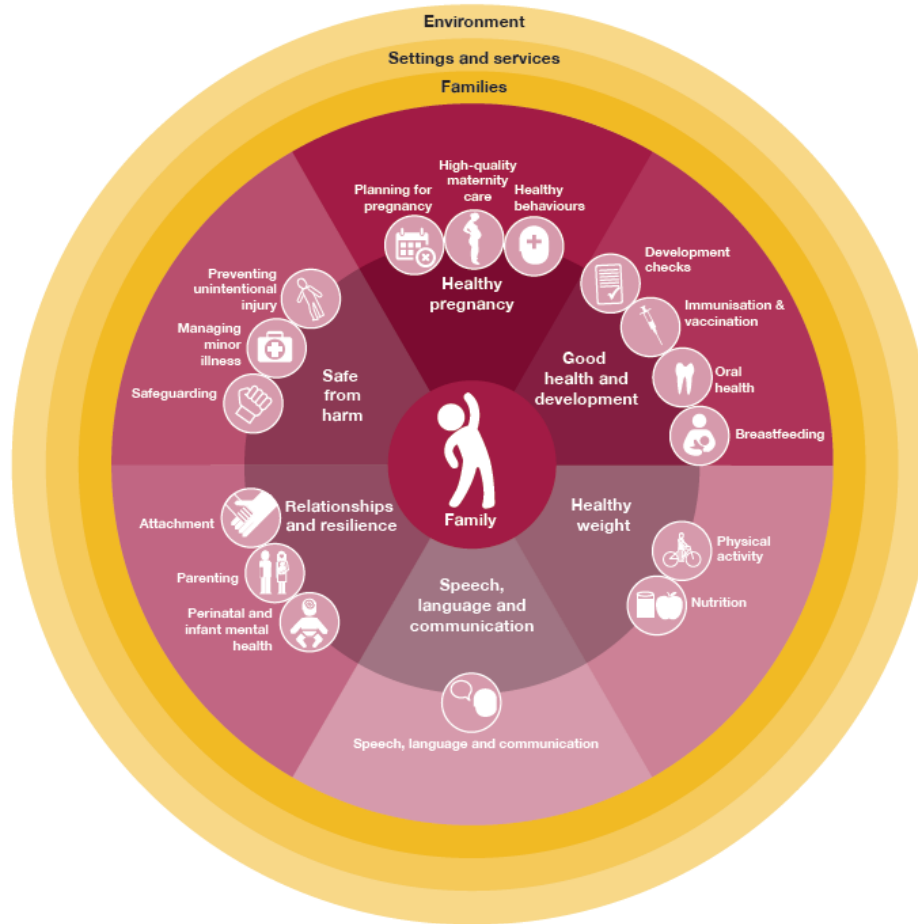
Michael Marmot, *Fair Society, Healthy Lives*, 2010



# 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](http://www.hee.nhs.uk)

[ourchance.org.uk](http://ourchance.org.uk)

[www.nhs.uk/start4life](http://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 patients and social care staff to use the opportunities arising during their routine interactions 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
- 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

## Increase number of smokefree pregnancies

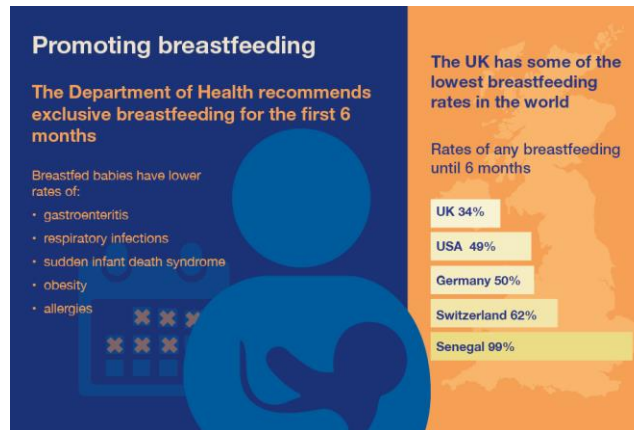


## Reduce number of women drinking alcohol in pregnancy

- 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

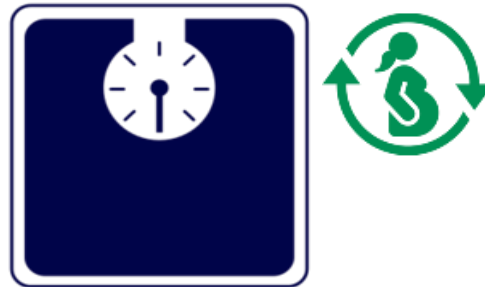


## Increase breastfeeding initiation and prevalence rates



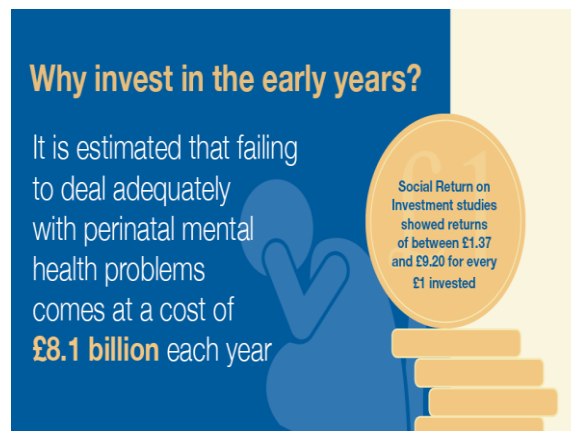
- Publication of breastfeeding commissioning toolkit
- Promote breastfeeding through Start4Life
- Publish breastfeeding profiles and improve quality of data

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



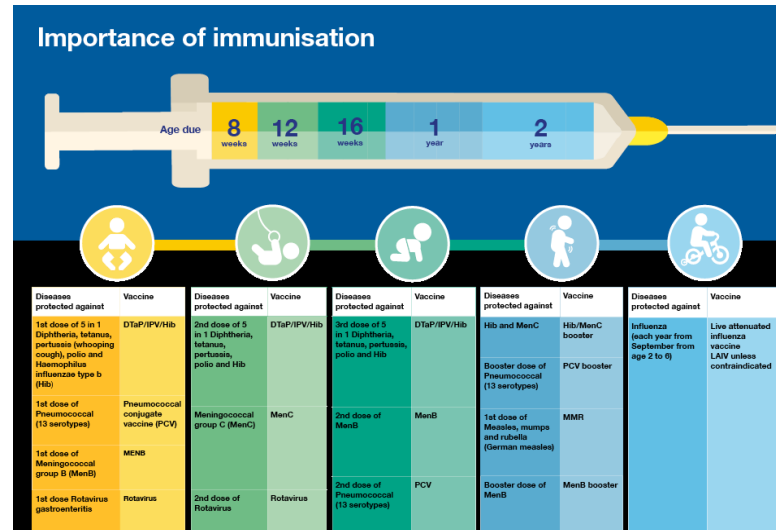
- Review of NICE guidelines and development of toolkit on weight management
- Promote uptake of folic acid and vitamin D

## 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](http://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life)

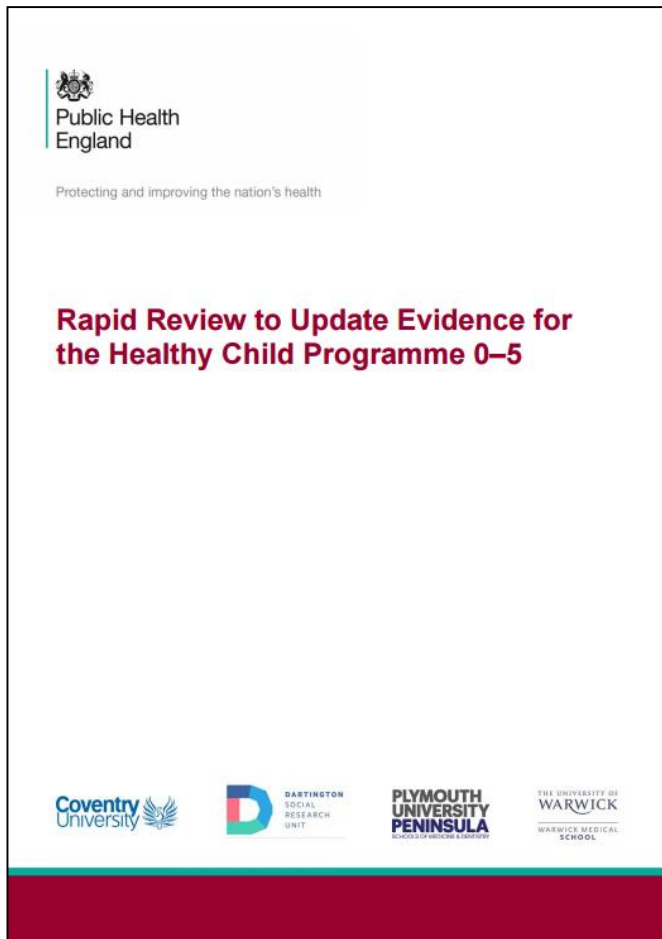
# Best Start in Life – so far in 2016/17

- 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



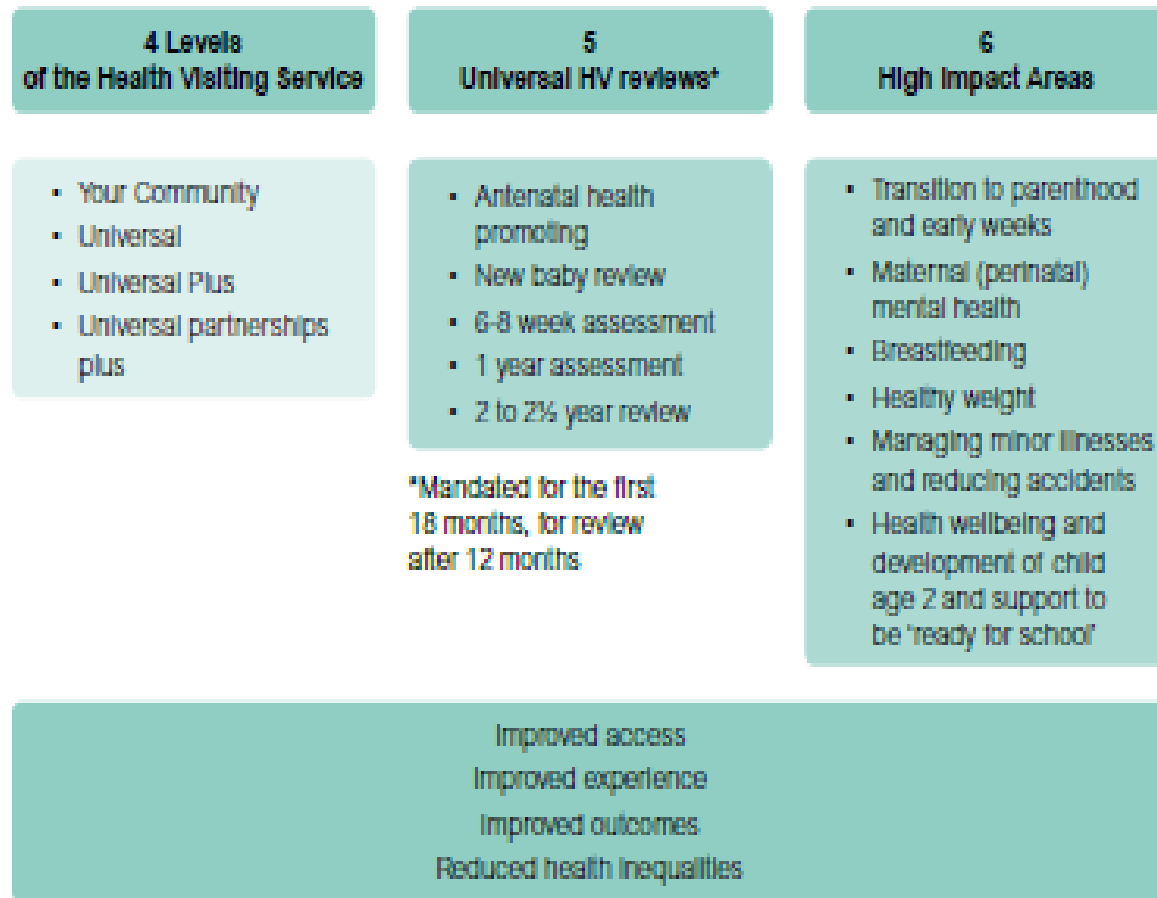


# Healthy Child Programme aims

Effective implementation of the HCP should lead to:

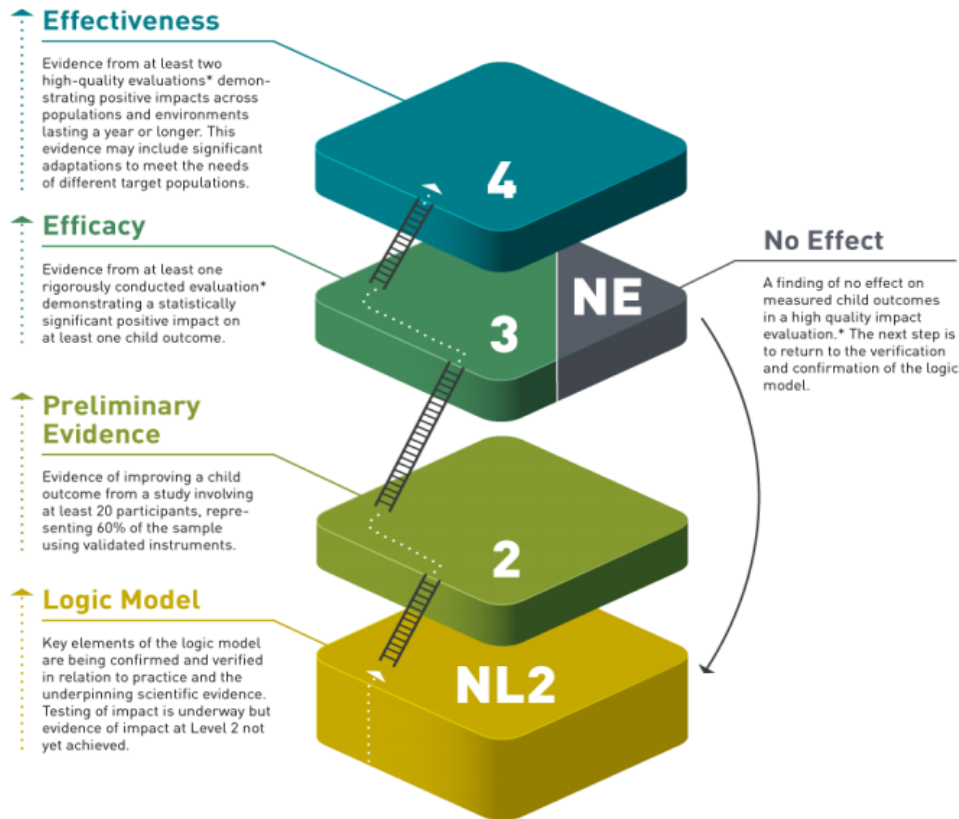
- strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- care that helps to keep children healthy and safe;
- healthy eating and increased activity, leading to a reduction in obesity;
- prevention of some serious and communicable diseases;
- 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

[sarah.gaughan@phe.gov.uk](mailto:sarah.gaughan@phe.gov.uk)

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

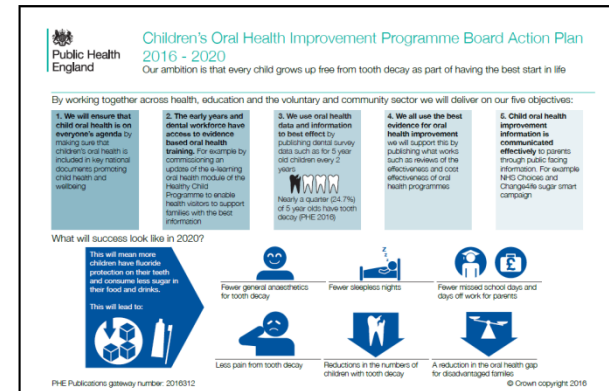
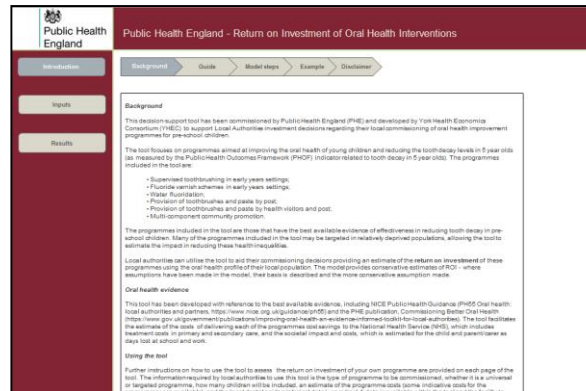


Public Health  
England

Protecting and improving the nation's health

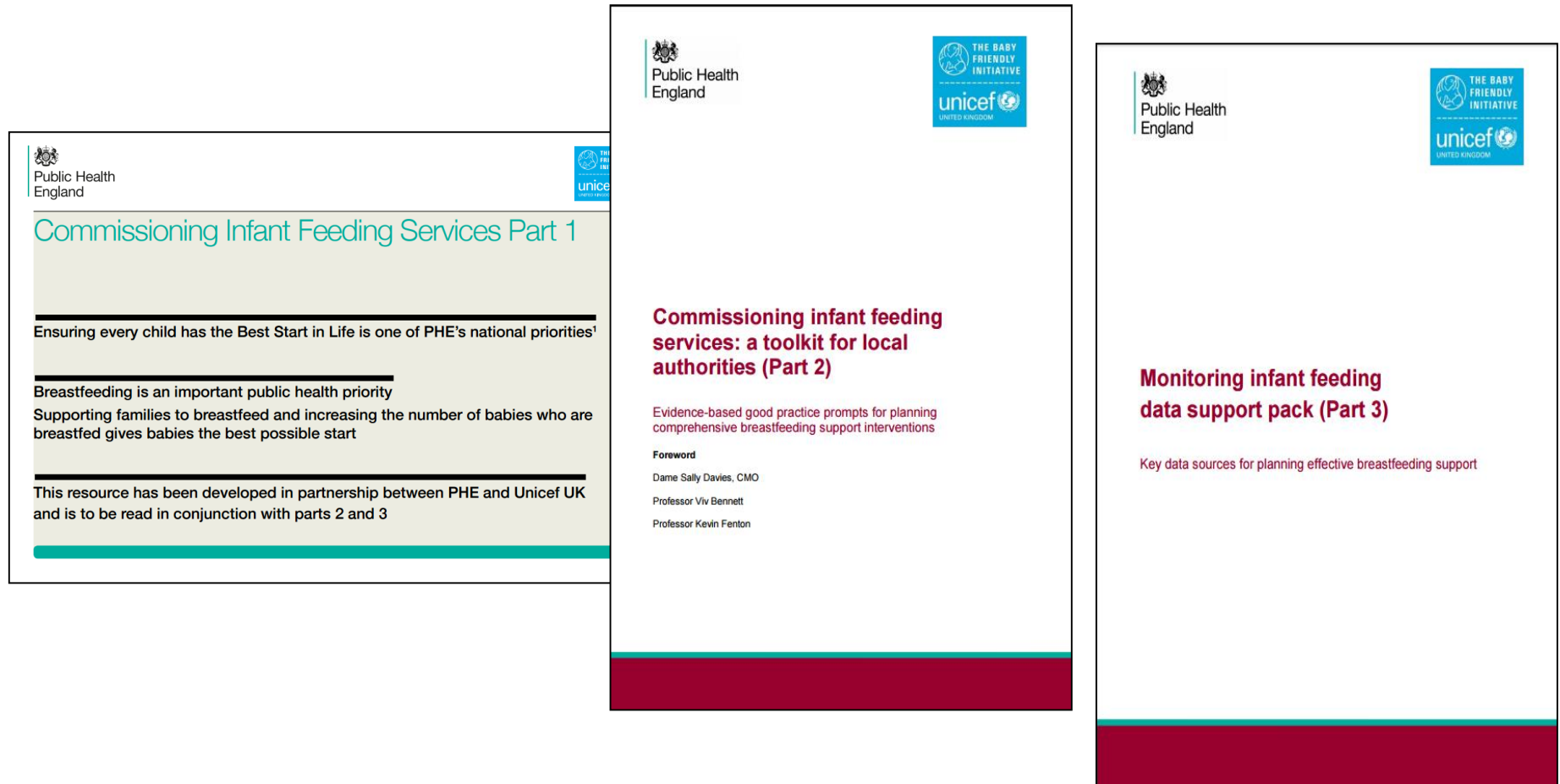
# ANNEX – PHE Best Start in Life products

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



- 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

Protecting and improving the nation's health

## 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

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 ▼

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

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

**Selection: Birmingham Geographies: Top level local authority**

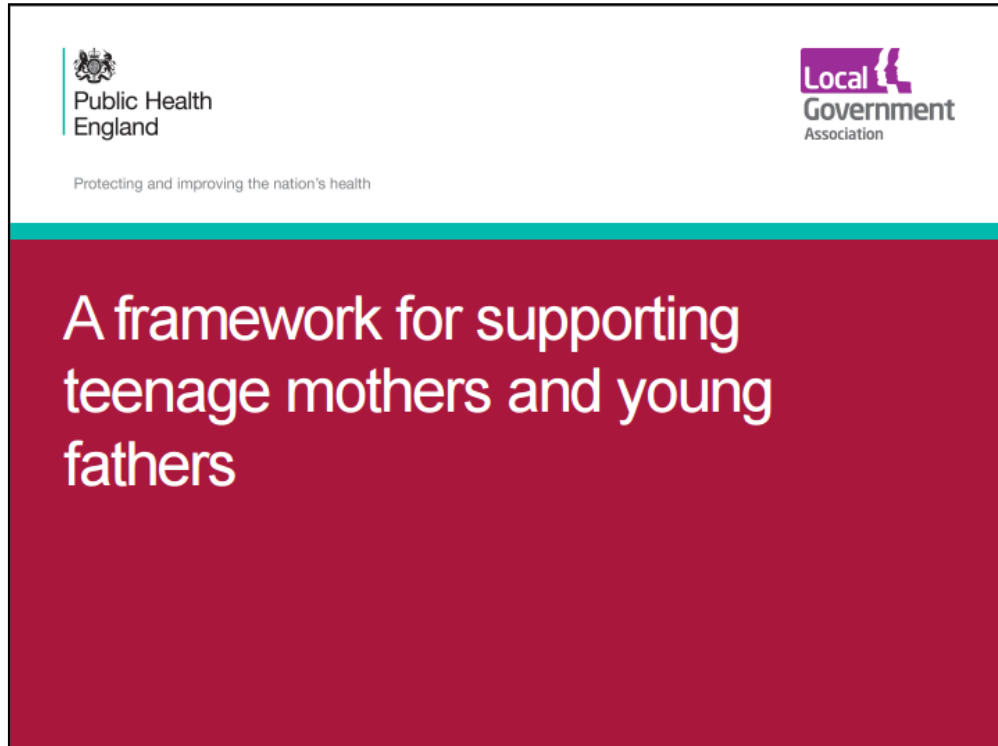
- [Purpose](#)
- [Using this report](#)
- [Definitions](#)
- [Background](#)
- [Estimates of numbers of women with mental health problems during pregnancy and after childbirth](#)
- [Prevalence of poor emotional and social wellbeing in babies and toddlers](#)
- [Demographics](#)
- [Risk factors for mental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

The screenshot displays the National Child and Maternal Health Intelligence Network (NCMHIN) website. The main header reads "National Child and Maternal Health Intelligence Network" with a navigation bar including "Home", "Using this site", "About this site", "Tools and Data", and "Knowledge Hub". A "Menu" sidebar 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". The main content area is titled "Knowledge hub – Best start in life" and 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 family. The diagram is divided into several segments, each representing a key area of focus:

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

The diagram also includes a "Family" icon in the center and a "Speech, language and communication" icon at the bottom.