



Public Health
England

Protecting and improving the nation's health

Improving health outcomes across maternity and the early years

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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.”

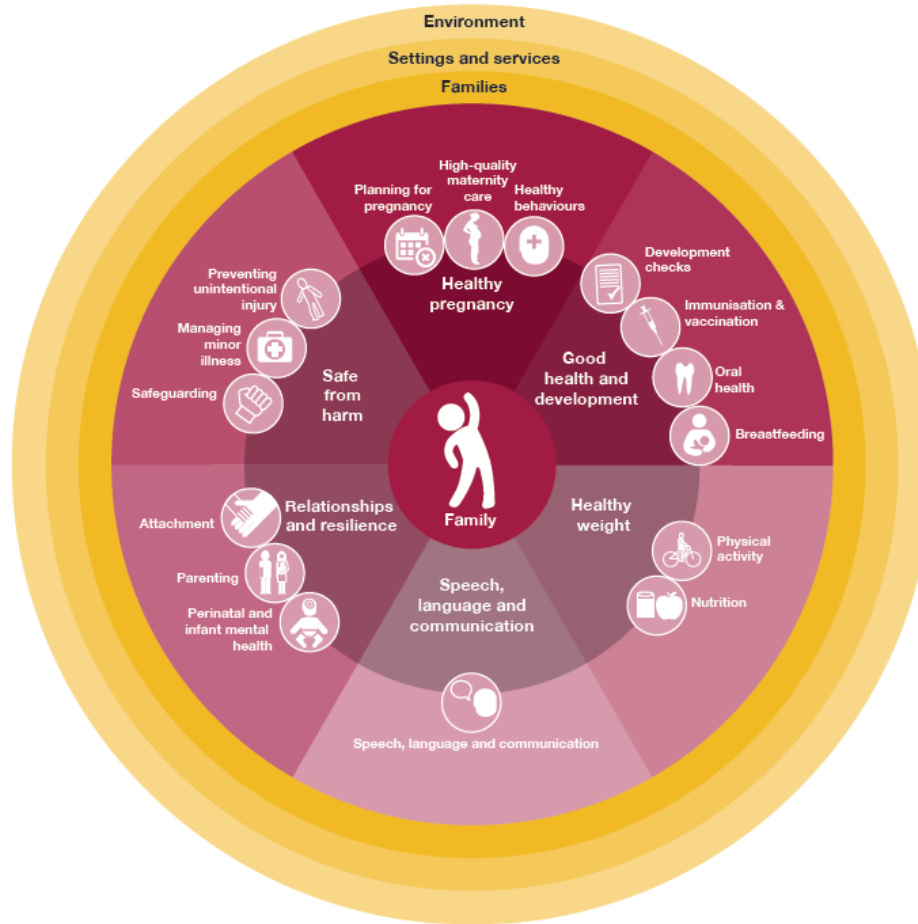
Michael Marmot, *Fair Society, Healthy Lives*, 2010



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



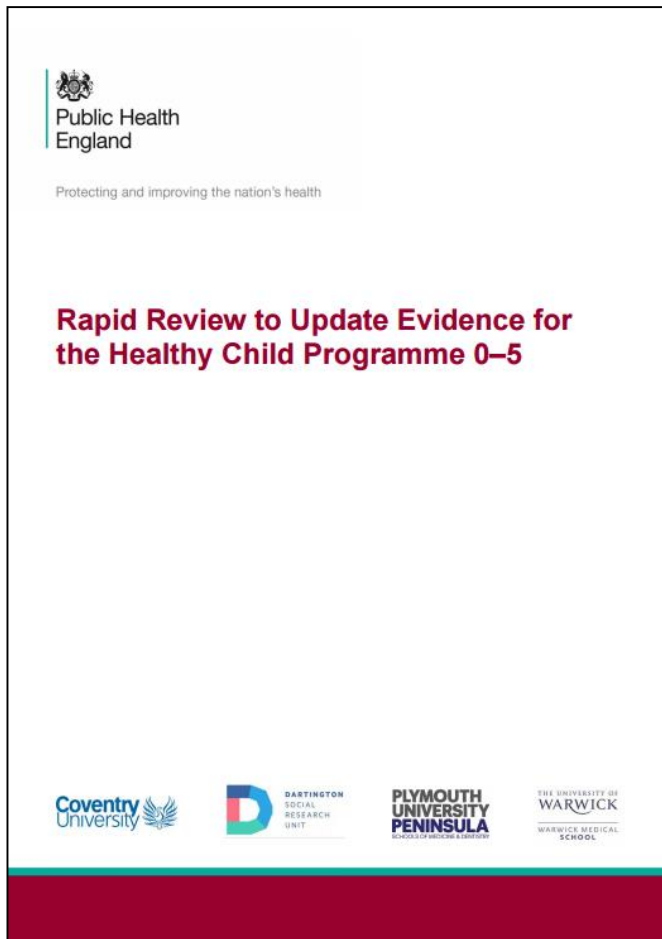
Best Start in Life – so far in 2016/17

- 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

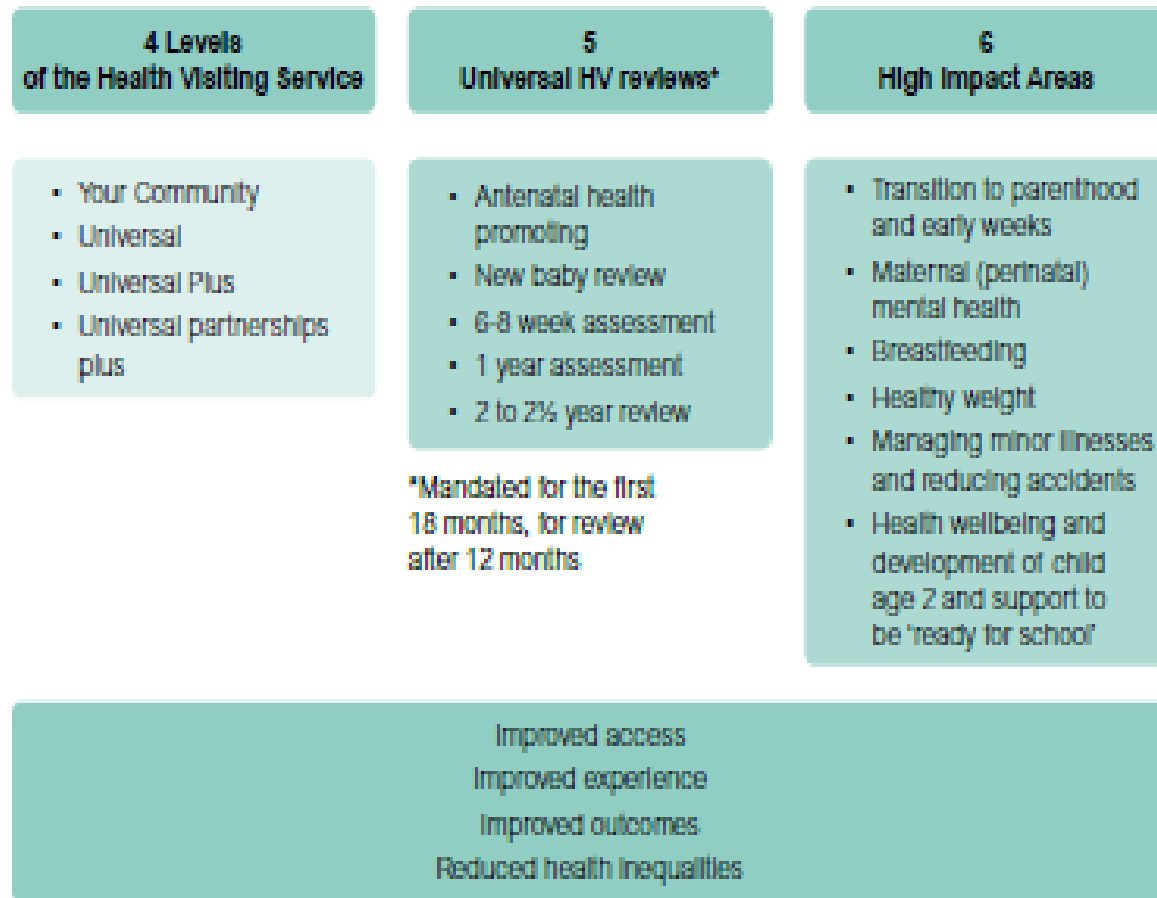


Healthy Child Programme aims

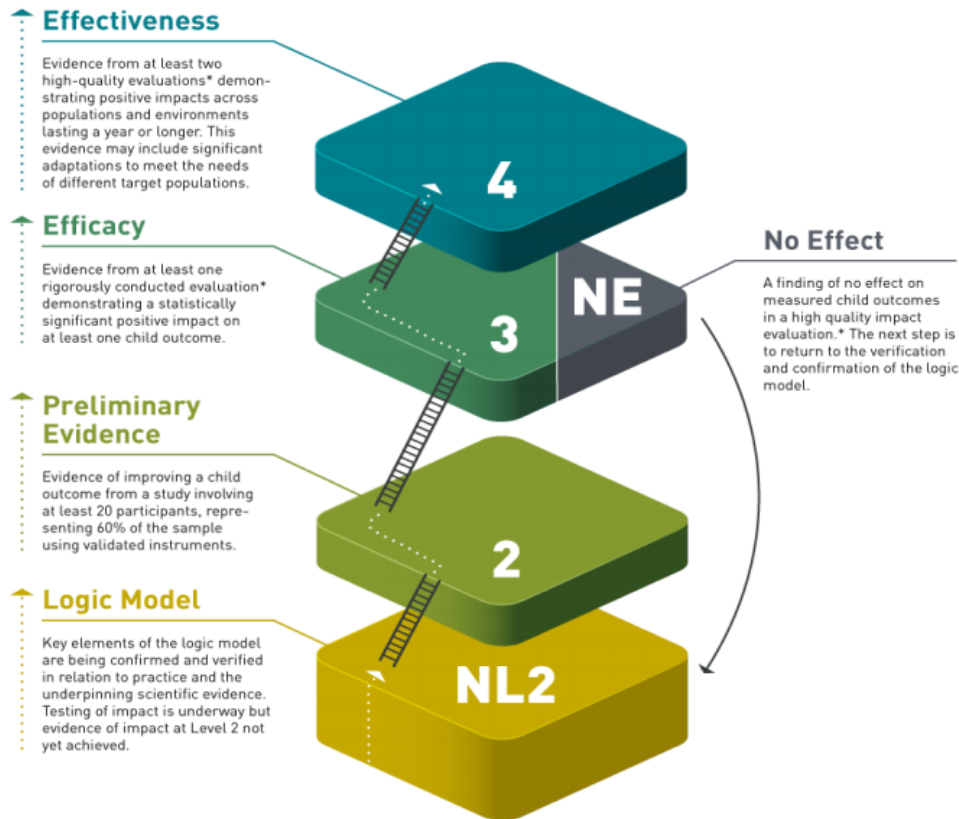
Effective implementation of the HCP should lead to:

- 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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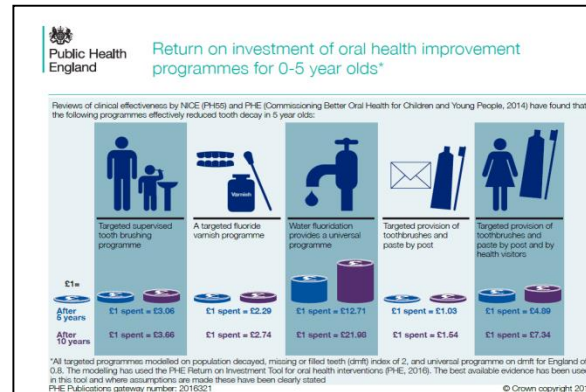
ANNEX – PHE Best Start in Life products

Child oral health action plan

Public Health England
Protecting and improving the nation's health

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 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 to relatively deprived populations, allowing the tool to estimate the impact in reducing these health inequalities.

Local authorities can use 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 of ROI - 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, <https://www.nice.org.uk/guidance/ph66> and the PHE publication, Commissioning Better Oral Health (2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294444/Commissioning_Better_Oral_Health.pdf. The tool facilitates the estimate of the costs of delivering each 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 by 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, some indicative data for the population of the area, and the oral health profile of the local population.

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

Healthy child Programme E-learning to optimise health

Menu: Programme home, More information, Sample sessions, 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 a series of learning resources including the [Healthy Child Programme](#) and [Adults' Health Programme](#).

It is suitable for school nurses, GPs, primary paediatricians and the child health team as a flexible learning resource in conjunction with the [Healthy Child mental health e-learning programme](#). HSC focuses on the school-based team, the assessment and support of the mental and other health needs of primary 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 healthcare (e4h) 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, bapc, RCPSych, YOUNGMINDS, RCP, Royal College of General Practitioners

Public Health England 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:

- 1. We will ensure that child oral health is on everyone's agenda by making sure that children's oral health is included in key national documents promoting child health and wellbeing**
- 2. The early years and dental workforce have access to evidence based oral health training. For example by commissioning an update of a learning oral health module of the Healthy Child Programme to enable health visitors to support families with the best information**
- 3. 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**
- 4. 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**
- 5. Child oral health improvement information is communicated effectively to parents through public facing information. For example NHS Choices and Change4life sugar smart campaign**

What will success look like in 2020?

1. We will see more children have fluoride protection on their teeth and consume less sugar in their food and drinks.

2. Fewer general anaesthetics for tooth decay.

3. Fewer sleepless nights.

4. Fewer missed school days and days off work for parents.

5. Less pain from tooth decay.

6. Reductions in the number of children with tooth decay.

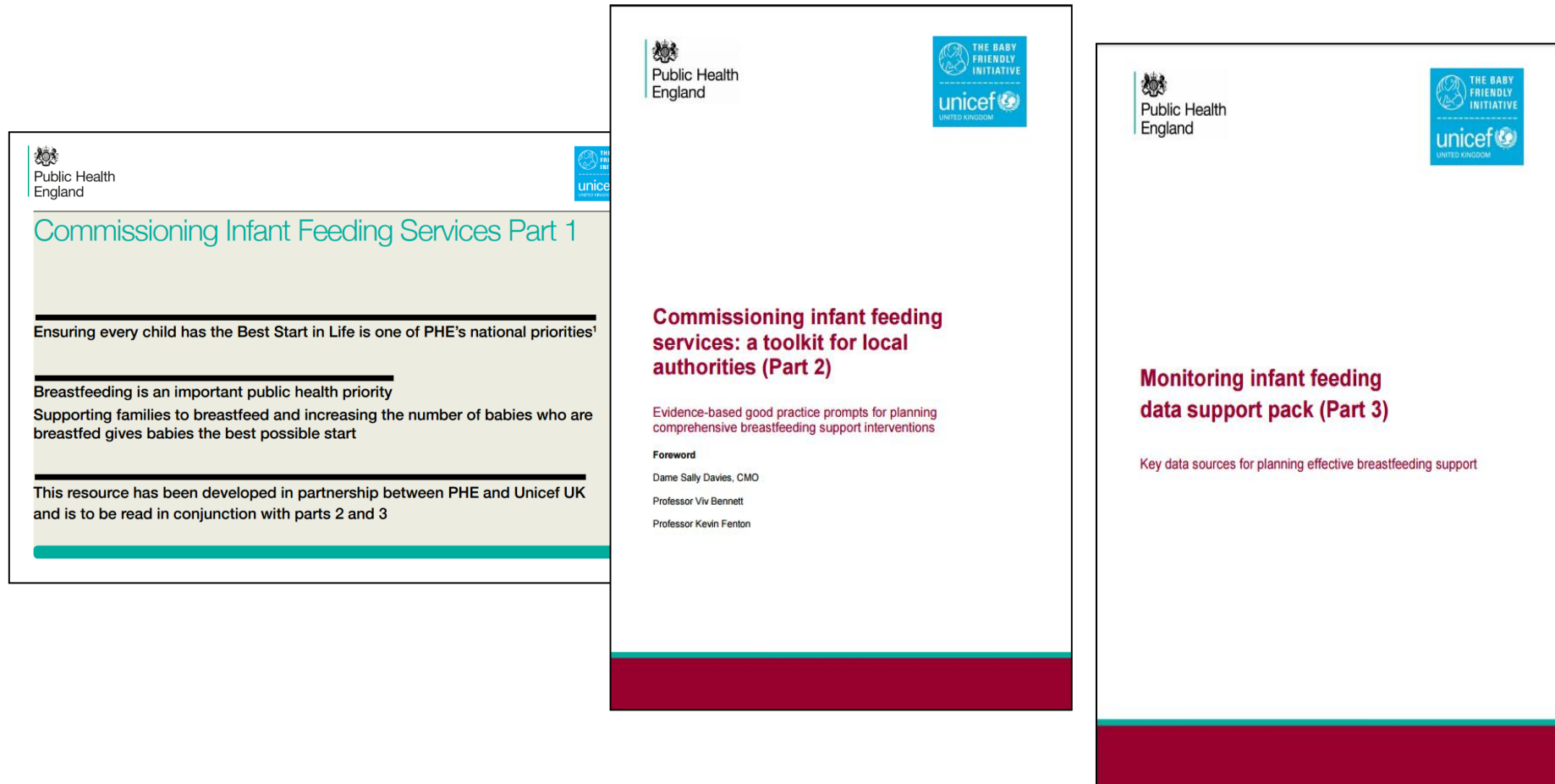
7. A reduction in the oral health gap for disadvantaged families.

PHE Publications gateway number: 2016032 © 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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You are here: Home | Dynamic Reports | Mental health in pregnancy, the postnatal period and babies and toddlers

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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](#) [Metadata](#)

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

Selection: Birmingham Geographies: Top level local authority

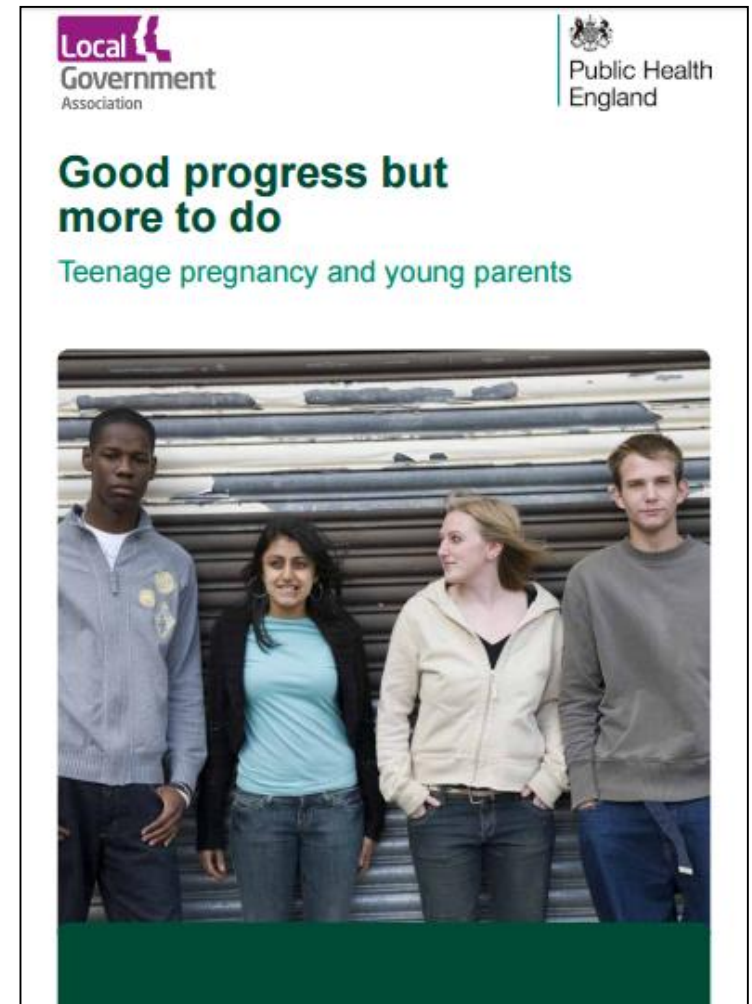
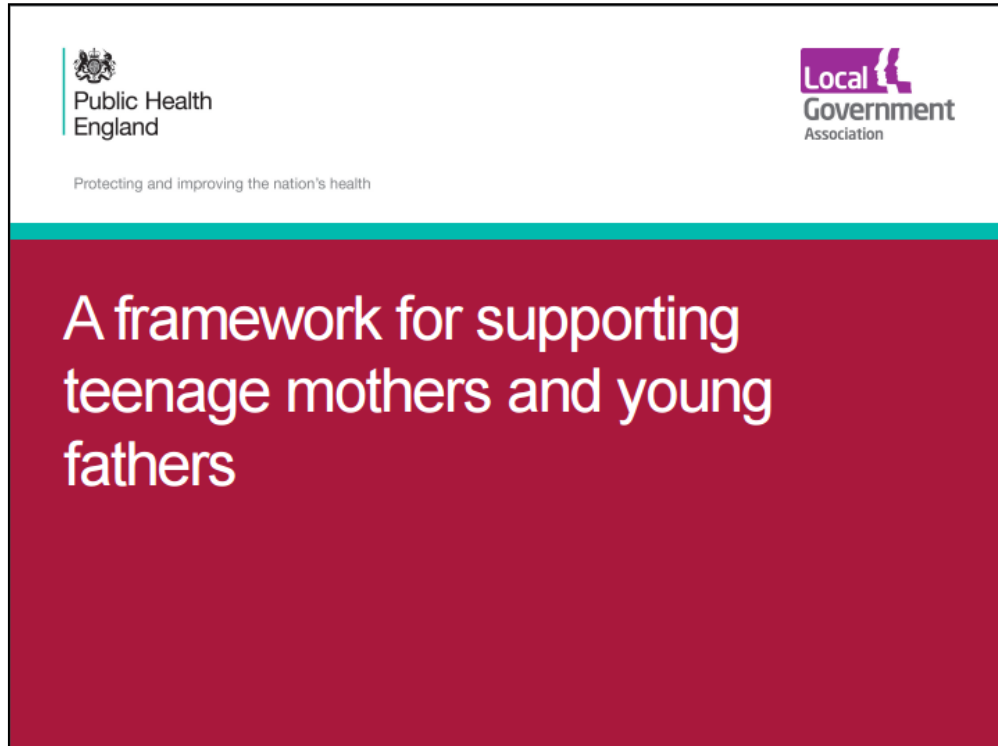
- [Purpose](#)
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- [Demographics](#)
- [Risk factors for mental health problems during pregnancy and after childbirth](#)
- [Risk factors for poor social and emotional development in babies and toddlers](#)
- [Next steps](#)
- [Glossary: perinatal mental 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 browser address bar shows www.chimat.org.uk/beststart. The page title is "National Child and Maternal Health Intelligence Network". The navigation menu includes "Home", "Using this site", "About this site", "Tools and Data", and "Knowledge Hub". The "Knowledge Hub" section is active, showing a "Menu" with links to "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 "Best start in life" link is selected. 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 (two adults and a child) labeled "Family". The diagram is divided into eight segments, each representing a topic area: "Healthy pregnancy", "Good health and development", "Healthy weight", "Speech, language and communication", "Relationships and resilience", "Safe from harm", "Preventing unintentional injury", and "Managing minor illness". Each segment contains a list of sub-topics and icons. For example, "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 "Safeguarding" and "Safe from harm". "Preventing unintentional injury" includes "Preventing unintentional injury". "Managing minor illness" includes "Managing minor illness".