



Public Health
England

Protecting and improving the nation's health

Improving health outcomes across maternity and the early years

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Maternity Programme update

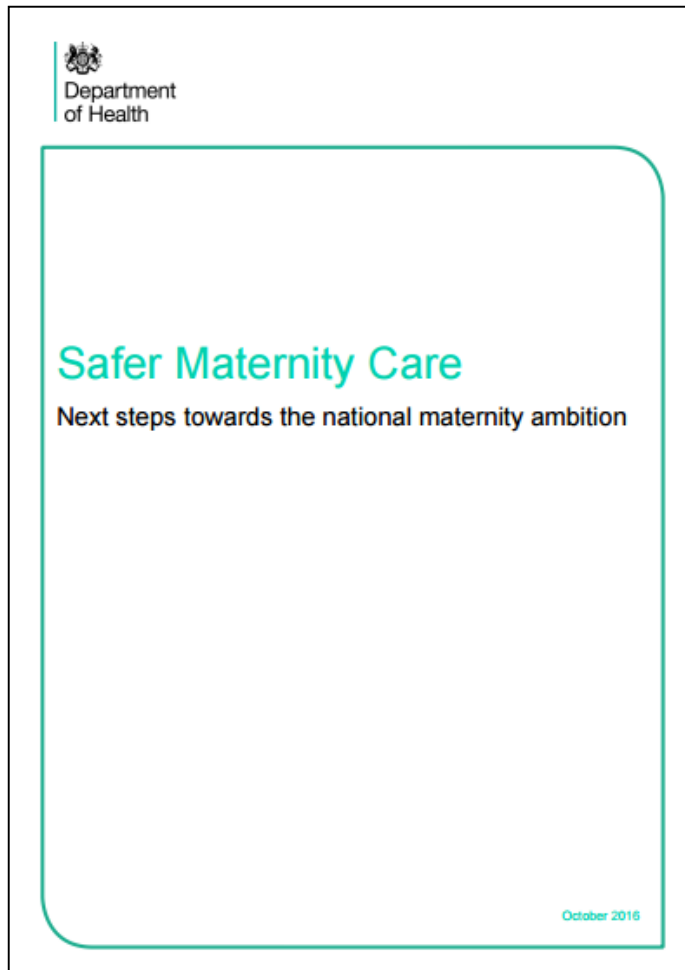
- Cross-PHE Maternity Programme established to support women to be fit for and during pregnancy and to raise healthy, resilient children
- Aligned with Secretary of State's ambition to halve stillbirths, neonatal deaths and maternal deaths by 2030 and *Better Births: A Five Year Forward View for Maternity 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

Maternity Transformation Programme

- Implement vision and recommendations in *Better Births*
- Support Secretary of State's ambition
- Align other work being carried out by the national bodies to support the shared strategy
- 9 work streams (improving prevention is work stream 9)



Safer maternity care action plan



The Safer Maternity Care action plan is part of the national ambition to halve rates of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or shortly after birth, by 2030.

It is supported by a national package of measures and funding including:

- an £8 million maternity safety training fund to support trusts to drive improvements in maternity safety
- the launch of 'Our Chance' campaign, targeted towards pregnant women and their families to raise awareness of the symptoms that can lead to stillbirth
- a £250,000 maternity safety innovation fund to support local maternity services to create and pilot new ideas
- a new National Quality Improvement Programme for all trusts.
- Maternity ratings for clinical commissioning groups across England will be published to benchmark local areas, help identify those areas needing improvement and examples of the best practice

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

Maternity Programme delivery plan

- Provide national leadership for preventive services and programmes in pregnancy and preparation for pregnancy to improve maternity and early child health outcomes at a **population, community** and **individual** level
- Take action on factors known to improve wellbeing and reduce risk factors

Encouraging a healthy pregnancy





Best Start in Life – so far in 2016/17

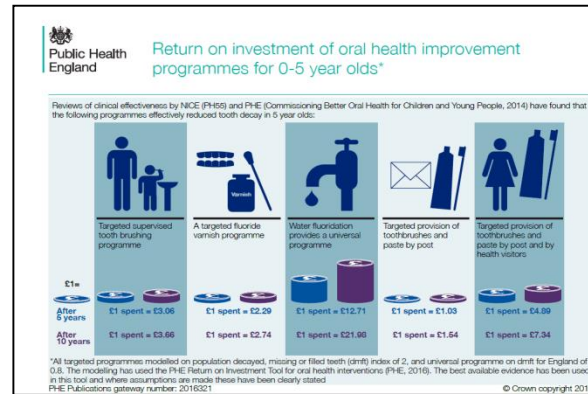
- Review of the mandated elements of the health visitor programme completed and submitted to DH
- Publication of the child oral health action plan and resources to support oral health improvement in the Early Years
- Publication of a commissioning infant feeding services toolkit in partnership with Unicef
- 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

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 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 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 (https://www.gov.uk/government/publications/improving-oral-health-in-early-years-report/section-1-local-authorities). 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 programme's effectiveness, and the oral health status of the local population.

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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 [Healthy Child Programme](#).

It is suitable for school nurses, GPs, primary paediatricians and the child health team as a blended 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**, **baep**, **RCGP**, **RCPSych**, **RCGP**, **Young Minds**, **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:

- 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**
- 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**
- 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**
- 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 Change4life sugar smart campaign**

What will success look like in 2020?

1. We will ensure 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
Less pain from tooth decay

2. Fewer sleepless nights
Fewer missed school days and days off work for parents

3. Fewer missed school days and days off work for parents
Reductions in the number of children with tooth decay

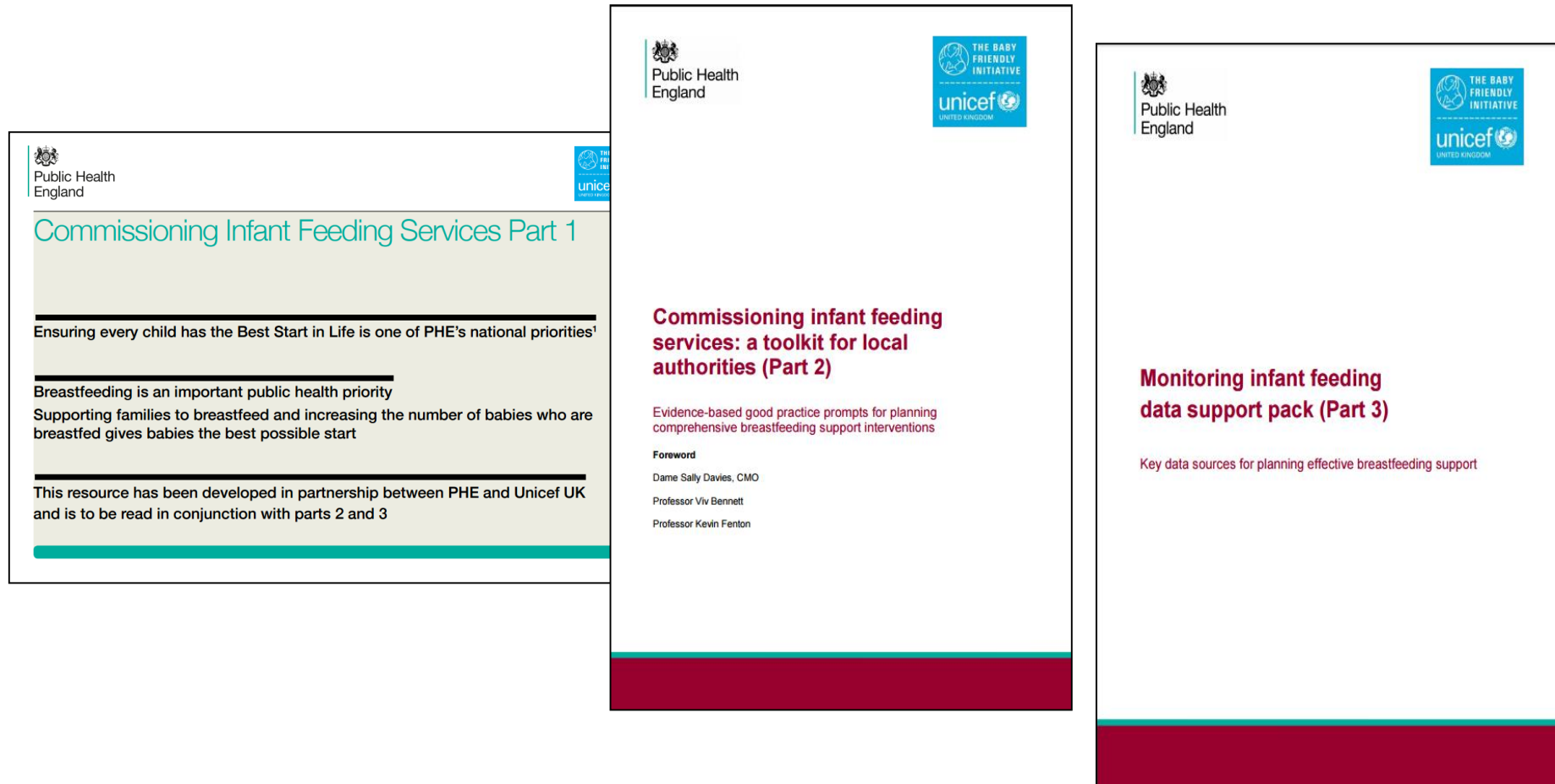
4. A reduction in the oral health gap for disadvantaged families
A reduction in the oral health gap for disadvantaged families

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Upcoming publications:

- Supervised toothbrushing commissioning toolkit
- Supervised toothbrushing delivery report

Commissioning infant feeding services

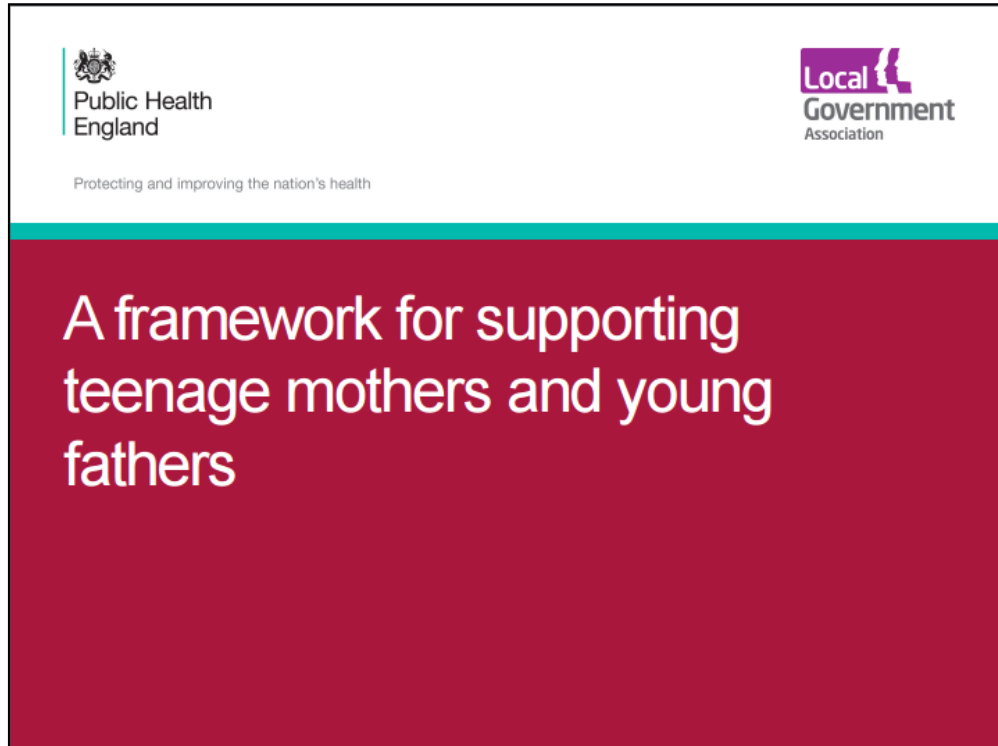


Health Matters

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



Supporting teenage mothers and young fathers



Best Start in Life Knowledge Hub

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

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.

Healthy Start Update

Supply issues were resolved in April and no issues have been raised since

Re-procurement of vitamin tablets and drops is about to start. The new products will be available from September 2018 and will be fully compliant with the new SACN/PHE guidance on Vitamin D

The vitamin drops currently in use do not comply, the drops contain 7.5mcg Vit D rather than 10mcg along with vitamins A and C.

The drops are licensed for use from 4 weeks and use outside the terms of the licence e.g. use from birth or changes to dosage to adjust levels of dietary supplementation should be on a case by case basis

HS Pilots: DH put out a call for areas to take part in pilots to increase uptake of vitamins by HS beneficiaries. There has been a high level of response.

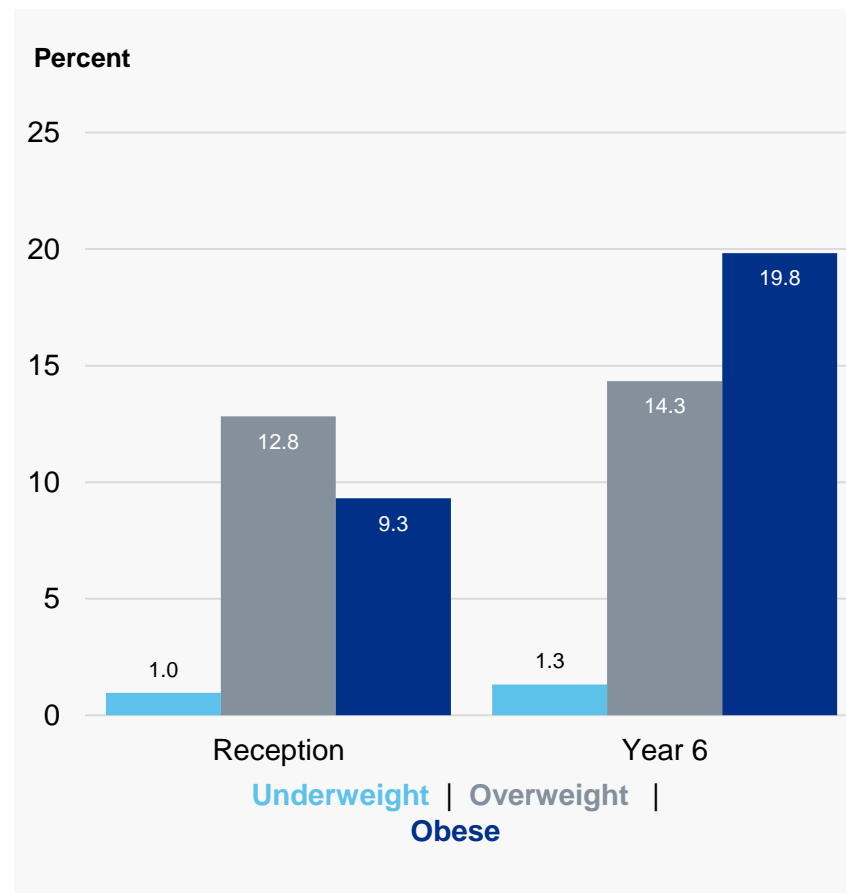
The proposals are with the new PS(PHI) Nicola Blackwood. In the meantime DH policy leads are keen to develop a mechanism for sharing information and innovation. The proposal is to set up a virtual national network ideally linked to existing networks. Feedback to Judith.hind@dh.gsi.gov.uk

NCMP 2015/16 Data

Obesity prevalence was more than twice as high in year 6 (19.8%) compared to reception (9.3%).

Over a fifth of reception children were overweight or obese. In year 6 it was over a third.

The proportion of underweight children was higher in year 6 (1.3%) than in reception (1.0%).



Source: NCMP 2015/16, table 1a, NHS Digital

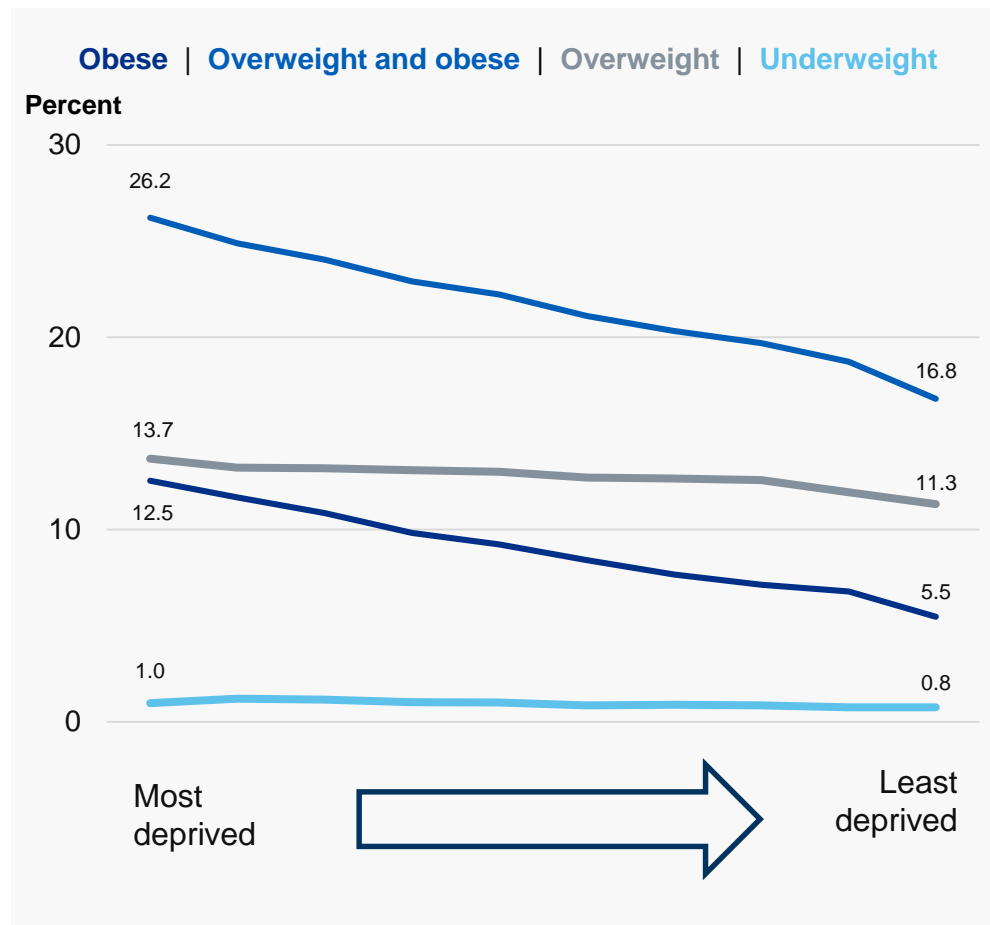
The proportion of children in the healthy weight category is not shown as it would lengthen the scale making the differences for the other categories harder to see. Please see table 1a for the proportion of children in the healthy weight category.

Deprivation - Reception

As in previous years there was a strong relationship between deprivation and obesity in both age groups.

Obesity prevalence ranged from 12.5% of children living in the most deprived areas to 5.5% in the least deprived areas¹.

In general underweight prevalence decreases as deprivation decreases.



Source: NCMP 2015/16, table 6a (deprivation based on postcode of the child), NHS Digital

1. As defined by deprivation decile.

HM Government Childhood Obesity A Plan for Action

“Over the coming year, we will monitor action and assess progress and take further action where it is needed.”

14 specific actions focusing on:

- food composition
- early years
- schools
- support for health professionals
- improving technology



Public Health England Key Actions

Action: Enabling health professionals to support families

Resources to build the understanding and increase the effectiveness of the wider Public Health Workforce

- resources to influence behaviour change and initiate difficult conversations about health and wellbeing
- targeted training for Health Visitors and School Nurses given their unique positioning which enables them to identify weight issues in children early on

A tool to support DPHs to make the case for LAs to take a corporate approach to investing in reducing childhood obesity

- Advocacy materials
- Guides to the evidence base
- Commissioning support

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
- 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

For more information

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