Public Health England

Protecting and improving the nation's health

Enclosure PHE/17/01

PHE Board Paper

Title of meeting	PHE Board
Date	Wednesday 25 January 2017
Sponsor	Viv Bennett and Kevin Fenton
Title of paper	**Maternity, children, young people and families**

1. Purpose of the paper

1.1 The purpose of the paper is to update the Board on the progress of PHE's work programmes across the 0-24s lifecourse and to seek views of Board Members on strategic direction set out in the paper.

2. Recommendation

2.1 The Board is asked to:

a) **NOTE** the extended scope of PHE Best Start in Life (BSiL) Programme encompassing maternity to 24 years
b) **NOTE** the revised governance
c) **NOTE** the progress made against BSiL plans
d) **NOTE** continuing work on developing a PHE engagement model with young people as part of its overall public engagement work
e) **AGREE** to receive a detailed report on engagement at a future meeting
f) **COMMENT** on the strategic direction set out within the paper

3. Introduction

3.1 Evidence shows that physical and mental health and the development of emotional resilience in the early and developing years impacts throughout childhood and on into adult life. PHE has therefore specifically set ***Giving 'Every Child the Best Start in Life'*** *(BSiL) and '****Child Obesity'*** as national priorities. (To note that childhood obesity will be discussed with the Board in context of all age obesity and is therefore not considered within this paper in detail).

3.2 As per the CMO Annual report on child health, we aim to 'think child and family across PHE'. A wide range of PHE's work programmes are directly and indirectly contributing to improving and protecting the health and wellbeing of expectant mothers, children, young people and families, including health protection, screening, cancer, drugs and alcohol, sexual health, and our knowledge and intelligence functions.

3.3 PHE Region and Centre offices have clearly defined child health work programmes and priorities that are tailored to local needs, helping to drive health improvements at local authority and regional levels.

3.4 Our work also involves close engagement with policy makers at national and local

levels. PHE has formal relationships with other government departments on a range of national priorities including maternity, early years, child mental health and social justice. PHE (through the Chief Nurse) also has responsibility for national professional leadership for health visitors and school nurses.

3.5 PHE leads the National Child and Maternal Health Intelligence Network, a collaborative of key national organisations working to drive up standards through the effective use of data, information and intelligence in decision making in order to improve services, treatments and health outcomes.

3.6 Our approach follows the Life Course, and we work in a matrix across directorates and teams to maximise synergies and impact. From April 2017 we will be expanding our current Best Start in Life Programme Board governance responsibility and scope to formally include our work on 5-24 year olds in addition to maternity and early years.

The Board is asked to **NOTE** the extended scope of PHE Best Start in Life (BSiL) Programme encompassing maternity to 24 years.

The Board will retain membership of other government departments (DH, DfE, DWP, DCLG) and stakeholders, such as the associations for DsPH and Directors of Children Services, and the LGA. The joint chairing arrangements between PHE and a local authority Chief Executive works well and will remain.

The Board is asked to **NOTE** the revised governance arrangements.

3.7 This report sets out key progress and issues across PHE's maternity, children and young people's public health priorities. The attached annex gives details of current health and wellbeing outcomes for this priority area.

4. Maternity Transformation Programme

4.1 In 2016 the Five Year Forward View national review into Maternity Services chaired by Baroness Cumberlege reported under the title 'Better Births' and the Secretary of State announced his maternity safety ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.

4.2 To coordinate the implementation of these two programmes, the national Maternity Transformation Programme (MTP) was officially launched in July 2017. This Board oversees nine work streams aiming to improve outcomes for mothers and babies and experience for families.

4.3 PHE is the lead agency for the 'Improving Prevention' work stream, with the Chief Nurse as Senior Responsible Officer. This programme will focus on action on the priorities shown below in 'life course' order. The top three priorities for early 2017 are shown in bold:

- an improvement in preconception health (encouragement of healthy choices to improve wellbeing and resilience and reduce risk factors)
- supporting positive health and wellbeing in pregnancy and reducing risk factors
- promotion and maintenance of uptake of antenatal and newborn screening

- sustaining high uptake in immunisation programmes in pregnancy and early years (taking action where improvement is required and when new immunisations are introduced)
- **specific focus on an increase in the number of 'smoke free pregnancies'**
- **a sustained improvement in breastfeeding initiation and prevalence rates**
- **an improvement in perinatal and infant mental health through prevention and professional leadership**
- supporting transition to parenthood (working with DH and OGDs as appropriate)
- improved integration between services to support transition from midwifery to health visiting/early years

4.4 PHE works with Best Beginnings to deliver evidence-based advice and information to encourage parents to make healthy choices before and during pregnancy and into their child's early years. Best Beginnings has successfully engaged with young and vulnerable pregnant women through its Baby Buddy app and its 'Bump to Breastfeeding' films. Best Beginnings led on the development of the Our Chance campaign to support the Secretary of State's maternity safety campaign. The focus of the Our Chance campaign are 24 informative, engaging, short films featuring young mothers and healthcare professionals sharing their stories and experiences.

5. Best Start in Life (BSiL) 0-5 years

5.1 Ensuring every child has the Best Start in Life is a national priority for Public Health England and a policy imperative across government.

5.2 PHE's aims under the Best Start in Life 0-5 programme include: women fit for and experiencing a healthy pregnancy, every child ready to learn at 2, every child ready for school at 5 and a reduction in childhood obesity.

5.3 The foundations for virtually every aspect of human development are laid in pregnancy and the early years and experiences at this time have a life-long effect on many aspects of health and wellbeing.

5.4 Early attachment and good maternal mental health shapes a child's later emotional, behavioural and intellectual development. Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive adulthood.

5.5 A strong evidence base underpins the benefits of early intervention in improving future health and wellbeing outcomes. The Early Intervention Foundation (EIF) is the government's 'What Works' centre for evidence and advice on early intervention for tackling the root causes of social problems for children and young people. PHE and EIF are working closely together this year to deliver:

- Early Years conference for commissioners
- Evidence seminars: delivering the Healthy Child Programme and *Foundations for Life*
- A Consolidated Report to bring together the findings from the EIF *Foundations for Life* and the PHE commissioned Rapid Review of the evidence on the HCP 0 – 5

- ‘What works’ analysis of interventions in infancy and early years to promote attachment and speech, language and communication
- A review of the evidence of the ‘signals of risk’ from conception to age 5 years
- A report on risk in adolescence associated with parental relationships

6. Achievements

6.1 Within the broader Best Start in Life programme, PHE has a particular focus on health outcome areas where there remain significant inequalities and where rates are poor. These include: oral health, unintentional injuries, breastfeeding, speech, language and communication, perinatal mental health and continuing to monitor and maintain high immunisation rates.

6.2

- PHE’s achievements under the Best Start in Life 0-5 in 2016/17 include:
- Refreshed the Best Start in Life knowledge hub
- Launched the Best Start in Life Health Matters in May, focusing on pregnancy to 2
- In partnership with Unicef, published an infant feeding commissioning toolkit to support local authorities to drive up breastfeeding rates
- Submitted a review of the mandated elements of the health visitor programme to DH. (See below for detail)
- Held a Ministerial PS(PHI) roundtable on unintentional injuries (0-24s) with key academic, professional and local authority stakeholders to discuss key issues and potential actions to reduce rates. Programme of work underway with the support of organisations such as the Child Accident Prevention Trust and ROSPA
- Supporting the new national steering group on injury prevention, coordinated by ROSPA
- Commissioned a range of work reporting later in year:
  - the Education Endowment Foundation to conduct an evidence review into what works in promoting early language acquisition
  - the Child Accident Prevention Trust to develop a practitioners’ guide to reducing unintentional injuries in the under-5s
  - a return on investment report into the universal health visiting service and wider Early Years interventions (will inform the Benefits Realisation Review)
  - In partnership with the LGA, developing a commissioning toolkit for a whole-systems approach to Early Years service provision
- Commenced the Benefits realisation review of the National Health Visiting Programme required by the Cabinet Office Infrastructure and Projects Authority (IPA).

The Board is asked to **NOTE** the progress made against BSiL plans

7.2 Challenges

7.2 In order to deliver the outcomes and benefits of the Best Start 0-5 programme PHE continues to work with local and national government, the NHS and with professionals providing front line services. This work is taking place in a context of austerity and major pressures on local government finances. Whilst some local authorities have been able to achieve integration and innovation in commissioning a 0-19 pathway, in many areas financial pressure is resulting in reduction of

commissioning budgets for the Healthy Child Programme (0-5 and 5-19) and a fall in the number of health visitors. The fall in the health visiting workforce is of particular concern including in media/social media in terms of delivering the ambitions of the National Health Visiting Programme completed in 2015/16.

8. 0-5s Mandation Review and Benefits Realisation review

8.1 As part of the National Health Visiting Programme and transfer of commissioning of the Healthy Child Programme 0-5 to local authorities, five universal contacts (antenatal, new birth, 6-8 weeks, one year and two and half years) were mandated to be commissioned by all authorities. The contacts provide consistent evidence-based developmental assessments, advice and support to all families. They enable early identification and extra support to be provided where families need more help. The regulation made provision for a review to determine whether the mandated reviews should continue or be allowed to expire (sunset clause).

8.2 PHE has successfully completed the Mandation (Sunset) Review and presented this to the Department of Health. The undertaking and robustness of the review was commended by the IPA. The Review indicated widespread support from across all stakeholders to continue the mandation of five 0-5 universal child health contacts and proposed that the mandation be further considered alongside the wider public health grant and other mandated services. Announcement of the Ministerial decision by the Department of Health is awaiting final Home Affairs Cabinet Committee clearance.

9. Benefits realisation review

9.1 The National Health Visitor Programme expanded the workforce and transformed the service in order to improve access, outcomes and service user experience whilst also reducing inequalities. The processes for tracking the delivery of these benefits have been operationalised across the public health system in collaboration with commissioners, providers and professionals. A description of the approach to benefits realisation and an assessment of benefits delivered to date are being collated by the CKO led National Child and Maternal Health Intelligence Network, ready for external assessment by IPA in March.

10. Family Nurse Partnership Programme update

10.1 The Family Nurse Partnership (FNP) Board is accountable to the Best Start in Life Board and has representation from PHE, Department of Health, Family Nurse Partnership National Unit and local government.

10.2 PHE is working closely with the FNP National Unit to ensure that the programme adapts appropriately in light of the RCT findings, and that local areas have a reasonable degree of flexibility to meet local needs. 116 authorities are currently delivering approximately 15,400 places, supported by the National Unit.

11. Immunisation coverage

11.1 National immunisation coverage figures for most childhood vaccinations at 1 and 2 years of age remain high, although they have decreased slightly over the last three years. In contrast, immunisation coverage for 5 year olds did not show a corresponding decrease. This reduction in rates for 1 and 2 year olds in England is estimated to be about 1% and a similar reduction has been seen across the UK. PHE is working with key partners to identify reasons for this trend and will take appropriate action.

12. Oral health in the Early Years

12.1 Oral health is part of the PHE's Best Start in Life priority and also links to PHE's priority on child obesity, nutrition including breastfeeding, weaning, and cross-cutting themes including inequalities and social justice. Oral health is considered a sentinel marker of wider health and social care issues nationally and internationally.

12.2 Although oral health is improving in England, almost a quarter (24.7%) of five-year-olds have tooth decay, and oral health accounts for a huge cost to health services. The NHS in England spends £3.4 billion per year on primary and secondary dental care (2014) (with an estimated additional £2.3 billion on private dental care). Tooth decay was the most common reason for hospital admission in children aged 5-9 years in 2014/15 with over 26,000 children admissions for an almost entirely preventable disease

12.3 The Children's Oral Health Improvement Programme Board has been established to lead and co-ordinate action across the system. Partners have agreed the ambition that *every child grows up free from tooth decay as part of our ambition for every child having the best start in life*, which is the central tenet of the Board. The Board was launched in September 2016 with a cross-organisational Action plan which outlines the 5 high level objectives, with examples of how they will be delivered and what success will look like in 2020.

12.4 Since the Board's launch, PHE and partners have delivered, or are on track to deliver, 16/17 commitments. Below are some of the PHE resources and publications which highlight the progress towards this ambition:

- A rapid review of the evidence of cost effectiveness of interventions to improve the oral health of children 0-5 years
- A return on investment tool and return on investment infographic outputs include the return on investment at 5 and 10 years of 6 interventions which have high quality evidence of effectively reducing tooth decay for 5 year olds.
- Local Health and Care Planning: Menu of preventative interventions outlines public health interventions that can improve the health of the population and reduce health and care service demand.
- Healthy Child Programme oral health e-learning updates the oral health promotion module of the RCPCH Healthy Child Programme (HCP) for public health nurses.
- A PHE toolkit to support supervised tooth brushing programmes in early years and school settings to support commissioners and providers of supervised tooth brushing
- A tooth brushing feasibility report which shows the deliverability, acceptability and cost of an Early Years supervised tooth brushing scheme, Published by Action for Children

13. Best Start in Life 5-24 years

13.1 In the past year our work on 5-24 year olds has increasingly come together from across the organisation at a national and Centre level. Extending the age range

from 18 to 24 means that we are consistent with the recommendations made by the Chief Medical Officer and World Health Organisation in recognition of the continued developmental needs of young people into early adulthood.

13.2 A new 5-24s working group has been established to maximise joint working and inform each other's programmes, and this includes PHE Centres.

13.3 Priority areas and some successes include:

- Mental health and wellbeing: recognising that there are increasing concerning of rates of poor mental health in children and young people. The Government has recently announced a Green Paper on children's mental health and in particular the role of education and support for parents. PHE will work closely with DH and DfE to present evidence on opportunities for mental health promotion, early intervention and support for parents. PHE has already published a wide range of resources and data to inform national and local policy and prioritisation and to continue to make the case for prevention and promotion of positive wellbeing and building resilience
- Drugs, alcohol and tobacco: although rates continue to fall, there are significant inequalities and evidence shows that avoidance in childhood and adolescence reduces the risk of taking drugs and tobacco in adulthood. PHE continues to provide advice and data for commissioners and service providers, including the first annual report on young people's use of specialist substance misuse treatment services (January 2017), a review of these services and guidance for commissioners
- Safeguarding: specifically on child sexual abuse and exploitation (CSA and CSE). PHE is working with other government departments and the Office of the Children's Commissioner to provide advice and resources for public health teams to reduce children's exposure to risk factors, and to improve early identification through sexual health, and drug and alcohol services
- Vulnerable young people: in particular work with young people in the criminal justice system, and for whom health and other outcomes tend to be worse than the general population and continues into adulthood. PHE published guidance for school nurses and youth justice services to improve protection and outcomes
- Sexual health: teenage pregnancy rates have fallen to their lowest levels since current records began, but remain high compared to similar countries and the national average masks significant local variations. PHE provides bespoke support to local areas to take action, and publishes resources to support commissioning and service delivery
- Child obesity: the Government published its Child Obesity Plan in 2016, with significant input from PHE. A future PHE Board will be considering this priority so this report does not give details of our programme. The latest National Child Measurement Programme data shows that:
    - Over a fifth of reception children were overweight or obese. In year 6 it was over a third.
    - The prevalence of obesity has increased since 2014/15 in both reception and year 6 and is the highest for year 6 since NCMP records began in 2005/06
    - The rate of obesity doubles between reception and year 6
    - Obesity prevalence for children living in the most deprived areas in

both age groups was more than double that of those living in the least deprived areas.

- Improving access to health services: PHE is leading work on updating the You're Welcome standards for services. These provide guidance and self-assessment tools for services to help services be more young person friendly, and was in response to research showing services need to do more to increase satisfaction rates. This work is being done in collaboration with DH and NHS England, and is being undertaken by a collaborative of organisations with relevant expertise in this area
- Vaccination programmes: to increase uptake of vaccines offered to children and young adults in the 5 to 24 age range. Within this, there is a specific focus on uptake of flu vaccine for children in year 3 primary school, and promotion of junior antibiotic champions. PHE publishes a range of resources and information, as well as providing local support.
- Pupil health and wellbeing: in addition to the above, PHE has published advice and resources for schools and colleges, the role of schools as health promoting settings, and opportunities in the curriculum for health promoting behaviours (e.g. PSHE) and public facing information for pupils and parents on healthy lifestyles (e.g. PHE's Change for Life campaign).
- Social media and screen time: evidence shows that appropriate use of social media and screen time can support children and young people, but that excessive use and inappropriate use can leave them vulnerable. PHE has published evidence based advice on this, and our Rise Above social marketing campaign gives advice direct to young people themselves.

14. Children and young people's engagement

14.1 The Board was provided with an update in July 2016 about the work led by the Public Involvement Team in exploring approaches to engaging with young people, with the aim of developing a consistent and sustainable model of engagement. The Board gave its support for the continued development of a model of involvement for young people.

14.2 The Public Involvement Team has since held a further productive design workshop where young people shared their views and provided insight into the most effective methods of involving them in PHE's work that could build on existing local networks, includes seldom heard groups and connects with PHE's wider public engagement work through the Public Involvement Advisory Group. These are currently being worked up and costed.

14.3 There are also opportunities to build on the regular interface with the NHS Youth Forum and co-production and engagement already undertaken across Chief Nurse Directorate and other Directorates.

14.4 The Board is asked to **NOTE** the progress being made and to **AGREE** to receive a detailed report at a future meeting.

15. Conclusion

15.1 The range of work undertaken by PHE, internally and with its national and local stakeholders, to protect and improve child health is significant and remains a priority for the organisation.

15.2 The Board is asked to **COMMENT** on the strategic direction set out in this paper.

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