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'Best Start in Life' Getting it Right for Children, Young People and Families

PHE Board meeting, 25 January 2017

Best Start : ‘A critical opportunity’

The first years of life are a critical opportunity for building healthy, resilient and capable children, young people and adults

Our Children Deserve Better: Prevention Pays*

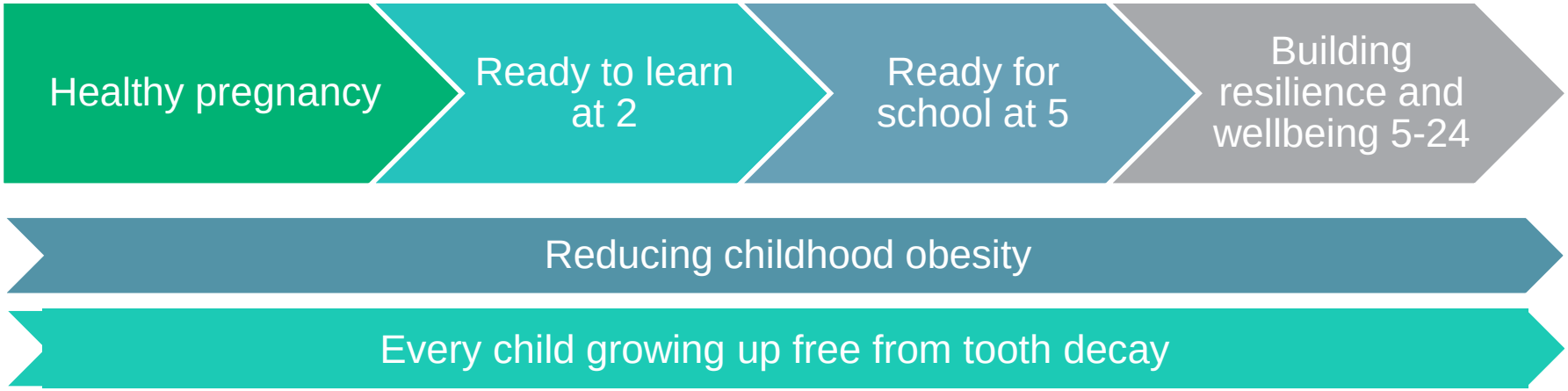
“…events that occur in early life (indeed in foetal life) affect health and wellbeing later…it makes sense to intervene early”
“…the evidence still points to room for improvement. We need everyone in the public services to ‘think family and children and young people’ at every interaction”
CMO 2012

Best Start: PHE Role and Actions

- System and programme leadership: Best Start in Life Governance
- Supporting local authority commissioners with information, evidence, resources
- Professional leadership and guidance to public health and public health nursing workforce
- ‘Lifecourse’ public health
- Place based community and service development
- Direct to public campaigns

Best Start: ambitions

The first years of life are a critical opportunity for building healthy, resilient and capable children, young people and adults



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Best start in life: Maternity Programme - Improving Prevention and Population Health

Why is this important?

In 2011-13:
9 women per 100,000 died at the end of pregnancy or up to 6 weeks after giving birth – 14 more women per 100,000 died between 6 weeks and a year after their pregnancy

In 2013 there were 3,286 stillbirths and 1,436 neonatal deaths

Increasing uptake of flu vaccine in pregnancy (44% at the end of 2016) will help prevent serious complications

Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth

Suicide is a leading cause of death for women during pregnancy and in the year after giving birth

Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy – 10.6% of women who gave birth in England reported smoking at the time of delivery in 2015/16

The UK has some of the lowest breastfeeding rates in the world – in England breastfeeding prevalence at 6-8 weeks was 43.8% (April-June 2016)

‘Fit For and Fit During’ Pregnancy

Promoting adoption of positive health behaviours and reducing risk factors

Maternity Transformation Programme

Workstream 9
Improving prevention and population health

2017 Priority Action

*smoke free pregnancies
*improved breast feeding rates
*improving perinatal mental health
*publishing prevention pathway

Top successes 16-17

- Secured national recognition that improving prevention and population health improves both outcomes (safety) and choice and that system-wide action on prevention is needed across the Maternity Transformation Programme (MTP)
- Specific actions on smoking cessation including: targeted support to 26 CCGs, and an online training module (with Royal College of Midwives and National Centre for Smoking Cessation and Training) for midwives and other healthcare professionals
- Immunisation and vaccination actions including published immunisation advice leaflet for pregnant women, increased influenza immunisation rates from 41% to 44%, and increased uptake of pertussis vaccine in pregnancy (70% for the period May to Sept 2016, 14% higher than for the same period in 2015)
- Publication of infant feeding toolkit by PHE and Unicef UK to support commissioning of evidence-based interventions to improve breastfeeding rates across England
- With the LGA, published Framework for local councils in supporting teenage mothers and young fathers improve outcomes for young parents and their children and further reductions in teenage pregnancy
- Publication of a perinatal and infant mental health profiling tool to support local authorities and health commissioners identify and provide better support to women with poor mental health during pregnancy or postnatally

Challenges

- At a strategic level, continue to promote consistent messages about prevention, wider determinants of health and inequalities and embed prevention and population health across the Maternity Transformation Programme
- At a local level, strengthen place-based, preventive approaches to healthy pregnancy in a very challenging financial context and competing priorities

Healthy communities for children and families

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Best Start in life: 0-5 every child

Why is this important?

Approx. 80% of brain development takes place by the age of 3

Up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth. This can lead to disordered early attachment with long term consequences for mother and baby

£23bn per year: the costs of failing to deal adequately with perinatal mental health problems and child maltreatment

27% of children have tooth decay at age 5 years

7% of children around five years of age have speech, language and communication needs (SLCN)

5x

5-year-olds living in Leicester are five times more likely to have tooth decay compared to 5 year olds living in West Sussex

50%

In areas of social disadvantage approximately 50% of children have significant language delays

Key adverse health outcomes would be reduced between 18–59% if all children were as healthy as the most socially advantaged

18-59%

Supporting parents in the vital early years

Healthmatters **Giving every child the best start in life**

1. Why the early years are so crucial

What happens in pregnancy and early childhood impacts on physical and emotional health through into adulthood.

Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start.

The prevention of adverse health factors in pregnancy is vital. Premature and small babies are more likely to have poorer outcomes.

A failure to act early comes at great cost, not only to individuals but to society as a whole. The cost of treating perinatal mental health alone costs £8.1 billion each year.

Top successes 2016/17

- Under the Best Start in Life Board, established governance for the Early Years across PHE and with partners across government, local government and health to oversee the implementation of a programme of work to reduce health inequalities and improve child health outcomes, across a range of priorities, including:
    - Perinatal mental health
    - Breastfeeding
    - Unintentional injuries
    - Oral health
    - Speech, language and communication
- Review of the mandated elements of the health visitor programme delivered in strong collaboration led by CND/HWB/CKO and commended by the Independent Projects Authority for engagement and quality, cleared by Best Start in Life programme board and Strategy Board. Submitted to DH on 31 October and awaiting Ministerial decision
- Preparing a Benefits Realisation review as requested by DH into the health visiting programme, to be published in Q4

Delivered in 2016-17

Achieved and planned for this year:

- Launched the Best Start in Life Health Matters in May, focusing on pregnancy to 2
- Refreshed the Best Start in Life knowledge hub
- Commissioned an evidence review from the Education Endowment Foundation into what works in promoting early language acquisition (Q4)
- Commissioned the Child Accident Prevention Trust to develop a practitioners' guide to reducing unintentional injuries in the under-5s (upcoming)
- Commissioned a return on investment report into the universal health visiting service and wider Early Years interventions (upcoming)
- In partnership with the LGA, developing a commissioning toolkit for a whole-systems approach to Early Years service provision (upcoming)
- 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

Challenges

- At a local level, as many of PHE's priorities under the Best Start in Life are delivered via local authorities, the financial pressure and corresponding competing priorities presents a challenge to achieving our aims. PHE works through Centres to support local authorities, whilst acknowledging this pressure.

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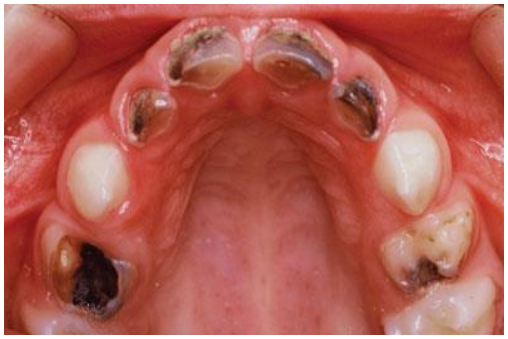
Oral health in the Early Years

Why is this important?

Ambition: every child grows up free from tooth decay as part of having the best start in life

- Although oral health is improving almost a quarter (24.7%) of 5 year olds have tooth decay (PHE 2016)
- Stark inequalities exist with some of the most vulnerable, disadvantaged and socially excluded facing significant oral health problems
- For those at risk it happens early in life - 2014 first survey of 3 year olds- 12% visible decay average of 3 teeth affected
- However most dental disease is preventable
- Has a significant impact - children who have toothache or who need treatment may have difficulties with eating, sleeping and socialising



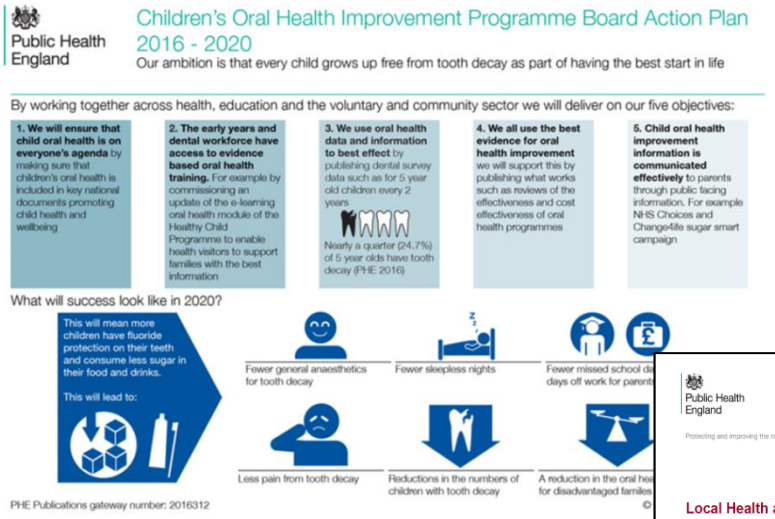
Poor oral health may impact on:

- School absence, time off work
- School readiness
- Top cause of child admissions to hospitals (5-9yrs)
- Cost of NHS dental care across all ages – £3.4 billion
- Dental neglect and wider safeguarding issues

Successes

Following the launch of Child Oral Health Improvement Programme Board (COHIPB)

- The COHIPB and its ambition have been adopted and accepted by the system.
- Delivery of COHIPB 16/17 commitments on track with products launched for example Return on Investment tool launch supported through centres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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 the e-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

Nearly a quarter (24.7%) of 5 year olds have tooth decay (PHE 2016)

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?

This 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 sleepless nights

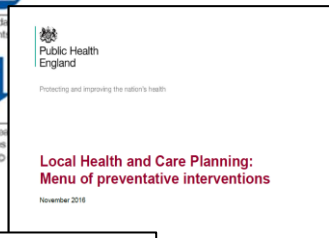
Fewer missed school da… days off work for parent…

Less pain from tooth decay

Reductions in the numbers of children with tooth decay

A reduction in the oral hea… for disadvantaged familes

PHE Publications gateway number: 2016312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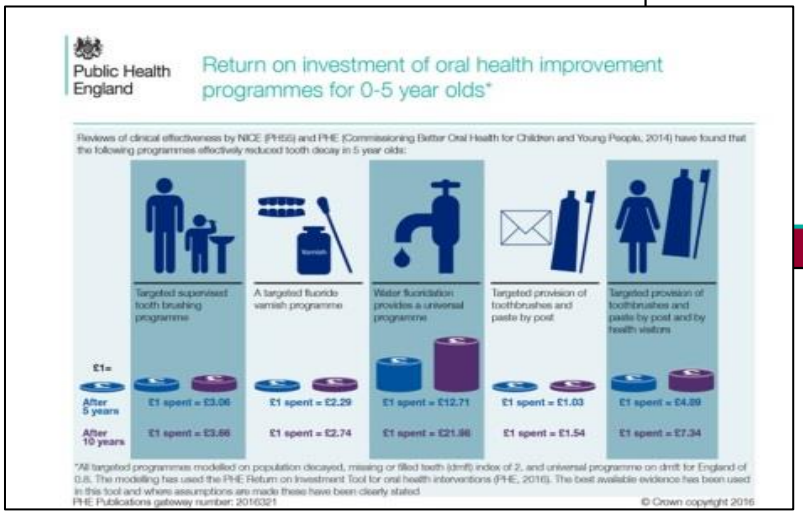
Local Health and Care Planning: Menu of preventative interventions

November 2016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Return on investment of oral health improvement programmes for 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:

	Targeted supervised tooth brushing programme	A targeted fluoride varnish programme	Water fluoridation provides a universal programme	Targeted provision of toothbrushes and paste by post	Targeted provision of toothbrushes and paste by post and by health visitors
£1=					
After 5 years	£1 spent = £3.06	£1 spent = £2.29	£1 spent = £12.71	£1 spent = £1.03	£1 spent = £4.89
After 10 years	£1 spent = £3.66	£1 spent = £2.74	£1 spent = £21.98	£1 spent = £1.54	£1 spent = £7.34

*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated

PHE Publications gateway number: 2016321

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Challenges

- Working across a complex commissioning and delivery system
- Having a public voice – communicating key messages directly to the public
- Pressure on LA budgets including PH budgets and the challenge of competing priorities and disinvestment

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Best start in life: school age and up to 24 years of age

Why is this important?

Although some outcomes for children and young people are improving (e.g. drugs, alcohol, teenage pregnancy), these generally mask local variations and inequalities. Financial pressures for local commissioners and providers is driving both service reductions and new delivery models.

Particular focus is necessary on groups of children exposed to greater risks of poor outcomes. These include those in the looked after system, in/on the edge of criminal justice, and disabled children and children with learning disabilities.

PHE work areas include

- Mental health and wellbeing
- Childhood obesity and physical activity
- Risk/exploratory taking behaviours including drugs, alcohol, tobacco
- Sexual health
- Immunisation programmes
- Safeguarding

Successes

- Moving towards a cross-PHE approach to 5-24s and maximising synergies
- Children and young people's engagement and co-production, including piloting a Young People's Panel, Young People's Takeover Challenge, and joint work with NHS England's Young People's Forum
- Cross-agency collaboration e.g tackling Child Sexual Exploitation with NHS England, Police and other government departments
- Development of You're Welcome quality criteria standards for services to be young person friendly – piloting of new model in 2017
- Publication of key guidance and evidence on sexual health services, drugs and alcohol, and teenage pregnancy
- Publication of resources for schools to improve pupil mental health and wellbeing, physical activity, and resources for school nurses
- Supporting delivery of flu vaccine for year 3

Mental health and wellbeing

- The recent announcements by the Prime Minister Theresa May have helped underline the importance of the public's mental health and the particular issues for children, young people and their families:
- The developments mark the ongoing increases in understanding about why prevention, early intervention and children and young people centred approaches can make such a transformative difference.
- Building on children and young people focussed 'Future in Mind' (DH and DfE 2015) and the all-ages 'Five Year Forward View for Mental Health' PHE is continuing to take action on:
  - raising the prominence of issues for the education sector, communities and parents – and the interventions that are most effective
  - increase the uptake of mental health literacy approaches as well as mental health first aid so that approaches are more systematic, strategic and prevention focussed
  - improve the level of prevention activity within perinatal and infant mental health pathways
  - development of the Prevention Concordat for Better Mental Health which will have dedicated workstreams on peri-natal and child mental health

Challenges

- Financial pressures on local authorities and local services have already seen reductions in services (e.g. Youth Services, Young People services etc)
- Access to mental health support for children and young people (now the subject of a Green Paper and Health Select Committee Inquiry)
- Wider pressures on young adults, including affordable housing

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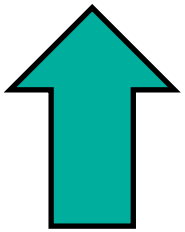
Childhood obesity

Why is this important?

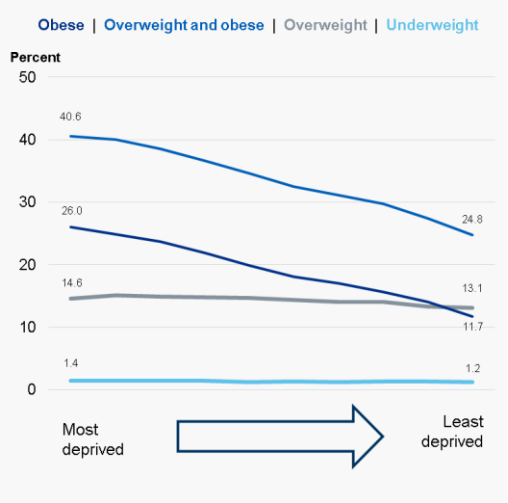
Levels of childhood obesity since the inception of the National Child Measurement Programme have remained unacceptably high at roughly one tenth of reception year pupils, one fifth of year six pupils and no overall discernible trend throughout the last ten years

Obesity rates for Year 6 in 2015/16 were at the highest since the NCMP records began in 2006/07



Overweight children are more likely to maintain their overweight status as they progress through childhood into their adult years which in turn has implications for their overall health and life expectancy

There is a strong correlation between the levels of obesity and overweight and socioeconomic deprivation with the poorest children having the greatest rates of obesity



The Childhood Obesity Plan for Action, published in August 2016, tasks PHE with leading on many actions including:

- Working with the food industry to take 20% of sugar out of food products
- Working with DfE and DH to give support to schools and public health professionals to encourage children to meet the CMO's guidelines for physical activity
- Creating new C4L and other resources that support parents to make positive decisions to adopt healthy lifestyle, guiding local authorities to utilise these for their communities and signpost their residents to these materials.

Childhood Obesity is being scheduled as a separate topic at a future Board meeting.

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Immunisation coverage

Coverage

- 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. 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.
- In contrast, immunisation coverage for 5 year olds did not show a corresponding decrease.
- PHE is working with key partners to identify reasons for this trend and will take appropriate action.

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PHE's Knowledge and Intelligence

The National Child and Maternal Health Intelligence Network

- A multi–agency group of experts, hosted by PHE, facilitated by a small core team from CKO Directorate K&I Division (Health Economics & Health Intelligence Networks function)
- Supports the achievement of goals through the application of data, information and intelligence in a way which maximises the use of existing data to inform policy and practice, identifies data gaps and desirable intelligence and makes recommendations on action for improvement
- Active membership from DH, NHS England, NHS Digital, Royal College's, academia and the voluntary sector; plus internal PHE networking
- Collaborative knowledge hubs and on-line resources with 13,000+ registered users engaged in policy making, commissioning and service delivery; intelligence toolkits including local authority child health profiles and PHOF indicators
- Collaboration with NHS Digital on the production of public health indicators from the newly established national datasets for maternity and child health

Measuring success

Public Health Outcomes Framework for CYP Health
Some key metrics:

- Infant mortality
- Low birth rate of babies
- Breastfeeding prevalence
- Smoking status at time of delivery
- Under 18 conceptions
- Excess weight (reception and year 6)
- Vaccination coverage
- School readiness
- Tooth decay in children age 5
- Unintentional injuries
- Mental health and self harm
- Alcohol, drugs and tobacco metrics

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Young People's engagement work with PHE

Development of a PHE young people's panel

- November 2015 Board tasked PHE to develop a model for how young people can inform our work in a systematic and sustainable way
- PHE Public Involvement Team held two workshops with young people in 2016 (14-24y.o.) to design an engagement model that builds on existing local networks, includes seldom heard groups and connects with PHE's wider public engagement work through the Public Involvement Advisory Group
- Further work is underway to test options, and consider resourcing implications

Other children and young people's engagement

Takeover challenge (2016)

PHE young people's inspection day with Q&A with Duncan Selbie and Viv Bennett

- Need for a better understanding of PHE's engagement work with children and young people
- More joined up approach to children and young people's participation across PHE
- Engagement needs to acknowledge the different and various channels of communication used by children and young people
- Explain how PHE prioritises young people's issues.

Engagement with NHS Youth Forum

Regular attendance at this well established forum, this year's focus being on prevention and promoting self care

Consultation in November 2016 on PHE engagement

Supporting children and young people via Academy of Fab NHS stuff

Working with young people to determine emerging good practice from health services on quality and utilising the voice of children and young people to drive up standards

Continued engagement through the You're Welcome review

Building on phase 1 of the review working with Association for Young People's Health, British Youth Council and Youth Focus North West to engage young people in the accreditation, review and testing of the standards

Co-production

Development of junior antibiotic guardian digital badges

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Summary

Key challenges

- Budgetary pressures across the public sector remain a significant challenge with service reductions, but local areas are innovating delivery models to mitigate some of this
- Some health and wellbeing outcomes are improving, but there are regional variations and in some cases significant health inequalities
- At a local level, ensuring prevention and population level interventions continue to be recognised as critical in improving health outcomes and reducing inequalities at a time of reduced resources and competing demands for acute/targeted care/services

Our assets

- Across PHE we have developed a *think children and families* approach – reflected in establishment of PHE wide boards, matrix working, networks and promoting a life course approach
- PHE is working effectively at national level with OGDs and key stakeholders, and locally through Regions and Centres there are effective networks for child public health driving health protection and health improvement work
- Our professional leadership role is strong at a national level and through regional networks
- Our dedicated knowledge and intelligence network and resources are used extensively across the country and at a national level by government departments
- Key government priorities are informed by our work including Maternity, Early Years, Child Obesity, Social Justice, and Mental Health

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Summary and Key questions for the Board

Summary of areas where the Board can help

Externally

- **Using its position and influence with other national bodies to press PHE's priorities:**
  - **that prevention of poor health and wellbeing begins from pre-conception and continues across the life course**
  - **that early and developmental years are the foundation for future life chances**
  - **that health inequalities have a particular burden on children and families, and are manifested from maternity (for example safer maternal delivery), into early years (for example school readiness and oral health), school attainment, and then into young adulthood (for example employment prospects)**

Internally

- **To support the org to implement the CMO's challenge for organisations to *think child, think family***
- **To support PHE's development of young people's engagement**

Key questions

- Do the priorities identified in this report resonate with the Board?
- Does the Board feel there are other opportunities for PHE to consider in our work to reduce health inequalities
- What is the Board's view on our young people's engagement options

“No child left behind”