Ensuring Every Child has the Best Start in Life:  *Ready to learn at 2–2.5yrs, ready for school at 5yrs*

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The Best Start in Life - Why is this important?

- Currently 60.4% of children in England (2013/14) achieve a good level of development at the end of reception as measured by the Foundation Stage Profile. Department of Education

- Around 1 in 10 (9.5%) of children are obese at age 4/5 yrs. National Child Measurement Programme (2013/14)

- 27% of children have tooth decay at age 5 yrs. Commissioning better oral health for children and young people. PHE 2013

- 7% of children around five years of age have speech, language and communication needs. (SLCN) Tomblin JB, et al (1997)

- 1 in 10 women are estimated to experience mild to moderate post natal depression. NICE 2007

- 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. The Costs of Perinatal Mental Health Problems, Bauer et al., LSE, Centre for Mental Health, 2014


- 70% of adults are predicted to be obese or overweight by 2034 From Evidence into Action: Opportunities to Protect and Improve the Nation’s Health. PHE. 2014
Measuring outcomes
School readiness: Percentage of children achieving a good level of development at the end of reception (age 5 years)

60.4% in 13/14.
Ranging from 41.2 to 75.3%
1.8X variation

FSP DIMENSIONS
- Personal
- Social
- Emotional
- Physical
- Communication
- Language
- Maths
- Literacy
## Public health outcome framework data (1)

### Regions

<table>
<thead>
<tr>
<th>PHOF indicators</th>
<th>Highest</th>
<th>Lowest</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01 Children in poverty (under 16)</td>
<td>London (23.7%)</td>
<td>South East (14.2%)</td>
<td>2012</td>
</tr>
<tr>
<td>2.02 Breastfeeding (initiation)</td>
<td>South West (78.6%)</td>
<td>North East (60.3%)</td>
<td>2013/14 – no figure for London</td>
</tr>
<tr>
<td>2.03 Smoking status at time of delivery</td>
<td>North East (18.8%)</td>
<td>London (5.1%)</td>
<td>2013/14</td>
</tr>
<tr>
<td>2.04 under-18s conception (inc under-16s)</td>
<td>North East (30.6 per 1,000 pop)</td>
<td>South East (20.5 per 1,000 pop)</td>
<td>2013</td>
</tr>
<tr>
<td>Tooth decay in children aged 5 - % of children with decay experience NOT PHOF</td>
<td>North West (34.8%)</td>
<td>South East (21.2%)</td>
<td>2011/12</td>
</tr>
</tbody>
</table>
### Public health outcome frame work data (2)

**Upper tier local authorities (ie counties, UAs and LBs)**

<table>
<thead>
<tr>
<th>PHOF indicators</th>
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<th>Lowest</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.01 Children in poverty(under 16)</strong></td>
<td>Tower Hamlets (37.9%)</td>
<td>Wokingham (6.6%)</td>
<td>2012</td>
</tr>
<tr>
<td><strong>2.02 Breastfeeding (initiation)</strong></td>
<td>Wandsworth (93.0%)</td>
<td>Stoke-on-Trent (36.6%)</td>
<td>2013/14</td>
</tr>
<tr>
<td><strong>2.03 Smoking status at time of delivery</strong></td>
<td>Blackpool (27.5%)</td>
<td>Westminster (1.9%)</td>
<td>2013/14</td>
</tr>
<tr>
<td><strong>2.04 under-18s conception (inc under-16s)</strong></td>
<td>Stoke-on-Trent (43.9 per 1,000 pop)</td>
<td>Rutland (9.2 per 1,000 pop)</td>
<td>2013</td>
</tr>
<tr>
<td><strong>Tooth decay in children aged 5 - % of children with decay experience NOT PHOF</strong></td>
<td>Leicester (53.2%)</td>
<td>Brighton and Hove (12.5%)</td>
<td>2011/12</td>
</tr>
</tbody>
</table>
Best Start in Life:- Local picture

➢ Around 58.9% of children in Cheshire and Merseyside achieve a good level of development at the end of reception compared with 60.4% across England. This proportion varies from 45.6% to 62.8% across Cheshire and Merseyside local authorities.

➢ Nearly 6,200 Cheshire and Merseyside children aged four to five years have excess weight. This equates to 23.6% of the age group, which is significantly higher than the England average of 22.5%. In one local authority in the area, the proportion is as high as 29.5%.

➢ Around 91.4% of five year olds in Cheshire and Merseyside have received their second dose of the MMR vaccination. This is higher than the England average of 88.3%. In all local authorities in the area the proportion of children that have received their second dose is higher than 90%.

Source: Public Health Outcomes Framework
Cheshire & Merseyside: Tooth decay (mean dmft) in children aged 5
From evidence into action: opportunities to protect and improve the nation’s health (October 2014)

Ensuring every child has the best start in life. Ready to learn at 2 – 2.5yrs, ready for school at 5yrs

Over the next 18 months PHE will:

• support local authorities in developing integrated children and young people’s services as they take on commissioning responsibilities for the Healthy Child Programme for 0-5’s
• promote the importance of high-quality universal services as a foundation for good health for all our children and as a platform for early intervention and targeted support
• develop and strengthen the evidence, including working with the Early Intervention Foundation as a ‘What Works Centre for Early Intervention’
• expand the Start4Life Information Service for Parents from 0-2 years to 0-5 years and sign up over 200,000 more parents
• expand newborn bloodspot screening to include four new inherited metabolic disorders
• work with NICE on the implementation of the quality standards and pathways for emotional and social wellbeing in early years
• lead and co-ordinate the Childhood Flu Programme, working with NHS England
• increase coverage of measles, mumps and rubella immunisations for all children at five years

Building on current assets

Significant system change and investment in early years over 5 years:

• Health visitor implementation plan – workforce expansion

• Service transformation:
  o 4 levels: community, universal, universal plus & universal partnership plus
  o 5 mandated reviews: A/N, NBV, 6/8 weeks, 1yr., 2 - 2.5 years old
  o 6 high impact areas: transition to parenthood, maternal mental health, obesity, preventing admissions to hospital, breast feeding, child development

• Family Nurse Partnership – 16 000 places, RCT

• Universal 2 – 2.5 year review

• Transfer of commissioning responsibilities for 0 – 5’s PH to LAs

• ChiMat resources and expertise: analytical capacity, online resources etc

• PHE: Centres’ expertise and local leadership, nursing and midwifery, social marketing, drugs and alcohol, immunisations, mental health, health equity etc
Best Start in Life - High level aims

• Closing the gap in inequalities in important health outcomes during pregnancy and early years in particular: transition to parenthood (attachment), maternal mental health, breast feeding, oral health, child obesity and child development

• Sustaining universal primary prevention services for 0 – 5’s. Able to undertake risk assessment and early identification of need, including universal assessment and support to promote sensitive attuned parenting and promote secure attachment

• Ensuring that knowledge and intelligence including evidence of effectiveness, data and soft intelligence are readily available to inform need, service provision and targeted support

• Sector led improvement – articulating what “good” looks like, support local systems to join commissioning of universal public health prevention services with early intervention and specialist services – a holistic offer

• Workforce development – identify core competencies, shared quality standards, critical success factors, joint training
Ref: APPC on SLC Difficulties, Feb 13
PHE tools

- PHE have a number of tools available already which help local areas when they are planning public health services for children who are aged 0 to 5 years old.

- 2014, published early years profiles which show all local councils how they compare with the average for England, making it easy for them to identify areas for improvement. [http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile](http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile)

- In addition, the profiles give trend information so that a council can see whether they have made an improvement since 2010 on key issues for this age group such as breastfeeding, obesity and injuries.

- We also published an early years report for each council which gives more background to the profiles and help with interpreting the data.


- Alongside these existing tools, we now have estimated data for electoral wards for some of the key indicators such as teenage mothers, hospital admissions as an emergency in under 5s and A&E attendances

- [http://www.localhealth.org.uk/#v=map4;l=en](http://www.localhealth.org.uk/#v=map4;l=en)

- Local specialists in child health data

Local Authority Child Health Profiles
Official Statistics, 19th March 2014

We found this information very useful for setting priorities and assessing interventions
A Benchmarking Tool (Outcomes Framework) for Children & Young People

- See, http://www.fingertips.phe.org.uk/profile/cyphof
- Benchmarked for Local Authorities
- Broken down to greater detail where possible