

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Health and Public Health
Date:	30 March 2016
Title:	Breastfeeding Model of Delivery in Hampshire
Reference:	7284
Report From:	Director of Public Health (interim)

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1. Executive Summary

- 1.1 Breastfeeding has recognised health benefits; protecting babies and mothers immediately and over time from illness and disease. In Hampshire, support for breastfeeding is mostly provided by universal services: maternity and health visiting services. Some additional support for breastfeeding is also provided by charitable organisations, voluntary and not for profit organisations.
- 1.2 The transfer of the commissioning responsibility for the Healthy Child Programme from NHS England to upper tier local authorities in October 2015 has presented an opportunity to review breastfeeding support across the County.
- 1.3 To ensure that breastfeeding support services are integrated, equitable and sustainable across Hampshire, and represent good value for money, a breastfeeding support model has been developed by a cross-agency partnership group consisting of maternity, health visiting service providers and commissioners; service user representatives and non-statutory breastfeeding support providers. The purpose of this paper is to seek approval to implement the breastfeeding model from 1 April 2016.
- 1.4 The breastfeeding support model consists of three levels of service that will be delivered according to need. This will ensure that women receive responsive support that is effective and efficient, with the aim of families feeling confident and independent in feeding their babies.
- 1.5 A support pathway of care is in development that will ensure that women, families and services are clear on where to attend and where to refer for breastfeeding support. The appendix contains a national example of a breastfeeding care pathway – the Hampshire pathway will be similar but adapted to local needs and service provision as appropriate.

2. Contextual information

- 2.1 The importance of giving every child the best start in life and reducing health inequalities throughout life is key to the Council's Strategic Plan and is supported by strong evidence as demonstrated by Marmot¹ and the Chief Medical Officer² (CMO).
- 2.2 Under the terms of the Health and Social Care Act 2012, Hampshire County Council has a duty to improve and protect the health of its population. As part of this duty, the commissioning responsibility for the Healthy Child Programme³ was transferred from NHS England to Local Authorities on the 1st October 2015. For the first time Hampshire County Council has the opportunity to influence the Health Visitor service specification and performance manage the contract. The Healthy Child Programme is a prevention and early intervention public health programme that lies at the heart of the universal service for children and families. The programme supports the delivery of the Council's aim to ensure that children and young people thrive and achieve their full potential. One element of this programme is a focus on improving the rates of breastfeeding to support the best start in life for all children. Southern Health NHS Foundation Trust currently provides the Healthy Child Programme, which includes breastfeeding support.
- 2.3 Breastfeeding has significant benefits for the health of both mother and child; both immediately and over time providing protection from illness and disease. In comparison to babies who are given formula milk, breastfed babies are at a significantly lower risk of: gastro-intestinal infection, respiratory infection, urinary tract infection, ear infection, diabetes, atopic dermatitis and childhood obesity. Women who breastfeed are at a lower risk of breast and ovarian cancer, hip fractures and reduced bone density.
- 2.4 A report from UNICEF demonstrated that when considering five important conditions (maternal breast cancer and infant gastroenteritis, respiratory infections, middle ear infections and necrotising enterocolitis) moderate increases in breastfeeding translate into significantly fewer hospital admissions and GP consultations, saving the public sector around £40 million annually, with corresponding cost savings for the rest of the economy.
- 2.5 Nationally, it has been identified that breastfeeding is most common among mothers who are: aged 30 or over, from minority ethnic groups, leavers of education aged over 18, in managerial and professional occupations and living in the least deprived areas.
- 2.6 While breastfeeding should be encouraged and supported, not all women choose or are able to breastfeed their babies and these women should also receive the support they need to feed their baby safely and responsively.

¹ http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE

² <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

³ <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

- 2.7 The majority of breastfeeding support in Hampshire is delivered through commissioned (universal) services; initially within maternity services (as part of the maternity pathway for the first 10-14 days, or 28 days if needed) and subsequently by health visiting services from 10-14 days as part of the universal Healthy Child Programme.
- 2.8 Some additional breastfeeding support can also be delivered by the non statutory sector, including charitable organisations, voluntary and not for profit organisations. Hampshire County Council has provided time limited grant funding for some non statutory providers through children's services in 2013/14 and public health in 2014/15.
- 2.9 Clinical Commissioning Groups (CCGs) commission and hold the budget for the maternity pathway provided by acute NHS Hospital Trusts. Women in Hampshire are able to access maternity services from a number of NHS Trusts. However, the majority of women in Hampshire give birth in one of four Trusts which are Frimley Health, Hampshire Hospitals, Portsmouth Hospitals and University Hospital Southampton.
- 2.10 Nationally, breastfeeding has been identified as one of six 'high impact areas' for health visiting. These are areas where health visitors have the greatest impact upon health and wellbeing and improve outcomes for children, families and communities service. These areas included transition to parenthood, maternal mental health, breastfeeding, healthy weights, managing minor illness and reducing accidents, supporting the two year review. Core principles have been identified for each of the high impact areas including: the importance of universal services for primary prevention, early identification and early intervention; the use of evidence-based programmes for early intervention; the reduction of inequalities; every contact counts; and safeguarding. Locally, the Public Health team is working with health visiting both collaboratively and through contract management to develop outcomes to measure the success of breastfeeding support.

3. Current issues

- 3.1 In Hampshire, almost 78% of women start to breastfeed (74% nationally). By the time the baby is 10-14 days, 63% women are still breastfeeding. However, by six to eight weeks, this drops to only 46% (47% nationally). While initiation rates in Hampshire are slightly higher than the England rate, and similar to Hampshire's statistical neighbours, the percentage of women breastfeeding at 6-8 weeks in Hampshire is slightly lower than the rate across England.
- 3.2 A breastfeeding Task & Finish Group has been set up in Hampshire, chaired by a Consultant in Public Health. It first met in July 2015 with the objective of agreeing and implementing equitable and sustainable breastfeeding support across Hampshire. Membership includes: Public Health and CCG commissioners; maternity, health visiting and non-statutory breastfeeding

support providers, chairs of the Maternity Services Liaison Committees (service user representative groups) in Hampshire.

3.3 The following principles have been identified to ensure that the best outcomes are achieved for breastfeeding mothers; and mothers who are unable to breastfeed or choose not to; and their babies:

- Universalism: breastfeeding advice should be equally easy to access across Hampshire. The advice should be consistent and incorporate advice on bottle feeding for those women who are unable to breastfeed or choose to bottle feed
- Proportionate universalism: providing good quality services for all, with specific additional services for individuals and communities who are most in need. This will include providing more support for breastfeeding in areas of higher need and for those women who need it the most.
- Holistic support: breastfeeding is not a stand alone concern for new mothers and babies, but part of a wider set of inter –related issues as reflected in the Healthy Child Programme, delivered by the health visiting service including support for perinatal mental health, parenting, introduction to solid foods, behaviour, attachment and child development.
- Better integration of delivery: breastfeeding is everybody's responsibility. Public Health commissioners and CCG commissioners; midwives and health visitors need to work in partnership to deliver integrated care pathways.
- Responsive access to specialist advice and care; pathways for the most complex problems including tongue tie need to be mother and baby focused and readily accessible. Through the care pathway, there needs to be robust but flexible referral criteria, that also allows women to continue to access support at a lower level
- Services must be sustainable within existing public sector resources; public sector organisations need to ensure good value for money and with services targeting where the biggest benefits will be gained by the most people.

3.4 There are some very positive developments in the current services for breastfeeding provided by health visitors:

3.5 There is a greater capacity and capability in the health visiting service. Since 2012, the number of health visitors has increased by 89%. This has enabled the development of breastfeeding champions; health visitors with a higher level of knowledge and skills in breastfeeding who are able to provide more specialist support to women and families

3.6 In an online survey of 1488 women (around 5% of births in Hampshire in the past two years), almost 80% of women accessed some support to breastfeeding. The majority (80%) of these women received support from maternity services, and around 78% reported high satisfaction levels. Of the 40% of women who used the health visiting service for breastfeeding support, over 75% reported high satisfaction levels. Almost two-thirds of women (63%) found that accessing support to breastfeed was easy.

- 3.7 Southern Health NHS Foundation Trust has recently been reaccruited with the UNICEF Baby Friendly Initiative. Evidence has demonstrated that this has a positive effect on increasing breastfeeding rates.⁴
- 3.8 The review also identified there is an inequity of access to breastfeeding support across Hampshire; some areas have access to additional services either through time limited and non recurrent grant funding or self funded non statutory breastfeeding support providers which are not necessarily targeting those most in need. Furthermore, reports such as a five day postnatal audit from one maternity service, evaluations from non statutory breastfeeding support providers and feedback from mothers and families identified areas where positive change could be implemented e.g. better access to information on where and what type of breastfeeding support is available, availability of drop-in clinics (survey respondents did not specify particular providers for the drop-ins).
- 3.9 Hampshire County Council monitors delivery of breastfeeding support provided by health visitors and the CCGs monitor delivery of support provided by midwifery. Public Health hold quarterly contract monitoring meetings, develop relevant Key Performance Indicators and are in regular contact with key members of Southern Health Foundation Trust. There is a health visiting breastfeeding delivery model action plan for 2016/17.

4. Finance

- 4.1 The ring-fenced Government grant for Public Health includes funding for breastfeeding support as an integral part of public health services for children aged 0-5 (the Healthy Child Programme) but does not identify specific funding for breastfeeding support. Funding for the Healthy Child Programme transferred to the County Council from 1 October 2015 based on the level of funding previously allocated to this universal service in Hampshire. The Government has committed to introduce a new component in the overall public health grant formula to take account of the responsibilities for the Healthy Child Programme. However, while the detail of the new grant formula is yet to be announced, we do know that the new formula distribution will be applied to a reducing quantum of overall public health funding nationally. The Government announced as part of its spending review last autumn that there will be an average reduction in Public Health spending power of 3.9% each year to 2020/21. This year on year reduction over the next four years, will put pressure on all areas of public health spending, preventing the option of any "top up" funding from other public health budgets to support the budget for the Healthy Child Programme. Consequently, as for all public services, new commissioning models need to be explored that ensure efficient service delivery, effective and sustainable service outcomes and good return on investment for public health funding.

⁴ <http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Baby-Friendly-Initiative/>

4.2 Breastfeeding support by health visitors is commissioned as part of the 0-5 years public health nursing contract with Southern Health Foundation Trust. The value of the entire contract is £17.438 million in 2016/17 but is likely to reduce in future years. Health visitors provide a proactive, universal service to parents who have new babies, offering support and informed advice from the ante-natal period until the child starts school at 5 years. The breadth of this service includes (but is not confined to) support for perinatal mental health, infant mental health, attachment, behaviours, child development, accident prevention, infant feeding, introducing solid foods, food allergies, healthy eating for families, oral health promotion, physical activity for children and families, reducing minor illness, following up attendance at accident and emergency departments and safeguarding issues. There is not a separate stream of funding available for other sources of breastfeeding support. Therefore the cost of implementing the breastfeeding model of delivery is incorporated within the contract value.

5. Future direction

5.1 The Hampshire breastfeeding task and finish group identified a number of possible options for breastfeeding support:

Option 1: Maintaining the status quo. This was considered as unsustainable for the following reasons: the public health grant has been subject to central cuts; the current model of statutory and non statutory services has been demonstrated to be inequitable and unsustainable as grant funding for services will finish on 31 March 2016 and cannot be repeated

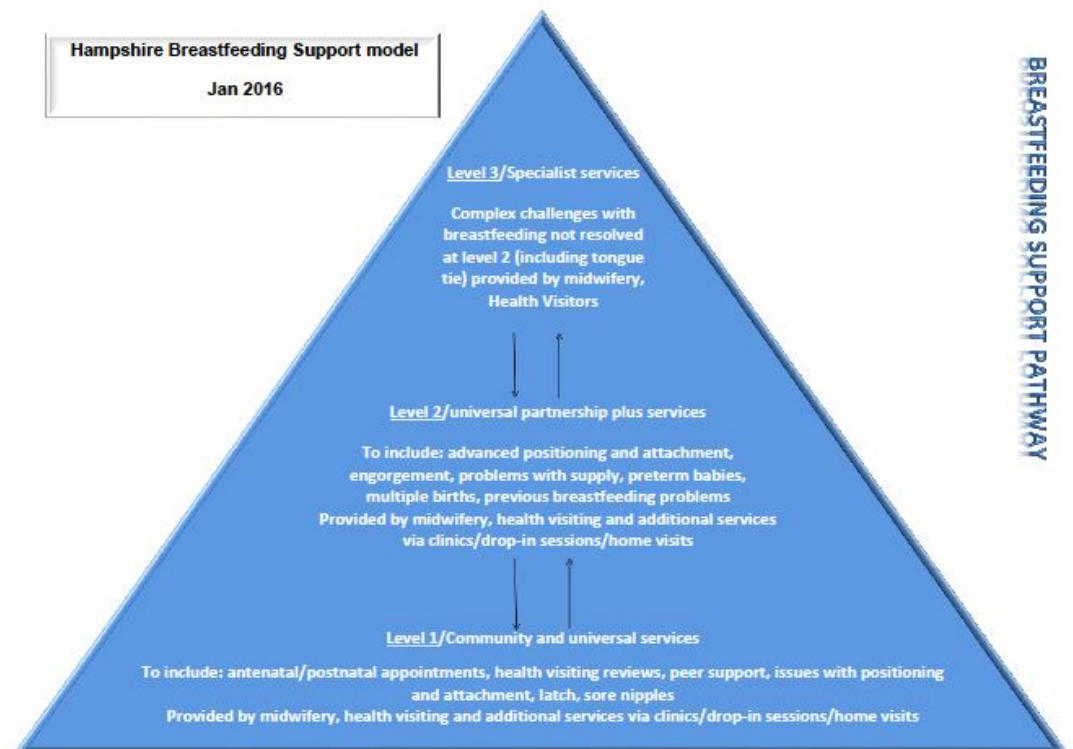
Option 2: Greater delivery through non-statutory sector; This was considered unsustainable for the following reasons: currently the non-statutory sector service is not accessible across the whole county; to roll out the existing non-statutory service and make it accessible to all new mothers across the county would cost in excess of £1 million per year (based on data provided by a current provider); the current approach duplicates the universal statutory services delivered through maternity and health visiting; the ability of the current non statutory providers to deliver at scale is untested; there is no quantifiable evidence that breastfeeding prevalence is higher in areas with more intensive non-statutory provision.

Option 3: Development of a new breastfeeding support model delivered through existing commissioned universal services to ensure equitable access and support for people with protected characteristics. This option was recommended in principle by the Task & Finish Group. The new breastfeeding support model consists of three levels of service, delivered in accordance to need. The aim of the tiered model is to ensure that women receive responsive support that is effective and efficient, with the aim of families feeling happy, confident and independent in feeding their babies. Existing maternity and health visiting providers are in a position to be able to deliver all three tiers. Hampshire County Council commissions the service and drive quality of delivery and performance through the contract.

5.2 Option 3 is the recommended option as it is the only option that can provide an equitable and sustainable breastfeeding model of delivery that is affordable within available resources.

5.3 The breastfeeding support model consists of three tiers based on level of need – universal, level two and level three. Universal support (level one) is for all women and families – support at this level will include positioning and attachment, responsive feeding, how to maintain milk supply and how/where to access further support if required. Level two is available for those experiencing difficulties, such as mastitis, thrush, sore nipples. Level three is provided for a relatively small number of women experiencing more complex issues, including tongue tie, allergies, and repeated mastitis. Hampshire County Council, together with partner organisations in the breastfeeding task and finish group will ensure the model is implemented. In particular Hampshire County Council is working collaboratively with the Health Visiting service using contractual levers and ensuring an appropriate action plan is in place.

5.4 The three tiers of the breastfeeding model are shown diagrammatically below:



5.5 Universal support is for all women and families and support at this level will include positioning and attachment, where to access further support, etc.

Level two is to be available to those who are experiencing some problems, such as mastitis, thrush or sore nipples. Level three is aimed at women experiencing more complex issues, such as tongue tie, allergies, etc. The aim of the model is to support families to feel happy, confident and independent in feeding their babies.

5.6 The breastfeeding support model has been developed and agreed by a Breastfeeding Task & Finish group - a multi-agency partnership group with representation from maternity and health visiting services, Hampshire County Council, service users and third sector breastfeeding support providers. The Task & Finish Group has used a number of sources to develop the model including an online survey of almost 1500 women, correspondence from women, evaluations from third sector breastfeeding support providers and audits from maternity/health visiting services. Peer-reviewed evidence was also used to inform the model.

6. Equality Impact Assessment

6.1 This proposal is to implement a new model of tiered breastfeeding support for all women and babies. Currently, there is an inequity of access to breastfeeding support across Hampshire. In addition, some additional support has relied on short term funding, which is unsustainable. The new breastfeeding support model will provide all women and families with more equitable and sustainable breastfeeding support.

6.2 The breastfeeding support model consists of three tiers based on level of need universal, level two and level three, delivered by statutory services. This will ensure that women receive equitable, responsive support that is effective and efficient. Universal services will be available and accessible to all women in Hampshire and are the best way to mitigate against lack of breastfeeding support in deprived communities and rurally isolated areas

6.3 There is not expected to be a negative impact on any individuals within protected groups.

6.4 A detailed Equality Impact Assessment has been undertaken and is summarised at Integral Appendix B.

7. Recommendation(s)

7.1 That the Executive Member for Health and Public Health recognises the work that the Breastfeeding Task and Finish Group have undertaken.

7.2 That the Executive Member for Health and Public Health gives approval for the new breastfeeding model (option 3) commencing 1 April 2016.

INTEGRAL APPENDIX A

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	Yes
Maximising well-being:	Yes
Enhancing our quality of place:	Yes

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Public Health Services for Children 0-5 years	6971	24 November 2015
Approval to spend for Public Health Services for Children 0-5 years	7139	18 January 2016
Revenue budget report for Public Health for 2016/17	7130	18 January 2016
Direct links to specific legislation or Government Directives		
<u>Health & Social Care Act 2012</u>		<u>27 March 2012</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

INTEGRAL APPENDIX B IMPACT ASSESSMENTS:

1. Equality Duty

1.1. Equalities Impact Assessment:

An Equality Impact Assessment has been undertaken to consider the Equality Duties and the Equality Act 2010

This proposal is to implement a new model of tiered breastfeeding support for women and babies. Currently, there is an inequity of access to breastfeeding support across Hampshire. The new breastfeeding support model will provide all women and families with more equitable and sustainable breastfeeding support.

The breastfeeding support model consists of three tiers based on level of need - universal, level two and level three, delivered by statutory services. This will ensure that women receive equitable, responsive support that is effective and efficient. Universal services will be available and accessible to all women in Hampshire and are the best way to mitigate against lack of breastfeeding support in deprived communities and rurally isolated areas

The breastfeeding support model has been developed and agreed by a Breastfeeding Task & Finish group - a multi-agency partnership group with representation from maternity and health visiting services, Hampshire County Council, service users and third sector breastfeeding support providers. The Task & Finish Group has used a number of sources to develop the model including an online survey of almost 1500 women, correspondence from women, evaluations from third sector breastfeeding support providers and audits from maternity/health visiting services. Peer-reviewed evidence was also used to inform the model.

There is not expected to be a negative impact on any individuals within protected groups.

2. Impact on Crime and Disorder:

2.1. No impact. Interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and health outcomes.

3. Climate Change:

3.1. The proposed breastfeeding model of delivery in Hampshire is expected to have a similar environmental impact as previous models of breastfeeding support.

Breastfeeding Care Pathway

Feeding is a crucial part of development for newborn babies. If mothers are well-supported in their chosen feeding method, this will help prevent future problems and re-admission to hospital. This pathway reflects the World Health Organization (WHO)/UNICEF best practice standards for hospital and community health care settings. Meeting these standards is essential to achieve WHO/UNICEF Baby Friendly accreditation. All hospital and community settings should have a breastfeeding policy (Step 1/Point 1) and frontline staff trained to implement the policy (Step 2/Point 2).



Antenatal breastfeeding Care Pathway

Health and social care assessment for all pregnant women

by 12 weeks

Midwives should discuss whether pregnant women are eligible for Healthy Start vouchers and talk to them about accessing Healthy Start vitamins. It's also a chance to discuss antenatal breastfeeding education sessions for mother/father or both.

One-to-one discussions on breastfeeding with midwife

before 34 weeks

This should include benefits and practical information as set out in the antenatal checklist (Step 3/Point 3).

- Antenatal session on breastfeeding
- Discussion on Bump to breastfeeding DVD
- Information for parents about their local Children's Centre

All pregnant women should also receive:

- the Bump to breastfeeding DVD, Pregnancy Book* and Start4Life 'Off to the best start' leaflet* and PCHR (Red book)
- information on how to involve fathers and partners.

*Available from www.nhs.uk/parenting-pamphlets

Consider individual needs:

At every stage, fathers and partners should also have the chance to discuss feeding with the midwife

Some women may need the opportunity to talk to the Infant feeding coordinator/specialist midwife for individual support

Factors which may trigger targeted support:

- multiple births
- diabetes
- breast surgery
- caesarean section
- social-economic factors
- teenage pregnancy
- Healthy Start recipients

Postnatal breastfeeding Care Pathway (in the hospital/birth centre/midwifery unit/at home)

• All mothers should be offered skin-to-skin contact with their baby in an unhurried environment, for at least an hour after birth or until the first breastfeed.

birth

- All mothers should be supported with their first breastfeed (Step 4/Point 4). If this is not possible then help with breastfeeding should be offered as soon as mother and baby are able.
- In the neonatal unit mothers and fathers with babies should be offered kangaroo care with their baby as soon as the baby's condition allows.
- Mothers should be taught how to recognise their babies' feeding cues and encouraged to feed their baby on demand (baby led) (Step 8/Point 4).

• Mothers should be offered further help with breastfeeding within six hours and shown how to position and attach their baby for breastfeeding (Step 5/Point 4).

first 6 hours

- If separated from their baby, mothers should be taught how to hand and pump express.
- Fathers and partners should also have the chance to discuss feeding with the midwife.

• Mothers and babies should be close together in the same room (Step 7/Point 4).

early days onwards

- Mothers are taught to recognise effective feeding and milk transfer, before transfer home into the community (Step 5).
- They should be encouraged to continue with skin-to-skin contact.
- Teats or dummies should not be offered to babies during the establishment of breastfeeding (Step 9).
- No other food or drink should be offered to the baby unless clinically indicated (Step 6/Point 5).
- Mothers should be shown how to recognise feeding cues.
- All breastfeeding mothers should be shown how to hand express their milk.

Mothers who are bottlefeeding with infant formula need to be shown how to prepare a bottle of infant formula correctly and told how to minimise the risks.

Give mothers and their partners contact details for breastfeeding support, how to contact their midwife, local breastfeeding groups and the National Breastfeeding Helpline 0300 100 0212 (Step 10/Point 7).

Make sure mothers and babies who need individualised support receive care as set out in the hospital policy: e.g. hypoglycaemia, reluctant feeders, jaundice etc. Ask the Infant feeding coordinator specialist midwife for support.

Postnatal breastfeeding Care Pathway (in the community)

• Mothers should be encouraged to have skin-to-skin contact and breastfeed on demand (Step 8/Point 4), and keep their baby close to them (Step 7/Point 4). They should be offered skilled assessment of feeds by a skilled person to ensure feeds are comfortable, and effective (Step 5/Point 4).

- Midwives should assess the baby's feeding, complete the breastfeeding assessment tool and give feedback to the mother, helping them recognise their baby's feeding cues and effective milk transfer (Step 5, Point 4).
- Peer support should be offered where possible within 48 hours of transfer home or home birth.
- Parents should be given contact details of professional and voluntary support including local breastfeeding groups and the National Breastfeeding Helpline 0300 100 0212 (Step 10/Point 7).
- Fathers and partners should also have the chance to discuss feeding with the midwife.

Midwives should assess the baby's feeding and give feedback to the mother.

Parents should be able to access support from:

- the midwifery team in hospital and in the early days at home and health visitor teams in the community
- peer breastfeeding supporters
- breastfeeding drop-ins
- Children's Centres
- the Birth to Five book and Start4Life leaflets – 'Off to the best start' and 'Introducing solid foods' (available from www.nhs.uk/parenting-pamphlets)

Mothers who are bottlefeeding with infant formula need to be shown how to prepare a bottle of infant formula correctly and told how to minimise the risks.

Web links:
www.nhs.uk/breastfeeding
www.nhs.uk
www.nice.org.uk
www.babyfriendly.org.uk
www.nhs.uk/start4life

Make sure mothers and babies who need individual support receive care as set out in the community policy: e.g. mastitis, tongue tie etc. Ask the Infant feeding coordinator specialist midwife for support.