

From: Peter Oakford, Cabinet Member Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 1st December 2017

Subject: **Infant Feeding Consultation Update**

Classification: Unrestricted

Previous Pathway: Children's Social Care and Health Cabinet Committee

Future Pathway: Cabinet Member decision – 17/00098, expected in January 2018

Electoral Division: All

Summary: The contract for breastfeeding support with PS Breastfeeding CIC comes to an end in March 2018. Consultation is being undertaken on what a new model of delivery for breastfeeding support should look like. This paper gives an overview of the progress made to consult on the proposed changes to infant feeding support specifically in relation to breast feeding.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to:

i) **COMMENT** on this report, and the proposal, noting that comments will be considered as a part of the consultation.

ii) **NOTE** that the detailed findings of the consultation and subsequent proposal will be presented to the committee for consideration at its meeting in January, prior to Cabinet Member decision.

1.0 Introduction

This paper provides an overview of the progress made to consult with the public on the proposed changes to infant feeding support and analysis of the consultation findings.

2.0 Background

A consultation was initially undertaken in the summer to seek the public's views on a new delivery model for breastfeeding support as the contract with

the current providers PS Breastfeeding CIC - was coming to an end and is due to finish at the end of March.

After listening to the concerns of service users, the consultation was withdrawn on 4th August. The reason for suspending the consultation was because it became clear from the large number [536] of responses received that there was confusion over the proposed new model, and it was felt that the Consultation document needed to be amended in order to provide a clear understanding of the proposals. Since that time the Leader and Cabinet Member, along with the Public Health team have worked with families and key groups on the proposal and documentation to support a further consultation.

2.1 Key learning from the early consultation

The main concerns about the proposed new model were primarily to do with the timely access to Lactation Consultants and specialist support before mothers give up breast feeding due to problems encountered, including tongue tie. There were concerns that Health Visitors do not have the specialist knowledge and/or give conflicting advice and/or poor advice (such as topping up with bottle feed), and are already overstretched. There was also a concern that the number of breast feeding support groups will be reduced, and that there will no longer be specialist breast feeding support groups, as breast feeding is merged with infant feeding in general. The breast feeding support groups are seen as being important for social interaction and boosting confidence, as well as access to specialist support.

A direct meeting with some respondents suggested that they would welcome visits from members and officers to the breast feeding support sessions

2.2 Actions undertaken to mitigate concerns

- The consultation communication documentation has reiterated the programme of work which the health visiting service have been undertaking to transform their workforce over the last three years which is enabling them to have increased knowledge and skills to provide advice, intermediate and specialist breast feeding support.
- The communication about the access to lactation consultants is clearer and has changed so anyone can request an appointment.
- Reassurance has been given about the availability of space following concerns expressed over the need for privacy when having breastfeeding consultations

- Assurance in the supporting consultation documentation has been given that the peer breast feeding supporters role will continue with management from early help and supervision by health visitors
- The presentation of the information about the amount of specialist support which will be available should provide assurance that specialist support is not being cut
- The detail about the access to and availability of breast feeding help to: open drop- ins, health visiting service duty line and national breastfeeding support helplines is presented to provide assurance that there should not be the development of a waiting list
- The revised consultation and supporting documentation has taken into account the responses and information received during the initial consultation and further meetings with stakeholders which were held with the intention of answering questions and clarifying concerns.
- Officers are visiting 36 venues during the consultation period to have conversations about the breast feeding consultation
- It is quite clear from feedback and detailed officer and member conversations that the maternity element of the provision of support for breastfeeding initiation requires improvement. KCC Public Health will work with NHS partners and the Kent and Medway Local Maternity System in order to improve initiation rates.

3.0 The Proposal

- 3.1 The main proposal in the consultation has been that the NHS Health Visiting service will take over total responsibility for the provision of all infant feeding support, including breastfeeding. The Health Visiting Service are well placed to support this activity as currently they see a minimum of 5,600 women a month as part of their core work.
- 3.2 Kent is unusual in the way that it currently delivers community infant feeding services. Across the majority of the country, Health Visitors provide advice and support on breastfeeding as part of the Healthy Child Programme. In Kent, however PS Breastfeeding CIC has provided community infant feeding services since October 2014. Prior to this date, provision was fragmented and KCC was concerned about low breastfeeding rates. The service has always been a supplementary service, but one which is clearly highly regarded by those who have used it, as evidenced by the response to the earlier consultation.

- 3.3 The current PS Breastfeeding service does not have the universal reach of the Health Visiting service which, as well as providing five health contacts to women and children, also has access to 111 sites from which to offer services. In this proposal the Health Visitors will provide 36 breastfeeding clinics run by health visitors and peer supporters. Additional specialist support will be provided by the Health Visiting Service when and where it is needed.
- 3.4 KCC Public Health consulted on the proposal that the NHS-run Kent Health Visiting Service takes over the responsibility for the provision of all breastfeeding support and advice, including intermediate and specialist support.

4.0 Benefits of the proposed model

This is a service improvement model which we expect will:

- Ensure universal access to breast feeding support whilst providing a more 'joined-up' experience for families looking for advice and support on the full range of infant feeding issues
- Improve the rates of breast feeding as measured and reported at 6-8 weeks
- Increase awareness and promotion of breastfeeding

5.0 Other options considered

5.1 Ending the provision of Community Infant Feeding Support

There is clear evidence that this support is needed by families in Kent, and therefore ending its provision is not an appropriate option. The Health Visiting Service sees the work that PS Breastfeeding CIC undertakes as part of their core role.

5.2 Extending the contract with PS Breastfeeding CIC

PS Breastfeeding CIC has delivered the Community Infant Feeding Support over recent years. We believe that the KCHFT Health Visiting Service can offer a high quality service which will reach all women (approximately 17,500 births per year) and is more integrated with other parts of the health sector. As the health visiting service is now sufficiently trained and resourced to deliver this service, we no longer believe an additional service is required. Extending the existing contract would also cost KCC Public Health up to £404,000 a year.

5.3 Re-procuring an additional infant feeding support service

In view of the fact that infant feeding support is a core responsibility of the health visiting service and they are now sufficiently trained and resourced to

deliver this, we do not consider that commissioning what would, in effect, be a duplicate service to be an efficient use of public funds.

6.0 Consultation process

The consultation was relaunched with press releases on 23rd October 2017. Communication was presented to stakeholders also, to advise about the start of the revised consultation which is running until 3rd December 2017. This will provide a total of eight weeks public consultation.

The survey is accessible on line at www.kent.gov.uk/infantfeeding or in hard copy from children centres. The online page provides the following support documentation to view: Community Infant Feeding Support revised consultation document; Community Infant Feeding support FAQs; Community Infant feeding Support summary sheet and the EqIA.

The public can also raise concerns or questions to the public health consultation mailbox.

Between October 30th and November 28th officers from public health have visited over 30 venues including children centres, across the districts where young parent activity is taking place to have conversations with parents about the proposed model.

The detailed findings of the consultation and subsequent proposal for the service delivery model will be presented to this committee at its January meeting.

7.0 Conclusion

The findings from the consultation process will provide us with the detailed insight into the most appropriate model of service delivery to provide.

8.0 Recommendation

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9.0 Background documents

None

Contact Details

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