

From: Andrew Scott-Clark, Director of Public Health

To: Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health

Date: 10 March 2018

Subject: Delivery of Infant Feeding Service

Classification: Unrestricted

Previous Pathway: Health Reform and Public Health Cabinet Committee 8th February 2018

Future Pathway: **Cabinet Member Decision – 18/00003**

Electoral Division: All

Summary:

The Health Reform and Public Health Cabinet Committee have previously endorsed plans to undertake the development of a new model for infant feeding support. This paper contains the proposed new service model, which has taken into account all the feedback from the public consultation.

Recommendations:

The Cabinet Member for Strategic Commissioning and Public Health is asked to agree to implement the new model for infant feeding support.

1. Introduction

- 1.1 This paper provides an overview of the process undertaken to develop a new model for infant feeding support, and the proposal that was previously endorsed by the Health Reform and Public Health Cabinet Committee to take account of the feedback from public consultation. A copy of the consultation report is attached at Appendix 1.

2. Background

- 2.1 Kent County Council is firmly committed to supporting children across Kent to get the best start in life. In 2015, responsibility for commissioning the NHS Health Visiting Service was transferred to KCC. The Health Visiting Service is locally provided by Kent Community Health NHS Foundation Trust (KCHFT).

- 2.2 This provided a new opportunity for KCC to improve its offer of services to families, as the health visiting is a universal service, available to every family with a child of pre-school age. Following the transfer, KCC reviewed its approach for breastfeeding support. KCC recognised that its previous investment into breastfeeding was relatively small scale, and that only a small proportion of families eligible for support, could access the service that it had commissioned.
- 2.3 As a result KCC has developed a new model which embeds breastfeeding support into Health Visiting, to offer the opportunity for support to more families across Kent. This model builds on national Department of Health guidance, which has identified six areas in which Health Visitors can achieve high impact, one of these high impact areas is breastfeeding.
- 2.4 The proposed model was consulted on with the public during 2017 and the findings from the consultation have been used to inform the final proposed model.

3. The Model

- 3.1 The current model for supporting breastfeeding in Kent is unusual. KCC has invested in a bespoke provision that only a small proportion of families can access. This has been provided by PS Breastfeeding CIC. It is clearly highly regarded by those who have used it, as evidenced by the response to the consultation.
- 3.2 The proposal is that the Health Visiting Service takes responsibility for the provision of infant feeding services, including breastfeeding, to offer advice, information and specialist support. It will do this working very closely with the maternity service who are responsible for support in the first 10 days of a child's life.
- 3.3 Health Visitors in Kent currently see a minimum of 5,600 women a month as part of this core work. In the proposal Health Visitors will provide coordinated and comprehensive infant feeding support. This will be offered in a range of ways.
- 3.4 Support will be routinely offered through the mandated developmental checks that are offered to all families in particular; an antenatal, new birth check and 6-8-week check. In addition, the service will also offer 36 drop-in clinics per week across the county (3 in each district). These will be run by Health Visitors and Breastfeeding Peer Supporters. In addition, there will be 24 dedicated specialist clinics (six per week). Funding will be made available if further specialist support needs to be purchased by the Health Visiting Service.
- 3.5 The current model offers lactation consultant led clinics along with peer support clinics. The proposed model will increase the number of hours

offered by professionally led clinics with a consistent approach across the county. This will be delivered by Health Visiting and lactation consultants.

4. Benefits of the proposed model

4.1 This is a service improvement model which is expected to:

- Extend and expand the reach of breastfeeding support
- Provide 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. Consultation process

5.1 The Infant Feeding Public Consultation was launched on July 17th 2017. This was then paused on August 3rd 2017 when it was realised that members of the public were unclear about the information presented on the proposed model. The second phase of the consultation ran from 23rd October 2017 until 3rd December 2017.

5.2 The survey was made available on line at www.kent.gov.uk/infantfeeding or in hard copy from children centres.

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

5.4 There were 534 survey responses to the first consultation and 790 survey responses to the second consultation. Respondents were able to participate in both consultations.

6. Response to the consultation

6.1 A detailed analysis of the consultation responses is attached at Appendix 1. This includes a section entitled "you said we did" which outlines the response to the concerns raised.

6.2 In addition to the proposed model, KCC is committed to a number of areas of work to be implemented over the coming year as detailed below:

- KCC is working closely with its colleagues in the maternity system to ensure that breastfeeding is a core part of their transformation programme through the Kent and Medway Local Maternity System [LMS] transformation programme. A representative from the LMS has outlined its commitment to KCC to work together to prioritise breastfeeding moving forwards and to support women with clear and consistent messaging.

- The LMS is developing a choice and personalisation leaflet. KCC and KCHFT will work closely with the LMS to develop this ensuring consistent messages for new families providing advice, information and where to get support.
- In addition to the annual investment into the Health Visiting Service, KCC is also committing additional investment of £100,000 during the financial year 2018/19 to do the following:
 1. Run a campaign which informs and promotes breastfeeding and the services available for support. This will ensure a consistency of message across the system.
 2. Enable maternity/health visiting services to buy any additional service which cannot be delivered focusing on the first 0-14 days and closely monitor any unmet demand.
 3. Work with our digital colleagues to find ways to communicate with families, such as useful apps and websites, and support in relation to the diagnosis of tongue tie.
 4. Work with the LMS on their digital record to ensure consistent messages are available for all families.

6.3 The following tables show the key concerns raised by the consultation, and how they will be addressed.

Wave	You said	We will
1	There were a range of concerns about the availability of and access to Lactation Consultants This includes support for the identification of babies with tongue tie.	<p>We have revised the consultation documents to make it clearer how to access a lactation consultant in the proposed model. A change has been made to the proposal so that anyone can request an appointment. This will be managed through clinical triage (i.e. your needs will be assessed, and you will be introduced to the most appropriate person for you).</p> <p>We will review the performance of the team regularly and ensure a particular focus on wait times.</p> <p>The new model will provide 36 drop-in clinics per week and 24 Specialist clinics per month offering appointments with Lactation Consultants. This will result in an increase in the number of hours provided that are professionally led by health visitors. There will be additional access to telephone advice and home visits where identified as needed. Reference to Tongue Tie (TT) is made at the end of this section.</p>
1	Concerns were raised that Health Visitors do not have	We revised the information to make the proposal clearer.

	<p>the specialist knowledge and/or give conflicting advice.</p>	<p>The proposal sets out the work that the health visiting service has done over the last 3 years to increase their knowledge and skills including provision of advice and support for breastfeeding mums. This will increase the consistency and focus of the advice given.</p> <p>All Health Visitors are qualified registered nurses who may also be midwives prior to undertaking their post graduate degree in public health nursing, these qualifications enable them to use their skills and knowledge of anatomy, physiology and nutrition to offer an expert holistic approach to respond to the needs of families including supporting breastfeeding mums.</p> <p>93% of the health visiting staff have now taken the evidence- based UNICEF Baby Friendly Initiative training to support women in the antenatal and postnatal period to help women make informed decisions over feeding and support them with their decision. This figure is growing, and the aim is for 100% of Health Visitors to have received accreditation to deliver this model.</p> <p>The Health Visiting Service is developing its Infant Feeding Leads (IFLs) service as part of the new model, responsible for supporting and developing Health visitors and Peer supporters.</p> <p>In addition, the Health Visiting Service is increasing the number of qualified lactation consultants within the service; and will fund additional sessional capacity where required.</p>
1	<p>Concerns were raised that the Health Visiting Service is overstretched.</p>	<p>The Health Visiting Services has received significant investment following national policy in 2011 to double the specialist workforce. This was in recognition that the service was hugely valuable to families.</p> <p>The Health Visiting Service in Kent has significantly improved its offer to families since this investment and evidence of this can be seen in the take-up of the five-universal health visiting reviews: These are the pre-birth visit from 28 weeks antenatally; a new birth visit [days 11-14] and at 6- 8 weeks post-delivery, 1 year review and 24-30 month review.</p> <p>In the last 6 months of 2017/18, the health visiting service managed to carry out 83% of these reviews compared to 76% in the six months to the end of</p>

		March 2016. The Health Visiting Service has given us assurance that the Health Visiting Service has the capacity and resources needed to deliver the proposed new model.
1	There was concern the number of breastfeeding support groups will be reduced and there will no longer be specialist breastfeeding support groups, as breastfeeding is merged with infant feeding.	<p>The requirement for specialist support has not been cut and peer supporter numbers will be maintained</p> <p>The service will include:</p> <ul style="list-style-type: none"> • Health Visitors will run 36 Infant Feeding Drop-in sessions (3 in each district), to include breastfeeding support provided by a dedicated health visitor and supported by Breastfeeding Peer Supporters. • 24 Specialist, clinics spread across the county. The clinics will be staffed by a range of staff including Health visitors and Lactation Consultants at each one.
1	There should be privacy for breastfeeding consultations.	As part of the consultation visits it was noted that the current provision does not always offer a private space for 1-1 sessions, but we understand that women may need privacy and wherever needed private consultation space will now be available.
1	There would be cuts in peer supporters.	The breastfeeding peer supporter role and the groups will continue with supervision from health visitors. The number of supporter roles will be dependent on the number of volunteers and this role will be actively promoted.
1	KCC should visit breastfeeding services	KCC Public Health Team and elected Members of the Council visited venues including breastfeeding clinics, across the county during the consultation period to have conversations about the infant feeding consultation.

Wave	You said	We will
2	<p>The Health Visiting Service does not have the skills/expertise/capacity to provide the service</p> <p>(Please also refer to the answer in Wave 1 above)</p>	<p>The approach proposed will reflect the evidence from the review of the effectiveness of peer supporters undertaken by the National Childbirth Trust 2018.¹ The NHS breastfeeding service is the recognised service to support breastfeeding and a core part of the national model to deliver the DH Healthy Child programme.</p> <p>We will test patient satisfaction in several ways such as using Meridian Friends and family test through contract monitoring.</p> <p>The proposed service model will ensure trained peer supporters provide additional support to help mums to position their babies correctly, reinforce information about how milk is produced and how their baby may respond at the early post-natal stage.</p>
	<p>There is not enough support in general</p>	<p>The performance of the Health Visiting Service has significantly improved over the last 3 years. We can provide the evidence that the service is reaching out and offering support to more families. In addition to Health Visitors, the service employs community Nursery Nurses.</p> <p>The coordination of the peer supporter's workforce development and service rota will be the responsibility of the health visiting service.</p> <p>This model offers an increase in support than is currently available.</p>
2	<p>There is not enough specialist support available in the new model in the first few days.</p>	<p>The Maternity Service is responsible for mums and their babies in the first 10 days of life and they then transfer families to the Health Visiting Service.</p> <p>We have worked and will continue to work with colleagues in the Local Maternity System (LMS) and Health Visiting Service to establish more capacity to support breastfeeding in the first few days. NHS Trusts in Kent have either been awarded (e.g. Darent Valley) or are currently working to Breastfeeding Initiative [BFI] accreditation (E.g. East Kent Hospitals Foundation Trust).</p> <p>The revised Local Maternity System (LMS) plan for Kent and Medway is currently being signed off by NHS England. There is specific action for maternity trusts as part of this plan in relation to breastfeeding including the accreditation to further develop the skills of staff to offer breastfeeding support.</p>

¹ <https://www.unicef.org.uk/babyfriendly/breastfeeding-peer-support> accessed 18/01/2018

		<p>We have also revised the model so that the health visiting service will also offer additional support as required during this period when booking the New Birth Visit between 2-3 days post-delivery.</p> <p>KCC will also ensure a smooth transition to the new arrangements and will make available additional investment for the next year to support the transition to this new model. It will ensure that Maternity and Health Visiting Services can buy in specialist breastfeeding support for the 0-14-day period where required.</p> <p>The LMS has committed to work closely with Public Health to support the development of the Kent integrated infant feeding pathway and a workstream is being established to continue this. The LMS are developing a choice and personalisation booklet which will promote breastfeeding.</p> <p>A Maternity Safety Forum has been established to strengthen and align the links between Maternity and Health Visiting Services.</p>
2	There is a need for improved communication about services, support and levels of information on breastfeeding	We will develop an innovative campaign that helps inform mothers of the benefits of breastfeeding and provides detail of support for mothers to breastfeed. This will include the new types of support available through technology rather than mothers always having to contact a service if they would prefer not to.
2	Lack of consistency in the information about establishing breastfeeding and managing the early days following delivery across Maternity and Health Visiting Services.	KCC, with colleagues across the whole infant feeding pathway, will develop robust systems and communications as seen above to enhance consistency in messaging. This will include the choice and personalisation booklet.
2	Concern was raised regarding services to diagnose tongue tie (TT)	<p>The 'diagnosis' of TT is currently limited to lactation consultants, midwives and paediatricians. we would like to improve the diagnosis of TT. We will do this by:</p> <ul style="list-style-type: none"> • Investment in peer supporters and other staff across the postnatal breastfeeding service to help them identify potential tongue tie • Investment in the improved use of technology to support diagnosis of tongue ties. • Improved communication about tongue tie services and collaborative development of the pathways.

		In addition, not all tongue tie requires surgical intervention, but where this is needed the referral processes are currently variable. KCC will work with partners to further develop a pathway for tongue tie services.
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7. Conclusions

- 7.1 KCC is firmly committed to supporting children across Kent to get the best start in life, and recognises that breastfeeding can play an important part in achieving this. KCC want to develop a service to make it easier for mothers and families to choose breastfeeding, if that is their wish. KCC also recognises that breastfeeding is not the choice of every family for a range of reasons. Therefore, it is a comprehensive infant feeding support service for all families, that is proposed, to support whatever a family's choice may be.
- 7.2 Across most of the country, Health Visitors provide advice and support on breastfeeding as part of the Healthy Child Programme, and the proposal recognises that the Health Visitor workforce are best placed to provide support for infant feeding.
- 7.3 The consultation exercise has helped identify areas where, in the next year, there is a need for additional investment, including change to the way peer supporters are utilised, to help overcome the issues identified. KCC has listened to concerns and the new model enhances support available to families across the county.
- 7.4 Implementation of the new model is subject to a Cabinet Member key decision. A Record of Decision is included as an accompanying paper to this report.

8. Recommendations

The Cabinet Member for Strategic Commissioning and Public Health is asked to agree to implement the new model for infant feeding support.

Background document:

Report to Health Reform and Public Care Cabinet Committee on 8th February 2018

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Appendix 1

Infant feeding service consultation report

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- 2.0 Introduction
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- 4.0 Respondents
- 5.0 Consultation responses
- 6.0 Equality Analysis
- 7.0 Reporting /Decision making

1.0 Executive summary

Background

KCC is firmly committed to supporting children across Kent to get the best start in life. It is one of the 3 outcomes in the KCC strategic statement. In 2015, KCC was given responsibility to commission the NHS Health Visiting Service. This development provided a new opportunity for KCC to enhance delivery of services to families across Kent.

As part of its commitment to support young families, KCC has prioritised investment to help women to breastfeed. KCC was one of only a few Local Authorities in the country to invest in additional breastfeeding support services before the commissioning of health visiting became its responsibility. However, the investment could only be, at that time, into a relatively small service to support a small number of women. KCC recognised that breastfeeding rates in the county were lower than expected and that the benefits of breastfeeding are well documented.

The transfer of commissioning responsibility for the universal health visiting service, brought with it opportunity to support much greater numbers of families on a much greater scale. KCC has therefore reviewed its approach to supporting families including breastfeeding support, and developed a new model which aims to enhance support for more families in Kent, and to minimise any duplication or gaps in the system.

The National Health Visiting Service has identified 6 areas in which it can achieve high impact and one of these is breastfeeding. KCC developed a new model based on this approach and subsequently has put the new model out to consultation. It is the result of the consultation that is outlined in this document.

KCC does recognise that breastfeeding is not the choice of every family for a range of reasons. As part of this proposal KCC wishes to make it easier for mothers and families to choose breastfeeding and is committed to supporting women to do this. KCC alongside the Maternity and Health Visiting Services, also understand that families have a right to choose the approach to feed their new baby that is right for them. Therefore, this consultation sets out to propose a comprehensive infant feeding support service for all families, whatever their choice may be.

KCC has welcomed a high interest in this consultation and has utilised the feedback to enhance the model of provision moving forwards. KCC commissioned an independent company to analyse the responses to the consultation to ensure a transparency of approach.

The Consultation Process

Two separate consultations have been undertaken. Due to the level of concern expressed in the first consultation regarding a lack of clarity of the proposals, a second survey with an associated package of documentation was developed and published.

There were 534 responses to the first consultation and 790 responses to the second consultation. Respondents were able to respond to both consultations; responding to the first did not limit the ability to respond to the second.

A high proportion of respondents are either currently, or had previously accessed the current service provision. There were 293 respondents in wave 2 who identified as being a parent with a child under 12 months old among 790 responses. This represents approximately 1.68 % of the families with a child born in 2016.

Over half, 56%, of respondents to the consultation believed that the new service model would be ineffective in supporting mothers to feed their new born babies according to the method that they prefer, regardless of whether they breastfeed or use formula. This document sets out the most common reasons as to why the proposed service model is ineffective. These include the suitability of Health Visitors, a belief that there is not enough specialist support, and that there is not enough support in general.

Core aspects of the service were rated in importance. At least 60% of respondents said that all of the proposed core aspects of the service model were important. Accredited training and flexibility in advice forums were rated most highly. Rated as least important was an antenatal visit. There was strong support that anyone should be able to request an appointment with a lactation consultant- it was set out in the consultation document that appointments with lactation consultants would follow clinical triage.

Three out of four [75%] respondents responded that the right systems have been put into place for those who require additional support as recognised under the Equality Act 2010.

In the section for general comments the key concerns raised were whether there would be not be enough support available to families, and that health visitors are a stretched workforce. There were a number of criticisms of the Health Visiting Service. There were concerns that as a result of the new approach breastfeeding rates would fall.

Comments also emphasised the necessity for support, to new mums, during the early days following birth. This is a responsibility of the midwifery service prior to transfer to the Health Visiting Service.

The feedback has been considered and the response is contained in the document below. For ease of reference this has been translated into a "you said, we did" section.

KCC welcomes the high response to the consultation in terms of numbers and the opportunity that this brings to shape the model moving forwards. It also takes into account that the respondent number is a small proportion of the number eligible and will utilise the service moving forward. Therefore, a continuous approach to monitoring service quality and improvement will need to be undertaken moving forwards. This will form part of the contract monitoring arrangements for the health visiting service.

KCC recognises that this is an important area for families. KCC will therefore seek to work with women from all sectors of the community across Kent to ensure that the new service model supports the greatest numbers of families possible. It recognises that there are a range of circumstances in which families find themselves following the birth of a new child.

KCC is committed to supporting women to breastfeed wherever possible. The evidence base for the benefits of breastfeeding is clear. KCC is also committed to supporting all families and where breastfeeding isn't possible, a family is supported to make the choice that is right for the mother, new baby and wider family.

Changes made to the proposed model in the two consultation phases

Wave	You said	We will
1	There were a range of concerns about the availability of and access to Lactation Consultants This includes support for the identification of babies with tongue tie.	<p>We have revised the consultation documents to make it clearer how to access a lactation consultant in the proposed model. A change has been made to the proposal so that anyone can request an appointment. This will be managed through clinical triage (i.e. your needs will be assessed, and you will be introduced to the most appropriate person for you).</p> <p>We will review the performance of the team regularly and ensure a particular focus on wait times.</p> <p>The new model will provide 36 drop-in clinics per week and 24 Specialist clinics per month offering appointments with Lactation Consultants. This will result in an increase in the number of hours provided that are professionally led by health visitors. There will be additional access to telephone advice and home visits where identified as needed. Reference to Tongue Tie (TT) is made at the end of this section.</p>
1	Concerns were raised that Health Visitors do not have the specialist knowledge and/or give conflicting advice.	<p>We revised the information to make the proposal clearer.</p> <p>The proposal sets out the work that the Health Visiting Service has done over the last 3 years to increase their knowledge and skills including provision of advice and support for breastfeeding mums. This will increase the consistency and focus of the advice given.</p> <p>All Health Visitors are qualified registered nurses who may also be midwives prior to undertaking their post graduate degree in public health nursing. These qualifications enable them to use their skills and knowledge of anatomy, physiology and nutrition to offer an expert holistic approach to respond to the needs of families including supporting breastfeeding mums.</p> <p>93% of the health visiting staff have now taken the evidence- based UNICEF Baby Friendly Initiative training to support women in the antenatal and postnatal period to help women make informed decisions over feeding and support them with their decision. This figure is growing, and the aim is for 100% of health visitors to have received accreditation to deliver this model.</p> <p>The Health Visiting Service is developing its Infant Feeding Leads (IFLs) service as part of the new model, responsible for supporting and developing Health visitors and Peer supporters.</p>

		In addition, the Health Visiting Service is increasing the number of qualified lactation consultants within the service; and will fund additional sessional capacity where required.
1	Concerns were raised that the Health Visiting Service is overstretched.	<p>The Health Visiting Services has received significant investment following national policy in 2011 to double the specialist workforce. This was in recognition that the service was hugely valuable to families.</p> <p>The Health Visiting Service in Kent has significantly improved its offer to families since this investment and evidence of this can be seen in the take-up of the five-universal health visiting reviews: These are the pre-birth visit from 28 weeks antenatally; a new birth visit [days 11-14] and at 6- 8 weeks post-delivery, 1 year review and 24-30 month review.</p> <p>In the last 6 months of 2017/18, the health visiting service managed to carry out 83% of these reviews compared to 76% in the six months to the end of March 2016. The Health Visiting Service has given us assurance that the Health Visiting Service has the capacity and resources needed to deliver the proposed new model.</p>
1	There was concern the number of breastfeeding support groups will be reduced and there will no longer be specialist breastfeeding support groups, as breastfeeding is merged with infant feeding.	<p>The requirement for specialist support has not been cut and peer supporter numbers will be maintained</p> <p>The service will include:</p> <ul style="list-style-type: none"> • Health Visitors will run 36 Infant Feeding Drop-in sessions (3 in each district), to include breastfeeding support provided by a dedicated health visitor and supported by Breastfeeding Peer Supporters. • 24 Specialist, clinics spread across the county. The clinics will be staffed by a range of staff including Health visitors and Lactation Consultants at each one.
1	There should be privacy for breastfeeding consultations.	As part of the consultation visits it was noted that the current provision does not always offer a private space for 1-1 sessions, but we understand that women may need privacy and wherever needed private consultation space will now be available.
1	There would be cuts in peer supporters.	The breastfeeding peer supporter role and the groups will continue with supervision from health visitors. The number of supporter roles will be dependent on the number of volunteers and this role will be actively promoted.
1	KCC should visit breastfeeding services	KCC Public Health Team and elected Members of the Council visited venues including breastfeeding clinics, across the county during the consultation period to have conversations about the infant feeding consultation.

Wave	You said	We will
2	The Health Visiting Service does not have the skills/expertise/capacity to provide the service (please see the answer in Wave 1 also)	<p>The approach proposed will reflect the evidence from the review of the effectiveness of peer supporters undertaken by the National Childbirth Trust 2018.²</p> <p>The NHS breastfeeding service is the recognised service to support breastfeeding and a core part of the national model to deliver the DH Healthy Child programme.</p> <p>We will test patient satisfaction in several ways such as using Meridian Friends and family test through contract monitoring.</p> <p>The proposed service model will ensure trained Peer Supporters provide additional support to help mums to position their babies correctly, reinforce information about how milk is produced and how their baby may respond at the early post-natal stage.</p>
2	There is not enough support in general	<p>The performance of the Health Visiting Service has significantly improved over the last 3 years. We can provide the evidence that the service is reaching out and offering support to more families. In addition to Health Visitors, the service employs community Nursery Nurses.</p> <p>The coordination of the peer supporter's workforce development and service rota will be the responsibility of the Health Visiting Service.</p> <p>This model offers an increase in support than is currently available.</p>
2	There is not enough specialist support available in the new model in the first few days.	<p>The Midwifery Service is responsible for mums and their babies in the first 10 days of life and they then transfer families to the Health Visiting Service.</p> <p>We have worked and will continue to work with colleagues in the Local Maternity System (LMS) and health visiting service to establish more capacity to support breastfeeding in the first few days. NHS Trusts in Kent have either been awarded (e.g. Darent Valley) or are currently working to Breastfeeding Initiative [BFI] accreditation (E.g. East Kent Hospitals Foundation Trust).</p> <p>The revised Local Maternity System (LMS) plan for Kent and Medway is currently being signed off by NHS England. There is specific action for maternity trusts as part of this plan in relation to breastfeeding including the accreditation to further develop the skills of staff to offer breastfeeding support.</p> <p>We have also revised the model so that the health visiting service will also offer additional support as required during this period when booking the New Birth</p>

² <https://www.unicef.org.uk/babyfriendly/breastfeeding-peer-support> accessed 18/01/2018

		<p>Visit between 2-3 days post-delivery.</p> <p>KCC will also ensure a smooth transition to the new arrangements and will make available additional investment for the next year to support the transition to this new model. It will ensure that Maternity and Health Visiting Services can buy in specialist breastfeeding support for the 0-14-day period where required.</p> <p>The LMS has committed to work closely with Public Health to support the development of the Kent integrated infant feeding pathway and a workstream is being established to continue this. The LMS are developing a choice and personalisation booklet which will promote breastfeeding.</p> <p>A Maternity Safety Forum has been established to strengthen and align the links between Maternity and Health Visiting Services.</p>
2	There is a need for improved communication about services, support and levels of information on breastfeeding	We will develop an innovative campaign that helps inform mothers of the benefits of breastfeeding and provides detail of support for mothers to breastfeed. This will include the new types of support available through technology rather than mothers always having to contact a service if they would prefer not to.
	Lack of consistency in the information about establishing breastfeeding and managing the early days following delivery across Maternity and Health Visiting Services.	KCC, with colleagues across the whole infant feeding pathway, will develop robust systems and communications as seen above to enhance consistency in messaging. This will include the choice and personalisation booklet.
	Concern was raised regarding services to diagnose tongue tie (TT)	<p>The 'diagnosis' of TT is currently limited to lactation consultants, midwives and paediatricians. we would like to improve the diagnosis of TT. We will do this by:</p> <ul style="list-style-type: none"> • Investment in peer supporters and other staff across the postnatal breastfeeding service to help them identify potential tongue tie • Investment in the improved use of technology to support diagnosis of tongue ties. • Improved communication about tongue tie services and collaborative development of the pathways. <p>In addition, not all tongue tie requires surgical intervention, but where this is needed the referral processes are currently variable. KCC will work with partners to further develop a pathway for tongue tie</p>

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2.0 Introduction

The service currently provided to support infant feeding, including the specialist support for breastfeeding, is focused on ensuring appropriate support is in place to allow families to feed their infants effectively, regardless of method.

However, there is much evidence to demonstrate the benefits of breastfeeding in supporting a baby to have a good start in life. These include:

- Vital immunity against infection
- Optimal nutrition
- Promotion of bonding and emotional attachment

Evidence published in 2016 stated 'There is wide spread misconception that breastmilk can be replaced with artificial products without detrimental consequences and that the benefits of breastfeeding only relate to poor countries. Nothing could be further from the truth.'³

The infant feeding service needs to support and enable those mothers who choose and want to breastfeed. Research has identified that 'eight out of ten women stop breastfeeding before they want to and could have continued with more support.'⁴

2.1 Reasons for the consultation

This consultation was required as the existing interim service contract was coming to an end and consequently, KCC had developed a proposal for a new infant feeding service offer, which would impact on the way the service would be delivered. The case for change had been developed over a period of time building on the insights gathered from 2013.

In October 2014 KCC commissioned and awarded a three-year contract to PS Breastfeeding CIC for an infant feeding service to help improve the maintenance of breastfeeding as measured at 6-8 weeks. This measurement includes total and partial breastfeeding. Data was suggesting that 2012/13 rates in Kent were lower than the England average however it was found that the coverage of reporting of the breastfeeding status was poor. These rates are dependent upon the percentage who initiate breastfeeding and in 2012/13 the percentage of all mothers who breast fed their babies in the first 48 hours after delivery in Kent was 72.1% (lower than the England average 73.9%).

The Health Visiting Service is responsible for collecting the 6-8-week data on breastfeeding. Once the national target of 95% recording of women's feeding

³ Commissioning Infant Feeding Services Part 2: A Toolkit for Local Authorities. Public Health England. 2016.

⁴ McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre

method is achieved, there will be a robust baseline for prevalence on which changes can be measured. The current infant feeding service was required to provide data. Coverage i.e. recording of data has improved to 90% and the most recent validated data from Q2 2017/18 shows a breastfeeding prevalence rate of 47% at 6-8 weeks in Kent.

KCC aims to improve the information and support to enable and empower women to fulfil their choice to breastfeed. Initial additional investment; upskilling of the workforce; supporting BFI accreditation such as in children centres, should show an improvement in the breastfeeding rates.

2.2 Background information

For families, decisions on infant feeding for many is made before or during pregnancy. To help inform that decision it is important that women are given the opportunity to learn about infant feeding and relationship building so that more women may choose to initiate breastfeeding at birth. This requires support and opportunity for prolonged skin to skin contact after birth.

Younger parents locally have talked in consultation meetings about the lack of information and support to breastfeed. Evidence suggests that mothers/grandmothers often influence their decision on feeding. Some families 'live in a culture where formula feeding is considered normal and nearly as good as breastfeeding'.⁵ Findings from local parents interviewed in 2016, suggests that positive motivational breastfeeding conversations are lacking antenatally and postnatally, especially in the early days following birth.

Breastfeeding, whilst a natural function, needs to be learnt by the baby and mother. Learning how to breastfeed in the first days – positioning and being able to respond to a baby's need - are important. The mechanism of breastfeeding requires the baby to feed in such a way to stimulate the production and flow of milk to meet the baby's individual demand and need. Initially the baby will receive colostrum. This comes in small quantities but helps increase the protection from infection in the first six months of life. From days 3-4 breast milk will be supplied, although this will take longer, possibly up to day 7 following elective caesarean section, as no stages of labour have taken place. When positioning is incorrect, insufficient milk is provided or produced and can be a painful experience for women but with some position /attachment readjustment, this can be easily rectified. Alongside this, mothers need to be confident and relaxed in their ability to breastfeed when starting a feed to enable the reflex which allows milk to flow/ 'drop down' to be released. Reassurance about subtle changes in babies' behaviour on the breast and that establishing breastfeeding can take time makes a significant difference to women. Practical support and advice is therefore fundamental which maternity services are

⁵ Commissioning Infant Feeding Services Part 2: A Toolkit for Local Authorities. Public Health England. 2016.

responsible for postnatally from days 0-10 and the health visiting service from day 11 post-delivery.

2.3 Current service provision

There is currently a range of service provision to support breastfeeding. However, in addition to that outlined below, society also supports or can support breastfeeding by its workplace policies and public premises can welcome breastfeeding women. These societal factors can influence decisions on how long to breastfeed for or at all.

2.31 Antenatal

In terms of offering information on infant feeding this is available at the antenatal stage through:

- One of four maternity services at Maidstone Tunbridge Wells NHS Trust, Darent Valley Hospital, Medway Foundation NHS trust, East Kent Hospital NHS Trust across many of their sites from midwives and maternity care workers
- Maternity services' parenting classes where available by midwives/infant feeding leads
- health visiting service contacts across Kent from health visitors and community nursery nurses
- health visiting service parenting classes for new mums
- private services e.g. National Childbirth Trust (NCT) classes from trained volunteers
- external websites

2. 32 Postnatal

Post-delivery, the mum is encouraged to provide skin to skin contact and initiate breastfeeding. The maternity services continue to provide care at home until the baby is 10 days old. These are not visits every day but generally days 3, 5-6, and 9-10. This presents the opportunity to assess breastfeeding, but the level of support offered does vary.

Breastfeeding support, and information regarding formula feeding, is offered to all parents through the Health Visiting mandated contacts at the New Birth visit [days 11-14] and 6-8 week visit and can be offered opportunistically where the baby is weighed etc. There is inconsistency in the support and it tends to be more about solutions to feed which does not necessarily sustain breastfeeding.

PS Breastfeeding CIC is commissioned by KCC to provide support, some of which will be more specialist breastfeeding support. The support is offered at different levels provided by trained volunteer peer supporters, breastfeeding specialists and lactation consultants from children's centres and other venues or some home visits. There is a high uptake and demand for lactation consultant support.

The current service pathways direct Health Visitors (or other health and social care providers such as GPs, midwives, early help practitioners, peer supporters) if they

identify the need for extra breastfeeding support, to signpost families to the Community Infant Feeding support provided by PS Breastfeeding CIC. This is an open access service, so women can also refer themselves.

2.33 Tongue tie [TT]

TT is caused by a tight or short frenulum. The frenulum is a membrane that secures the tongue to the floor of the mouth. The frenulum normally thins and recedes before birth. However, where this fails to happen the frenulum may affect the shape of the palate and restrict tongue mobility which impacts on the baby's ability to latch on most effectively. Tongue tie affects between 3-10% of babies. Some babies with TT can breastfeed well from the start and others when there is improvement in positioning and attachment, for example, when the breast is not engorged. There are other babies with TT who need an intervention to cut the membrane- known as a frenulectomy. Local trust data can provide the number of procedures through out-patients, but this does not take into account those undertaken out of area or privately. The percentage of coded procedures through outpatients in 2015 in Kent was 2.91% of all births.

In the current service provision some midwives and all lactation consultants identify TT and decide whether to refer to a frenulectomy service. The ability to identify TT and to differentiate where breastfeeding may improve through this brief intervention or to offer the level of support needed to encourage and sustain breastfeeding is important.

2.4 Proposed model consulted on

The main proposal was that the NHS Health Visiting service (HVS) would take over the responsibility for the provision of infant feeding services, including breastfeeding, with intermediate and specialist support. It was proposed that it would do this as part of its commitment to offering families a minimum of five health development checks in the early years of a child's life.

- HVS to run 36 Child Health Clinics (3 in each district), including breastfeeding support sessions provided by a dedicated health visitor, supported by Breastfeeding Peer Supporters (Peer Supporter numbers to be maintained).
- Specialist Clinics spread across the county (location and frequency to be reviewed depending on demand and need analysis once the service is in place). The Specialist clinics will be staffed by Lactation Consultants (commissioned by the HVS where required) and the HVS Infant Feeding Leads (IFLs).
- Specialist Clinic attendance will be by appointment and referral. Referrals can be requested by anyone, with appointments arranged based on triaged clinical need. Telephone advice from the IFLs to all Healthy Child clinics and all Breastfeeding

Drop-in Sessions – Health Visitors will be able to contact these specialists where more complex issues are raised.

- Facility to provide home visits where necessary, based on need and service capacity.

2.5 Service costs

The costs of the current community infant feeding service have been in total £1,073,757 over the 4 year period of the contract (Sept 2014 – March 2018).

The proposed service involves expanding Kent Community Health NHS Foundation Trust's (KCHFT) existing Health Visiting offer which is already commissioned by KCC at no additional cost. This reflects that the work proposed already sits within the Health Visitor remit and staffing levels are now at a point where KCHFT can deliver the expanded offer.

2.6 Policy

The implementation of the UNICEF UK Baby Friendly Initiative (BFI) standards is the most effective way to improve breastfeeding rates. The proposed model builds on the progress made by local organisations including KCHFT who provide the health visiting service to achieve BFI accreditation. This requires evidencing **infant feeding policy** development, a satisfactory training prospectus, staff training and successful audits of staff competence and user satisfaction.

Evidence from Public Health England advises that 'Health Visitors are particularly well positioned to support mothers with breastfeeding because of their continuous and active engagement with mother and fathers.

Delivery of breastfeeding support should be coordinated across the different sectors; Health Visitors already act as an interface with key partners including midwives, GPs and early years settings and as partners in a multi- agency approach.

2.6 Decision making process

Prior to procurement or the presentation of a proposed service redesign, a scheduled project plan of the required stages is documented. This includes an Equality Impact Assessment [EqiA]. There is also liaison with the consultation and engagement team for advice and overview of the most appropriate methodology and level of public consultation.

Having confirmed the need to ensure service provision following the expected end of the interim Community Infant Feeding Support contract, proposals were

developed for consideration. Where proposals involve some degree of potential service change, KCC is required to consult on the proposals.

Engagement and consultation is a fundamental part of effective commissioning. The Infant Feeding Public Consultation was launched on July 17th, 2017. This was then paused on August 3rd, 2017 when it was realised that members of the public were unclear about the information presented on the proposed model. The Public Consultation was discussed as a verbal update at the September 2017 meeting of The Health Reform and Public Health Cabinet Committee with reasons given as to explanation for the re-launch of the Public Consultation. The Health Reform and Public Health Cabinet Committee on December 1st, 2017 received update on the progress of the infant feeding consultation with acknowledgement that the consultation findings would be presented for decision in February 2018.

3. Consultation process

3.1 Stakeholder groups identified and targeted

The process of gathering insights from and engaging with stakeholders began in 2013 and the results of this work helped shape the case for change and develop the proposal which was presented for formal public consultation in 2017.

The chronology of the engagement and consultation activity is shown below.

3.2 Consultation and communication methods used

Consultation	Methods	Audience	Date
Shallow dive exploratory study	Conversations –groups and 1:1	Children’s centre staff, peer supporters, midwives, health visitors. [Sheppey]	2013
Mapping exercise against UNICEF Baby Friendly Initiative (BFI) pathway		Stakeholders Mothers	2014
Experiences of the feeding pathway through pregnancy to date	10 in depth interviews [baby up to 9 months]	Mothers aged 18-25 yrs. [Swale district]	2015
Experiences of support/information to breastfeed	32 interviews	Mothers aged 16-35 yrs. [DGS, Thanet, West Kent CCGs]	2016
Media release	Email	Stakeholder organisations	July 17 th - 2017
Consultation documentation including questionnaire and supporting documentation Wave 1	KCC website with sign-posting to online questionnaire with open ended questions, consultation email & consultation documentation	Public, stakeholders	July 17 th – Aug 3 rd , 2017
Consultation questionnaire	Paper copies of the questionnaire in children’s centres	New parents, service users	
Media release & Consultation webpage update – pausing of consultation process	Media outlets, Email notifications, KCC web content	Consultees, wider public and Stakeholder organisations	Aug 2017
Statement by the leader	KCC website	Consultees, Stakeholders, public, service users	Sept 2017

Consultation	Methods	Audience	Date
Consultation documentation including questionnaire and supporting documentation Wave 2	KCC website with sign-posting to online questionnaire with open ended questions, consultation email & consultation documentation	Previous consultees, public, stakeholders	October 23 rd - Dec 3 rd 2017
Consultation questionnaire	Paper copies of the questionnaire in children's centres	New parents, service users	October 23 rd - Dec 3 rd
Conversations in children centres and other venues	Open discussion with individuals-	service users, peer supporters, current service providers, parents	October 30 th – November 28 th 2017

The formal consultation (wave 2) was launched on 23rd October and ran until 3rd December. It was hosted online at via KCC's dedicated Consultation Directory. In addition to media promotion and stakeholder emails from Public Health, several thousand registered Consultation Directory users who had expressed an interest in relevant consultations were sent an email alert inviting them to view and respond to the consultation.

The proposal and consultation materials, including the questionnaire, included updates and amendments based on feedback received during wave 1 of the consultation.

The consultation material included a main consultation document; a summary consultation document which provided an overview of the proposal and the consultation process; a supplementary information document which provided background and further detail on the proposals; a Frequently Asked Questions document that sought to address many of the concerns raised during phase 1 of the consultation; and the Equality Impact Assessment.

The questionnaire was hosted online and was also available in hardcopy. The consultation webpage included contact information for KCC's Public Health department to allow stakeholders to ask questions about the proposal to assist them in giving an informed response. Stakeholders were able to email or post their responses to KCC but, in line with standard KCC consultation practice, all respondents were encouraged to use the purpose-built questionnaire as this supported more effective analysis of the feedback and gave structure to potential responses.

All feedback provided to KCC regarding the proposals for Community Infant Feeding Support has been reviewed and considered throughout the process.

3.3 Equality and accessibility considerations

Compliance with regulations has been undertaken with the completion of an equality impact assessment [EqIA] prior to consultation. This was presented as one of the consultation documents.

The questionnaire and consultation document were made available in paper format upon request and at Children's centres. The documentation could also be provided in alternative formats upon request, such as easy read.

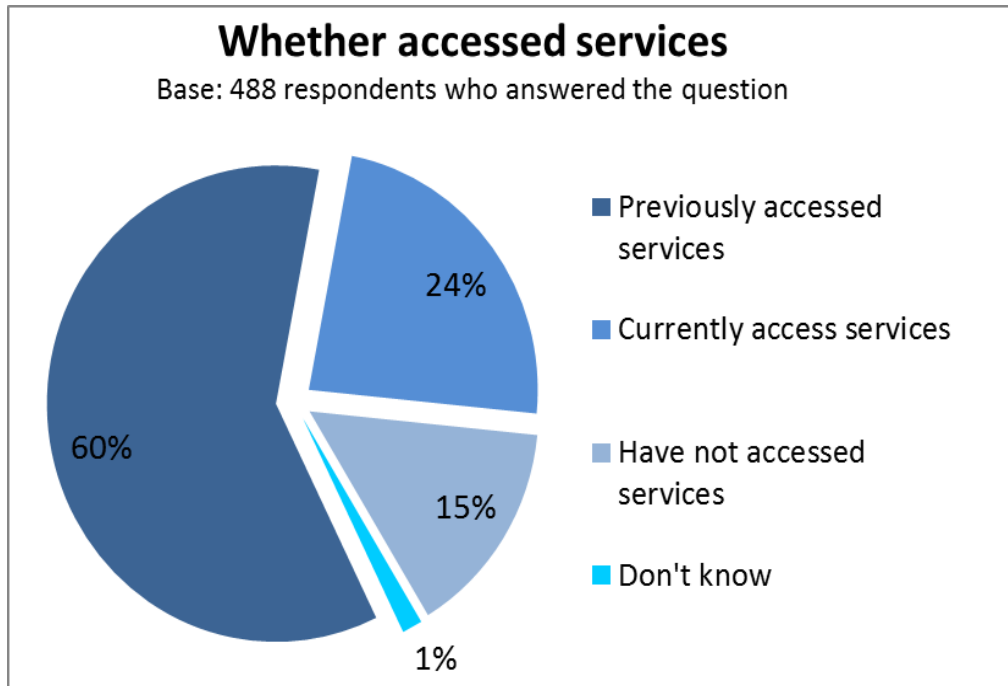
4.0 Respondents

The volume of respondents through the two waves to this consultation has been significant in terms of numbers and in the level of detail presented via the open questions..

Base: All respondents	Wave 1		Wave 2	
	Nos	%	Nos	%
Parent with youngest child under 5 years	243	46%	268	34%
Parent with a child under 12 months old	181	34%	293	37%
A social care or health professional	26	5%	50	6%
Parent of children 5-17 yrs.	21	4%	45	5.6%
A provide of infant feeding services	18	3%		
A member of the public	17	3%	31	4%
Family member of someone who has children under 5 yrs.	14	3%	25	3%
A breastfeeding peer supporter			36	4.5%
A breastfeeding counsellor			12	1.6%
Responding on behalf of an organisation or provider of infant feeding services		1%		1%
<i>Kent Community Health NHS Foundation Trust</i>	1			
<i>La Leche League [LLL]</i>	1			
<i>NCT</i>	1			
<i>Folkestone Early Years children Centre</i>			1	
<i>East Kent Clinical Commissioning groups</i>			1	
<i>Dartford labour party</i>			1	
<i>Canterbury Christchurch University</i>			1	
<i>Maidstone and Tunbridge Wells MVP</i>			1	
<i>Sevenoaks district council</i>			1	
<i>Horsmonden Parish Council</i>			1	
<i>PSB CIC Peer support lead for West Kent</i>			1	
<i>Independent chair of Dover district [children centre] Advisory board</i>			1	
Other:	11	2%	13	1.6%
<i>Breastfeeding peer supporter</i>	4			
<i>Expectant mother</i>	3		7	
<i>Breastfeeding counsellor</i>	1			
<i>Breastfeeding counsellor with LLL</i>	1			
<i>Former breastfeeding counsellor</i>	1			
<i>Other parent</i>	1			
<i>Expectant mother/parent</i>			7	
<i>A woman who is interested</i>			1	
<i>Child minder</i>			1	
<i>Infant feeding support worker NHS</i>			1	
<i>KCC council tax payer</i>			1	
<i>Mother of three</i>			1	
<i>NCT volunteer</i>			1	
<i>Unspecified</i>			8	

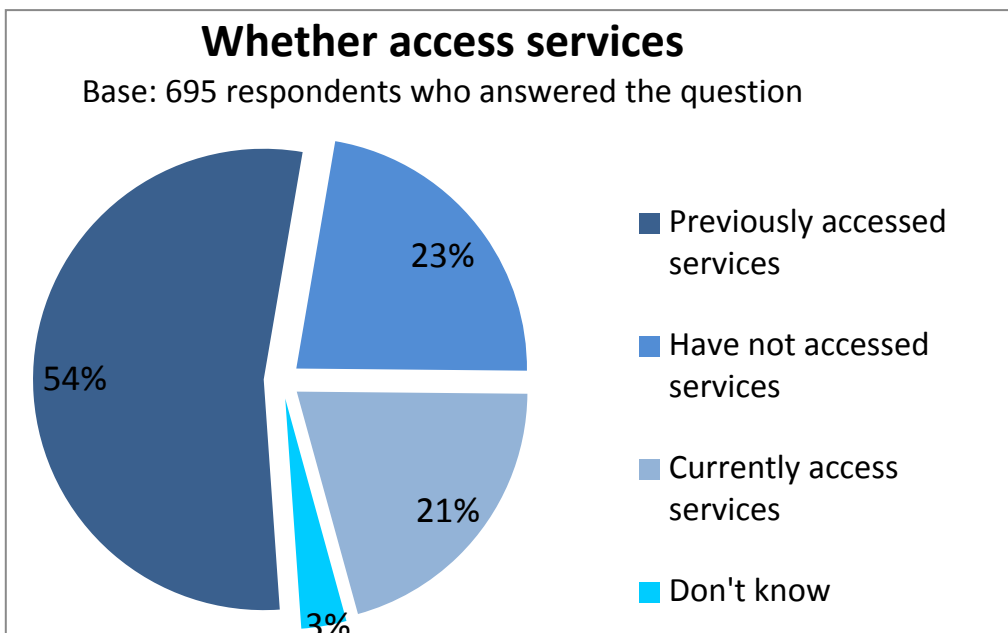
The respondents identified whether they currently accessed or had previously accessed specialist community infant feeding services. In wave 1 and wave 2, the majority of responders who answered this question have been a recipient of the service at 60% and 54% respectively.

Wave 1:



Source: KCC Business Intelligence

Wave 2:



Those who currently access the service accounted for 24% and 21% in waves 1 and 2.

In wave 2, East Kent gave 64 responses from parents with a child under 12 months among 165 responses. The proportion of responses is 0.476 [or 47.6%]

West Kent gave 124 responses from parents with a child under 12 months among 260 responses. The proportion of responses is 0.387 [or 38.7%]

North Kent gave 15 responses from parents with a child under 12 months among 40 responses. The proportion of responses is 0.375 [or 37.5%]

5.0 Consultation responses:

This section of the report will provide the analysis of the response undertaken in phase 2. The analysis of phase 1 was considered in the revision of the consultation questions and within the information presented in the consultation documentation.

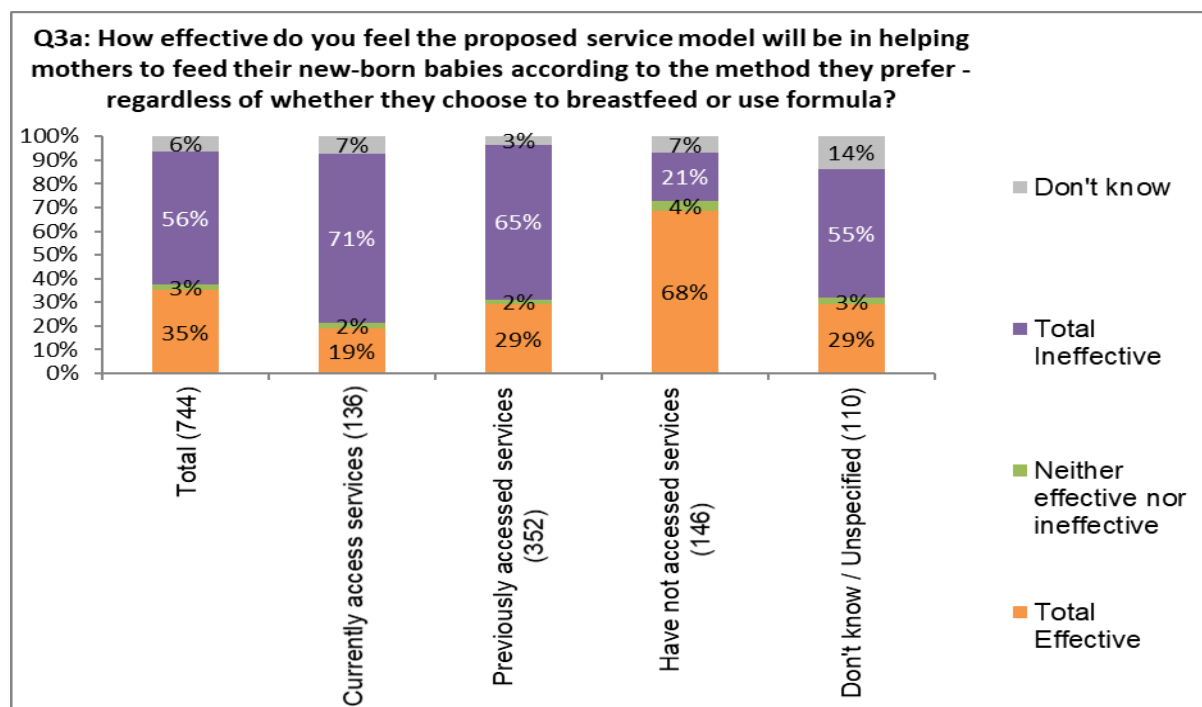
This consultation has seen a significant level of response and an extensive quantity of open text feedback to the open-ended questions.

The consultation is not representative of the public as a whole, but of those who have chosen to participate in the process.

5.1 Analysis of consultation questionnaire responses

The questionnaire sought to establish the public's views on the effectiveness of the proposed service which were looked at from several perspectives.

Graph 1: Effectiveness of the proposed service model



Source: KCC Business Intelligence

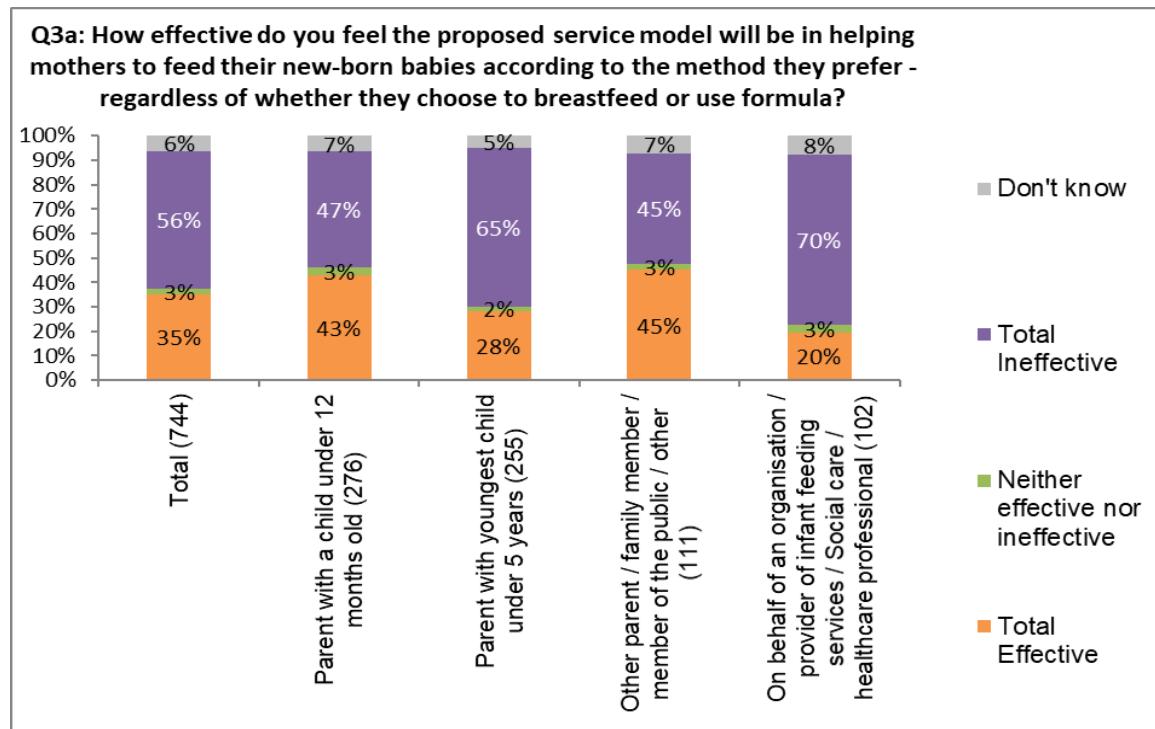
Please note:

'Total Effective' is the sum of 'Extremely effective', 'Very effective' and 'Somewhat effective'.

'Total Ineffective' is the sum of 'Extremely ineffective', 'Very ineffective' and 'Somewhat ineffective'

and now shown by respondent.

Graph 2: Effectiveness of the proposed service model



Source: KCC Business Intelligence

This identified that around one in three (35%) respondents said that the proposed service model will be effective and over half (56%) of respondents said that the proposed service model will be ineffective at helping mothers to feed their new-born babies according to the method that they prefer – regardless of whether they choose to breastfeed or use formula. Six percent said that they don't know whether it will be effective or ineffective.

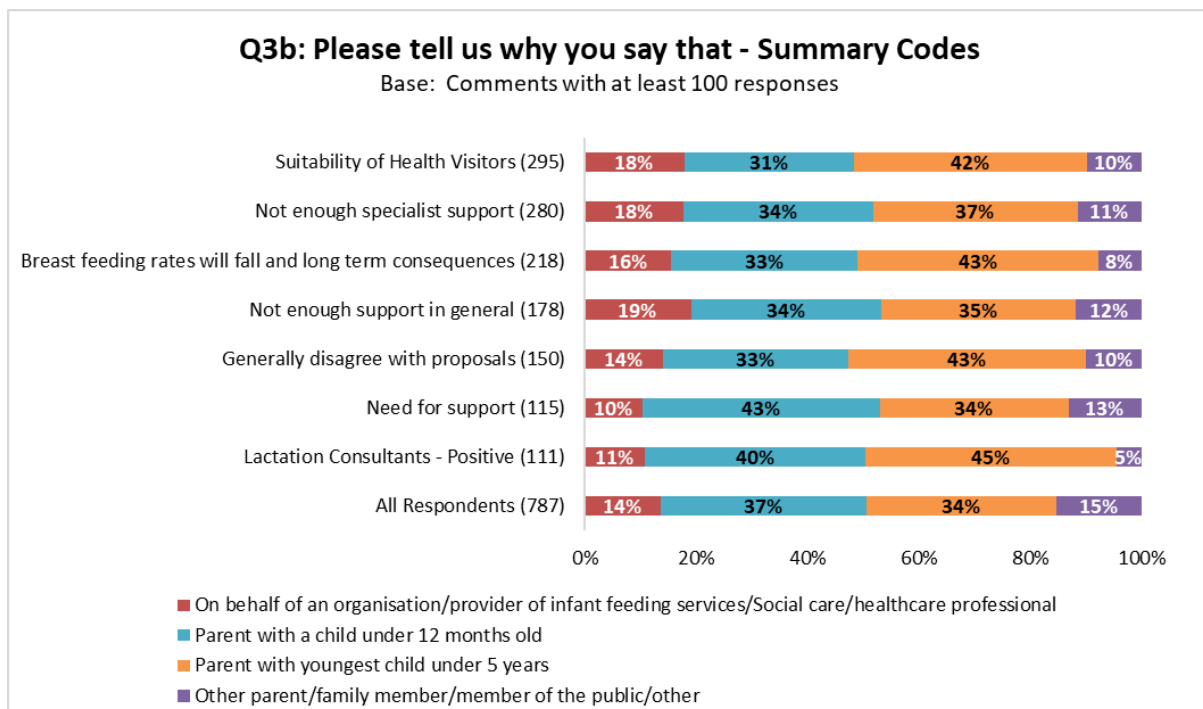
Seven out of ten (71%) of those respondents who currently access services, and seven out of ten (70%) of those responding in a professional capacity (i.e. on behalf of an organisation, provider of infant feeding services, social care or healthcare professional etc.) said that the proposed service model will be ineffective. Only one in five (19% and 20% respectively) said that the proposed service model will be effective.

Two-thirds (68%) of those who have not accessed services said that the proposed service model will be effective, and one in five (21%) said that it will be ineffective.

Of note, respondents with a child aged under the age of 12 months were slightly more divided, with 47% saying that the proposed service model would be ineffective, and 43% saying that it would be effective.

Analysis of the main reasons as to why the proposed service is likely to be ineffective at helping mothers to feed their new-born babies according to the method that they prefer is shown in below.

Graph 3: Main summary of comments by type of respondent as to why the proposed model will be ineffective at helping mothers to feed their new-born babies according to the method that they prefer



Source: KCC Business Intelligence

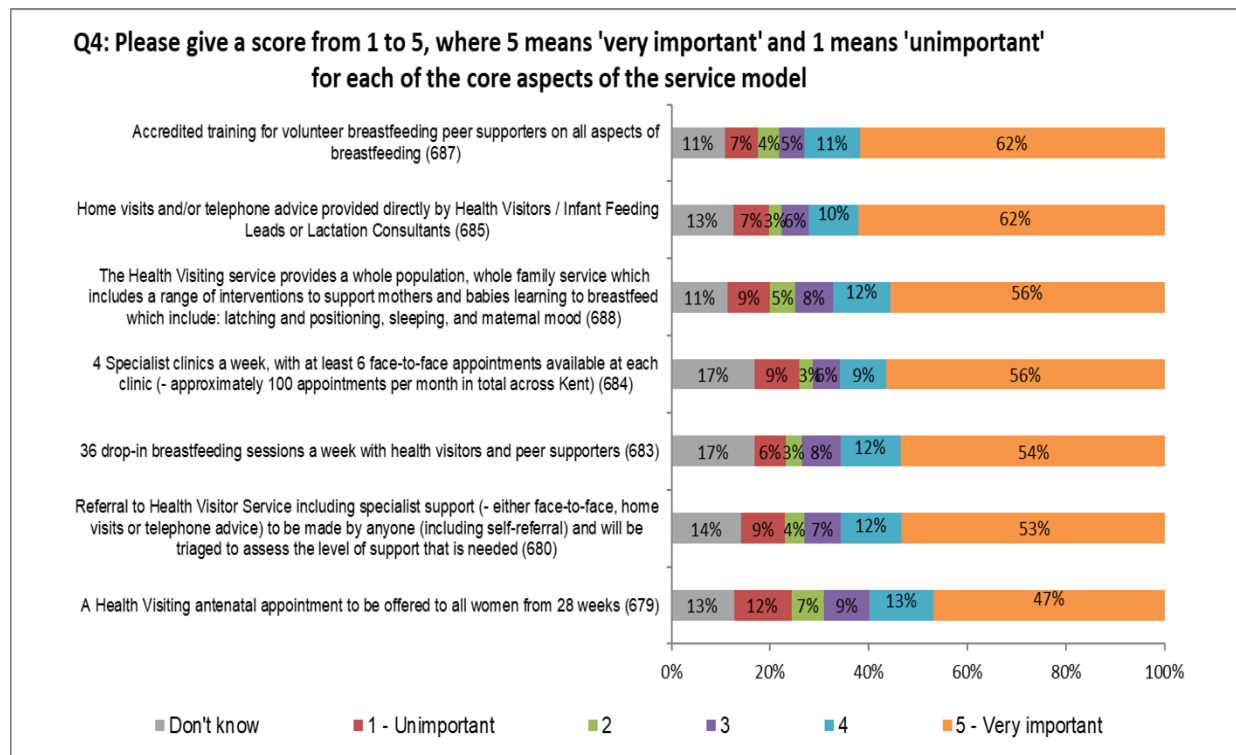
The figure above shows the type of respondent that made each of the main summary comments. Only summary comments with at least 100 respondents are included, for greater robustness. Comparison of the percentages for each comment against the percentage in the total sample, provides an indication of which type of respondent was more likely to make each comment.

Parents with children aged under 5 years were more likely to say something positive about the Lactation Consultants and feel that the Health Visitors are unsuitable, and that breast-feeding rates will fall as a consequence. Those with children aged under 12 months also made positive comments about Lactation Consultants and talked about the need for support.

Of those [33%] 261 /787 who responded that the proposed model was effective at helping mothers to feed their new-born babies according to the method that they preferred, their main concern [15%] was in relation to the breast-feeding help/advice needed.

The consultation sought to identify the public’s view on the importance of the core aspects of the proposed service model.

Graph 4: Importance of each of the core aspects of the service model - Including ‘Don’t know’



Source: KCC Business Intelligence

At least 60% of respondents said that all core aspects of the proposed service model were important. The average scores in response to this question excluding ‘Don’t knows’ are listed below.

Figure 1: Mean score of the importance of the core aspects of the service model

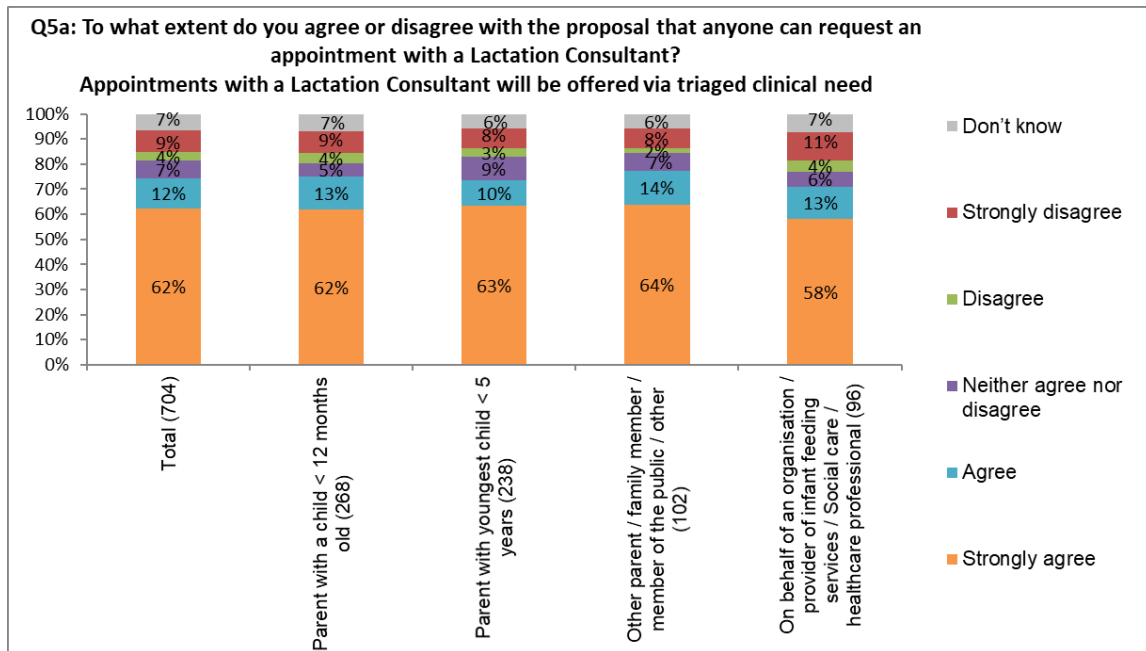
Core aspects of the service model	Mean Score
Home visits and/or telephone advice provided directly by Health Visitors / Infant Feeding Leads or Lactation Consultants	4.3
Accredited training for volunteer breastfeeding peer supporters on all aspects of breastfeeding.	4.3
4 Specialist clinics a week, with at least 6 face-to-face appointments available at each clinic (- approximately 100 appointments per month in total across Kent).	4.2
36 drop-in breastfeeding sessions a week with health visitors and peer supporters.	4.2
The Health Visiting service provides a whole population, whole family service which includes a range of interventions to support mothers and babies learning to breastfeed which include: latching and positioning, sleeping, and maternal mood.	4.1
Referral to Health Visitor Service including specialist support (- either face-to-face, home visits or telephone advice) to be made by anyone (including self-referral) and will be triaged to assess the level of support that is needed.	4.1
A Health Visiting antenatal appointment to be offered to all women from 28 weeks.	3.9

Hence all core aspects to support infant feeding through the proposed model were seen to be important, with home visits and/or telephone advice and accredited training for volunteer breastfeeding peer supporters being rated marginally higher than other areas.

The consultation wanted to find out the public's views on access to an appointment with the lactation consultant. In phase 1 nine out of ten [93%] respondents disagreed with the proposal that appointments with a specialist lactation consultant should only be available to women with complex breastfeeding problems, via referral from a healthcare professional and based on clinical needs. The largest numbers of responders [292] were from those who had previously accessed the service and of these 84% strongly disagreed with this proposal. Open text comment from one in five [27%] also emphasised the concern that lactation consultants needed to be available on a drop-in basis or without a referral. This response has been taken into account, with access to a lactation consultant amended in presentation of phase 2 of the consultation question and through the consultation supplementary information pack. This states that clinical judgement will be needed in assessing if the mother and infant need more help than can be given by a trained health visitor. Referrals from health visitors, other health professionals, peer supporters and self-referrals will be accepted. Need will be assessed, and the mother directed to the most appropriate

support. The proposal and relevant question in phase 2 therefore was updated to accommodate these expressed concerns.

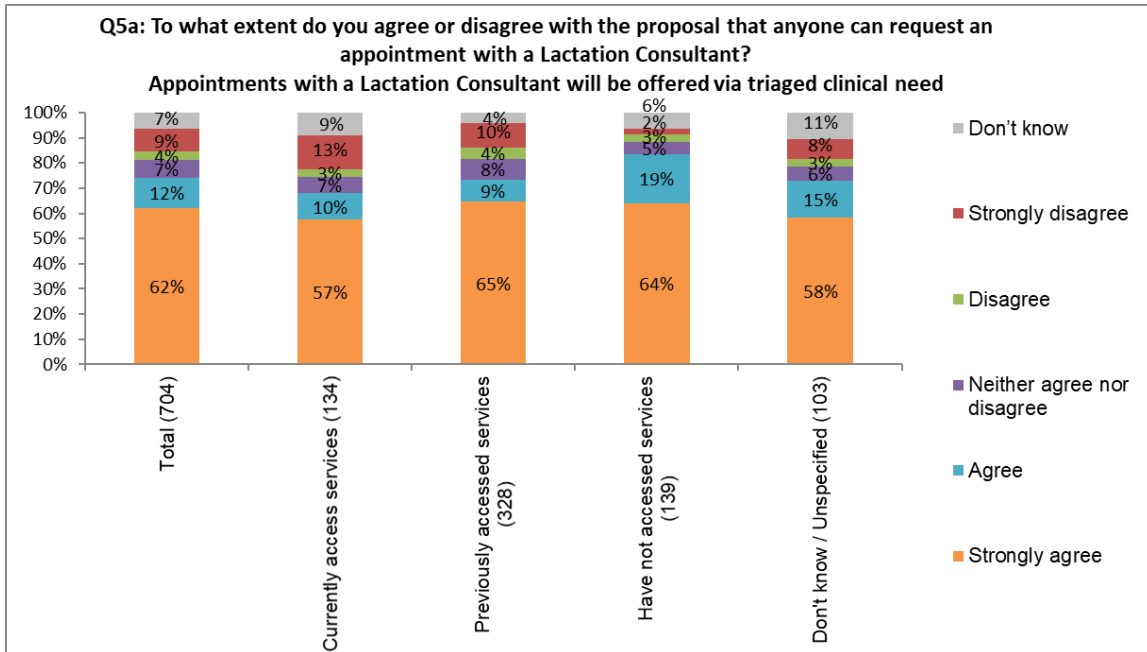
Graph 5: Agreement with the proposal that anyone can request an appointment with a Lactation Consultant. Appointments with a Lactation Consultant will be offered via triaged clinical need



Source: KCC Business Intelligence

Three quarters of respondents (74%) agreed with the proposal that anyone can request an appointment with a Lactation Consultant, with appointments offered via triaged clinical need. Only twelve percent disagreed, and a further seven percent said that they 'Don't know'.

Graph 6: Agreement with the proposal that anyone can request an appointment with a Lactation Consultant. Appointments with a Lactation Consultant will be offered via triaged clinical need by service use

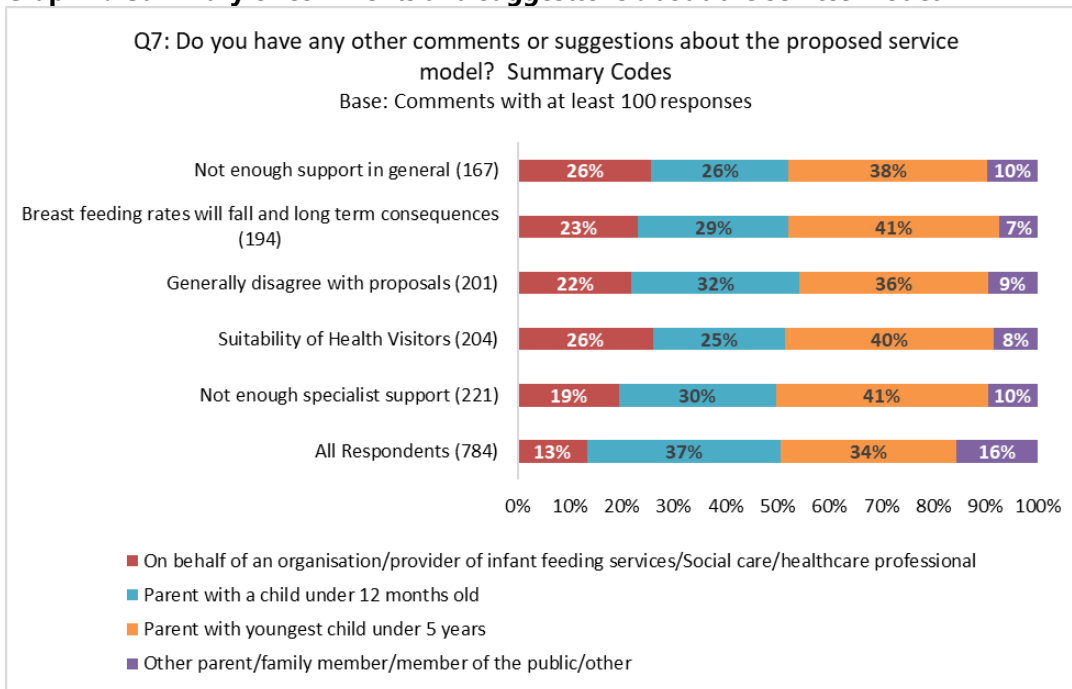


Source: KCC Business Intelligence

Those who haven't ever accessed the services were significantly more likely to agree (83%) than those who currently access the services (68%) and those who have previously accessed services [73%]. The differences are statistically significant at the 95% confidence level.

Finally, the consultation invited respondents to present any further comments or suggestions about the proposed model, which are summarised below.

Graph 7: Summary of comments and suggestions about the service model



Source: KCC Business Intelligence

The figure above shows the type of respondent who made each of the main summary comments. Only summary comments with at least 100 respondents are

included in this summary to increase robustness. Most are comments and not suggestions however where specifically provided these are presented in Section 5.2.

5.2 Alternative options put forward during the consultation

'Health Visitors do not receive the depth of training needed in breastfeeding. They are not accessible (I had had appointments cancelled). 2 hours of excruciating pain in breastfeeding can be unbearable, mothers cannot wait until they can get an appointment, they need reliable available drop in centres. There should be a stepped care service where all of the above is available through health visitors, but health visitors work in conjunction with breastfeeding trained staff and volunteers who can then provide a level of specialist care easily accessed at point of need.'

Parent with youngest child under 5 years. Previously accessed services.

'The number or proposed appointment seems too low. Perhaps it could be scaled. i.e. a higher volume of appointments for mothers with younger babies where issues are often most commonly identified and are more critical and few appointments once baby is older as typically feeding is more established'

Parent with youngest child under 12 months. Previously accessed services.

'We need the current drop in clinics to run the appointment system proposed can be an add on and if the drop-in clinics prove to be futile by observing fewer visitors over the next couple of years then they can be phased out but not shut down now with the proposal of fewer clinics and appointment system.'

Parent with youngest child under 12 months. Currently access services.

'It seems to me that the proposals have failed to take into consideration the complexity of the issues that arise during breastfeeding and misunderstand the amount of training undergone by and expertise held by lactation consultants.

The health visitor and breastfeeding clinic roles are complementary to each other but not interchangeable.'

'There is no mention of the use of technology to support new mothers. For example, East Kent women's and children's have developed an app which could be utilised further with breastfeeding content if this is something that would help. It is envisaged this app will be used across the LMS.'

A social or healthcare professional

5.3 Analysis of conversations

Following the break in the consultation process, members and officers met with concerned service providers/users about the consultation. At this meeting it was agreed that officers would attend some breastfeeding clinics.

Officers from public health made 36 consultation visits and all of these, except for one visit, were at children's centres and other venues including breastfeeding clinics cross all the districts of Kent where activities for parents of babies and infants were taking place during the second phase of this consultation process. Here they

facilitated conversations to listen to what people liked and did not like about the proposed infant feeding service.

Responses were varied. Thematic analysis was implemented, and this identified the following main points:

Concern about the practicalities of accessing services and appointments.

"the home is where you experience the issues"

- Lack of consistency in the information about establishing breastfeeding and managing the early days following delivery across maternity and health visiting services. "HVS do not have the time and you always feel like they are waiting to get rid of you and see their next person"
- Need for improved communication about services, support and levels of information on breastfeeding.
One mother advised that she would have liked the health visitor, midwives etc. to raise breastfeeding more than they did during contacts. This was due to a lack of confidence to report problems, feeling that breastfeeding was seen as "easy" and something that you 'just do'
- Reiterated the gaps in the current pathways for accessing advice and support on breastfeeding at the time it is most needed i.e. days 0-14 and subsequent weeks 2-6 whilst feeding becomes established.

"Need midwives to 'get on board' and stop 'pushing formula";

Facilitators observed several peer support sessions where no one came for advice so reviewing where access is best placed would be useful.

6.0 Equality analysis

There were 534 consultation responses in wave 1 and of those who completed the question, 48% agreed that adjustments were needed to enable the model to meet the needs of specific groups. Of those who identified which groups needed adjustments, teenage mothers were mentioned most from the list provided. It should be noted that age is a protected factor and there are a variety of social, cultural and economic factors as to why breastfeeding may not be the experience of younger mothers as referred to in section 2.2.

A further question asked whether any adjustments needed to be made to this model to meet the needs of any specific groups. In response to this feedback the support which would be in place was included within the consultation document for phase 2 advising that home visits would be available.

In wave 2, three out of four (75%) respondents said that we have put the right systems in place for those who require additional support as recognised under the Equality Act 2010. Of the 35% who made comments, 9% identified that adjustments were needed for young parents, parents with disabilities, mothers for whom English

is not their first language and 8% of respondents mentioned that adjustments were needed for parents with children who are over one year old.

The proposed service model will now be modified in the light of the consultation responses by identifying breastfeeding champions and peer volunteers who are supported to develop their skills to respond to the specific needs of those groups that require additional support.

7.0 Key points from the consultation feedback:

A key part of the consultation process was inviting comment from stakeholders on how proposals may be improved, where potential issues may arise and if other options should be considered. The consultation feedback showed that many respondents perceived issues with the proposal and considered it ineffective. The main reasons are outlined here, and were consistent in both waves of the consultation.

- Suitability of Health Visitors
E.g. Health visitors do not skills/expertise to provide the level of support needed; Health visitors are already overstretched/do not have the time/capacity to handle extra responsibilities; Health visitors are not an appropriate substitute for lactation consultants/breastfeeding counsellors/will not be able to provide as much support/not as qualified/experienced as lactation consultants/breastfeeding counsellors
- Not enough specialist support
E.g. Six appointments a week is not enough/need more appointment slots available; Access to lactation consultants will be harder/lactation consultants need to be available on a drop-in basis/without a referral/open access
- Not enough support in general
E.g. Mothers/families will feel less supported due to proposals; Cannot see how it will improve access/with significant reduction in drop in clinics/lacks capacity required
- Breastfeeding rates will fall, and long-term consequences e.g. Proposals will result in mothers giving up breastfeeding prematurely; Breastfeeding rates will fall/should be promoting breastfeeding/already low rate of breastfeeding in the UK.
- Generally disagree with proposals e.g. Generally disagree with proposals/don't think they are a good idea; Don't want a reduction in services/need to maintain current provision/keep things as they are

These have been taken into consideration with further development of the proposed model and are presented as a 'you said, we did' in Section 1.