KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

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Directorate: Business Strategy and Support

Name of policy, procedure, project or service
Transfer of breastfeeding support services in the community from PS Breastfeeding CIC to the Health Visiting Service provided by Kent Community Health Foundation Trust (KCHFT) as part of an improved holistic infant feeding offer.

What is being assessed?
Community infant feeding support

Responsible Owner/ Senior Officer
Val Miller Public Health Specialist

Date of Initial Screening
16 January 2017

Date of Full EqIA :

Version	Author	Date	Comment
1	Val Miller	16/01/17	For Children's PH Consultants to review
2	Samantha Bennett	15/03/2017	Review of initial draft
3	Robyn Parsons	16/03/2017	Review of amended draft
4	Val Miller	27/03/2017	Amended
5	Robyn Parsons	28/03/2017	Amended and removed remaining template notes
6	AA Comments	30/03/2017	Notes and comments for review
7	Val Miller	31/03/17	Response to comments made
8	Claire Winslade	31/04/17	Further comments
9	Val Miller	03/04/17	review
10	A Agyepong	4/4/2017	Comments
11	Val Miller	16/05/17	Final review
12	Val Miller	2/6/17	Amended following comments
13	Claire Winslade	2/6/17	Consultation date amended, and document signed.
14	Val Miller	11/09/17	Advice from Equality and Diversity Team re: re-draft of consultation documents
15	A Agyepong	15/09/17 24/09/17	comments
16	Val Miller	25/09/17	Final review
17	Wendy Jeffreys	31.1.18	Amendments to the action plan following completion of analysis of the consultation on the proposed infant feeding service model
	A Agyepong	2.2.2018	Comments for review
	Wendy Jeffreys	2.2.18	Revised following comments

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	No. Any changes impact on all parents of childbearing age with additional needs around infant feeding. Teenage parents are a specific priority.			**The service specification will require effective monitoring of service users in relation to age to identify any equity issues of accessibility.**	Yes – the new service will be able to identify and target teenage parents more effectively as they already provide a universal service and therefore they see all families with a new born in Kent as part of the mandated contacts.
Disability	No. The proposed plan ensures that additional need for groups requiring additional support will be identified through the universal health visiting offer, and adjustments will be made to ensure it is accessible to all potential service users.			The service specification will require effective monitoring of service users in relation to disability to identify any equity issues of accessibility. Implementation of the Accessible Information Standard will need to be demonstrated. Meeting the training needs of staff regarding disability awareness would support the Service to meet the needs of women with disabilities.	Yes – the new service should be able to identify and target disabled people more effectively as they provide a universal service and therefore they see all families with new children in Kent. It should be noted that there is a lack of detailed knowledge about these users which we would need to ask the Health Visiting Service to provide, which will be included in the sub-specification and performance managed. Current data on protected groups is collected on e-Start through children's centres which helps identify those who access breast feeding support services currently and is included in Appendix 2.

Sex	No. Service provision is for all mothers with targeted support for breastfeeding women and for whoever is involved in supporting them with their feeding.			Engagement in and with the service is predominantly from women, but the service specification will make reference to engagement with those who support the feeding process. partners.	Yes – the new service will be able to identify and target women with additional infant support needs, including those breastfeeding, more effectively as they already provide a universal service and therefore they see all families with new children in Kent. This removes the need to separately access specialist support and should increase accessibility. Following the consultation The identification of a new campaign to promote and provide information on breastfeeding should have a positive impact on parents
Gender identity	No. There may be a small number of Transgender people whose needs are unknown to us at this stage			Improvement in the capture of service user information is needed to provide an accurate picture.	The service should offer support and advice to all service users; there may be some need for training. – KCC has an e learning module- The service specification will require providers to demonstrate how they intend to meet the needs of transgender service users
Race	No. Perceptions of and attitudes towards infant feeding are influenced by cultural practices which may differ between ethnic groups. (National Feeding Survey 2012 tells us that 97 per cent for Chinese or other ethnic group, 96 per cent for Black and 95 per cent for Asian ethnic group),			The Infant Feeding Survey 2010 (published 2012) found that the highest incidences of breastfeeding were found among mothers from minority ethnic groups (97 per cent for Chinese or other ethnic group, 96 per cent for Black and 95 per cent for Asian ethnic group). This suggests that further work needs to be undertaken with women of White British origin in addition to offering a universal service. The service specification will require effective monitoring of service users in relation to race to identify any equality issues of accessibility.	Yes, new service will be able to identify and target women with additional infant support needs, including those breastfeeding, from priority groups more effectively as they provide a universal service and therefore they see all families with new children in Kent. This removes the need to separately access specialist support and should increase accessibility In addition, media and promotion to address negative beliefs and attitudes in settings is part of this work. The issue of men attending groups may be an issue for women of different racial groups, but this will be resolved by providing a private

					space for 1:1 consultations in venues where groups take place.
Religion or belief	No. It will be necessary to ensure that assumptions are not made about wishes based on religion.			The service specification will require the provider to monitor user satisfaction and as part of this users in relation to religion and or beliefs to identify any equity issues of accessibility.	Yes, new service will be able to identify and target women with additional infant support needs from all religions or beliefs as they provide a universal service and therefore they see all families with new children in Kent. This removes the need to separately access specialist support and should increase accessibility.
Sexual orientation	No. The changes propose that this will form a targeted element of a universal service and is offered to all women or men with additional infant feeding needs and their significant others regardless of sexual orientation.			No further action required.	Yes, new service will be able to identify and target priority groups more effectively as they provide a service to all families with new children in Kent,
Pregnancy and maternity	No. This is a service that will improve the interface with midwifery to improve standards			Action in place	Yes, there is currently a multi-agency task and finish group in place comprising representative from health visiting maternity services and children's' centres. This will develop an integrated multi-agency pathway for infant feeding.
Carer's responsibilities	No. Although by definition all service users would be carers, some may have additional caring needs that would need to be met, for example disabled family members. A universal service would also benefit this cohort as they can access help and support at source			No further action required.	The universal health visiting service responsible for promoting infant nutrition, providing advice and support on this issue more widely. Reasonable adjustments should be made to the delivery of advice and support based on need.

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons
High relevance to equality, part of health inequalities priorities

Context
Kent has a history of having a lower prevalence of both initiating and continuing breastfeeding than England as whole. Various national studies including the National Feeding Survey Report (2010)[1] identify key groups that are less likely to breastfeed. These include:

- younger mothers
- those with lower levels of educational attainment
- those with a lower socioeconomic position
- mothers of white British origin
- Details of Children's Centre attendances by protected characteristics are collected on eStart system, this is summarised in Appendix 4

PS Breastfeeding Community Interest Company (PSB) has been providing specialist breastfeeding support services since October 2014. This followed the publication of a needs assessment which identified key gaps and geographical inconsistencies in provision of infant feeding support across the County. The insight work that has been carried out has included some groups with protected characteristics, such as young parents, but generally the focus has been on socio-economic characteristics.

Since this service was commissioned, the responsibility for commissioning Health Visiting services was transferred to local authority from NHS England in October 2015. Much development work has been undertaken with Kent Community Health NHS Foundation Trust and a transformation process is in place. As part of this work stream the senior management team of the Trust has stated its enthusiasm for leading and delivering community infant feeding interventions, including support to breastfeeding mothers, in line with the national Health Visiting Specification and NICE guidance for the management of Breastfeeding Peer Supporters. The Trust has demonstrated its commitment and is due to be assessed for stage 2 Unicef Breastfeeding Friendly Initiative (BFI) accreditation in July 2018. The Trust also has four infant feeding lead posts.

The key benefits of transferring the responsibility for breastfeeding support to the health visiting service within the context of a new overarching infant feeding pathway include:

- Provision of a wider programme of infant feeding support, including supporting parents who decide to formula feed to do so as safely and responsively as possible.

[1] This was the last National Feeding Survey that was undertaken

- Reduction in duplication of service provision.
- The Health Visiting Service has contact with all families through the key checks, achieving almost 100% uptake across Kent for the new birth visit, ensuring all families are reached. Recent analysis has found that those families living in the 10% most deprived areas in Kent are as likely to receive the key checks as those living in the least deprived. We do have some data on this which is being drawn together into community profiles. Data collected on e-Start includes protected factors, see Appendix 2.
- Embedding the service provision in health visiting will benefit all mothers and their families and ensure that breastfeeding support is not limited to a "specialist" role for more complex needs.
- Health Visitors providing advice at specific breastfeeding support sessions will be able to take a more holistic view about the family and are not limited to breastfeeding issues.
- Health Visitors are provided across the County, with a distribution reflecting the need for early years health support. They will be able to be more flexible to set up breastfeeding support sessions, in areas of greatest need.
- The service is well placed to become the systems leader for community infant feeding with an interface with maternity and Children's Centre processes.
- Health visitors have access to healthcare records to more accurately identify and target women.

Population to access the service

The 2016 mid-year population estimates in Kent for 15- 44-year-old females was 277,800. There were 17,457 births in Kent in 2016. The average age of first time mothers in 2016 in England was 28.8 years. The BME community in Kent accounts for 6.32% of the population and interestingly 6% of respondents to the infant feeding consultation were from BME groups. The infant feeding survey published in 2012 found the highest incidences of breastfeeding were found among mothers from minority ethnic groups. This was reflected in the insight gained from conversations with parents as part of the consultation in late 2017 which observed that those from other ethnic groups were more confident in their ability to breastfeeding.

The proposed service model will be provided to all those parents registered with a Kent GP or resident within Kent geographical boundaries. It is comprised of a number of elements:

- Infant feeding advice is provided as part of the health visiting checks offered to all families in Kent, antenatally, at 10-14 days and 6-8 weeks.
- All families will be contacted at 48 hours after birth and asked questions about feeding and offered support if required
- Infant feeding advice will be available at open access health visitor led child health sessions
- Open access breastfeeding drop in sessions hosted by a health visitor and peer supporters will be available weekly in at three children centres in each district, these have been determined by Early Help and the Health Visiting Service as having space, accessibility and usage.
- Appointments will be available for specialist breastfeeding support, to which anyone can request a referral

The aim of the support given will be to:

- Assist a mother to understand how to identify that their baby is getting enough milk
- Supporting parents who decide to formula feed to do so as safely and responsively as possible.
- Ensure for those breastfeeding, it is a comfortable and enjoyable experience for both mother and baby
- Identify where more help is needed to sustain breastfeeding
- Facilitate breastfeeding support

The Health Visiting Service will provide robust accredited training and supervision for peer supporters. The peer supporters are Children's Centre volunteers who are mothers who have breastfed their own baby, who have had 16-36 hours training and are drawn from the local community. The enrichment sessions they attend includes a small amount on disability and accessibility. This will need strengthening in the service specification. The profile of Children's Centres and communities will help to inform positive action in relation to the recruitment of volunteers for example Gypsy Roma and Irish Traveller communities and young mothers etc. The Children's Centres will ensure their training is up to date. The Health Visitors will coordinate the peer supporters' attendance at the clinics.

Infant and mother nutrition is aided by the Healthy Start programme, which is available to women on benefits and to all pregnant women under 18-year olds. Currently the uptake in Kent is very poor, especially for vitamins. It would be expected that with the increased number of contacts through supporting infant feeding will increase uptake of the scheme.

Objectives

The objectives of the offer are to:

- Increase the uptake of the initiation and continuance of breastfeeding
- Ensure where formula feeding is chosen, this is done as safely and responsively as possible
- Provide information to a range of professionals, service users and the public
- Develop progressive programmes to address the needs of women in the most deprived areas who are least likely to breastfeed
- To ensure liaison with other bodies to address the requirements of achieving Baby Friendly Initiative accreditation, working together with other organisations on this journey where possible in hospital and community settings in Kent.
- To provide appropriate group and 1:1 support and make appropriate onward referrals to meet the needs of mothers and babies
- To provide an integrated service to promote infant feeding, working with colleagues across Kent
- To co-ordinate, develop and supervise peer supporters and peer support networks
- To contribute to public health assessments and interventions
- To work with local authorities to promote breastfeeding friendly communities including Welcome signage in shops and restaurants and providing support to women returning to work.

- To ensure that quality standards and performance monitoring processes include monitoring by protected characteristics, which can be analysed by other demographic issues e.g. deprivation

Beneficiaries
The beneficiaries of this service are parents and their infants, their partners and wider family members including grandparents and siblings.

Information and Data
The reporting on breastfeeding data is improving which will provide a more robust clearer picture of breastfeeding in Kent. National surveys and local data suggest that breastfeeding rates are higher amongst higher socio-economic groups. Very specific information about the uptake of current breastfeeding services delivered through Children's Centres, by protected characteristics, is captured on the computerised eStart system, which is reported to Public Health. This is shown in Appendix 4. Although limited this does indicate that some protected groups are not well-represented.

User Involvement and Engagement

- The insight work undertaken has evolved over the last few years. This is listed in Appendix 1.
- A summary of the key insights through the consultation processes are included in Appendix 2 and Appendix 3
- 75% of respondents to wave 2 of the consultation said that KCC had put the right systems in place for those may require additional support as recognised under the Equality Act 2010.

Potential Impact

It is anticipated that the service will have a positive impact on specific high risk groups listed below because of its universal reach and ability to provide a flexible service response based on need:
Specific high risk groups include:

- Women in lower socio economic groups
- Teenage mothers
- White British mothers
- Mothers who have full term low birth weight babies
- Mothers who have premature or babies born early
- Mothers who smoke
- Mothers who are not of a healthy weight
- More detailed data should be transferred from midwifery to health visiting in the new model

The only data we have on service users is from the e-Start system. KCHFT is currently working on a revised data set which will be part of performance monitoring from April 1st, 2018.

Adverse Impact of change:
None anticipated. Monitoring will be part of performance management, so any unforeseen consequences can be mitigated if they arise.

Positive Impact:

There is very strong evidence that breastfeeding prevents:

- four acute conditions in infants: gastrointestinal disease, respiratory disease, otitis media, and necrotising enterocolitis (NEC)
- breast cancer in mothers

In addition, there is good evidence that if the number of babies receiving any breastmilk at all raised by 1% this could lead to a small increase in IQ. A very modest increase in exclusive breastfeeding rates could lead to at least three fewer cases of Sudden Infant Death Syndrome annually. Increasing breastfeeding rates could lead to around a 5% reduction in childhood obesity.[2]

Action Plan

The action plan below details how the issues raised in the judgement above are going to be dealt with.

Monitoring and Review

All commissioned services provide quarterly performance Reports to Public Health, this includes quality standards.
Data Collection re: 6-8-week breastfeeding uptake is provided quarterly by the Health Visiting Service as part of the mandatory check report. The new service specification will require collection and monitoring of user satisfaction information including protected characteristics where reported.

Sign Off

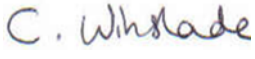
I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Name: Val Miller

Job Title: Public Health Specialist

Public Health Consultant lead

Name:  Claire Winslade

Job Title: Public Health Consultant Date: 2/6/17

[2] https://353ld710iigr2n4po7k4kgvv-wpengine.netdna-ssl.com/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources.pdf

February 2018

Post consultation Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	There would be no additional impacts on age. Teenage parents are a key group, who tend to have lower rates. The consultation suggested that adjustments were needed for teenage parents.	. Health Visitors to identify teenage parents and provide support at the universal ante natal visit and subsequent visits. The provider will be offering home visits.	This will enable teenage parents to be identified earlier and will have more contact through the mandated checks to receive feeding advice.	Health Visiting Service. service	Outcomes will be part of quality standards and monitored by performance management from April 1st, 2018.	Will be part of existing contract
		Data collection re: numbers of teenage parents up taking support and teenage mothers breastfeeding	Because of universal provision, higher numbers of teenage parents would be accessing support. Monitoring of prevalence would show if this this is resulting in increased rates	Health Visiting Service	April 1st 2018	

Disability	The consultation suggested that adjustments were needed for parents with disabilities.	The provider will be offering home visits. There may be babies born with a disability which affects breast feeding such as tongue tie, cleft palate. Services for tongue tie following consultation are referenced in appendix 3. Mothers are at risk of mental ill health following birth and may not be able to leave the home for support. Digital access to information and home visits will be developed and provided.	This will enable the feeding needs of parents and babies with disabilities to be identified earlier and will have more support through the mandated contacts/ Mental health assessment at each of the contacts. Referral pathways of care to perinatal mental health services Referral via maternity services to portage services for babies with complex needs	Health Visiting Service.	Outcomes will be part of quality standards and monitored by performance management from April 1st 2018.	Will be part of existing contract
		Data collection re: numbers of disabled parents/children up taking support and breastfeeding	Because of universal provision, higher numbers of disabled parents and children would be accessing support. Monitoring of prevalence would show if this this is resulting in increased rates	Health Visiting Service	April1st 2018	

Gender	An issue may be better access by fathers to feeding support. The consultation has identified that there is some inconsistency in messaging and insufficient information provided on breastfeeding.					
		Investment will be provided to run a campaign which promotes and gives information on breast feeding and to develop digital technology solutions which provide clear information.	Increase in b/f initiation rates	KCC with the LMS and Health Visiting service	Outcomes will be part of quality standards and monitored by performance management from April 1st 2018 2018/19	Additional investment from KCC
Gender identity	There may be a few biologically female users who identify as male.	Health Visiting Service should ensure that services are sensitive to gender identity.	All staff to complete equality and diversity training	Health Visiting Service	Issues to be communicated if there are problems.	Will be part of existing contract

Race	Non-white ethnicities are more likely to continue breastfeeding. The consultation has found that information about how and where to access breast feeding support is not consistently shared with parents.	Targeting of women and families of white ethnic origin in areas of low prevalence To work with the LMS and Health Visiting service to develop and communicate infant feeding pathways	The Health Visiting Service will provide ethnicity data.	Health Visiting Service.	Outcomes will be part of quality standards and monitored by performance management from April 1st 2018.	Will be part of existing contract
		Data collection re: racial group of parents and infants up taking support and breastfeeding	Because of universal provision, higher numbers of users from different racial groups would be accessing support. Monitoring would show if this this is resulting in increased rates	Health Visiting Service	April 1st 2018.	
Religion or belief	Attitudes to feeding may be influenced by religion and belief.	Gain further intelligence and ensure that there is no barrier to access on the grounds of religion or beliefs. This may be an issue around the involvement of male		Health Visiting Service	April 1st 2018.	Will be part of existing contract

		partners of other users Religion or faith data to be collected as part of data set for those receiving support and their breastfeeding prevalence	Because of universal provision, higher numbers of people with beliefs or none would be accessing support. Monitoring of prevalence would show if this this is resulting in increased rates			
Sexual orientation	This service is available to mothers and their families regardless of sexual orientation.	No specific action required.				
Carer's responsibility	This service is universally available to all women, and aims to improve infant nutrition more widely.	No specific action required.				

Appendix 1

Consultation	Methods	Audience	Date
Shallow dive exploratory study	Conversations –groups and 1:1	Children centre staff, peer supporters, midwives, health visitors. [Sheppey]	2013
Mapping exercise against BFI pathway		Stakeholders Mothers	2014
Experiences of the feeding pathway through pregnancy to date	10 in depth interviews [baby up to 9 months]	Mother aged 18-25 yrs [Swale district] Protected factors - age	2015
Consultation documentation including questionnaire and supporting documentation Wave 1	KCC website with sign post *to online questionnaire with open ended questions * Consultation email * consultation	Public, stakeholders	July 17th – Aug 3rd 2017
Consultation questionnaire	Paper copies of the questionnaire in children's centres	New parents, service users	
Consultation documentation including questionnaire and supporting documentation Wave 2	KCC website with sign post *to online questionnaire with open ended questions * Consultation email * consultation documentation	Previous consultees, public, stakeholders Respondents: 6% BME 5% 16-24 yrs, 3% identified they had a disability	October 23rd- Dec 3rd 2017
Consultation questionnaire	Paper copies of the questionnaire in children's centres	New parents, service users	October 23rd- Dec 3rd
Conversations in children centres and other venues	Open discussion with individuals-	service users, peer supporters, current service providers, parents	October 30th – November 28th 2017

Appendix 2

Summary of key points from local breastfeeding insight work:

Insight	Comments to be addressed by partners going forwards
Little information or guidance on breastfeeding is being provided antenatally.	Will commissioned service be expected to address this? *The consultation has identified this and proposed development digital information across the whole system.
Experiences in hospital post-delivery are often poor with lack of time and support with breastfeeding.	Will this be shared with Hospital trusts and CCG's what work can go into this before and after bearing in mind the groups that are most unlikely to breastfeed *The findings from the consultation will be shared with providers.
Experiences in hospital post-delivery are often poor with lack of time and support with breastfeeding.	Will this be shared with Hospital trusts and CCG's what work can go into this before and after bearing in mind the groups that are most unlikely to breastfeed *The findings from the consultation will be shared with providers with specific example from 'conversations' relating to low birth weight babies
There is a lack of a joined-up approach across services.	Plans to join up or bridge gaps? *Following the consultation there are plans to firm up a robust feeding pathway across the whole system.
Services are not reaching those who decide not to breastfeed.	*The information to be provided following the consultation will help support women to make an informed choice
Front line workers do not always feel empowered to speak about breastfeeding- even midwives may lack confidence to have effective conversations about breastfeeding.	Are there any plans in place with regard to workforce development? • Maternity services are committed to developing their workforce re breast feeding and BFI accreditation • The health visiting services have and will continue to support their staff knowledge

	and skills re breast feeding and are committed to BFI accreditation • KCC will seek to work with UNICEF where possible to ensure equality issues are incorporated into training
There is inconsistency in messages and advice being provided to women.	Plans for joined working? Is there a strategy in place The consultation highlighted inconsistency in messaging. KCC will: *develop a campaign to promote breastfeeding and provide information and *will work with digital technologies and providers to present consistent messaging which are representative and relevant to all groups
There is insufficient information about the peer support team or services available.	*The consultation reiterated that information about peer support services is not consistently shared and the visits identified that some peer support groups are not accessed. KCC will work with providers to provide clearer information across the system to ensure that the role of peer supporters is known and changed to specifically support mothers in the early days following birth.
There is insufficient information about the peer support team or services available. Peer support service was generally found to be valuable when it was accessed, but while peer support groups were helpful to some, others reported finding them cliquey.	*See above
Support services need to be local, and home visits should be available as mothers may sometimes struggle to get out e.g. if they had a difficult delivery.	*Home visits will be offered
Support needs to be timely.	*Access to services can be via phone, at home or in 'clinics'. The consultation has highlighted that there needs to be improved knowledge and access to support in the early

	days following birth.
Tongue tie was a commonly mentioned problem and there is a need for timely recognition and treatment.	Any plans with regard to this- workforce development etc. *The consultation has highlighted that whilst there are services to 'diagnose' and refer to a surgical intervention these are in equitable. There are proposals to revise and speed up the pathway for diagnosis and referral.
Rapid referral to lactation consultant should be available when needed. Where women accessed the support of a lactation consultant this appeared to be highly valued.	• See above
Family members have an important influence on feeding decisions.	*The information to be provided following the consultation will help support women to make their own informed choice
Fathers should be involved and supported.	*The information to be provided following the consultation will help support women to make their own informed choice
Some women perceive breastfeeding as not normal or embarrassing. Women worry about whether the baby is getting enough milk.	*develop a campaign to promote breastfeeding and provide information and *will work with digital technologies and providers to present consistent messaging which are representative and relevant to all groups * assurance that there will be space for private 1:1 consultation on breastfeeding in different venues should this be needed
There is a need to manage expectations to ensure women have a more accurate idea about what to expect of breastfeeding e.g. what is a normal feeding frequency.	• will work with digital technologies and providers to present consistent messaging which are representative and relevant to all groups

Appendix 3: Key findings from the infant feeding consultation 2017

Finding	Overview of response to the findings
Suitability of Health Visitors -	*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. *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.
Not enough specialist support -no of appointments for lactation consultants	*We have also revised the model so that the health visiting service will also identify offer additional support as required during this period when booking the New Birth Visit between 2-3 days post-delivery. *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. *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 *The 'diagnosis' of tongue tie (TT) is currently limited to lactation consultants. midwives and paediatricians. we would like to improve the diagnosis of TT. We will do this by: • 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.

Not enough support in general - access	*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. *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.

Appendix 4: Early Help E-Start data Q4 2016/17 YTD

The information in these two tables provides some insight into the groups with protected characteristics who utilise and access the service for breast feeding, which is provided through some of the children centres venues across the different district authorities in Kent. Those with a count of 5 or less have been suppressed. Kent totals are actual, with the exception of the Lactation Consultant table, where Thanet figures have not been included due to data quality concerns.

	All Children Aged 0-4	Disabled Children Aged 0-4	BME Children Aged 0-4	Children Living in the 30% Most Deprived LSOAs	All Adults	Lone Parents	Teenage Mothers	Disabled Adults	Adults Living in the 30% Most Deprived LSOAs
	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)
BREASTFEEDING SUPPORT - PEER SUPPORT LED (Cumulative - Year to Date)									
Kent	1,351	8	192	488	1,554	73	33	22	554
Ashford	34	0	≤5	8	36	0	0	0	9
Canterbury	235	≤5	37	52	331	13	≤5	≤5	78
Dartford	57	≤5	15	23	66	≤5	≤5	≤5	27
Dover	39	0	≤5	15	46	≤5	0	≤5	13
Gravesham	121	≤5	42	65	128	9	≤5	≤5	74
Maidstone	18	0	0	≤5	19	0	0	0	≤5
Sevenoaks	109	0	14	24	122	≤5	≤5	≤5	28
Shepway	132	≤5	25	59	140	≤5	≤5	≤5	54
Swale	235	≤5	20	105	261	16	9	≤5	119
Thanet	201	0	19	125	217	20	6	≤5	139
Tonbridge and Malling	145	≤5	16	9	163	≤5	≤5	0	10
Tunbridge Wells	25	0	0	≤5	25	0	0	0	≤5

	All Children Aged 0-4	Disabled Children Aged 0-4	BME Children Aged 0-4	Children Living in the 30% Most Deprived LSOAs	All Adults	Lone Parents	Teenage Mothers	Disabled Adults	Adults Living in the 30% Most Deprived LSOAs
	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)	Attending (Reach)
BREASTFEEDING SUPPORT - LACTATION CONSULTANT LED (Cumulative - Year to Date)									
Kent	1,709	0	220	370	2,048	52	31	21	443
Ashford	260	0	43	72	289	6	8	6	78
Canterbury	65	0	≤10	≤10	87	≤5	0	≤5	≤10
Dartford	98	0	29	47	134	6	≤5	≤5	60
Dover	109	0	≤10	49	111	6	≤5	≤5	46
Gravesham	40	0	13	24	≤45	≤5	≤5	≤5	28
Maidstone	274	0	35	67	316	7	≤5	≤5	82
Sevenoaks	261	0	26	≤10	301	6	0	≤5	16
Shepway	109	0	11	47	129	6	≤5	≤5	53
Swale	≤20	0	≤10	≤10	≤45	≤5	≤5	0	23
Thanet									
Tonbridge and Malling	196	0	16	12	233	≤5	≤5	0	16
Tunbridge Wells	278	0	32	26	349	≤5	≤5	≤5	30