Extract of minutes of the Health Reform and Public Health Cabinet Committee on 8 February 2018

52. 18/00003 - Delivery of the Infant Feeding Service.
(Item. 5)

1. Ms Sharp introduced the report and explained that she would be taking the lead on establishing and overseeing the new service to ensure it bedded in well. She set out the historical context of the breastfeeding support service and the background to the current proposed new service. The health visitor service had been the subject of concern in the past but work on improving their performance indicators had proved successful. She reiterated points made in the petition debate about the need to promote breastfeeding and improve rates of initiation and continuation and the new model being a blend of the most positive elements of the previous model and new aspects, such as spot-purchasing of lactation consultants and use of new technology. She emphasised the importance of careful monitoring of the transition period from the present service to the new and added that the new system was still a proposal; no decision about it had yet been made and would not be made until later in March. Ms Sharp, Ms Poole and Mr Scott-Clark then responded to comments and questions from Members, including the following:-

a) the use of the most positive parts of the current service to build the new one was welcomed but concern was expressed about training of health visitors to prepare them for their new role, the limited time available at appointments and the number of issues which might need to be covered in that time. Ms Sharp emphasised that the 36 weekly drop-in clinics were a new addition which would offer more capacity for appointments. Ms Poole explained that health visitors were committed to the Unicef Baby Friendly Initiative (BFI) and that 98% of health visitors had undertaken the latest additional BFI training required to achieve accreditation at stage 2 of this. She added that the 36 new drop-in clinics would be run by health visitors with a special interest in breastfeeding and who championed breastfeeding. Peer supporters would also be encouraged to be part of the new model. Any complaints arising about the operation of the new clinics would be addressed by infant feeding leads (IFLs) but mothers would still have access to qualified, directly-employed or self-employed lactation consultants who could support them promptly with any complex breastfeeding issues. To employ lactation consultants to supplement planned specialist clinic sessions as part of a mixed model of fixed and flexible provision was considered to be the best way forward;

b) asked about health visitor qualifications, the accreditation of these and how many health visitors held such qualifications, Ms Poole explained that all health visitors were registered nurses, many were also trained midwives, and all were trained in Infant feeding as part of their additional public health training to become health visitors. The lactation consultants employed directly within the health visiting service would have the same additional qualifications as those held by lactation consultants. Lactation consultants would be both in-house and self-employed, to offer optimum flexibility of service. Mr Scott-Clark referred to the National Healthy Child Programme, which was delivered by health visitors, and explained how other services, such as the infant feeding support service, would link into this. He emphasised that the new model was supported by Public Health England and was comparable to the model used by most other local authorities in the UK;

c) asked about the importance of initiating breastfeeding in the first 10 days following birth, and how rates of initiation could be improved by pressuring NHS partners, Mr Scott-Clark explained that the first mandatory health contact for an expectant mother would be made by a health visitor pre-birth and a mother's relationship with

a health visitor would start then, so breastfeeding could be raised then. Promotion of breastfeeding was part of the Sustainability and Transformation Programme prevention work stream, for which the Directors of Public Health of Kent and Medway Councils were jointly responsible, and preventative work would be embedded in all related services, (for example, breastfeeding, smoking cessation, etc). Via this preventative work stream, the County Council would hold the NHS to account to ensure that breastfeeding initiation rates were maintained. Ms Poole added that KCHFT supported and welcomed working with the midwifery service and had an established relationship with midwives. Health visitors were not prevented from making contact with new mothers within the first 10 days following birth, and if, from their pre-birth meetings with a mother, they predicted any problems, they would prepare in advance to offer her early, tailored support. Mr Scott-Clark added that Kent's breastfeeding initiation rates were not only below the national average but currently falling, and undertook to ensure that monitoring reports to the committee would keep Members appraised of work to improve this rate;

d) the importance of an early and good relationship between a new mother and a health visitor was emphasised, as a health visitor had a vital and close relationship with a family and would be in a position to identify and offer support for any health issues arising in a family with a new baby. Although having changes made to a support service could be frightening, and this was understood, it was not necessarily the case that any change would be detrimental. The extensive work put into the development of the proposed new model was emphasised and the suggestion that the committee monitor the new service was supported;

e) a suggestion was made that responses to a number of questions put to officers during the petition debate and in discussion of agenda item 5, and information requested, be made available to Members before the Cabinet Member took the formal decision, and that the committee have the opportunity to discuss the issue again before a formal decision was taken. The Chairman advised that an additional meeting of the committee may not be feasible in the time available before the decision needed to be taken. Some speakers asserted that there was time to discuss the issue again when the requested information was available, while others said the decision to start the new service should not be delayed any further; and

f) speakers supported the suggestion that the committee monitor the new service but suggested various timespans for this, with some saying it should be done urgently and others asserting that the new service should be allowed time to bed in properly first so that patterns of use could start to be identified.

2. The Leader added that the new service model proposed represented an enhanced system, which he believed would improve the service, particularly the rates of breastfeeding initiation in the first 10 days following birth. He supported the links to the midwifery service which were built in to the new service.

3. The Cabinet Member thanked all participants for a good debate and the officers for the work they had put into developing the proposed new model of service delivery. He emphasised that keeping the status quo was not an option and said that he believed the proposed new model would deliver a better service. The County Council had undertaken much consultation and had adapted its proposals to respond to feedback arising from the consultation. He supported the suggestion to build in responses to the questions arising during the petition debate and the discussion of agenda item 5, and the additional information requested, to the decision paperwork before he took the final decision.

4. The Democratic Services Officer suggested that the provision of the information requested by Members during the petition debate and discussion of the report, i.e.:-

- details of locations and times of clinics;
- modelling to identify the number of appointments required;
- analysis of the need for an out-of-hours service;
- comparison between Kent's service and those of other local authorities;
- detail of accredited qualifications of health visitors, how many health visitors held these qualifications and how they compared to accredited qualifications elsewhere in the NHS; and
- establishment of regular monitoring of the new service by the Cabinet Committee, at a frequency to be determined.

be added to recommendation ii) in the report and for the information to be made available to Members as part of the decision paperwork before the formal decision was taken by the Cabinet Member. This was accepted and the recommendation, with the addition of the above, was put to the vote.

Carried, 9 votes to 3

Mrs Dean, Mr Koowaree and Dr Sullivan asked that their opposition to this resolution be minuted.

5. It was RESOLVED that:-

a) the committee's comments on the findings of the consultation, the proposed model and the planned additional investment, as set out in paragraphs 1 a) to f) above, be noted; and

b) the decision proposed to be taken by the Cabinet Member for Strategic Commissioning and Public Health, to implement the new model for infant feeding support, be endorsed, subject to the information listed in paragraph 4 above being provided to Members and published with the pre-decision notice so that all Members could comment on it and ask questions before the Cabinet Member took the formal decision.