

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of A meeting of the Health Reform and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 8th February, 2018.

PRESENT: Mr G Lymer (Chairman), Mrs A D Allen, MBE (Substitute for Mrs P A V Stockell), Mr A Cook, Mr G Cooke (Substitute for Mr I Thomas), Mr P C Cooper (Substitute for Ms D Marsh), Mrs T Dean, MBE (Substitute for Mr D S Daley), Miss E Dawson, Ms S Hamilton, Mr S J G Koowaree, Mr M J Northey (Substitute for Mrs L Game), Mr K Pugh, Miss C Rankin and Dr L Sullivan

OTHER MEMBERS: Paul Carter, CBE, Peter Oakford, Rob Bird, Dara Farrell, Graham Gibbens, Barry Lewis and Charlie Simkins

OFFICERS: Andrew Scott-Clark (Director of Public Health), Dr Allison Duggal (Deputy Director of Public Health), Wendy Jeffreys (Locum Consultant in Public Health), Karen Sharp (Head of Commissioning for Public Health) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

48. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Mr D S Daley, Mrs L Game, Ms D Marsh, Mrs P A V Stockell and Mr I Thomas.

Mrs T Dean was present as a substitute for Mr Daley, Mr M J Northey for Mrs Game, Mr P Cooper for Ms Marsh, Mrs A D Allen for Mrs Stockell and Mr G Cooke for Mr Thomas.

49. Declarations of Interest by Members in items on the Agenda.
(Item. 3)

There were no declarations of interest.

50. Kent County Council Petition Scheme process.

The Chairman thanked the lead petitioners and others for attending and explained that, following the process set out in the County Council's petition scheme, the committee would be addressed by the lead petitioners and the Cabinet Member and would then have a time-limited debate of the issues raised in the petition.

51. Petition Scheme debate - infant feeding service.
(Item. 4)

The lead petitioners, Ms A Le Grange and Ms C Mitford, were present at the invitation of the committee and Ms K Sharp, Head of Public Health Commissioning, Ms W Jeffreys, Locum Consultant in Public Health, and Ms C Poole, Deputy Chief

Operating Officer and Community Services Director (Public Health), Kent Community Health Foundation Trust (KCHFT), were in attendance for this and the following item.

1. Ms Le Grange addressed the committee, explaining that she had started the petition in summer 2017 as she had been concerned that the proposed new model of support for the community infant feeding service would not provide support in a way which was required, including the number and geographical spread of clinics available, the training of those whom it was proposed would deliver the service and the speed of access to urgent and specialist support to address complex needs. Recognition of tongue-tie was welcomed but there was not confidence that this could be adequately treated in the new model of service. Ms Le Grange asked that the County Council extend its planned service to ensure that specialist and dedicated support was provided so mothers would continue to be encouraged to breastfeed and that mothers and children would continue to experience the health benefits of breastfeeding.

2. Ms Mitford added that she had struggled at first to breastfeed, had lacked confidence and had felt shame and stigma. She had attended a weekly group for eight weeks and described the support she had received there as 'brilliant'. She added that, when she had experienced problems with breastfeeding at the start, she could not have waited for a referral or been able to travel any distance to access support. She emphasised that all women needed to be able to exercise choice over how to feed and needed access to expert help and support. She asked that the County Council keep its breastfeeding support service unchanged.

3. The Cabinet Member, Mr P J Oakford, said that he needed to have the fullest possible information before taking a formal decision on the future of the infant feeding service, of which breastfeeding support services were a part. He assured the petitioners and mothers present that the County Council was committed to supporting and promoting breastfeeding, was taking the issue very seriously and had invested much work and officer time in preparing the proposed new model. The issue of breastfeeding had been discussed several times at committees during the formation of the current proposals. He added that an independent company had been engaged to evaluate the findings of the public consultation so the analysis would be clear and objective. He emphasised that the proposed new model was a co-ordinated whole-system approach, based on guidance from Public Health England and linked to the NHS, GPs and the maternity service. By embedding this into a health visitor service, commissioners would ensure the provision of more profession-led clinics, with the spread and frequency based on need. Adjustments had been made to the model as a result of comments arising from the consultation. The service would be an infant feeding service, offering women options, one of them being breastfeeding. The County Council would embark on a joint campaign with health visitors and the maternity service with a priority of providing clear and consistent information to families. He gave his personal commitment to oversee the new model.

4. The committee then debated the issues raised in the petition and sought clarification of details of the service from Ms Sharp, Ms Jeffrey, Ms Poole and Mr Scott-Clark. Comments made were as follows:

- a) the attendance of mothers and children at the meeting was welcomed and they and the petitioners were thanked for their participation;

- b) Ms Le Grange was asked, and confirmed, that she was a self-employed lactation consultant contracted to PSB Breastfeeding;
- c) asked about the accessibility and placing of clinics, Ms Sharp explained that the new model had at its heart the aim of improving accessibility to the service in a variety of ways. Health visitors would continue to visit families following a birth and at 6 - 8 weeks after birth and would provide an additional 36 drop-in clinics per week across the county. In addition to these, there would be 6 dedicated specialist clinics across the county per week, equating to approximately 24 per month, with their locations being dictated by need. These would be supported, where required, by spot-purchasing of lactation consultants. Additional need would be identified via regular monitoring of service demand. Full-time lactation consultants, within the health visiting service, would be able to respond to demand in a more flexible way than they would when based solely at clinics. Additional funding would be made available to support spot-purchasing of lactation consultants to supplement other provision;
- d) concern was expressed that new mothers leaving hospital on the same day as giving birth (i.e. within 6 hours) had less opportunity for support following skin-to-skin contact and breastfeeding initiation, and had less time and support than they once would have had to try breastfeeding. Once out of hospital, new mothers wanting to breastfeed would need help and support from a family and community network;
- e) Ms Sharp explained that the proposed new model, although based on Public Health England and Department of Health guidance and in line with most other local authorities in the UK, had yet to be tested in Kent. The new model had been designed to provide more support to women who wished to breastfeed and had been built to respond to concerns expressed, for example, by additional investment to address concerns raised by lactation consultants. The aim was to smooth the transition from the maternity services, which looked after a mother for the first 10 days following birth, and the health visitor service, to which she would transfer after 10 days. The service would have the opportunity to connect to GPs' surgeries as this was where mothers would go first to seek help with health issues. The new model sought to combine the best of the previous model with new innovation. She emphasised that the transition period between the old and new models would be given dedicated resources and be carefully monitored;
- f) concern was expressed that some 25% of mothers did not attempt to breastfeed once they had left hospital, so any help in smoothing the transition between the maternity and health visitor services was welcomed. Ms Sharp added that peer supporters were very important as a resource to visit and encourage new mothers, as mothers often preferred to speak to another mother rather than to a health professional. Ms Poole added that the KCHFT, which would be delivering the new service model, remained committed to retaining and encouraging the county's peer supporters, which currently numbered some 200, and to adding new ones. Peer supporters would be instrumental in supporting the 36 new drop-in clinics across the county;

- g) one speaker said that the County Council seemed to be reluctant to promote breastfeeding but should champion it, as it was well documented as benefitting the short and long-term health of both child and mother. The UK had lower rates of breastfeeding than many other countries so needed to improve. Petitioners were thanked for the points they had raised as part of the consultation, which had led to changes being made to the proposed new model, however, some details of the new service were not yet clear. It was difficult to work out where and when the clinics mentioned would be held, the way in which an out of hours service would be provided, the level and accreditation of health visitor training and how this compared to the training undertaken by current lactation consultants, the workload of each health visitor and whether or not this was sustainable, how Kent's services compared to that of other local authorities, and the data modelling used to identify the number of clinics required. Spot-purchasing would need to be carefully monitored, and Members would need to be able to see how such contracts would be worded. Ms Sharp responded to these points and offered to provide the information requested. She added that the proposed new model would offer more flexibility to respond to demand, offering a combination of sessional and individual bookings, run by health visitors with a specialist interest in infant feeding and lactation consultants, supported by peer supporters, but would be firmly rooted in established best practice;
- h) in response to a question about the service for the first 9 days following birth, Mr Scott-Clark explained that the responsibility for this part of the service rested with the NHS/clinical commissioning groups, and the County Council would take on the responsibility from day 10, when service provision transferred to the health visitor service. The rate of initiation of breastfeeding in Kent was below the national average for the UK and the County Council was working with NHS colleagues to address this;
- i) one speaker said how much the breastfeeding support service had improved since she had given birth in 2000 and said the service now on offer to new mothers was outstanding;
- j) another speaker reminded that, although it was recognised that 'breast is best', it must be remembered that not every mother was able to, or wished to, breastfeed;
- k) the aim of a joined-up service, with the transition from maternity service to health visitors, was welcomed. Other speakers were assured that all health visitors were highly-qualified registered nurses with post-graduate qualifications;
- l) it was difficult to picture, from the information provided, what exactly the service would look like on the ground and how and where a new mother seeking help would find out about the support she required. Ms Sharp offered to supply a list of the locations of clinics; and
- m) the retention of peer supporters in the proposed new model was welcomed.

5. The Leader of the County Council, Mr P B Carter, agreed that rates of breastfeeding in the first 10 days following birth needed to be improved and that those who were unable to breastfeed should not be ostracised, and added that the committee should monitor access to, and use of, the new service. He emphasised the enormous amount of work which had gone into building the new service model and the need to listen to feedback from mothers using the service to identify problems and areas for improvement, which would then need to be addressed. He reminded Members that £100,000 of additional funding had been made available to support the spot-purchasing of lactation consultants. He added that the committee would monitor the embedding and operation of the new service.

6. At the conclusion of the petition debate, the Chairman summed up by saying that the committee was required to decide how it intended to respond to the petition, i.e. to recommend either that the action requested in the petition be taken, that it not be taken (or that some of it be taken), or that further investigation be undertaken. He suggested that, as there was a full report and recommendation in the next agenda item, the committee could defer a decision at this stage and move on to have that report presented by officers, discuss it and then return to the decision on how to respond to the petition.

7. It was RESOLVED that the next agenda item be considered before the committee set out its response to the petition.

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 apprised 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.

53. Committee response to the petition.

1. Returning to the requirement for the committee to set out its response to the petition, the Chairman then asked the committee whether or not, after passing the resolution above, it felt able also to support the action requested in the petition. Members indicated that they did not feel able to support the action requested and wished instead to note the petition.

2. It was RESOLVED that the action requested in the petition be not supported but that the petition be noted.