

HEALTH AND WELLBEING BOARD

29 JULY 2014

Title:	Breastfeeding Pathway Review		
Report of the Director of Public Health			
Open Report	For Decision		
Wards Affected: All	Key Decision: Yes		
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Sponsor: Matthew Cole, Director of Public Health			
Summary:			
<p>Breastfeeding has a major role to play in public health, promoting health in both the short and long term for baby and mother. Breastfeeding is also more cost-effective and has lower risks than formula feeding for the vast majority of women.</p>			
<p>The UK has one of the lowest rates of breastfeeding worldwide, especially among families from disadvantaged groups, in particular, among disadvantaged white young families. Data on initiation of breastfeeding reported by maternity services at Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) suggests that, although Barking and Dagenham initiation rates are the second lowest in outer north east London, the work undertaken since 2009 has closed the gap between the borough and the England average. However, concerns still remain over persistent low rates of sustained breastfeeding.</p>			
<p>The Joint Health and Wellbeing Strategy recognise the importance of breastfeeding to health and wellbeing. Following concerns around performance, the Director of Public Health commissioned DELTA Public Health Consulting Ltd to undertake a review of breastfeeding support services and make recommendations to future commissioning to the Council, NHS England and NHS Barking & Dagenham Clinical Commissioning Group (CCG).</p>			
<p>It should be noted that Dr Eugenia Cronin, Managing Director of DELTA Public Health Consulting Ltd will present the outcomes of the Breastfeeding Pathway Review to the Board at the July meeting.</p>			

The Health and Wellbeing Board is recommended to:

- (i) Note the contents of the report.
- (ii) Agree that the appropriate recommendations are being taken forward
 - Refresh of the CCG commissioning plan to include greater emphasis on support for breastfeeding
 - Develop a breastfeeding strategy owned by the Children and Maternity Sub-Group
 - Explore employing an Infant Feeding Coordinator
 - Improve Training – review and up skill for relevant staff
 - The Chair of the Children and Maternity Sub-Group to work with key stakeholders to improve data collection across the pathway
 - Improve antenatal education
 - Expand and improve coordination and change the management configuration of maternity and maternity support services including the Peer Support Workers programme
 - Improve management of LoveMums website updates including data analysis
- (iii) Agree that the Chair of the Children and Maternity Sub-Group will lead the implementation of the recommendations and to update the Board on progress over the next 12 months.

Reasons

The Health and Social Care Act 2012 introduced the requirement for Health and Wellbeing Boards to prepare joint Health and Wellbeing Strategies for their local areas. The Joint Health and Wellbeing Strategy should provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population. The outcome to increase the prevalence and initiation of breastfeeding is a key target within the Strategy's delivery plan to improve early years outcomes.

1. Background and Introduction

- 1.1 The importance of breastfeeding is undisputed. It has a major role to play in public health in improving child health outcomes. Breastfeeding reduces the risk of infants developing many illnesses and provides protection against later childhood diseases. It has a positive effect upon maternal health and wellbeing and promotes bonding between mother and baby.
- 1.2 Breastfeeding rates in England (73.9%) and within the London Borough of Barking and Dagenham (73.7%) remain low and are lowest in those groups with the poorest health; thus compounding health inequalities.
- 1.3 Breastfeeding is important in our efforts to improve resident's health and is a key component of several public health priorities including:
 - Reduction in infant mortality
 - Reduction in preventable infections and paediatric hospital admissions

- Improvement in child outcomes and wellbeing
- Reduction of health inequalities
- Reduction of obesity in under-11s

- 1.4 Current government policy is to promote exclusive breastfeeding (feeding only breast milk direct from the mother or a bottle where necessary) for the first six months. Thereafter, it recommends that breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet.
- 1.5 Although breastfeeding is the ideal we acknowledge that there may be situations where breastfeeding is not the safe or preferred option. In such cases support will be given to ensure that mothers are supported and provided with information on correct formula preparation, frequency of feeds and equipment sterilisation.

2 Methodology and consultation

- 2.1 Given the importance of breastfeeding, we need to consider the impact of the investments made to date, gain a local picture of need, evaluate the effectiveness of currently commissioned services and identify areas for improvement.
- 2.2 DELTA Public Health Consulting Ltd was commissioned by the Director of Public Health to undertake the review.
- 2.3 DELTA conducted face to face and telephone interviews with 13 stakeholders, representing managers, providers and commissioners of breastfeeding related services in the borough.
- 2.4 On 31 January 2014, a stakeholder workshop was held, attended by 23 stakeholders. This provided an opportunity to gather additional views.

3 Key findings

- 3.1 A strong commitment to breastfeeding was demonstrated in the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA), whilst the Children's and Young People's Plan seeks to increase breastfeeding through the Family Nurse Partnership (FNP) – a home visiting programme for first time young mums, aged 19 or under (and dads).
- 3.2 The borough has significant demographic challenge with a fast growing, relatively young population which is increasingly ethnically diverse, and has the highest fertility rate in London. Added to this challenge, a range of socio-demographic factors have been recognised as causal factors in the borough's relatively low rates of breastfeeding. These include relatively young age of mothers; likely younger age of girls leaving education; smoking status; and socioeconomic status/profession. The commissioning of the breastfeeding pathway needs to keep pace with these demographic challenges.
- 3.3 Although there has been some improvement in breastfeeding performance against national targets over recent years noted in the JSNA, Barking and Dagenham has relatively low breastfeeding initiation rates compared with London, but they are similar to the England average. 2013 data suggests that around three in every four mothers begin breastfeeding soon after birth but that only one in four are still doing

so, exclusively, at 6-8 weeks. It is acknowledged that some mothers are not able to breast feed for a variety of reasons.

- 3.4 There appear to be stark differences between wards with those in the west of the borough having higher rates of breastfeeding at 6-8 weeks, than those in the north and centre; but analyses should be treated with caution as there has also been fluctuation in the completeness of data for breast feeding status at the 6-8 week check, although responsibility for this is with general practice rather than with maternity services.
- 3.5 The recent reconfigured maternity pathway has resulted in a more diverse provider landscape and additional complexity in patient pathways. The review suggests that some women and partners lack access to antenatal parental education.
- 3.6 A summary of feedback about services from stakeholders and residents are set out below:
 - New mums reported positive experiences at Barking Birthing Centre
 - LBBB maternity providers are not UNICEF baby friendly accredited, although there is enthusiasm for this
 - Not all midwives are up to date with UNICEF accredited breastfeeding training
 - Midwives and Health Visitors who engaged in the review showed energy, passion and commitment. However there were areas in need of service development to support mothers and breastfeeding
 - With Lifeline no longer wishing to continue the Peer Support Worker programme, and the Children's Centres picking up this service as an interim solution pending the outcomes of this review. There were a range of issues identified around management, supervision, coherent delivery and numbers of peer support workers. These issues are being actively addressed by Children's Services
 - The model of early intervention delivered by North East London NHS Foundation Trust is not consistent across the three boroughs it serves. For example, the provision in Barking and Dagenham does not include a dedicated infant feeding team.

4 Recommendations

The Chair of the Children and Maternity Sub-Group to lead the implementation of the recommendations and to update the board on progress over the next 12 months

- 4.1 Refresh of the CCG commissioning plan to include greater emphasis on support for breastfeeding.
- 4.2 Develop a multi-borough breastfeeding strategy owned by the Children and Maternity Sub-Group.
- 4.3 Explore employing an Infant Feeding Coordinator.
- 4.4 Improve Training – review and up skill for relevant staff.

- 4.5 The Chair of the Children and Maternity Sub-Group to work with key stakeholders to improve data collection across the pathway.
- 4.6 Improve antenatal education.
- 4.7 Expand and improve coordination and change the management configuration of maternity and maternity support services including the peer support workers programme.
- 4.8 Improve management of LoveMums website updates including data analysis.

5 Progress since the review

- 5.1 The Director of Public Health has been working with the Corporate Director of Children's Services to ensure that when the commissioning of the 0-5 Healthy Child Programme becomes the responsibility of LBBD on 1 October 2015, that commissioners address the recommendations and findings of the review.
- 5.2 The Barking and Dagenham, Havering and Redbridge Integrated Care Coalition Five Year Strategy includes the need for maternity services to achieve and maintain UNICEF baby friendly accreditation within the next 24 months.
- 5.3 An audit of members of staff in six children centres using the UNICEF BFI audit tool 2013 took place in May 2014. The audit found that at present, the children's centre staff who have been trained to deliver breastfeeding information and run breastfeeding cafes do not have sufficient information to fully support mothers to successfully breastfeed. Refresher training and support to further develop staff is being explored by the Health Lead for Early Intervention in Children's Services at LBBD.

6 Mandatory Implications

6.1 Joint Strategic Needs Assessment

The review is being used to update Section 2 (Children-the best start in life) of the JSNA.

6.2 Health and Wellbeing Strategy

If agreed and taken forward, the recommendations from the report will contribute to a number of the Health and Wellbeing Strategy outcomes:

- Residents are supported to make informed choices about their health and wellbeing to take up opportunities for self help in changing lifestyles such as giving up smoking and maintaining a healthy weight. This also involves fostering a sense of independence rather than dependence.
- Every resident experiences a seamless service.
- Children having the best possible start in life from conception, so breaking the link between early disadvantage and poor outcomes throughout life.
- Service providers have and use person centred skills across their services that makes every contact with a health professional count to improve health.
- Being able to take part in the design and delivery of services that are suitable for their needs.

6.3 Integration

The implications for integration are highlighted in the report and it is proposed that this will be taken forward by the Children and Maternity Group.

6.4 Financial Implications

A number of recommendations in this report are likely to have resource implications, for example potentially employing an Infant Feeding Coordinator, and up skill training for relevant staff. These recommendations need further evaluation to inform commissioning decisions later in the year when the Public Health grant for 2015/16 is confirmed.

Implications completed by: Roger Hampson, Group Manager Finance (Adults and Community Services – LBBD).

6.5 Legal Implications

There are no legal implications of this report, however it should also be noted that breast feeding is covered by the Equality Act 2010.

Implications completed by: Dawn Pelle, Adult Care Lawyer, LBBD.

7 Background Papers Used in Preparation of the Report:

Ball and Wright 1999; Hoey and Ware 1997; Riordan 1997

Dyson et al, 2005, HDA Guidance; Promotion of breastfeeding initiation and duration
Department of Health, Giving all children a healthy start in life

<https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life>

LBBD Breastfeeding Needs Assessment (May 2014) – Copies available on request
Breastfeeding profiles

<http://atlas.chimat.org.uk/IAS/dataviews/report?reportId=351&viewId=355&geoReportId=3198&geold=4&geoSubsetId>