



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Breastfeeding Report Update

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 12th September 2017
- 1.3. Author of the Paper and contact details:
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2. Summary

- 2.1. This report provides the Health and Wellbeing Board with an update on breastfeeding across the city, set within the context of the new Public Health Community Nursing (PHCN) contract. The report aims to provide assurance to the board of the city's approach to breastfeeding following questions raised by the public at the 13th June 2017 meeting.
- 2.2. The PHCN service details confirm both the priority given to maintaining breastfeeding as a key health impact area, which is performing significantly above England averages, and confirm to the board the breadth of outcomes the PHCN contract will be aiming to achieve.

- 2.3. Detail is provided below to demonstrate that the needs of the population and evidence based practice inform how Sussex Community NHS Foundation Trust (SCFT) target delivery across all outcomes. For breastfeeding that includes high need groups such as under 20's and localities with high need.
- 2.4. The new delivery model builds on the skills and expertise that exists within the workforce and has been informed by the learning over the recent years from the breastfeeding team. There is a range of interventions available to parents to support breastfeeding and expertise within the team to oversee ongoing developments.
- 2.5. The council's public health commissioners and SCFT are working together to ensure that during the transitional period, when the changes to the new integrated service are being embedded and learning from training is being implemented, families across the city will continue to have access to a strong approach to support them to make the choice to breastfeed their babies. The delivery model will enable the contacts and relationships with the PHCN teams to connect across the wider health outcome areas.

3. Decisions, recommendations and any options

- 3.1 That the Health and Wellbeing Board note the report.
- 3.2 That the Board agrees that if further information is required concerning the contract and its delivery this is directed to HOSC

4. Relevant information

- 4.1. This report provides the Health and Wellbeing Board with an update on breastfeeding across the city, set within the context of the new Public Health Community Nursing Contract.
- 4.2. The Public Health Community Nursing Services, Children and Young People aged 0-19 contract was awarded to Sussex Community NHS Foundation Trust (SCFT) following the approval of the Health and Wellbeing Board on 22 November 2016.
- 4.3. The summary of the timeline and reports attached to the Public Health Community Nursing Services Contract are as follows:

Summary of reports to HWB	
Report Title and date	Decision & Outcome
Public Health Nursing Commissioning Strategy (PHNCS) 15 th March 2016	The Director of Public Health was granted delegated authority to place a Prior Information Notice and to carry out a competitive procurement process if alternative providers came forward

PHNCS November 2016	22nd	The Health and Wellbeing Board accepted the recommendation that the Public Health Community Nursing Services, Children and Young People aged 0-19 contract be awarded to Sussex Community NHS Foundation Trust (SCFT)
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- 4.4. The aim of the Public Health Community Nursing (PHCN) Service for Children and Young People aged 0-19 is to help empower parents and young people to make decisions that affect their own or their family's health and wellbeing.
- 4.5. The role of the service is central to improving the health outcomes of children and young people, and to reducing inequalities. In place now is a single integrated service from pregnancy to adulthood, covering all stages of childhood. It will provide a universal service to every child and family and has the ability to identify children at risk of poor outcomes and provide early support and help or referral to appropriate services for families in need of additional support.
- 4.6. The PHCN service has four levels of support offering every family a programme of screening tests, developmental reviews and information and guidance on parenting and healthy choices. The role of the PHCN service in child protection and safeguarding children is an essential component of the service and is a priority at every level of the service.
- 4.7. The Healthy Child Programme builds on the unique, universal and non-stigmatising service that health visitors provide to all families with children under five. They develop trusting relationships that support families, provide clear leadership roles across skill mix teams and have strong connections with partners working across early years to ensure access to appropriate support. The contract is set up to focus on what is achieved across six high impact areas in the 0-5 age range.
- 4.8. The High impact areas are:
- parent and early years
 - maternal mental health
 - **breastfeeding**
 - healthy weight
 - minor illnesses and accidents
 - ready for school
- 4.9. The benefits considered for breastfeeding include destigmatising breastfeeding and making the connections across health areas such as between breastfeeding and emotional wellbeing.
- 4.10. The council's public health commissioners have set out the outcomes and key performance indicators in the service specification with SCFT, and included a requirement that the PHCN workforce is led by Health

Visitors and School Nurses, some with specialist lead roles, and supported by skill-mixed teams drawing on a range of expertise to ensure that services are age appropriate. It does not set out the staffing structures to achieve the specified outcomes. It is for SCFT to determine how best to achieve the outcomes within the financial envelope of the contract.

4.11. In the new contract the following has been agreed:

Outcome: More babies are fed breast milk

Key Performance Indicator: 72% of infants will be breastfeeding at 6 – 8 week review for year end 2017/18.

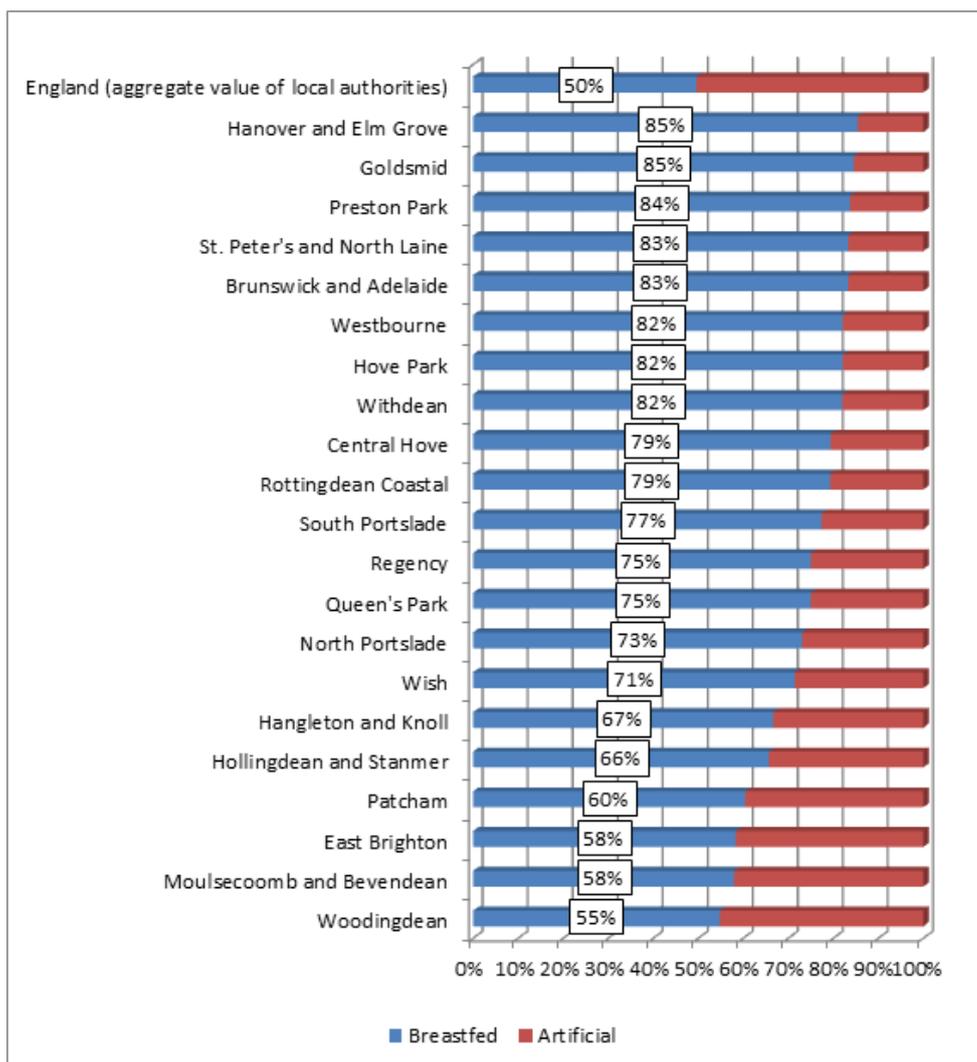
Monitoring Activity: 95% of records for infants will have the breastfeeding status recorded.

4.12. Two main sources of information were used to set the health outcomes across the contract.

- **National Public Health released information:** Brighton and Hove Child Health Profile 2017 has been used as the baseline year. This provides a snap shot of child health and shows how children's health and wellbeing compares with the rest of England across 32 different measures. It also enables the identification of areas performing well and from whom we may be able to learn. (see appendix 1 for full details)
- Brighton & Hove has 12 green indicators where the performance is significantly better than the England average, 15 amber indicators which are not significantly different to the England average and 5 red indicators which are significantly worse than the England average but not related to breastfeeding. (see appendix 2 for summary of PHCN response to red rated health indicators)
 - The Child Health profile confirms that for the two breastfeeding measures Brighton & Hove is significantly above the England average. This starting point is an outstanding positive for Brighton & Hove as breastfeeding is one of the most important contributors to infant health. It provides benefits for an infant's growth, immunity and development.
- **The Maternal and Infant Health Joint Strategic Needs Assessments** (September 2016) confirm the trends and areas for targeting inequality.
 - The percentage of local mothers who breastfeed their babies in the first 48 hours after delivery increased from 85% in 2010/ 11 to 88% in 2014/15, against the static England figure of 74% in 2010/11 to 2014/15 and SE figure of 78% in 2010/11 to 2014/15.

- In 2015/16 the percentage of infants who were totally or partially breastfed at 6-8 weeks was 71.5% and for two quarters Brighton & Hove had the highest proportion of infants (57%) exclusively breastfed at 6-8 weeks in England.
- In 2016 breastfeeding rates were generally lowest in the East area of the city and highest in the Central area (see Figure 1 below for ward level data).
- The breastfeeding prevalence for 2016 in the 20% most deprived areas of the city was 55%. This was still considerably higher than the England average of 43%.
- The youngest mothers (<20 years) are least likely to initiate breastfeeding (68%). There is a clear age gradient with breastfeeding rates increasing with maternal age up to a rate of 95% among mothers aged 35 years or over. There has been little change in this pattern over time.
- As regards ethnicity and breastfeeding initiation the highest prevalence is among White other mothers (96%) and Black African mothers (98%) who have significantly higher rates. White Irish (80%), White British (86%) and Mixed White and Black Caribbean mothers (83%) have the lowest rates. A local study of breastfeeding practices amongst Gypsies and Travellers found that New and Welsh Travellers were more likely to breastfeed compared to Gypsy or Irish Travellers. Barriers to breastfeeding identified included embarrassment, lack of privacy, no family tradition of breastfeeding and the convenience of bottle feeding.

Figure 1: 6-8 week breastfeeding rates by ward, Brighton & Hove Jan-Mar 2016 and for England (based on infants with known breastfeeding status).



Source: Patient Information Management System, Sussex Community NHS Trust

- 4.13. The new PHCN Service contract started in April 2017 and will deliver the Healthy Child Programme (HCP). The targets agreed are informed by the above intelligence which SCFT used to develop their offer and as they are refreshed, will also be used to monitor impact.
- 4.14. The PHCN service is a progressive universal service offered to all and provides the 5 mandated contacts; Ante natal, New Birth, 6-8 weeks, 9-12 months and 27 months, which include several opportunities to promote breastfeeding and to build/increase the confidence of mothers and fathers to choose breastfeeding and continue to breastfeed.
- 4.15. The contracted PHCN service is being delivered with a significantly reduced financial envelope. SCFT have looked at how to ensure they continue to offer a highly skilled service. This is within the context of having a skilled nurse led service that will receive additional training, provide new birth visits and promote access to breastfeeding support drop-ins. The changes to functions provided by HVs will be monitored to ensure the breastfeeding outcomes are achieved.

- 4.16. SCFT have embedded the role of the peer supported volunteers within the hospital to engage with parents at a key breastfeeding decision making time and have strong relationships to signpost parents to voluntary sector partners.
- 4.17. SCFT has a specialist breast feeding coordinator and a peer support post that provide a resource across the service to equip frontline health visitors and children centre staff, as well as providing direct services to families and volunteers as described in 4.26
- 4.18. SCFT has a highly trained health visitor workforce who are updated regularly and plans are in place to enhance the skills of all levels of staff to be able to target evidenced based breast-feeding interventions across the city, in particular in those areas where breast feeding uptake is lower. This includes the band 4 posts, Healthy Child Practitioner – Nursery Nurse posts. SCFT has increased the number of these posts from 8.6 whole time equivalent (wte) to 13 wte in order to support the delivery of the whole of the Healthy Child programme. SCFT are in a position to enhance the resource in those areas where the breastfeeding prevalence is lower i.e. Woodingdean, East Brighton, Moulsecoomb and Bevendean by giving additional training to staff working in these areas in order to increase the breastfeeding prevalence.
- 4.19. The revised staffing structure has resulted in the removal of the specialist nursery nurse who has been redeployed into a post within the same children’s centre.
- 4.20. Health visitors offer a home visit to all parents antenatally, also a new birth visit and at 6-8 weeks. This provides ideal opportunities for breastfeeding support and promotion. If feeding issues arise at any time health visitors write a breastfeeding action plan with the parents and offer additional support as necessary. Most of the support and promotion of breastfeeding is carried out in the community by health visitors. It can involve signposting as well as direct work. SCFT has committed to training all health visitors in an evidence based programme called Promotional Guides, which strengthens their relationship and engagement skills. It will also support families to build on their confidence and knowledge to empower them to make healthy choices about themselves and their children.
- 4.21. Another important issue that can potentially impact on breastfeeding is the connection between breastfeeding and emotional health. SCFT recognises the importance of identifying and treating postnatal depression, of good mental health and a healthy attachment between mothers and their babies. In response SCFT has recruited a specialist perinatal mental health practitioner (health visitor) to work across the city. This post will ensure a high level of expertise in the health visiting

service and knowledge about local services and access to effective interventions and support.

- 4.22. In order to provide additional support to families with higher levels of need as identified in the Maternal and Infant Health Joint Strategic Needs Assessment, SCFT are developing a 'Healthy Futures' team. This team will work with all teenage parents in the city including younger mothers who generally have the lowest uptake of breastfeeding. Other groups the team will work with include: parents with a history of children being looked after and not already known to the service, refugees, asylum seekers, travellers and those in emergency housing, children registered as home educated; children missing education or educated other than at school; children excluded from school and within the Pupil Referral Unit; children who are registered as young carers and not in local authority education. With the focus on the antenatal period, SCFT will have the opportunity to intervene early for these new families and support them in their decision making.
- 4.23. During the transition to the new service, SCFT will look at how the Healthy Futures Team can work collaboratively with the Healthy Child Programme teams and specialist services to support breastfeeding across all areas of the city, particularly in those areas where there is a clear inequality gap in prevalence and duration rates, and to increase community capacity. One of the health visitors in the Healthy Futures team has the lactation consultant qualification.
- 4.24. The service will be enhanced in many service areas with the proven value of peer to peer support volunteers. The peer supporters commit to a minimum of 2 hours a week for 6 months but several have been working for much longer than this. They are not used to replace paid workers but are asked to work where they can enhance the service to mothers. A number have gone on to work in maternity units and related fields.
- 4.25. Each year the SCFT Breastfeeding Peer Support coordinator trains about 20 peer supporters. There are up to 30 active peer supporters at any one time, mostly on the postnatal ward. SCFT's ambition is to increase peer support within community groups and to ensure that all work with volunteers complies with the Volunteer Policy which states that volunteers cannot be used to replace paid staff.
- 4.26. In summary the operational plan for the breastfeeding team will include:
- Continuing with the peer support programme, with an emphasis on community groups where possible.
 - Ensure continuing breastfeeding expertise within the Healthy Futures Team
 - Continue additional teaching in areas of the city where breastfeeding rates are lower.

- Additional teaching for a Breastfeeding Champion Network – there is a plan for one in each team
- Continue to explore managing the specialist offer for the team e.g. early phone calls in areas where breast feeding is lower
- Continue close operational working with local partners e.g. La Leche League are running a drop-in at Roundabout (Whitehawk) Children’s Centre.

4.27. Re-launch the breastfeeding steering group with partners across the city to ensure continued high profile for this area of public health and a coordinated offer for families. Key to the success of the child health programme will be how the council’s public health commissioners and SCFT work together to monitor and understand the impact of the whole PHCN contract. The framework has been set up to measure, on a quarterly basis, the contribution the service makes to improve health outcomes. Public Health and SCFT will carry out more in depth analysis of the intelligence to look more closely and timely at inequality issues. To date, the most up to date position is Q4 2016/17.

4.28. **Present position: Nationally**

The Breastfeeding prevalence at 6-8 weeks after birth for the latest available quarter was released in July 2017. The position was:

Local Authority	Q3 2016/17	Q4 2016/17
Brighton and Hove	69.0%	67%*
England (aggregate value of local authorities)	44.3%	44.3%

*Brighton and Hove Q4 figure failed the national quality validation. The requirement is that 95% of the records must have the breastfeeding status recorded to meet the required quality check. In Brighton & Hove, 93.5% of records had a recorded status, so with that caveat, the rate was 67%

This figure is based on the number of babies’ being breastfed as a percentage of the total population of babies who are 6 – 8 weeks within the time period.

4.29. **Present position: Local information.**

The target was set at 72% of infants receiving a 6 – 8 week review being breastfed at 6 – 8 weeks and the performance was as follows:

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Brighton and Hove	69.4	71.6	72.1	71.8

The reason this figure produced locally is different to the national figure is because it was based on the % of babies' breastfed of those who received a 6 – 8 week review within this time period.

- 4.30. The PHCN performance framework consists of a comprehensive set of measures for the entire 0 – 19 service, as outlined in appendix 3. In the contract, the target for breastfeeding is 72% of all babies, measured at the 6 – 8 week review. So whilst the target of 72% remains, this will mean an actual performance increase from 69% (validated Q3 figure) to 72% based on the nationally reported data.
- 4.31. The ongoing delivery will be monitored in the following ways with service improvement actions identified and agreed as and where further improvements are required.
- Quarterly performance reviews: Public Health and SCFT will review performance across all the KPIs. New to the previous arrangements will be the ability to demonstrate the percentages of cohorts not meeting the agreed threshold levels and the achievement of the outcomes against specific interventions.
 - Key to the success of any service is how the service user experiences and shapes the service. Annual service user feedback will be completed and used to shape service delivery.
 - Data will be matched against the intelligence gained from the National Child Health Profiles and local JSNAs to inform service improvement.
- 4.32. The detail in this report is attached to the contract held by Public Health with SCFT. However breastfeeding starts with achievements from Brighton and Sussex Universal Hospitals.
- 4.33. BSUH is part of the [UNICEF Baby Friendly Initiative](#) which provides the evidence based standards for their service. All staff are trained and educated according to their role to support and care for mothers and their families, the Infant Feeding Protocol is reviewed and implemented following national standards and there is a named Infant Feeding Midwife lead for the Trust.
- 4.34. All women have the opportunity to have meaningful conversations, both during pregnancy and the early days postnatally regarding feeding their babies. First time mothers are invited to antenatal classes where breastfeeding is explored. All women, where possible are encouraged to hold their babies in skin to skin after birth and continue for as long as they wish. Midwives, Maternity Support Workers and Maternity Care Assistants are all trained to offer evidence based breastfeeding support. All women are shown how to hand express and given information about maintaining and assessing adequate milk supply. When home, women have visits by the Community Midwives and

Maternity Support workers and women are also given information about local breastfeeding drop-ins, including the BSUH drop in at the Princess Royal Hospital.

4.35. In addition, the Trust provides the following breastfeeding support:

- **Tongue-tie assessment and frenulotomy clinics**
- **Breastfeeding drop-in**

4.36. In 2014/15 Brighton and Hove breastfeeding initiation was 87.9% significantly above the England position of 74.3% In April 2017, local provisional data indicates that 85% of babies born had breastfeeding initiated reported on their records.

5. Important considerations and implications

Legal:

5.1 This report is provided for information only. There are no legal implications.

Lawyer consulted: Judith Fisher

Date:29.08.2017

Finance:

5.2 The Breastfeeding programme sits within the Community Nursing 0-19 contract which is funded by the Public Health Grant and the Brighton and Hove CCG. The total value of the contract is £14.27M over the 3 years (£4.750M for 17-18, £4.745M for 18-19 and an agreed uplift to £4.774M in 19-20). The contract outlined in this report is within the allocated budget.

Finance Officer consulted: Sophie Warburton

Date: 31:08:2017

Equalities:

5.3 The Public Health Community Nursing Service universal services are delivered with a scale of intensity proportionate to the level of needs experienced by certain population groups including those arising from their protected characteristics. These considerations are integral to the services delivery achievements and ability to narrow the inequality gap. The performance arrangements use a selection of intelligence approaches to ensure that service improvement actions can be addressed on a quarterly or annual basis.

Sustainability:

5.4 There are no direct implications for sustainability. The Public Health Community Nursing Service aims to promote good health and

wellbeing for children, young people and their families and so can contribute to achieving the priorities for children and young people's health and wellbeing as set out in the Council's Corporate Plan, 2015 – 2019.

Health, social care, children's services and public health:

- 5.5 These considerations are integral to public health services as outlined in this paper

Supporting documents and information

- Appendix 1 Child Health Profile 2017 Brighton and Hove
- Appendix 2 Summary of RED RAG rated health indicators
- Appendix 3 Wider PHCN performance framework