

Report to:	SINGLE COMMISSIONING BOARD
Date:	6 December 2016
Reporting Member / Officer of Single Commissioning Board	Angela Hardman, Director of Public Health and Performance, Single Commissioning
Subject:	CONTRACT FOR THE PROVISION OF A BREASTFEEDING PEER SUPPORT SERVICE
Report Summary:	The report outlines the current contractual arrangements for the above service and seeks to enter into a collaborative procurement with Oldham MBC to take effect once their contract with the same provider comes to an end on 30 September 2017. As a result of the collaborative approach permission is sought to extend the current contract until 30 September 2017 to align both contracts.
Recommendations:	<p>i) That approval is given to extend the current contract from 1 April 2017 to 30 September 2017.</p> <p>ii) That approval is given to recommission this service jointly with Oldham MBC.</p>
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>Funding for the extension of this contract is within the Section 75 pooled budget. The proposed extension for six months at a cost of £0.057m will ensure continued compliance with the Greater Manchester Early Years Delivery Model and the Greater Manchester Early Years Starting Well Strategy.</p> <p>The proposed extension will also ensure alignment with Oldham MBC's contract and will enable the service to be jointly commissioned from 1 October 2017. Commissioning the new contract jointly with Oldham MBC will provide scope for operational and financial efficiencies which will be quantified within the development of the revised contract specification.</p>
Legal Implications: (Authorised by the Borough Solicitor)	This is a decision wholly within the delegation of the Single Commissioning Board. It is appropriate to vary contracts where there are exceptional circumstances to justify such a course of action and it will not contravene any legal obligation. Public Health services are subject to a light touch under the Public Contracts Regulations 2015 and the contract falls below the threshold of requiring procurement. However, in the interests of transparency and value for money it is expedient that a procurement exercise is undertaken as set out in the report.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Starting Well, Developing Well and Living Well programmes for action
How do proposals align with Locality Plan?	The proposals are consistent with the Healthy Lives (early intervention and prevention) strand of the Locality Plan
How do proposals align with the Commissioning Strategy?	<p>The service contributes to the Commissioning Strategy by:</p> <ul style="list-style-type: none"> • Empowering citizens and communities;

- Commission for the 'whole person';
- Create a proactive and holistic population health system.

Recommendations / views of the Professional Reference Group:

Due to time constraints, the report was circulated to PRG members and no comments were received.

Public and Patient Implications: None.

Quality Implications: There is a duty to achieve continuous improvement and value for money in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.

How do the proposals help to reduce health inequalities? The nature of the service will ensure that parents will receive appropriate advice and support so that they are able to make an informed decision about breastfeeding and the benefits to the long term health and development of their child(ren)


What are the Equality and Diversity implications? Clearly, the funding is focused on one particular section of the community, breastfeeding women. However, the proposals do not discriminate against other protected characteristic group(s) within the Equality Act.

What are the safeguarding implications? Safeguarding will be central to this service.

What are the Information Governance implications? Has a privacy impact assessment been conducted? The necessary protocols for the safe transfer and keeping of confidential information will be maintained at all times by both purchaser and provider. The purchasers Terms and Conditions for services contains relevant clauses regarding Data Management

Risk Management: The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the providers contingency plan.

Access to Information : The background papers relating to this report can be inspected by contacting Nick Ellwood, Planning & Commissioning Officer:

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1. INTRODUCTION & SCOPE

- 1.1 Breastfeeding provides short and long-term health benefits to both mother and baby, including promoting the emotional attachment between them both; and contributes significantly to reducing health inequalities.
- 1.2 The Breastfeeding Peer Support Programme contributes to promoting a social and cultural shift where breastfeeding is viewed as the conventional way to feed a baby. The Department of Health recommend exclusive breastfeeding for the first six months as providing optimum nutrition for babies with the gradual introduction of solid food after this time in tune with the baby's developmental progress.
- 1.3 Parents can benefit from early, evidence-based information in order to enable them to make an informed infant feeding choice. Proactive, intensive, and early skilled support in breastfeeding management helps to prevent any problems and/or barriers that lead to mothers stopping breastfeeding earlier than they or their baby would have wished.
- 1.4 NICE Guidelines (Nice Public Health Guidance 11 March 2008), recommend the commissioning of a local, easily accessible breastfeeding peer support programme where peer supporters are part of a multidisciplinary team. The recommendation is that peer supporters are trained through an externally accredited training programme; contact new mothers directly within 48 hours of their transfer home (or within 48 hour of a home birth) and offer mothers on-going support according to their individual needs.
- 1.5 The breastfeeding peer support service works in close partnership with midwifery, health visiting and children centre services by helping develop accessible pathways and promoting best practice breastfeeding management through UNICEF Baby Friendly full accreditation standards.
- 1.6 Homestart, Oldham, Stockport and Tameside (HOST) continues to provide the service following a waiver decision agreed in February 2016.
- 1.7 The service enables universal support for Tameside for new breastfeeding mothers and their families as set out through the Greater Manchester Early Years Delivery Model and the Greater Manchester Early Years Starting Well Strategy. This strategy acknowledges the unique challenge of the Early Years system with the diverse range of stakeholders that include NHS services, Local Authority children's services, schools, private early years settings and wider stakeholders.
- 1.8 The Starting Well Greater Manchester commissioning group and the Public Health Population Health Commissioners Group undertake specific work to develop a whole systems approach to Public Health commissioning as required by the Theme One Executive Group, and in line with the Taking Charge Strategy transformation themes and the Population Health Delivery Plan. It is through this work that opportunities have been identified for more collaborative commissioning approaches, across districts and alignment with Theme One's priorities.
- 1.9 Hence, the intention going forward is to jointly commission this service in partnership with Oldham MBC. Homestart currently provide a Breastfeeding service for Tameside and Oldham. Other areas of Greater Manchester have shown an interest in joint commissioning arrangements in the future.
- 1.10 In order that the service can be jointly commissioned, Tameside will need to align the contract with Oldham's, which has an end date of the 30 September 2017.
- 1.11 Aligning contracts and jointly commissioning a new service will provide scope for efficiencies which will be identified as the specification across the two Boroughs is agreed.

- 1.12 Public Health has recently completed a Breastfeeding needs assessment to inform the new specification which will be a targeted with an integrated approach.

2. AUTHORISATION TO PROCEED

- 2.1 Approval is sought for a contract extension beyond the current contract end date, 31 March 2017.
- 2.2 A further extension until 30 September 2017 is requested for the Breastfeeding Peer Support Service provided by Homestart to allow the necessary time required to plan and undertake a joint procurement exercise with Oldham MBC with the new contract to commence 1 October 2017. Tameside MBC will be the lead commissioner.
- 2.3 Authorisation is also required to go out to tender for this service. The financial envelope would be in the region of current annual spend; £116,250.

3. VALUE OF CONTRACT

- 3.1 The value of the contract is £116,250 per annum and hence an additional six months will cost £57,437. This contract value was reduced in 2016/17 to contribute to Public Health grant reductions imposed on the Council.
- 3.2 The contract includes a three month termination on notice by either party.

4. GROUNDS UPON WHICH WAIVER /AUTHORISATION TO PROCEED IS SOUGHT

- 4.1 Going out to the market with a six month contract to cover the period 1 April – 30 September 2017 is not viable either for potential tenderers or for the Council in terms of securing best value. A service commissioned jointly with Oldham MBC will deliver a degree of efficiencies whilst cementing partnership working across Great Manchester.
- 4.2 Given this, extending the current contract to align it with Oldham's, allows time to plan and undertake a full market testing.

5. RECOMMENDATION

- 5.1 As set out on the front of the report.