

Report to: SINGLE COMMISSIONING BOARD

Date: 22 June 2017

Officer of Single Commissioning Board: Angela Hardman, Director Of Public Health

Subject: BREASTFEEDING PEER SUPPORT PROGRAMME

Report Summary: Approval required to accept the tender on the basis that procurement activity has resulted in the receipt of only one tender submission.

Recommendations: That approval is given under Procurement Standing Order D3.2 to accept the tender of Homestart – Oldham, Stockport and Tameside despite fewer than three tenders being received.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	£116,250
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Existing contract performance is in line with expectations. Breastfeeding contributes significantly to reducing health inequalities.

Additional Comments

It is essential that the contract performance is monitored to ensure expected outcomes are delivered. It is also essential to ensure that the locality only finances the agreed contribution during the three year contract period and that negotiations are concluded with Derbyshire County Council as a priority to confirm an annual contribution towards the support provided to Glossop residents via this contract.

Legal Implications:
(Authorised by the Borough Solicitor)

The service sought to let the contract in accordance using the Open Tender Procedure via a notice in the Official Journal of the European Union however due to the nature of the service fewer than three tenders have been received. The tender has been evaluated in accordance with the published criteria and the submission from Homestart – Oldham, Stockport and Tameside is within budget and meets the Councils stated requirement. It would not be unreasonable or unlawful to accept the tender.

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?	The service contributes to the Commissioning Strategy by: <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:	The Professional Reference Group has recommended that the tender be accepted.
Public and Patient Implications:	None
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement 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?	The proposal will not affect 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 and Commissioning Officer:



Telephone: 07976931066



e-mail: nick.ellwood@tameside.gov.uk

1. BACKGROUND

- 1.1 Tameside MBC and Oldham MBC have jointly tendered the above service which will run for a period of three years from 1 October 2017. Tameside MBC is the lead commissioner.
- 1.2 Breastfeeding provides short and long term health benefits to both the mother and the baby, including promoting the emotional attachment between them both; and contributes significantly to reducing health inequalities.

Increasing the number of women who initiate and continue to breastfeed at 6-8 weeks, the service will help to realise the following benefits of breastfeeding as cited by NICE:

- Increasing the number of women who breastfeed exclusively for 6 months;
 - Reducing the number of hospital admissions for diarrhoea and respiratory infections in infants;
 - Reducing the risk of ovarian and breast cancer in women who breastfeed;
 - Reducing the risk of obesity in children, and lowering the risks of developing coronary heart disease and diabetes in later life;
 - Raising public awareness of the benefits of breastfeeding;
 - Reducing inequalities and improving access to breastfeeding support for women in low income groups.
- 1.3 Teenage mothers and mothers of lower socioeconomic status are least likely to breastfeed (NICE 11 2008.). Evidence also points to specific groups being at greater risk of early 'drop-off' regardless of initial intention to initiate breastfeeding. These include women who have had complex deliveries such as a caesarean section, and women who are obese.
 - 1.4 The Service will focus particularly on those women who are least likely to initiate and continue breastfeeding. Using information provided from needs assessments, a targeted approach will be taken for those areas exhibiting low rates of initiation and maintenance and high levels of deprivation according to the IMD 2010:

Tameside:

- Ashton St Michaels
- Audenshaw
- Denton South
- Dukinfield

- 1.5 Quality Standards
 - The Provider will deliver evidence based interventions and will meet and monitor compliance with all relevant NICE Guidance.
 - The Service will work to NICE Public Health Guidance PH011 'Improving the nutrition of pregnant and breastfeeding mothers and children in low income households'.
 - The Service will work to NICE guidance PH9 'Community Engagement to Improve Health' to ensure that peer supporters are recruited from and reflect the diversity of the Tameside community.
 - The service must be delivered within the principles of HM Government document: 'Working together to safeguard children' - A guide to inter-agency working to safeguard and promote the welfare of children - March 2013.
 - The provider must work within the safeguarding frameworks set out by the Local Safeguarding Children Boards (LSCBs), Public Health and NHS organisations, including the NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts.

- 1.6 It is expected that the Breastfeeding Peer Support Programme will contribute 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 6 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.
- 1.7 Breastfeeding initiation and continuation rates across Tameside and Oldham, despite having improved greatly over the last 10 years, are currently static and still remain low in comparison to National and Regional rates. For the complete year 2015/2016, breast feeding initiation in Tameside was 59.6%, and in Oldham was 65.0%, compared to the England rate of 74.3%. Details are provided in table 1. It should be noted that rates for 2016/2017 will not be available until the autumn of 2017.
- 1.8 In 2013/14 Breast feeding at 6 to 8 weeks in Tameside was 29.6%, and in Oldham was 38.8%, compared to the England average of 45.8%. There is a strong social gradient for initiation and continuation of breastfeeding.
- 1.9 Current local priority areas with the lowest rates in Tameside are Ashton St Michaels, Audenshaw, Denton South and Dukinfield. For Oldham, Failsworth East and West, St James, Chadderton South, Hollinwood and Shaw are local priority areas.

Table 1

Breast feeding 2015/16			
	Tameside	Greater Manchester	England
Breast feeding initiation	59.6%	65.9%	74.3%
Breast feeding at 6-8 weeks	32.2%	39.0%	43.2%
Drop off rate	46.0%	40.8%	41.9%

- 1.10 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.
- 1.11 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.
- 1.12 A breastfeeding peer support service would work in close partnership and help to develop accessible pathways with midwifery, health visiting and children centre services who would demonstrate best practice breastfeeding management through UNICEF Baby Friendly full accreditation standards.
- 1.13 In relation to current provision and performance, Homestart the current provider, has 13 staff and 29 trained peer support volunteers. They deliver two breast feeding network courses per year, one in January/February and one in September. For each course they recruit 12-14 prospective volunteers. Both courses have a mix of Tameside and Oldham volunteers who

attend. Over the past two years between 6 and 10 volunteers per course have completed the training and have gone on to become volunteer's. This mix of paid staff and volunteers provides real value for money for the service.

- 1.14 The current providers performance is in line with the commissioners expectations. Performance data for 2016/2017 is provided within tables 2, 3 and 4:

Table 2

	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17	Quarter 4 2016/17
Discharges collected and recorded	330	359	346	357
Mums attempted to contact within 48 hours of discharge (by phone)	330	359	346	357
Mums actually contacted by phone following discharge	255	279	280	280
Mums unable to contact by phone (voice mails left, texts sent, letters sent)	74	80	66	77
Mums actually contacted at 10 days	228	250	247	237
Total phone supports at initial, 10 days and 6 weeks contact	887	960	930	1003

Table 3

Initial, 10 day & 6 week feeding methods

Quarter 4 2016/2017	Initial Contact (within 48 hours)	10 days contact	6 week contact with Mums referred in during the quarter	Total of Mums contacted at 6 weeks during the quarter
Breastfeeding exclusively	188	132	55	94
Breastfeeding and giving expressed breast milk	11	12	1	3
Expressed breast milk only	9	9	3	5
Expressed breast milk and formula	4	11	3	3
Breastfeeding, expressed breast milk and formula	8	9	2	3
Breastfeeding & formula	49	22	11	19
Sub Total of mums giving some breast milk	269	195	75	127
Formula	11	42	61	67
Unable to contact	77	87	109	113
Contact not due	N/A	33	112	N/A
Total	357	357	357	307

Table 4

	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17	Quarter 4 2016/17
Mums supported on Ward 27 (Tameside)	541	598	560	535
Mums supported on Children's Unit	1	3	2	1
Mums supported on Neonatal intensive care unit	15	13	17	28
Mums supported in groups	276	337	323	295
Home Visit support	196	153	154	133
Phone Calls & Texts sent and received	1194	1210	1340	1447
Glossop mums supported on ward 27	55	58	65	68
All other out of area mums supported on Ward	21	19	16	30

2. PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

- 2.1 Permission needs to be obtained where procurement activity has resulted in the receipt of fewer than three tenders. Only one compliant tender was submitted via the NWCE tendering portal.

3. VALUE OF CONTRACT

- 3.1 The total value of the contract in its entirety is £618,750. The contract will run for three years commencing the 1 October 2017 with an annual value of £206,250.

Table 5

Contract value	Year 1	Year 2	Year 3	Total
Tameside MBC	£116,250	£116,250	£116,250	£348,750
Oldham MBC	£90,000	£90,000	£90,000	£270,000
Total	£206,250	£206,250	£206,250	£618,750

- 3.2 The contract is jointly commissioned with Oldham MBC with the Council as lead commissioner. Following a contract reduction exercise, the Tameside MBC will contribute an annual sum of £116,250 and Oldham MBC will contribute an annual sum of £90,000.
- 3.3 The existing contract with Homestart ends on the 30 September 2017 and is solely funded by Tameside MBC at the existing annual contract value of £ 116,250 as stated in table 5.
- 3.4 It should be acknowledged that Greater Manchester local authorities do not recharge each other if they provide support to parents resident from a neighbouring Greater Manchester authority. This is also the current arrangement for parents residing in Glossop. However,

negotiations are underway with Derbyshire County Council to agree a contribution towards this contract in recognition of the support provided to Glossop residents.

4. GROUNDS UPON WHICH WAIVER /AUTHORISATION TO PROCEED SOUGHT

4.1 A full open joint OJEU tender exercise was undertaken between Tameside MBC as the lead commissioner and Oldham MBC. This was done using the North West Centre of Excellence electronic tendering portal, The Chest.

4.2 Tender submissions were evaluated by a panel of three staff from the service area. The staff panel members were:

- Katrina Stephens - Consultant in Public Health, Health & Wellbeing (Oldham MBC)
- Tracey Harrison - Senior Planning and Commissioning Manager (Oldham MBC)
- Kate Benson - Public Health Manager (Tameside MBC)

4.3 Tendering organisations were asked to submit a proposed first year contract price mindful of the maximum first year budget set at £206,250.

4.4 The tender submission questionnaire consisted of five questions relating to quality issues and was evaluated based upon the most economically advantageous tender. The questions are detailed in **Appendix 1**. Submissions were evaluated with reference to all criteria in the tender documentation using the following scoring system:

Excellent response - The submission provides comprehensive details of a particularly effective and robust approach which meets the required standard in all material respects and exceeds some or all of the major requirements. A high level of relevant information is provided backed up with a clear rationale, examples and evidence of past performance which may include supplementary evidence. Score 5

Good submission - The submission provides sufficient detail of a good approach which meets the required standard in all material respects and is backed up with a clear rationale and evidence of past performance which may include supplementary evidence. Score 4

Average submission - The submission provides sufficient detail of an adequate approach which meets the required standard in most material respects, but is lacking or inconsistent in others. Score 3

Below average submission – The submission details an approach however this is limited and does not provide sufficient detail or evidence and falls short of achieving expected standard in a number of identifiable respects. Score 2

Unsatisfactory submission - significantly fails to meet the standards required and / or contains significant shortcomings or the submission is not relevant or is extremely limited. Score 1

Not answered - No response. Score 0

4.5 In awarding the contract, consideration was given to the quality and cost element of the tender submission. These were weighted, in terms of significance, on the basis of a 20% (cost) 80% (quality) split.

4.6 Only one tender was received. This was within the available budget and was deemed fully compliant with the tender requirements. The Tender was evaluated against the stated criteria and the outcome of the exercise is shown in **Appendix 2**.

5. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED

- 5.1 Procurement requirements have been followed rigorously in order to tender the provision of a Breastfeeding Peer Support Service. The process commenced in January 2017 and followed a strict timetable in line with the necessary tender timescales.
- 5.2 Following full evaluation by a panel consisting of representatives from both Local Authorities, the one submitted tender was deemed fully compliant.
- 5.3 Five suppliers accessed the tender in the portal, but did not provide a response as to why they did not go on to tender.
- 5.4 Given the specialist nature of the service being tendered, and what we know about the market, the likelihood is that a significant number of the organisations that looked at the tender but did not go on to express an interest would not have had the requisite experience or expertise.

6. RECOMMENDATION

- 6.1 As stated on the report cover.

TENDER QUESTIONS

1. Describe how you would recruit, train and quality-assure sufficient peer supporters to deliver the service outlined in the specification.
2. Outline how you intend to secure the minimum 10 hours per day access to the service along with the required 48 hours response time.
3. With specific reference to a process of empowerment, demonstrate how you would work with those mothers or mothers-to-be that tend not to engage with support services.
4. What measures do you propose taking in relation to continual improvement and how would these be measured?
5. State how you would develop and maintain a positive relationship with a range of health and social care organisations across Tameside and Oldham.
6. Explain how you would form strategic partnerships and effective working relationships with other stakeholders.

APPENDIX 2

TENDER EVALUATION MATRIX									
PROJECT TITLE:	Tender for the provision of a Breastfeeding Peer Support Service								
PROJECT QUALITY WEIGHTING:	80%		Maximum Budget		Date				
PROJECT PRICE WEIGHTING:	20%		£206,250		04-Mar-17				
QUALITY SCORES									
Tender Criterion	Criteria weight %								
		% max Score	weighted score	% max Score	weighted score	% max Score	weighted score	% max Score	weighted score
Tender question 1	20	80%	16.00	✓		✓		✓	
Tender question 2	15	90%	13.50	✓		✓		✓	
Tender question 3	20	60%	12.00	✓		✓		✓	
Tender question 4	10	100%	10.00	✓		✓		✓	
Tender question 5	20	90%	18.00	✓		✓		✓	
Tender question 6	15	70%	10.50	✓		✓		✓	
TOTALS:	100		80.00		0.00		0.00		0.00
PRICE SCORES:									
Price	203,392.00								
Less than or Equal to Maximum Budget?	Yes		No		No		No		
Order of tender prices (lowest first)	1								
% Difference from lowest tender	0.00								
Price Score (100 - % difference from lowest tender)	100.00								
OVERALL SCORES:									
Quality Weighting x Quality Score	64.00								
Price weighting x price score	20.00								
Overall Score	84.00								
Order of Tenderers	1								
Additional comments relating to the award criteria or compliance with tender documents:									
Signed by Lead Officer:	Nick Ellwood - Dave Wilson								