

Report to: STRATEGIC COMMISSIONING BOARD

Date: 25 August 2021

Executive Member: Councillor Eleanor Wills, Executive Member, Health, Social Care and Population Health

Clinical Lead: Dr Christine Ahmed, Starting Well Lead

Reporting Officer: Debbie Watson, Assistant Director of Population Health

Subject: POPULATION HEALTH EARLY YEARS - PEER SUPPORT PROGRAMMES COMMISSIONING

Report Summary: The report discussed the two Peer Support Programmes: The Family Peer Support Service and the Breastfeeding Peer Support Service.

Breastfeeding Peer Support:

Authorisation is required to jointly conduct a tender process with Oldham Council to recommission and secure an appropriate supplier to deliver a Breastfeeding Peer Support Service in Tameside and Oldham.

The current budget is £114,713 per annum from Tameside Council and £88,679 per annum from Oldham Council. It is proposed that the service should be commissioned for a further five years (3+2 contract).

Family Peer Support:

The report seeks authorisation to award HomeStart HOST, a direct contract award for the Family Peer Support Programme. It is envisaged the contact will run for 3 years at £75,000 per annum.

Recommendations: That Strategic Commissioning Board be recommended to agree:

- (i) That approval is given to recommission and tender the Breastfeeding Peer Support Service with a 3+2 contract jointly with Oldham Council (option E at section 6.1).
- (ii) That approval is given to award HomeStart HOST with direct contract award for the Family Peer Support Programme (option E at 11.1).

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

Breastfeeding Peer Support:

The Breastfeeding Peer Support Service is funded under Nutritional Initiatives, with a gross budget of FY21/22 of £203k part-funded by an £89k annual contribution from Oldham Borough Council. The proposal is to retender this service on the current terms, and is therefore within the current budget envelope with no additional financial pressure arising.

As noted at 3.1 the Council is the lead commissioner for joint procurement with Oldham, and contractual and invoicing arrangements should be put in place to ensure OBC's contribution is received in a timely manner.

No savings proposal is associated with the Nutritional Initiatives budget. Alternative delivery options are set out at 6.1, but it is

considered that any cost reduction would not allow for a sustainable service and would impose costs on the wider health economy.

As noted at 4.1-2 procurement advice has been taken from STAR, with a competitive dialogue process helping to ensure that proposals align to the Council's requirements and provide value for money.

Family Peer Support:

The Family Peer Support Service is funded under the 0-5 Public Health Programme, with a gross budget of £75K per annum. The proposal is to grant a direct contract award for this service on the current terms, and is likewise within the current budget envelope with no additional financial pressure arising.

Alternative delivery options have been considered as set out at 11.1. It is thought undesirable to end the programme given its benefits to the wider health economy, and reducing the value or consolidating it into another programme would not be sustainable for the provider. A direct award provides certainty for the provider and avoids on ongoing procurement process.

As noted at 9.1-3 procurement advice has been taken from STAR, who have determined that a direct award is permitted under procurement rules, and that the award is well below any threshold that would require a competitive process.

Legal Implications:

(Authorised by the Borough Solicitor)

The project officers have sought legal and procurement advice for STAR. The legal implications are set out in sections 4 and 9 of the report. Officers should ensure that STARs advice is followed and all actions such as soft marketing are well documented especially where exemptions are being relied upon.

How do proposals align with Health & Wellbeing Strategy?

The retender of the Breastfeeding Peer Support Service supports in particular the starting well element of the life course approach and including the 'very best start in life' priority of the Corporate Plan. The retender also supports emotional wellbeing, as well as the food, nutrition and oral health work streams.

The direct award of the Family Peer Support Service to HomeStart HOST supports the priorities and the values of the Tameside Early Help Strategy, and the 'resilient families and supportive networks' priority of the Corporate Plan.

How do proposals align with Locality Plan?

Both plan align with the Locality Plan by supporting the Voluntary Community, Faith and Social Enterprise Sector and by ensuring the very best start in life for babies.

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

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

Recommendations / views of the Health and Care Advisory Group:

Report not been presented at the Health and Care Advisory Group.

Public and Patient Implications:

N/A

Quality Implications:	Tameside 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 quality, economy, efficiency and effectiveness.
How do the proposals help to reduce health inequalities?	<p>The nature of the Breastfeeding Peer Support 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).</p> <p>The nature of the Family Peer Support Service is to ensure families are supported with needs before the needs escalate further and more costly intervention are required.</p> <p>Both proposals have a vital role in reducing health inequalities supported by the Marmot Review. Early childhood is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.</p>
What are the Equality and Diversity implications?	An Equality Impact Assessment has been completed for both proposals outlined.
What are the safeguarding implications?	<p>There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.</p> <p>In both plans, the Providers will have a requirement to work in plan with national policy: Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children (2018).</p>
What are the Information Governance implications? Has a privacy impact assessment been conducted?	<p>Information governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.</p> <p>A privacy impact assessment has not been carried out.</p>
Risk Management:	The Council 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 the report writer, Charlotte Lee, Population Health Programme Manager
	 Telephone: 0161 342 4136  e-mail: charlotte.lee@tameside.gov.uk

1. INTRODUCTION

- 1.1 The report details Population Health's two early years peer support programmes commissioning intentions. The report seeks authorisation to:
- Retender the Breastfeeding Peer Support Service jointly with Oldham MBC with Tameside MBC as the lead commissioner.
 - Award a direct contract to HomeStart HOST for to the provision of the Family Peer Support Service.

2. BREASTFEEDING PEER SUPPORT

The Picture Of Health – Breastfeeding

- 2.1. There is overwhelming evidence that proves breastfeeding provides substantial health and wellbeing benefits for mothers and babies which are experienced well beyond the period of breastfeeding itself. As well as contributing significantly to reducing health inequalities, benefits of breastfeeding can be categorised to the following:
- **Infant health:** Breastfeeding protects children from a vast range of illnesses including infection, diabetes, asthma, heart disease and obesity, as well as cot death (Sudden Infant Death Syndrome).
 - **Maternal health:** Breastfeeding protects mothers from breast and ovarian cancers and heart disease.
 - **Relationship-building:** Breastfeeding supports the mother-baby attachment and relationship and the mental health of both baby and mother.
- 2.2. Despite this, 76% of all babies in England receive formula milk by 6 weeks. The cost to the NHS every year for treating just 5 illnesses linked to babies not being breastfed is at least £48 million and includes: ear infection, chest infection, gut infection, necrotising enterocolitis (gut infection in premature babies) and breast cancer.
- 2.3. Breastfeeding and breastfeeding for at least six months provides children with the best start in life and has the potential to reduce inequalities in health¹. Children who are breastfed are less likely to experience many of the infections and allergies of infancy and have lower risks of obesity in childhood. Research suggests breastfeeding is particularly important for single and lower-income mothers, continuing to have a positive effect for these groups when their children were five years of age.²
- 2.4. To encourage, promotion and support Mothers to breastfeed, there are a range of initiatives, interventions and services recommended, including a Breastfeeding Peer Support Service which is recommended by NICE ([PH11] - Maternal and child nutrition (November 2014)) and is highlighted as good practice in the '*Commissioning infant feeding services: a toolkit for local authorities*' report, produced by Public Health England and UNICEF (2016).
- 2.5. The Greater Manchester (GM) and East Cheshire Maternity Transformation Plan, under the postnatal priorities list breastfeeding as a GM area of focus. Promotion of initiation and maintenance of breastfeeding is a policy directive as outlined in 'Better Births' National Maternity Review.³
- 2.6. In 2018/19, 53.3% of women initiated breastfeeding in Tameside, compared to 62.4% regionally and 67.4% nationally. For Tameside, there was a 5.3% increase in the percentage

¹ Department of Health (2009) Healthy Child Programme: pregnancy and the first five years of life. Department of Health. Crown Copyright. 133 Hennessy S

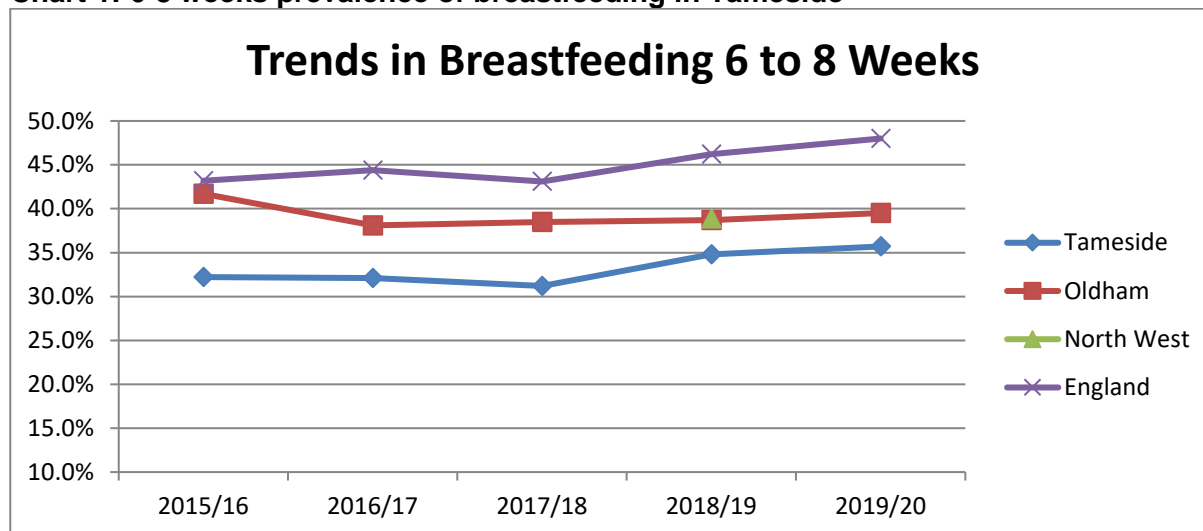
² Gutman L M, Brown J and Akerman R (2009) Nurturing Parenting Capability: The early years. Centre for research into the wider benefits of learning. Research report 30.

³ Implementing Better Births: A resource pack for Local Maternity Systems NHS England (2017) <https://www.england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1.pdf>

of women initiating breastfeeding from the previous year.

- 2.7. Chart 1 below illustrates the trends of breastfeeding at 6-8 weeks over a 5 year period. In 2019/20, 35.7% of women continued to breastfeed at 6-8 weeks in Tameside, compared to 48% in England. Tameside has seen a 4.5% increase in this indicator compared to 2017/18. In England, there has been a 4.9% increase in this indicator in same time period. Highlighting that whilst Tameside is improving in this indicator, there remains a gap between Tameside and England, evidencing ongoing health inequalities.

Chart 1: 6-8 weeks prevalence of breastfeeding in Tameside



- 2.8. Health inequalities in breastfeeding is further evidence by the finding from the National Infant Feeding Survey 2010. The survey found that the highest rates of breastfeeding were found among mothers who are aged 30 or over (87%), are from minority ethnic groups, mothers who left education aged over 18 (91%), in managerial and professional occupations (90%) and living in the least deprived areas (89%). Whilst mothers of first babies are more likely to start breastfeeding than mothers of second or later babies (84% compared with 78%).
- 2.9. In Tameside approximately 70% of babies are born to mothers from the most deprived quintiles, highlighting health inequalities across Tameside are reflected in our breastfeeding rates.
- 2.10. It is therefore proposed to retender the Breastfeeding Peer Support Service to have a concentrated focus on wards with lower breastfeeding rates, whilst maintaining a universal service. The wards with the lowest rates include: Dukinfield, Denton West, Dukinfield Stalybridge, Denton North East and Denton South. The new service will also give additional targeted support to women from a low income or disadvantaged background who may need extra support to start and establish breastfeeding as recommended in the recent National Institute for Health and Care Excellence guideline NG194 on Postnatal Care⁴.

3. THE CURRENT BREASTFEEDING PEER SUPPORT SERVICE

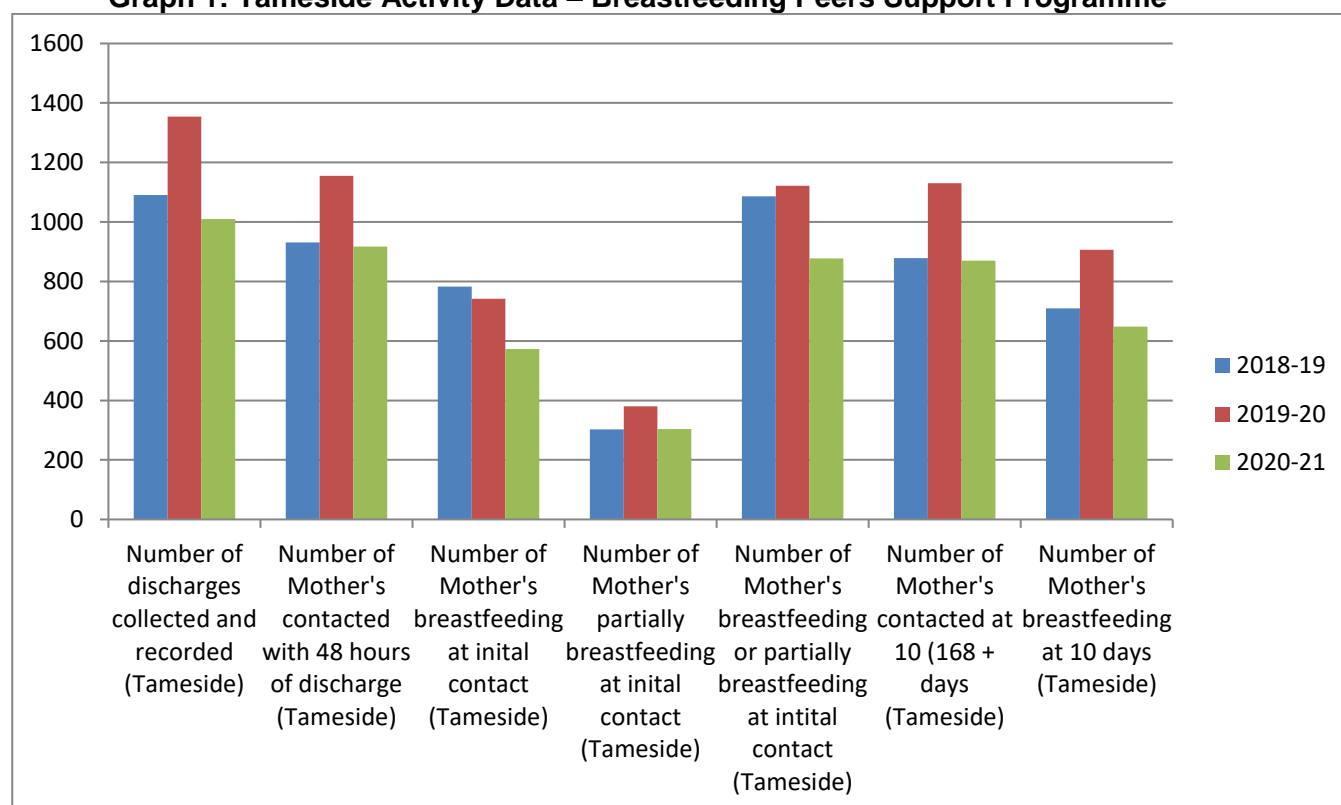
- 3.1. In 2017, Tameside Council (as lead commissioner) and Oldham Council jointly commissioned the Breastfeeding Support Service with the current contract due to end on the 31 March 2022. It is proposed to recommission this service for a further 5 years (3+2 contract) ensuring break clauses are built into the contract.
- 3.2. The Breastfeeding Peer Support Service in Tameside contributes to the promotion of a social and cultural shift to 'breastfeeding as a norm' across Tameside and Oldham, as well as

⁴ [p-breastfeeding-interventions-pdf-326764485980.pdf](https://www.nice.org.uk/guidance/ng194/resources/p-breastfeeding-interventions-pdf-326764485980.pdf)

supporting mothers to breastfeed for as long as possible.

- 3.3. The Breastfeeding Peer Support Service works in close partnership, contributing to and developing accessible pathways with midwifery, health visiting and children’s centre services, who all demonstrate best practice breastfeeding management through UNICEF Baby Friendly full accreditation standards.
- 3.4. The Breastfeeding Peer Support Service in an integral part of the Infant Feeding Programme in Tameside and contributes to the delivery of the implementation plan of the Tameside Infant Feeding Management Group.
- 3.5. The current Breastfeeding Peer Support Service consistently meets service targets and has received positive feedback from local parents. The service regularly provides case studies, an example of which can be found in **Appendix A**, where the second case study evidences the impact of Covid-19.
- 3.6. The current performance of the provider against the current contract specification is in line with the commissioners’ expectations. The full years 2018/19 to 202/21 performance data can be found in the below graph.

Graph 1: Tameside Activity Data – Breastfeeding Peers Support Programme



- 3.7. There has been a reduction in activity in 20/21 however, during the Covid-19 pandemic; the Breastfeeding Peer Support Service has been required to work differently to support families, including telephone support, Zoom Groups and individual tailored advice and support, which has not be captured in the data presented. The Service has now been able restored face-to-face visits and home visits within the first 48 hours of birth, and additional support on the Maternity Unit using robust risk assessments with families who are struggling with breastfeeding.
- 3.8. The current Breastfeeding Peer Support Service has also made significant steps in bringing about a 'breastfeeding welcome' culture in Tameside. Since the Service was commission in 2017, the provider has supported over 30 local businesses (mainly local cafés and

restaurants) to be welcoming of Mothers who breastfeeding in public. This is important aspect of the Service in the context of increasing the 6 to 8 weeks breastfeeding maintenance rates.

- 3.9. As part of pilot in the current year, the Breastfeeding Peer Support Service has provided breastfeeding awareness sessions within a number of Tameside secondary schools. Early evaluation data indicates a change in young people's attitudes of breastfeeding, and an increase awareness of the benefits associated with breastfeeding.

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

- 4.1. Joint work with STAR procurement has been ongoing with this project, including the completion of a Project Initiation Document (PID). It is the intention to run this exercise as a light touch regime under the 'health' Common Procurement Vocabulary (CPV) codes.
- 4.2. It is also intended to include an additional step in the procurement process to include a competitive dialogue with bidders. Previous procurements and soft market testing has told us that this is a narrow market of suppliers so a competitive dialogue process will allow bidders to develop alternative proposals in response to the Council's outline requirements. Only when the Council is satisfied that bidders proposals are developed to sufficient detail will tenderers be invited to submit competitive bids. The aims are to increase value by encouraging innovation and to maintain competitive pressure in bidding for specific contracts.

5. VALUE OF CONTRACT

- 5.1. The total cost for a period of up to five years will be £1,016,960 (£573,565 – Tameside Council & £443,395 – Oldham Council).

6. GROUNDS UPON AUTHORISATION TO PROCEED SOUGHT

- 6.1. The following options have been considered, with Option E preferred:

Option	Noting points
A End the contract	Whilst this would provide a financial saving, the service would not be available to develop local peer volunteers and support parents to initiate and maintain breastfeeding potentially increasing health inequalities.
B End contract and amalgamate the service with other services/contracts	Due to the specific nature of this service, it would be extremely difficult to undertake any form of amalgamation with other services/contracts as it was felt that the elements of the service could easily be consumed and the success of the service suffer as a result. It would be difficult to purchase the individual elements of the service for the financial commitment that is already provided, as outlined above.
C Extend contract on renegotiated terms	The current contract price is low in terms of the significance and impact of this work and reflects value for money. To reduce the current contract price would seriously jeopardise the service as the supplier would find it difficult to deliver the same levels of support.
D Extend contract on current terms	This is not an option under PSO's given that the contract ends on the 31 March 2022.
E End contract and re-tender (preferred option)	This is the preferred and required option under PSO C6.1 given that the contract will end on the 31 March 2021 Re-tender with current contract value: £203,392 per annum (£114,713 – Tameside Council, £88,679 – Oldham Council) with a 3+2 year contract (1 April 2022 – 31 March 2025, with option to extra to 31

7. FAMILY PEER SUPPORT

The Picture Of Early Help In Tameside

- 7.1 Tameside Council and its partners are passionate and committed to improving the outcomes for children, young people and their families living in Tameside. The Early Help Strategy⁵ updated in 2020, sets the vision for our support with families:

'We know that Tameside is a great place to grow up. We have strong communities, excellent schools and early education, good opportunities for work and much more.

But we can do better.

Most of our children and families grow up in a supportive environment that enables them to have the best start in life without the input of specialist services. When this is not the case children and families may need some extra support at different times in their lives.

We want every child, young person and family to get the help and support they need to succeed as early as possible.

Our vision is that every child and young person in Tameside has the best start in life, to grow, thrive, and be prepared for a successful adult life; and when the need or emerging problems occurs, communities and organisations work together with children, young people and families to co-ordinate support thereby improving the overall wellbeing and quality of life of all Tameside's children and young people.'

- 7.2 Since 2017, the Early Help Offer in Tameside has grown significantly, with the development of an Early Help Access Point, better Early Help Assessments tools, building 'Team Around' Approaches, Early Help Panels with joint decision-making and shared workforce development, such as Signs of Safety. Pivotal to the successes has been the integral and collaborative working with partners, including but not exclusive to: Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Action Together, Greater Manchester Police, Tameside Safeguarding Children Partnership and Tameside and Glossop Clinical Commissioning Group.
- 7.3 The need for Early Help for families has never been greater⁶ as highlighted by the recent Greater Manchester Health Inequalities review led by the Marmot team. Tameside has significantly worse outcomes for children and families compared to national average, which have been exacerbated by the COVID-19 pandemic⁷. Following on from an Early Help Peer Review late 2020, and the focus Ofsted Visit in May 2021, the emphasis to ensure children, young people and families are supported at the right time and in the right place has given greater evidence to support a system wide integration programmes for 0-19 services.
- 7.4 The Marmot Review shows that childhood and particularly early childhood, is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy. Working with a child and their family to address their needs early on can help reduce, prevent and remove risk factors (the worries for the family) and increase protective factors (what is working well for the family). Protective factors can reduce risk to a child's wellbeing and may include:

⁵ <https://www.tameside.gov.uk/TamesideMBC/media/earlyyears/Early-Help-Strategy-2020.pdf>

⁶ <https://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020/greater-manchester-evaluation-2020.pdf>

⁷ <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

- developing strong social and emotional skills;
- having a strong social support network for the family;
- support for good parental mental health;
- having good income support, access to benefits and advice;
- having access to good community services and facilities⁸.

7.5 Early help can take different forms, from home visiting programmes to support vulnerable parents and children, to school-based programmes to improve children's social and emotional skills, to mentoring schemes for young people who are vulnerable to involvement in crime.

8 THE CURRENT FAMILY PEER SUPPORT SERVICE

8.1 HomeStart Oldham, Stockport and Tameside (HOST) is a long-standing partner of the Council with a unique, tried and trusted peer support model, with a successful track record of grass-roots community volunteering, valued by volunteers and professionals alike.

8.2 HomeStart provides one-to-one peer support for families via a team of dedicated and supervised volunteers, who visit families' for a couple of hours per week and tailor support to meet the individual needs of the family. The trusted relationship that is developed between a parent and volunteer often leads powerful change within the family, as well as enabling the family to grow in confidence for accessing the wider community and universal early years offer. The Tameside Peer Support Programme will support families with children aged between 0-5 years. The families supported through the Peer Support Programme, may be families who have recently stepped down from Family Intervention Services, or families who need early support to prevent needs from escalating. As such families support should be either in Level 1 or 2 of the help, harm model outlined in the Early Help Strategy. The Family Peer Support Service has operated for a number of years on a grant-funding basis to HomeStart HOST from the Strategic Commission's Population Health Directorate. It is therefore the intention to move from a grant to a contract for service for 3 years.

8.3 In 2019/20, the Peer Support Service received 245 referrals, and supported 201 families, with 408 children. In 2020/21, the Peer Support Service has supported 281 families with 698 children, on a range of issues, including isolation, family conflict, managing budgets, and the health of the child and/or parent. HomeStart through their Peer Support Service has supported the difficulties and challenges that COVID-19 has brought to many families in Tameside. The organisation has worked in a 'COVID Safe' manner to provide emotional and social support, as well as providing food and home learning packages to vulnerable families. The current Peer Support Service consistently meets service targets and has received positive feedback from local parents, examples of which can be found in **Appendix B**.

8.4 HomeStart has been a significant partner in the development of the Early Help Offer, regularly attending panel meetings and providing a crucial pathway and intervening early to prevent family breakdown. They have adapted their service delivery and aligned to new ways of working, including asset based and relational approaches using Signs of Safety methodology. HomeStart are champions and deliver interventions supporting early attachment, infant feeding, child development and school readiness which all have strong evidence of effectiveness and return on investment.

9 PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

9.1 The Council have worked jointly with STAR Procurement colleagues to test the open market over a 4 week period, where one response was received by an interested organisation.

⁸ <https://www.eif.org.uk/why-it-matters/what-is-early-intervention>

Utilising Contract Procedure Rule 9.1.3 (g), the Council can demonstrate that 1 bidder in the market can deliver this service. The Public Contract Rules are not applicable to this Procurement activity, as the Council have utilised the Light Touch Regime for this work. The threshold for such Services is £663,540 and this service is considerably below this commission.

9.2 The evidence supporting value for money regarding early intervention is strong⁹. Not intervening early can bring high costs to public services and a recent widely recognised estimate, is that this could be as great as £17 billion per annual¹⁰. Most of this cost falls to local authorities and their partners and previous reports and reviews such as those authored by: Munro¹¹, Allen¹², Marmot¹³, Tickell¹⁴, and Field¹⁵ conclude that it is essential to prevent problems arising to reduce pressures on public services. The Council has ensure Value for Money by evaluating the service which has developed successful outcomes for families which has prevented them from need more costly interventions.

9.3 As the Council can demonstrate that 1 bidder (HomeStart HOST) can deliver the Family Peer Support Service, a direct contract award is sought. HomeStart HOST are enabled to support families in need of early help support, as well as collaborate on the programme for 0-19 integration services.

10 VALUE OF CONTRACT

10.1 The total cost for a period of up to three years will be £225,000.

11 GROUNDS UPON AUTHORISATION TO PROCEED SOUGHT

11.1 The following options have been considered with Option E preferred:

Option	Noting points
A End the grant	Whilst this would provide a significant financial saving, the service would not be available to develop local peer volunteers and support families with early help support.
B End the grant and amalgamate the service with other services/contracts	Due to the specific nature of this service, it would be extremely difficult to undertake any form of amalgamation with other services/contracts as it was felt that the elements of the service could easily be consumed and the success of the service suffer as a result. It would be difficult to purchase the individual elements of the service for the financial commitment that is already provided, as outlined above.
C Extend the grant on renegotiated terms	The current contract price is low in terms of the significance and impact of this work and reflects value for money. To reduce the current contract price would seriously jeopardise the service as the supplier would find it difficult to deliver the same levels of support.
D Extend the grant	The grant has been extended a number of times on an annual basis and which is challenging for collaborative working at a great scale

⁹ House of Commons. Briefing Paper: Early Intervention. (2019). <https://researchbriefings.files.parliament.uk/documents/CBP-7647/CBP-7647.pdf>

¹⁰ Early Intervention Foundation. (2016). <https://www.eif.org.uk/report/the-cost-of-late-intervention-eif-analysis-2016>

¹¹ Munro. (2011). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180919/DFE-00177-2011.pdf

¹² Allen. (2011). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf

¹³ Marmot. (2020). <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

¹⁴ Tickell. (2011). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180919/DFE-00177-2011.pdf

¹⁵ Field. (2010).

<https://webarchive.nationalarchives.gov.uk/20110120090141/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>

	and security/planning for the provider.
E End grant and award a direct contract (preferred option)	This is the preferred option under PCR 9.1.3 (g). The contract would start from the 1 April 2022 for 3 years (1 April 2022 – 31 March 2025) with a value of: £75,000 per annum (£225,000 in total) .

12. RECOMMENDATIONS

12.1 Recommendations are as outlined on the front sheet.

APPENDIX A

Breastfeeding Peer Support Service – Case Study

Mum A (Pre Covid)

Mum A gave birth to her daughter at Tameside hospital on 2 April 2019 and was discharged on 3 April. We telephoned mum following receipt of her discharge information and as she was struggling with all aspects of breast feeding we arranged to visit.

During the visit mum explained that her daughter was feeding for long periods and that she was sore and exhausted. Our peer supporter observed a feed and demonstrated an alternative position using a doll. Mum was able to adopt this position with ease and confirmed she was much more comfortable. We discussed signs of good milk transfer, hand expressing, feeding cues and stages of breastmilk. Mum had lots of questions about safe co-sleeping so we signposted her to information provided by the Lullaby Trust.

Two days later, mum rang the office to request a further home visit. Although feeding had been going well, she explained that her milk had come through and that she was sore and engorged. She said she felt that her milk was not satisfying her daughter as she had not settled well overnight, feeding or otherwise.

We visited mum at home and went through position and attachment again although this time paying particular attention to the cross cradle position as mum felt that her daughter was no longer comfortable feeding in the rugby position. We also discussed hand expressing a little prior to a feed as a self- help technique to minimise engorgement.

We rang mum when her daughter was 10 days old and she reported that feeding was going well although she had been advised by her midwife to introduce formula top ups as her daughter's weight gain was slow. Unfortunately this had led to constipation so mum had asked if she could borrow an electric breast pump with a view to giving her daughter top ups of expressed breast milk instead.

We visited mum with a breast pump and demonstrated how to use it and discussed expressing and storing breast milk.

Mum returned the pump to our office a week later as she had bought her own and was successfully breast feeding and giving formula top ups. She confirmed that she was attending our support group at Hyde Flowery children's centre as her daughter's weight gain was being monitored by Fiona, Community Infant feeding Co-ordinator for Tameside. Mum confirmed that her daughter making small weight gains.

When we contacted mum at 6 weeks she confirmed that her daughter was still breastfeeding with regular top ups of expressed breast milk.

Mum B (during Covid)

Mum gave birth in Tameside General Hospital on 30 October 2020 and was discharged from hospital on 3 November. When we made the initial support call to mum on the same day, she told us that baby had latched well at birth and she was offering her breast regularly. We discussed continuing to do this every 2-3 hours, she told us there were plenty of wees and poos. We talked about lots of skin to skin, the changes in the milk from colostrum to milk and discussed positioning and attachment. We sent her links from kellymom to follow this up and our FB group link.

On 5 November we had a call from mum. She told us that her nipples were sore, and described a shallow latch and said she was feeling really sore. We asked more questions and gave support in case of a possible Tongue tie. We talked mum through the rugby ball hold as this would mean gravity would take baby's tongue down to allow for a deeper latch. We explained how to recognise

when her breasts were fully drained, and to look out for baby's jaw to be tucked down when approaching the breast.

When we called mum when baby was ten days old on 9 November mum told us feeding was going much better, we spoke about making sure baby's mouth was nice and wide before putting him on her breast and also about growth spurts where baby may cluster feed.

On 23 November we received a call from mum requesting support. We went through different positions she could try and mum asked about feeding lying down, which we described. We gave lots of reassurance and answered her questions about supply and the importance of regular feeds overnight to put the milk order in for the next day.

On 2 December, a health visitor called and asked us to give mum a call. We called mum and gave her some additional tips around feeding cues and Position and attachment information. We also sent her lots more links from the breastfeeding network and Kelly mom. Also our group information.

At 6 weeks mums is still breast-feeding but does give expressed breast milk using a bottle occasionally to top up. All was going well and mum has now joined our zoom group, which she says she is really enjoying, especially meeting other mums, gaining reassurance.

Appendix B – Peer Support Service – Feedback from Families

“Without Home-Start I really don’t think we would have managed all we have achieved over the last 18 months’ and ‘they never judge me and give impartial advice.”

“Home-start have been a lifesaver for me and my mental health, not only practically but emotionally. As well, the contact for me and my children has had an amazing impact on our lives, and I’m thankful for them every day.”

“My Home-start visitor and the area manager have been a great support and help for my family. Having 3 young children and my eldest with additional needs means that family life can be very demanding, and even more stressful due to the covid pandemic. Home-start have been there to listen to my concerns and offer my family any help we need. I have found my Home-start visitor fabulous, she always puts me at ease and listens to my rants when I need to let off steam. In addition, Home-start are very good at matching you with someone who has had similar experiences/needs so you can easily relate and they can provide you with a wealth of knowledge/advice specific to your family situation. I have found having someone who is not a health or education professional extremely beneficial as they understand what is like to be in your shoes, and the actual realities of the situation which is not always easy to cope with or to change.”

“I couldn’t thank Home-start enough, when I was at my lowest and needed the most support, I had you to rely on. The support from my volunteer and the Home-start team has been fantastic, just a simple chat or a walk can instantly make you feel better about yourself or change your way of thinking. They have always been great with my little girl when I was having up and down days. Thank you to all the team, you are incredible.”

“Thank you so so much for today. I couldn’t have done it without you. You have no idea how much your support means to the boys and I.”

“You’re so good at calming me down, I always feel better after speaking to you. Thank you. ”

“It helped me through a really rough patch.”

“My volunteer was great at talking things through with me.”

“You are so knowledgeable and i feel so comfortable talking to you cause you really understand my struggles.”

“Knowing I have a listening ear when I need it really helps.”

“I like how you help me to see what i can achieve and support me along the way in doing so.”