

Report to: STRATEGIC COMMISSIONING BOARD

Date: 25 March 2020

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

Clinical Lead: Christine Ahmed, Starting Well

Reporting Officer: Debbie Watson, Assistant Director of Population Health

Subject: **RETENDER – BREASTFEEDING PEER SUPPORT SERVICE**

Report Summary: 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 envisaged the service should run for a further five years (3+2 contract).

Recommendations: That approval is given to recommission this service with a 3+2 contract jointly with Oldham Council.

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

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| Integrated Commissioning Fund Section: | Section 75 |
| Decision required by: | Strategic Commissioning Board |
| Organisation & Directorate: | Tameside MBC – Population Health |
| Budget Allocation 2019/20: | £ 114,710 |
| Additional Comments | |
| <p>The report requests approval to re-commission a breastfeeding peer support service from 1 October 2020 with budget provision of £ 114,710 included within the Population Health directorate revenue budget. In addition Oldham MBC will contribute £ 88,680 per annum to the service.</p> <p>It is essential that related procurement advice is sought from STAR and that the Director Of Population Health has robust assurance that the related contract award (when determined), provides value for money and will deliver expected outcomes.</p> | |

Legal Implications:
(Authorised by the Borough Solicitor)

Before retendering any contract members need to be satisfied that the proposed specification will achieve the Council’s priorities on a value for money basis and there is not a more expedient way of achieving those priority outcomes. If satisfied that is the case then approval can be given to retender in accordance with council procurement and financial standing orders. Tameside Council is under a statutory duty to ensure best value and compliance with procurement

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| | <p>obligations. Account will need to be taken of the joint funding approach and the need to monitor delivered targets for the duration of the contract.</p> |
| How do proposals align with Health & Wellbeing Strategy? | <p>The retender of the Breastfeeding Peer Support Service supports in particular the Starting Well element of the life course approach, but also supports emotional wellbeing, as well as the food, nutrition and oral health work streams.</p> |
| How do proposals align with Locality Plan? | <p>The retender of the Breastfeeding Peer Support Service aligns 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.</p> |
| 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 Health and Care Advisory Group: | <p>This report has not been presented to Health and Care Advisory Group.</p> |
| Public and Patient Implications: | <p>N/A</p> |
| Quality Implications: | <p>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.</p> |
| How do the proposals help to reduce health inequalities? | <p>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)</p> |
| What are the Equality and Diversity implications? | <p>An Equality Impact Assessment has been completed to inform the re-commissioning of the service.</p> |
| 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> |
| 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 and will need to be if there is a new provider.</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



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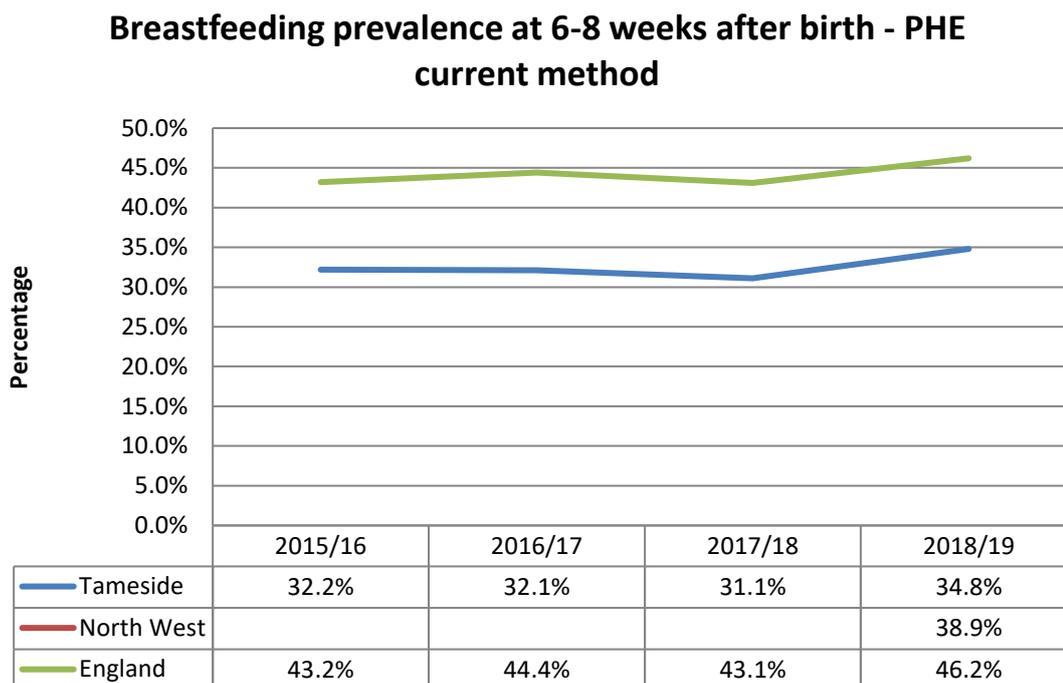
1. INTRODUCTION

- 1.1. 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.
- 1.2. 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)
 - breast cancer
- 1.3. 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).
- 1.4. 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.
- 1.5. The Breastfeeding Peer Support Service in Tameside is currently a joint commission with Oldham Council, and contributes to the promotion of a social and cultural shift to 'breastfeeding as a norm' across Tameside and Oldham, as well as supporting mothers to breastfeed for as long as possible (The World Health Organisation recommends exclusive breastfeeding up until 6 months).
- 1.6. 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.
- 1.7. As the Service contract is due to come to an end on the 30 September 2020, this report has been written to seek permission to retender for the Service jointly with Oldham Council, with Tameside Council being the lead commissioner.

2. THE PICTURE OF HEALTH – BREASTFEEDING

- 2.1. In 2016/17, 58.7% of women initiated breastfeeding in Tameside, compared to 64.5% regionally and 74.5% nationally. However, in 2017/18, the Tameside breastfeeding initiation percentage increased to 61.2%. This is a 2.5% increase from the previous year.
- 2.2. Moreover, in 2018/19, 34.8% of women continued to breastfeed at 6-8 weeks in Tameside, compared to 46.2% nationally. Tameside has seen a 3.7% increase in this indicator from the previous year compared to 3.1% increase nationally – thus beginning to closing the gap with the England average. This description is illustrated in the below chart:

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



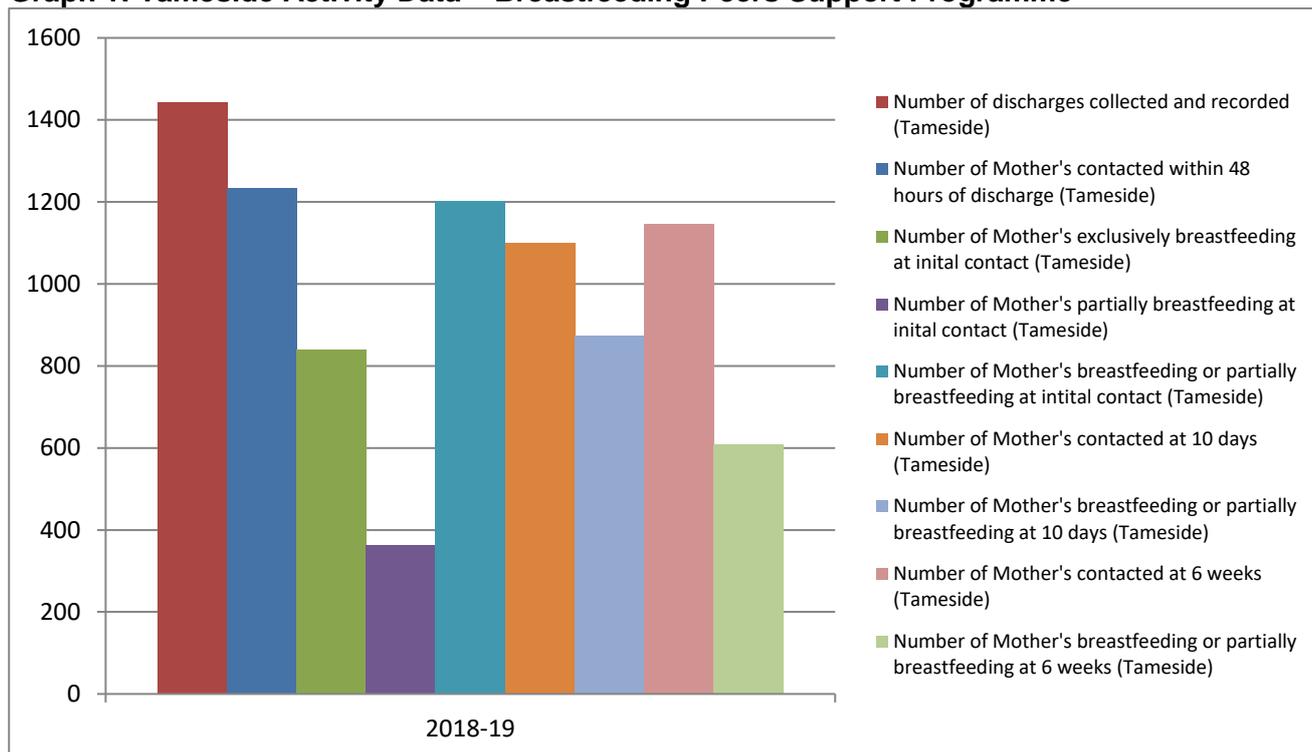
- 2.3. The National Infant Feeding Survey 2010 found that the highest rates of breastfeeding were found among mothers who are aged 30 or over (87%), are from minority ethnic groups, mothers who left education aged over 18 (91%), in managerial and professional occupations (90%) and living in the least 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%).
- 2.4. However, in Tameside approximately 70% of babies are born to mothers from the most deprived quintiles, highlighting health inequalities across Tameside reflective in our breastfeeding rates.
- 2.5. 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.

3. THE CURRENT BREASTFEEDING PEER SUPPORT SERVICE

- 3.1. In 2017, Tameside Council and Oldham Council jointly commissioned the Breastfeeding Support Service with the current contract due to end on the 30 September 2020. It is therefore the intention to recommission this service for a further 5 years (3+2 contract).

- 3.2. The Breastfeeding Peer Support Service is 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.
- 3.3. 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**.
- 3.4. The current performance of the provider against the current contract specification is in line with the commissioners' expectations. The full year 2018/19 performance data can be found in the below graph.

Graph 1: Tameside Activity Data – Breastfeeding Peers Support Programme



- 3.5. Through the collection of this existing activity data and that soon to be reported for the full year 2019/20, the recommission of the Breastfeeding Peer Support Service in Tameside will enable the Strategic Commission to benchmark future activity and outline targets in line with the ambition to increase breastfeeding initiation and 6-8 weeks maintenance, with the Greater Manchester, North West and England averages.
- 3.6. The current Breastfeeding Peer Support Service has also made significant steps in bringing about a 'breastfeeding welcome' culture in Tameside. Since the Service was commissioned in 2017, the provider has supported over 30 local businesses (mainly local cafés and restaurants) to be welcoming of Mothers who breastfeed in public. This is an important aspect of the Service in the context of increasing the 6 to 8 weeks breastfeeding maintenance rates.
- 3.7. Furthermore, as part of a pilot in the current year, the Breastfeeding Peer Support Service has provided breastfeeding awareness sessions within a number of Tameside secondary schools. Early data indicates a change in young people's attitudes towards breastfeeding, and an increase in awareness of the benefits associated with breastfeeding.

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

4.1. Joint work with STAR has been ongoing with this tender project, including the completion of a Project Initiation Document (PID) and STAR will be providing procurement support to the Commissioners. It is the intention to run this exercise as a light touch regime under the 'health' 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 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 Councils 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 further period of up to five years will be £1,016,960 (£573,565 – Tameside Council & £443,395 – Oldham Council).

6. **GROUND UPON AUTHORISATION TO PROCEED SOUGHT**

6.1. The following options have been considered:

| Option | Noting points |
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| A End the contract | Whilst this would provide a significant financial saving, the service would not be available to develop local peer volunteers and support parents to initiate and maintain breastfeeding. |
| 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 30 September 2020. |
| 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 30 September 2020. Re-tender with current contract value: £203,392 per annum |

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| | (£114,713 – Tameside Council, £88,679 – Oldham Council) with a 3+2 year contract. |
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7. RECOMMENDATIONS

7.1. As set out on the front of the report.

APPENDIX A

Breastfeeding Peer Support Service – Case Study

Mum A

Mum A gave birth to her daughter at Tameside hospital on 2nd April 2019 and was discharged on 3rd 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 breast feeding with regular top ups of expressed breast milk.

Mum B

Mum B gave birth at home on 2nd May 2019 and was briefly admitted to Stepping Hill hospital for postnatal care. We contacted her on 3rd May following receipt of her discharge information and she requested a home visit to help with position and attachment and general reassurance.

During the visit we observed a feed and although her daughter latched well Mum experienced severe nipple pain for the duration of the feed. She told our peer supporter that her midwife had originally suspected a tongue tie but had ruled it out following an examination prior to leaving Stepping Hill so we discussed warming the breast prior to a feed and gave information relating to wet wound healing and how to limit further nipple damage. We telephoned 2 days later and mum

told us that she was now expressing in addition to breastfeeding but that she was still in quite a lot of pain due to cracked and bleeding nipples. She explained that her midwife had recommended she try using nipple shields as a temporary measure while her nipples continued to be sore and asked us to visit to support with this.

We visited later that day and discussed good attachment using the shields and helped mum to try different positions. Mum explained that a different midwife suspected a posterior tongue tie and had referred the baby to the frenulotomy clinic at Tameside hospital.

We made a follow up call to Mum B when her daughter was 10 days old and she told us that her clinic appointment had come through and following a full examination there was no tongue tie. She also told us that she was no longer using nipple shields as her nipples had healed enough to allow her to feed without pain. She asked lots of questions regarding feeding while out and about and after discussing this fully we invited her to join us at our support group in IKEA to meet other mums and to give feeding outside of her home a try.

We rang mum again at 6 weeks and she described her breastfeeding as 'perfect' and 'brilliant'. She said despite her initial difficulties feeding was going really well and she thanked our service for the 'patient support' she'd received during the difficult early days. She said she was attending our support group at IKEA regularly and was encouraging several of her pregnant friends to give breastfeeding a try despite formula feeding her older child.