

Key Decision Report of the Director of Public Health

Key Officer Decision	Date: 18th June 2019	Ward(s): All
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SUBJECT: Procurement Strategy for Islington Breastfeeding Peer Support Service
1. Synopsis

- 1.1 This report seeks pre-tender approval for the procurement strategy in respect of Islington Breastfeeding Peer Support Service in accordance with Rule 2.7 of the Council's Procurement Rules.
- 1.2 The Islington Breastfeeding Peer Support Service will aim to increase the prevalence of exclusive breastfeeding at 6-8 weeks and beyond by offering dedicated one-to-one and group-based breastfeeding support to mothers within 48 hours of home birth or transfer home from a birthing centre, and additionally according to need. The service will be delivered by a network of trained peer volunteers and accredited peer supporters recruited from the local community, working within a multi-agency, integrated system of perinatal and infant health services.

2. Recommendation

- 2.1 To approve the procurement strategy for the Islington Breastfeeding Peer Support Service as outlined in this report.

3. Date the decision is to be taken:

18th June 2019

4. Background

- 4.1 The Breastfeeding Peer Support Service will aim to increase the prevalence of breastfeeding at 6-8 weeks, and to decrease inequalities in the initiation and maintenance of breastfeeding across the Borough, by offering universal one-to-one and group-based peer breastfeeding support. The Service will manage, deliver, monitor and report on breastfeeding peer support activity in Islington. This includes managing a pool of local Peer Volunteers and Supporters, and recruiting and training new Peer Supporters who reflect Islington's population.

The service will be required to contact new mothers within 48 hours following a home birth or discharge from hospital/birth centre, seven days a week. Mothers who give birth in hospital/a birth centre will ideally receive a face-to-face visit before discharge. Mothers will also be contacted (by telephone) as soon as possible after discharge in order to support continued breastfeeding. Peer supporters will encourage mothers to register and attend a Bright Start children's centre so that other services may be offered, in addition to the breastfeeding support which will also be provided as group or one-to-one sessions at these locations. Where appropriate, peer supporters will offer information and referral to wider public health services (as part of the Making Every Contact Count initiative), and referral to specialist support for women experiencing complex challenges with breastfeeding.

The service will support the Health Visiting Infant Feeding Coordinator in delivering the standards required for UNICEF Baby Friendly status in Islington and is designed to meet the recommendations of NICE guidelines on breastfeeding support¹ and UNICEF's 10 Steps to Successful Breastfeeding². The Breastfeeding Peer Support Service model addresses each level of care specified in the UNICEF Standards³, by providing universal, dedicated breastfeeding support; social support and assistance with challenges to enable continued breastfeeding; and a clear pathway to specialist support where necessary. In line with UNICEF BFI guidelines, the Service provider will evaluate service-user satisfaction, the effectiveness of the pathway and the impact on breastfeeding continuation rates as the contract progresses. (Relevant standards and guidelines are outlined in Appendix 1).

The objectives of the breastfeeding peer support service are:

- to ensure that all pregnant women and new mothers are offered timely information and support for breastfeeding
- to address inequalities by increasing the number of mothers who initiate and sustain breastfeeding among those groups identified as being least likely to breastfeed⁴
- to recruit peer supporters that are representative of the local community, and/or work in partnership with other local outreach perinatal services, in order to successfully engage with communities least likely to breastfeed or breastfeed exclusively

¹ Public health guideline [PH11] Published date: March 2008 Last updated: November 2014, <https://www.nice.org.uk/guidance/PH11/chapter/4-Recommendations#breastfeeding-3> [accessed 18.3.19]

² *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint WHO/UNICEF statement published by the World Health Organization.

³ UNICEF UK infosheet on specialist support, October 2017

⁴ A breastfeeding equity review will be conducted as part of the commissioning preparation.

- to build on existing breastfeeding support activities, ensuring that the peer support team is integrated within a multi-agency system which includes services within maternity units, health visiting teams, children’s centres and wider community networks
- to ensure equitable access to the service across the three Bright Start localities
- to raise awareness of the benefits of breastfeeding within the community
- to support engagement of families with the wider Bright Start Islington services for families with babies and young children
- to support engagement with wider public health services, particularly smoking cessation, healthy eating and physical activity, and perinatal mental health.
- to support families’ wider needs through active listening and appropriate signposting, in accordance with Making Every Contact Count.
- to provide quantitative and qualitative audit information to support the analysis of inequalities in breastfeeding within the borough, and progress towards addressing these.

The opportunities provided by this service are clearly defined in the evidence of both short and long term breastfeeding advantages. There is potential for life-long benefits throughout the health and social care system, and the opportunity to diminish some health inequalities that originate from the perinatal period. The physical, emotional and social benefits of breastfeeding, for baby and mother, are well evidenced⁵. Breastfed babies have significantly reduced risk of allergies, diarrhoea and respiratory infections in infancy, and lower odds of chronic conditions in later life (including obesity, cardiovascular disease, diabetes, childhood asthma and childhood leukaemia). By supporting good early attachment, breastfeeding also has positive repercussions for children’s cognitive and psycho-social development. Maternal benefits include reduced risk of post-partum haemorrhage, and longer-term reductions in the risk of type 2 diabetes and some cancers. There is also evidence of a positive association between early cessation of breastfeeding and postnatal depression.

Making Every Contact Count (MECC)

MECC is an initiative across Camden and Islington which provides free training to enable frontline staff and volunteers to empower and support residents in improving their health and wellbeing. Through the conversations they are already having with service users, practitioners are encouraged to recognise the challenges a person may be facing, and where appropriate deliver support and advice with finding further assistance. These conversations only take a few minutes but over time, all staff and volunteers working in this way can help to increase people’s knowledge, confidence and motivation to make positive changes and access the support they need. Part of a wider shift towards person-centred care, MECC techniques involve listening and asking the right questions to identify underlying health and wellbeing needs, delivering brief advice and/ or signposting to other support, which might relate to:

- Healthy living (stop smoking, physical activity, sensible drinking, mental health, healthy eating and sexual health)
- Money worries, debt and fuel poverty
- Employment
- Housing

⁵ https://www.unicef.org/nutrition/index_24824.html [accessed 18.3.19]

Peer supporters already deliver strong, sustained support for mothers experiencing challenges to breastfeeding, and often develop close working relationships with service-users over time. These frontline staff are therefore well placed to understand the wider needs of mothers and their families, and to enhance the social value of the service yet further by incorporating the principles and techniques of MECC into their existing provision.

4.2 Estimated Value

The service will be funded from the public health grant. The value of the procurement is £152,219 p.a. over seven (7) years (3+2+2), with a total value of £1,065,533.

Spend over the past two years is £127,118 per annum, with an additional £9,231 p.a. of realigned funding currently covering weekend provision and two additional drop-in groups (to achieve full service coverage). Costs of the service have been revised following market research and recognising the need to provide full coverage as described. For this procurement, a total of £25,101 of available ringfenced funding has been realigned to breastfeeding peer support (including the £9,231 specified above), as a more sustainable and cost-effective mechanism for delivering infant feeding outcomes. It will also maintain a commitment to paying the London Living wage, with an appropriate wage differential between employment grades.

A full service review is planned prior to the next commissioning cycle, where any potential efficiencies will be investigated. However, the service already operates a streamlined business model, with costs driven predominantly by front-line staffing, supervision and co-ordination of volunteers. Benchmarking against other local services demonstrates that Islington's volunteer- and peer supporter-based model provides exceptional value for money, compared with Health-visitor-based models provided in neighbouring boroughs.

4.3 Timetable

The current contract expires on 31 March 2020 and we would aim for a seamless transition to the new contract, with no service disruption. There are no statutory deadlines.

We propose that the service is recommissioned for seven (7) years from April 2020.

Advert: September 2019
Evaluation: October 2019
Award: December 2019
Mobilisation: 3 months
Start: 1 April 2020

An annual survey of service users and health professionals indicates that the peer support service is highly valued, and is effective in enabling mothers to continue breastfeeding for longer. Evaluation also forms part of the current contract, including a survey of maternity and infant health professionals, to evaluate the effectiveness of the pathway, and to assess the levels of satisfaction with the Service from the wider professional network as well as service users. More in-depth consultation will be carried

out with service-users and maternity services prior to re-commissioning, to inform development of the detailed service specification. The Infant Feeding Strategy Group has been closely involved in oversight and development of the Breastfeeding Support Service.

4.4 Options Appraisal

Option 1 (preferred): Recommission the service under the current peer support model, for seven days a week, with drop-in support running from all children’s centres and an additional one-to-one appointment clinic at Hornsey Road.

A key principle of the service is that women are offered breastfeeding support quickly after birth, ideally while still within a birthing facility (or within 48 hours of a home birth/transfer home). Weekend provision is therefore essential. Equitable access requires drop-ins to be available close to home, with a choice of delivery to include one-to-one or group-based support to complement home visits and telephone support. By providing antenatal advice on the benefits and management of breastfeeding, actively helping women to initiate breastfeeding quickly after birth, and fostering seamless continuation of assistance for breastfeeding through community support groups, this preferred service model aligns most closely with UNICEF guidance on 10 Steps to Successful Breastfeeding and NICE guidance. Capacity to deliver this model relies on successful recruitment and retention of peer supporters, and the efficient and responsive co-ordination of volunteer and peer supporter activity.

Under the current contract, weekend provision and two drop-in groups are temporarily funded from the health visiting budget, and staffing costs have remained unadjusted for over five years, generating risks to staff retention and cost pressures related to increases in the London Living Wage. The impact of inadequate capacity would be to the direct detriment of mothers and babies needing the service, and would prevent Islington from meeting UNICEF BFI and NICE standards of care. The funding of this service is directly related to its capacity, in a low-overheads model driven by staffing costs. These risks would therefore be effectively mitigated against by an increased contract value, as proposed. With this in mind, the contract value is recommended to increase from £127,118 to £152,219 per year (total contract value over 7 years: £1,065,533).

Option 2: Recommission the service under the current peer-support model, for five days a week with drop-in clinics at seven/nine children’s centres.

The current contract value of £127,118 provides for this level of service. Additional capacity is currently funded via the Health Visiting provider, and is not guaranteed unless this budget is re-aligned. An effective reduction (i.e. without the temporary additional funding for weekends and weekly drop-in groups at two children’s centres) would directly impact the capacity of the service. Seven-day coverage, one-to-one support and responsive, extended support for those with greatest need would be curtailed, with detriment to the service users and the borough’s performance against UNICEF Baby Friendly standards. In addition, maintaining the public health investment at the current level generates additional risks to future capacity, in relation to the recruitment and retention of a skilled workforce. For example, peer supporter salaries would be inconsistent with the skill and experience level required for the role, particularly given projected rises in the London Living Wage which will continue to close the gap between administrator-grade salaries and those of professional peer supporters.

Option 3: Recommission the service under an alternative operating model, e.g. led by Health Visiting.

The service model has been benchmarked against NICE and UNICEF BFI guidance, and other local operating models for breastfeeding support. The current service model aligns closely with best practice guidance from NICE and UNICEF. An alternative health visitor-led model in a neighbouring borough has proved less cost-effective. A more expensive staffing model, it has capacity to reach approximately 52% of new mothers soon after delivery, compared with the current Islington model which consistently reaches approximately 87% and delivers group support to twice as many breastfeeding mothers. The alternative model also lacks the internal progression opportunities for community volunteers provided by the current service design. An alternative model is therefore not recommended, although it may be refined based on the outcome of evaluation and review, potentially in collaboration with other outreach partners.

Option 4: Decommission the service.

This would leave Islington mothers (and their children/partners) without any dedicated or freely available breastfeeding support service. The evidence for the far-reaching impact of breastfeeding in the first stage of life is irrefutable; as a result, the health benefits, social value and cost-savings delivered through this service's outcomes are likely to be considerable. Halting the service is therefore not recommended.

A seven (7) -year contract (3+2+2) is preferred, owing to the nature and complexity of the service model. Breastfeeding support, and the UNICEF Baby Friendly Initiative standards against which this service delivers, are long-term strategic priorities, locally and more widely, and require integration of the Peer Support Service within the complex wider network of maternity and infant health provision. Continuity will greatly enhance these working relationships, also helping to raise awareness among the community and to begin realising the longer-term social aims of the service. Moreover, providers' confidence in developing their recruitment, training and employment strategy will be greatly enhanced by a funding arrangement that provides longer-term security.

Commissioners will accept collaborative bids where organisations are working in partnership to innovate in relation to integration and outreach.

4.5 Key Considerations

The service has been benchmarked against the equivalent models in neighbouring boroughs.

The capacity achieved through the peer supporter model achieves exceptional value for money compared with alternatives adopted locally, while also providing a pathway to employment for peer volunteers who train to become professional peer supporters within the service.

The Service operates a direct pathway to skills development and employment for local women. Peer Breastfeeding Volunteers will receive extensive work experience and training, achieving externally validated and nationally recognised accreditation and progression to paid employment as a Breastfeeding Peer Supporter. Evaluation of the current service has demonstrated this employment pathway in action. Peer Supporters feel confident in their skills, and their professional status is valued among other health

practitioners. Currently, 15 professional Breastfeeding Peer Supporters are working in Islington, with a further 10 volunteers gaining experience prior to accreditation.

The peer support model greatly enhances the effectiveness, duration and reach of freely available breastfeeding support. By drawing dedicated peer supporters from the local community, and/ or partnering with other outreach perinatal services locally, it will also be accessible to women from communities least likely to breastfeed, building a more equitable, empowered and sustainable culture of breastfeeding within Islington. By facilitating social interaction between local mothers who may be at greater risk of social isolation, it will encourage the foundations of support networks that outlast contact with the service itself.

The service will add further social value by providing appropriate information and guidance into the wider range of services to support health and wellbeing, in accordance with Making Every Contact Count.

The provider will be required to operate a healthy workplace; the business model supports part-time and flexible working, and engagement with local communities. There will be a requirement in the service contract for the London Living Wage.

Environmental sustainability will be encouraged in the use of electronic data systems, group drop-in services provided close to home, and use of telephone and online support to supplement face-to-face contact. In encouraging breastfeeding rather than bottle-feeding, the service will also inherently support a carbon-neutral feeding choice.

4.6 Evaluation

The tender will be conducted in one stage, known as the Open Procedure, as the tender is 'open' to all organisations who express an interest. The Open Procedure includes minimum requirements which organisations must meet before the rest of their tender is evaluated.

Specific evaluation award criteria will be determined following the contract evaluation and consultation described above, and subsequent refinement of the final service specification. Broadly, applications will be awarded in alignment with the following key performance areas, with a 20%:80% weighting between cost and quality.

- Quality of service provision, including the nationally recognised accreditation and extensive experience of local Breastfeeding Peer Supporters, and the universal application of evidence-based best practice, in accordance with NICE and UNICEF guidelines (25%)
- Capacity to reach the vast majority of new mothers within 48 hours of transfer home/ home birth, and ideally face-to-face prior to discharge from a birthing centre (10%)
- Working effectively within an integrated, multi-agency system that meets the standards of the UNICEF Baby Friendly Initiative, including integration with the specialist breastfeeding support pathway (15%)
- Reducing inequalities in breastfeeding rates by engaging effectively with mothers from groups least likely to breastfeed (15%)
- Monitoring, performance management and evaluation of services in line with commissioning and GDPR requirements (10%)

- Social benefit of the service model (5%)
- Cost-effectiveness of the service model (20%)

4.7 Business Risks and Opportunities associated with this procurement are outlined in Appendix 2.

4.8 The Employment Relations Act 1999 (Blacklist) Regulations 2010 explicitly prohibit the compilation, use, sale or supply of blacklists containing details of trade union members and their activities. Following a motion to full Council on 26 March 2013, all tenderers will be required to complete an anti-blacklisting declaration. Where an organisation is unable to declare that they have never blacklisted, they will be required to evidence that they have 'self-cleansed'. The Council will not award a contract to organisations found guilty of blacklisting unless they have demonstrated 'self-cleansing' and taken adequate measures to remedy past actions and prevent re-occurrences.

4.9 The following relevant information is required to be specifically approved in accordance with rule 2.8 of the Procurement Rules:

Relevant information	Information/section in report
1 Nature of the service	The Breastfeeding Peer Support Service will aim to increase the prevalence of breastfeeding at 6-8 weeks, and to decrease inequalities in the initiation and maintenance of breastfeeding across the Borough, by offering universal one-to-one and group-based peer breastfeeding support. See paragraph 4.1
2 Estimated value	The estimated value per year is £152,219 The agreement is proposed to run for a period of seven years (3+2+2). See paragraph 4.2
3 Timetable	Advert: September 2019 Evaluation: October 2019 Award: December 2019 Mobilisation: 3 months Start: 1 April 2020 See paragraph 4.3
4 Options appraisal for tender procedure including consideration of collaboration opportunities	Option 1 (preferred): Recommission the service under the current peer-support model, for seven days a week, with drop-in support running from all children's centres and an additional one-to-one appointment clinic at Hornsey Road.

	See paragraph 4.4
5 Consideration of: Social benefit clauses; London Living Wage; Best value; TUPE, pensions and other staffing implications	<p>Social benefit will derive from: a direct pathway to employment within the service; establishment of a sustainable culture of breastfeeding within Islington; guidance to wider services for health and wellbeing; a healthy workplace service model; and environmental benefits derived from providing care close to home and promoting a carbon-neutral feeding choice.</p> <p>Best value has been determined by benchmarking against services in neighbouring boroughs, showing exceptional value for money.</p> <p>See paragraph 4.5</p>
6 Award criteria	<p>20% cost, 80% quality. The award criteria price/quality breakdown is more particularly described within the report.</p> <p>See paragraph 4.6</p>
7 Any business risks associated with entering the contract	<p>Risks to service continuity are mitigated against in the timetable. Risks to quality and capacity are mitigated against by evaluation, performance management and adequate funding.</p> <p>See paragraph 4.7 and Appendix 2</p>

5. Implications

5.1 Financial implications:

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The total funding for 2019/20 is £25.2m.

The current budget earmarked for this service is £127k p.a. The value of the contract is proposed to be increased to £152k – an increase of £25k. This amount will be funded from other Public Health budgets where efficiencies allow for budget realignment. This increase in contract cost will not cause a budget pressure for the service.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this.

Payment of London Living Wage is a requirement of the contract and should not result in any additional costs.

Any TUPE cost implications that may arise from this waiver will have to be met by existing resources outlined above.

5.2 **Legal Implications:**

The Council has a general duty to improve public health under the Health and Social Care Act 2012, section 12, a council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way).. The Council may therefore provide services in relation to breastfeeding services as proposed in this report. The Council may enter into contracts with providers of such services under section 1 of the Local Government (Contracts) Act 1997.

The proposed contract is a contract for services. The care-related nature of the services being procured are subject to the light touch regime set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations) and Schedule 3 (which identifies health, social and related services including nursing-related services). The threshold for application of this light touch regime is currently £615,278. The maximum contract value of the proposed contract is above this threshold (i.e. £1,065,533 over a maximum 3+2+2 term). It will therefore need to be advertised in the Official Journal of the European Union (OJEU). There are no prescribed procurement processes under the light touch regime. The Council may therefore use its discretion as to how it conducts the procurement process provided that it: discharges its duty to comply with the EU Treaty principles of equal treatment, non-discrimination and fair competition; conducts the procurement in conformance with the information that it provides in the OJEU advert; and ensures that the time limits that it imposes on suppliers, such as for responding to adverts is reasonable and proportionate. Following the procurement, a contract award notice is required to be published in OJEU.

The Council's Procurement Rules for Light Touch Services require contracts over the value of £500,000 to be subject to competitive tendering.

The proposed procurement strategy, to advertise a call for competition and procure the service using a competitive tender process (open procedure), is in compliance with the requirements of the Regulations and the council's Procurement Rules.

On completion of the procurement process the contract may be awarded to the highest scoring tenderer subject to the tender providing value for money for the Council.

5.3 **Environmental Implications**

Delivery of the service will result in the use of energy, water and materials and the production of waste in the healthcare premises, although this will be mitigated by implementing paper-light administrative systems and encouraging recycling. One of the more significant impacts will be travel by staff and users of the service. This will be mitigated by providing drop-in group support at a variety of locations, recruiting local peer supporters and ensuring staff travel by public transport. The service's overall aim – promoting breastfeeding – is a carbon neutral infant feeding choice and reduces the need for the purchase of consumer products.

5.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of

opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has been carried out. The service is neither expected to be discriminatory in any way, to have a negative impact on equality of opportunity for people with protected characteristics, nor to have a negative impact on good relations between communities with protected characteristics and the rest of the population in Islington. The proposal delivers on a strategic priority for population health (support for breastfeeding). The delivery model encourages best possible access for all groups, and the specification will be refined following evaluation and equity review. The service offers opportunities to reduce health inequalities by increasing uptake of breastfeeding, and to foster good relationships between mothers based on shared experience and mutual support. It also provides accessible pathways to employment for local women who may be disadvantaged in the traditional labour market because of childcare responsibilities. The service does not inherently present safeguarding risks, outside of statutory considerations for working with babies and potentially vulnerable mothers. Safeguarding compliance is a requirement of the provider and will be monitored as a key performance area.

The full RIA is at Appendix 3.

6. Reasons for the decision: (summary)

- 6.1
- Giving children the best start in life is a Health and Wellbeing Board strategic priority and children's services are prioritised for long-term investment.
 - This is a highly effective service model, in terms of reach, outcomes and value for money, benchmarked against local alternatives.
 - Recommissioning has given the opportunity to review the market and optimise investment for the recruitment and retention of skilled staff, while remaining extremely cost-effective compared with other delivery models. Funds have been realigned with no detriment to the overall investment in early years health provision.
 - A longer contract length (seven years) is approved since this is an important area for sustained investment. Contractual stability will enable improved integration of the service within a multi-agency health system, longer term social value, and greater sustainability for volunteer/ peer supporter recruitment, training and employment, to the benefit of service users.

7. Record of the decision:

- 7.1 I have today decided to take the decision set out in section 2 of this report for the reasons set out above.

Signed by:

Appendices

- Resident Impact Assessment
- Relevant standards and guidance (UNICEF and NICE)
- Business Risk and Opportunity Assessment

Background papers: None

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Appendix 1: Relevant Standards and Guidance (UNICEF and NICE)

UNICEF

UNICEF's 10 Steps to Successful Breastfeeding highlight the importance of providing antenatal advice on the benefits and management of breastfeeding, actively helping women to initiate breastfeeding quickly after birth, and fostering seamless continuation of assistance for breastfeeding through community support groups⁶. Systematic review of breastfeeding support interventions, as well as local evaluation, finds that information and advice, encouragement, and practical support to overcome difficulties are effective in overcoming the barriers to breastfeeding, whether those are practical or cultural. The role of peers who provide 'mum-to-mum' support is highlighted in evaluations as being particularly effective for building rapport based on parity and shared experience. Accordingly, the Islington Breastfeeding Peer Support Service aims to increase the prevalence of breastfeeding, and reduce inequalities in breastfeeding rates, by providing one-to-one and group peer support - antenatally, quickly after birth and for a sustained period of time according to need. Peer supporters will be sought from the local community, and in particular those communities least likely to breastfeed, in order to improve access to support services for these women and their families.

The service will play a crucial role in continuing delivery against UNICEF Baby Friendly Initiative Standards⁷, an ongoing strategic priority for the Borough. The Standards require that:

- Mothers are made aware of the support available from the midwifery/health visiting service and how to access this.
- Mothers are given details of telephone helplines and support available from voluntary organisations.
- Additional services providing social support and help with basic problem solving are available locally, and mothers are given information about how to access these.
- Specialist support, with an appropriate referral pathway, is available for mothers experiencing complex challenges with breastfeeding.

NICE

NICE guidance⁸ recommends that a multifaceted programme of interventions across different settings – and including breastfeeding peer-support programmes - should be adopted to increase breastfeeding rates. Joint working between health professionals and peer supporters is also recommended.

Commissioners are recommended to:

- Provide local, easily accessible breastfeeding peer support programmes and ensure peer supporters are part of a multidisciplinary team.

Ensure peer supporters:

⁶ *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint WHO/UNICEF statement published by the World Health Organization.

⁷ UNICEF UK infosheet on specialist support, October 2017

⁸ Public health guideline [PH11] Published date: March 2008 Last updated: November 2014, <https://www.nice.org.uk/guidance/PH11/chapter/4-Recommendations#breastfeeding-3> [accessed 18.3.19]

- attend a recognised, externally accredited training course in breastfeeding peer support
- contact new mothers directly within 48 hours of their transfer home (or within 48 hours of a home birth)
- offer mothers ongoing support according to their individual needs. This could be delivered face-to-face, via telephone or through local groups
- can consult a health professional and are provided with ongoing support
- gain appropriate child protection clearance.

For mothers and families whose first language is not English, breastfeeding support from link workers who speak the mother's first language is recommended; women from minority ethnic communities whose first language is not English should be encouraged to train as breastfeeding peer supporters.

Appendix 2: Business Risk and Opportunity Assessment

Risk Ref:	Risk Event (There is a risk that...)	Root cause (s) (...as a result of/due to...)	Consequence/effect (...leading to...)	L	I	IR	Controls reducing likelihood (focus is on prevention)	Controls reducing impact (focus is on damage limitation post-event)
1	Break in service between contracts	Delays in procurement process, or provider missing deadline for service start.	Missed cohorts of new mothers and their babies, and for those needing later support there would be no capacity to catch up.	1	2	4	Timetable planned to award contract with 2 months' mobilisation time. Ensure provider is experienced and capable. Provide support during mobilisation phase.	Consider short-term extension to current contract.
2	No suitable applicants	Tender unattractive to potential applicants because of contract length, service requirements or inadequate funding.	Unable to provide service, no aims achieved, failure to deliver UNICEF BFI standards.	2	3	9	Specify longer-term contract period (3+2+2), service model in line with guidance and maximising integrated working, realistic costing of business case based on service evaluation.	Gain market feedback on lack of interest and attempt to reprocore.
3	Poor quality of delivery	Peer support delivery, management or administration is inadequate.	Lower rates of breastfeeding, poorer outcomes for mothers and babies, reduced impact on inequalities, increased risk of governance breakdown.	1	3	6	Requirement for nationally recognised accreditation of peer supporters. Stringent award evaluation criteria. Quarterly performance review.	Increased scrutiny and support through contract management. Option to break after 3 years.
4	Recruitment and retention difficulties	Local workforce shortages, unattractive salaries in relation to skill level and responsibilities, inadequate recruitment strategy/ execution.	Reduced coverage of service, lower rates of breastfeeding, poorer outcomes for mothers and babies, reduced impact on inequalities, fewer local women access employment pathway, failure to deliver UNICEF BFI standards.	2	3	9	Realistic costing for staff roles, benchmarked for skill level and responsibility, in relation to LLW. Prior experience of provider in relation to recruitment, and supervision/ support.	Alter deliver model to fit capacity, provide less face-to-face and one-to-one support. NB would negatively impact on service outcomes and reduce accessibility.

Opp Ref:	Opportunity Event (There is an opportunity that...)	Consequence/effect (...leading to...)	L	I	(L x I) + I	Select from list below	Enablers (how can we achieve this opportunity?)
1	Effective engagement with mothers from communities least likely to breastfeed facilitates recruitment of representative peer supporters, in turn facilitating future engagement with the same communities.	Reductions of health inequalities between communities, for mothers and babies. Better understanding of barriers to engagement, and ability to overcome them.	3	3	12	Service Delivery	Ensure provider has experience of working with disadvantaged communities. Specify requirement to actively engage with groups least likely to breastfeed, both through recruitment of staff and partnership with other outreach services.
2	Lessons learned from successful outreach can inform other interventions which aim to tackle health inequalities.	Best practice model improves outcomes across the range of equity-based service delivery. Best practice disseminated widely.	3	3	12	Partnerships	Evaluate programme annually. Disseminate findings through Infant Feeding Strategy Group, Public Health Directorate and other stakeholders.
3	Engagement with breast feeding services also increases health literacy and engagement with other services, through MECC support.	Improvement in a range of other health and wellbeing outcomes.	3	3	12	Org Priorities	Frontline staff complete MECC training as part of induction.
4	Mothers and families with improved health literacy are able to support each other.	More sustainable culture of health literacy develops, improving not only breastfeeding rates but engagement with other services.	3	2	8	Partnerships	Fostering social relationships between mothers and involving families to support mothers with breastfeeding. Group as well as one-to-one provision, and visits within the home.

Resident Impact Assessment

Islington Breastfeeding Peer Support Service

Camden and Islington Public Health

1. What are the intended outcomes of this policy, function etc?

Increase the prevalence of exclusive breastfeeding at age 6-8 weeks and beyond, and reduce inequalities in breastfeeding rates, in Islington.

2. Resident Profile

Who is going to be impacted by this change i.e. residents/service users/tenants? Please complete data for your service users. If your data does not fit into the categories in this table, please copy and paste your own table in the space below. Please refer to **section 3.3** of the guidance for more information.

	Borough profile		Service User Profile	
		Total: 206,285		
Gender	Female	51%	Female	100%
	Male	49%	Male	0%
Age ⁹	Under 16	32,825	Under 25	298
	16-24	29,418	25-34	1631
	25-44	87,177	35+	1028
	45-64	38,669		
	65+	18,036		
Disability	Disabled	16%	Disabled	No data
	Non-disabled	84%	Non-disabled	No data
Sexual orientation	LGBT	No data	LGBT	No data
	Heterosexual/straight	No data	Heterosexual/straight	No data

⁹ Age group data from ONS 2016

Ethnicity¹⁰	BME	52%	Turkish	2.1%
	White	48%	Asian	9.8%
			Black/ Black British	13.8%
			White British/ Irish	32.0%
			White Other	23.8%
			Mixed	5.6%
			Other/ not stated	12.9%
Religion	Christian	40%	Christian	No data
	Muslim	10%	Muslim	No data
	Other	4.5%	Other	No data
	No religion	30%	No religion	No data
	Religion not stated	17%	Religion not stated	No data

3. Equality impacts

With reference to the [guidance](#), please describe what are the equality and socio-economic impacts for residents and what are the opportunities to challenge prejudice or promote understanding?

- Is the change likely to be discriminatory in any way for people with any of the protected characteristics?

No. The service is universally offered to all new mothers, irrespective of age, ethnicity, sexual orientation, disability, religion or belief. Breastfeeding support is offered in a variety of locations including the home or by telephone, one-to-one or in groups located in children's centres across the borough. Mothers with complex needs identified via the Service will access the specialist breastfeeding support pathway.

- Is the proposal likely to have a negative impact on equality of opportunity for people with protected characteristics? Are there any opportunities for advancing equality of opportunity for people with protected characteristics?

The proposal will have a positive impact on equality of opportunity, through its work to reduce inequalities in Islington's breastfeeding rates. Peer supporters are recruited from the local community to improve access to services among groups least likely to breastfeed. A breastfeeding equity audit will inform the specification, the promotion of the service, and the peer supporter recruitment strategy. As above, the delivery model encourages best possible access for all groups. Evaluation and improvement will be embedded within the service specification.

¹⁰ Ethnicity data estimated using % averages over Q1-3 2018/19. Ethnicity of mothers receiving a post-discharge phonecall (estimated 80% of all new mothers). Source: The Breastfeeding Network.

- Is the proposal likely to have a negative impact on good relations between communities with protected characteristics and the rest of the population in Islington? Are there any opportunities for fostering good relations?
No negative impact is anticipated. The service facilitates mothers to meet socially at breastfeeding drop-ins, providing opportunities for fostering good relations based on shared experience and mutual support.
- Is the proposal a strategic decision where inequalities associated with socio-economic disadvantage can be reduced?
Promotion of breastfeeding is a strategic priority locally, nationally and globally. The benefits of breastfeeding are promoted universally through this service, with an emphasis on personalisation and accessibility of support. The service will thereby reduce inequalities in breastfeeding rates, along with related health inequalities for mothers and babies.

4. Safeguarding and Human Rights impacts

a) Safeguarding risks and Human Rights breaches

Please describe any safeguarding risks for children or vulnerable adults AND any potential human rights breaches that may occur as a result of the proposal? Please refer to **section 4.8** of the [guidance](#) for more information.

The provider will be required to comply with all relevant safeguarding legislation set out in Working Together to Safeguard Children and the 2014 Care Act. There is no direct safeguarding risk or risk of human rights breach inherent in the service. The providers' compliance with safeguarding and governance requirements will be reviewed during contract monitoring.

If potential safeguarding and human rights risks are identified then **please contact equalities@islington.gov.uk to discuss further:**

5. Action

How will you respond to the impacts that you have identified in sections 3 and 4, or address any gaps in data or information?

For more information on identifying actions that will limit the negative impact of the policy for protected groups see the [guidance](#).

Action	Responsible person or team	Deadline
Breastfeeding equity review	Public Health Children and Young People's Team	August 2019
Evaluation of current service – reach and equity	The Breastfeeding Network	August 2019

Monitoring of newly commissioned service	Provider/ commissioner	July 2021, and quarterly
Evaluation of newly commissioned service	Provider (tbc)	March 2021, and annually

Please send the completed RIA to equalites@islington.gov.uk and also make it publicly available online along with the relevant policy or service change.

This Resident Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Staff member completing this form:

Signed: Gill Hannan

Date: 27/03/2019

Head of Service or higher:

Signed: Jane Brett-
Jones _____

Date: 27/03/2019