


**Key Decision Report of the Director of Public Health**

<b>Officer Key Decision</b>	<b>Date: 17 December 2019</b>	<b>Ward(s): All</b>
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<b>Delete as appropriate</b>		Non-exempt
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**THE APPENDIX TO THIS REPORT IS NOT FOR PUBLICATION**

**SUBJECT: Contract Award for 1920-0001 Islington Breastfeeding Peer Support Service**
**1. Synopsis**

- 1.1 This report recommends the award of contract to The Breastfeeding Network for the provision of Islington's Breastfeeding Peer Support Service.
- 1.2 This service aims to:
  - increase the overall prevalence of breastfeeding and exclusive breastfeeding at 6-8 weeks
  - reduce inequalities in breastfeeding rates by increasing the number of mothers who initiate and sustain breastfeeding among those groups identified as being least likely to breastfeed
  - achieve high service-user satisfaction in relation to breastfeeding confidence, health literacy, resilience and subjective wellbeing

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 contract award for 1920-0001 Islington Breastfeeding Peer Support Service as outlined in this report.

### 3. Date the decision is to be taken:

Tuesday 17<sup>th</sup> December 2019

### 4. Background

- 4.1 This service will support the Health Visiting Infant Feeding Coordinator in delivering the standards required by UNICEF Baby Friendly status in Islington, and is designed to meet the recommendations of NICE guidelines on breastfeeding support<sup>1</sup> and UNICEF's 10 Steps to Successful Breastfeeding<sup>2</sup>.

Breastfeeding Peer Support is well established as a concept and a service offer to mothers in Islington, and the extended re-commissioning of this service is described within the updated specification. We expect that the stability of provision offered through this contract will enable further 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.

The contract for the new service will run for three (3) years from 1 April 2020, with two (2) options to extend for up to a further two (2) years each (2+2) years. The total contract value over seven (7) years is £1,064,819.

The objectives of the service are to:

- ensure that pregnant women and new mothers are offered timely information and support for initiation and continuation of breastfeeding
- proactively support mothers who experience barriers both to breastfeeding and to accessing public health services, partnering with local outreach and specialist services in order to successfully engage with diverse groups of women
- ensure equitable access to the support service across the three Bright Start localities
- provide timely information and advice to partners and families so that they can play a supportive role with infant feeding
- 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
- provide quantitative and qualitative audit information to support the analysis of inequalities in breastfeeding within the borough, and progress towards addressing these

Wider public health objectives of the service are:

- to support families' wider needs through active listening and appropriate signposting, in accordance with Making Every Contact Count
- to increase engagement with Bright Start Islington services for families with babies and young children
- to support engagement with wider public health services as needed, such as smoking cessation, healthy eating and physical activity
- to support maternal mental health through:

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<sup>1</sup> 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]

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

- a good understanding of the links between breastfeeding, attachment and mental health, with effective communication of these messages to mothers and their families
- empowering women to make informed decisions about feeding their baby, and supporting them to succeed
- raising awareness of self-help strategies and universal wellbeing services to support mental health
- identifying signs of mental ill health and supporting access to appropriate perinatal mental health services by linking with the named Health Visitor or GP
- to provide opportunities for social connection, through peer supporter contact and by facilitating group interaction between new mothers who may be at greater risk of social isolation during this time

## 4.2 Estimated Value

The service will be funded from the Public Health grant. The value of the contract is £152,117 p.a. over seven (7) years (3+2+2), with a total value of £1,064,819.

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. For this procurement, a total of £24,999 p.a. of available ring-fenced 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.

The service 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.

The service is being recommissioned for seven (7) years from April 2020.

Award: December 2019

Mobilisation: 3 months

Start: 1 April 2020

Service user feedback has been incorporated via the annual survey of service users and health professionals, which indicates that the peer support service is highly valued, and is effective in enabling mothers to continue breastfeeding for longer. The service specification also incorporates feedback from the evaluation of the current contract, which includes a review of universal and targeted activity, and qualitative consultation

with service users, maternity and infant health professionals. The Infant Feeding Strategy Group has been closely involved in oversight and development of the Breastfeeding Support Service, with more detailed input from local services for refugee, migrant and vulnerable families, and the specialist health visitor leading development of the perinatal mental health pathway. A parent champion was part of the evaluation panel that assessed the bids for the service.

#### 4.4 Options appraisal

The Service is being recommissioned for seven days a week, with drop-in support running from all children's centres, and additional drop-in support to improve access among groups with lowest uptake. 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. These risks have been mitigated against by a realignment of existing budgets and consequently an increased contract value, from £127,118 to £152,117 per year (total contract value over 7 years: £1,064,819).

#### 4.5 Key Considerations

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.

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.

There are no TUPE considerations as The Breastfeeding Network is the provider of the current service.

#### 4.6 Evaluation

The tender was 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.

The contract opportunity was advertised in the Official Journal of the European Union (OJEU), on the London Tenders Portal and on Contracts Finder between 13 September and 14 October 2019. There were 11 expressions of interest and two tenders returned, of which one met the minimum criteria.

The successful organisation met or exceeded the minimum requirements in all of the method statement questions, scoring a five out of five in one of the questions meaning their proposal will add significant value.

#### Award criteria

The contract award is recommended to the Most Economically Advantageous Tender (MEAT) in accordance with the Public Contracts Regulations. MEAT for this contract is quality 80% and cost 20%. Tender submissions were subject to minimum quality thresholds as outlined in the Method Statement Questions.

#### **Cost 20%**

#### **Quality 80%, made up of:**

Proposed approach to service provision 25%

Proposed approach to tackling inequalities 15%

Proposed approach to capacity and resource management 15%

Proposed approach to continuing professional development 10%

Proposed approach to quality assurance, governance and safeguarding 10%

Proposed approach to social value 5%

#### 4.7 Business Risks

Risks and opportunities are outlined in Appendix 1

#### 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:

<b>Relevant information</b>	<b>Information/section in report</b>
1 Nature of the service	<p>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.</p> <p>See paragraphs 1.2 and 4.1</p>
2 Estimated value	<p>The estimated value per year is £152,117.</p> <p>The agreement is proposed to run for a period of 3 years with two options to extend of 2 years each (2+2 years).</p>
3 Timetable	<p>Advert: September 2019            Evaluation: October 2019            Award: December 2019            Mobilisation: 3 months            Start: 1 April 2020            See paragraph 4.3</p>
4 Options appraisal for tender procedure including consideration of collaboration opportunities	<p>Open tender process.</p> <p>See paragraph 4.4</p>
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>London Living Wage is applicable.</p> <p>Best value has been determined by benchmarking against services in neighbouring boroughs, showing exceptional value for money.</p>

	There are no TUPE considerations.  See paragraph 4.5
6 Award criteria	20% cost, 80% quality. The award criteria cost/quality breakdown is more particularly described within the report.  See paragraph 4.6
7 Any business risks associated with entering the contract	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.  See Appendix 1
8 Any other relevant financial, legal or other considerations.	See paragraphs 5.1-5.4

## **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. £1,064,819 over a maximum 3+2+2 term). It is required 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.

In compliance with the requirements of the Regulations and the Council's Procurement Rules, a competitive tendering procedure with advertisement has been used (i.e. a call for competition and procure the service using a competitive tender process (open procedure)).

Bids were subject to evaluation in accordance with the tender evaluation model and The Breastfeeding Network gained the highest evaluation score and may therefore be awarded the contract as recommended.

In deciding whether to award the contract to the recommended service providers the Executive should be satisfied as to the competence of the suppliers to provide the services and that the tender prices represent value for money for the Council. In considering the recommendations in this report, members must take into account the information contained in the exempt appendix to the Report.

### **5.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

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 was completed on 27 March 2019 and the summary is included below. The complete Resident Impact Assessment is appended.

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.

## **6. Reasons for the decision:**

6.1 The award of contract 1920-0001 Islington Breastfeeding Peer Support Service to The Breastfeeding Network is recommended for the following reasons:

- The recommended provider demonstrated a strong record of accomplishment in providing successful breastfeeding peer support.
- The method statements met or exceeded requirements for service delivery in every area, with a robust delivery model underpinned by accredited training, supervision and ongoing professional development for staff.
- Particular strengths included the strategic deployment of staff resource to meet service objectives, and the established links - and commitment to working in continued partnership with - local maternity and early years services in Islington. This is a key requirement to enable the development of genuinely integrated services for local families, which make every contact count and respond effectively to the wider needs of Islington's residents through joined up working.
- The provider will also deliver significant added social value through its pathways to flexible, high quality, paid employment for local women.
- Quality assurance, safeguarding and governance arrangements were robust and evidenced within the relevant policies. Consultation and involvement with service users and local practitioners were a central feature.
- The provider demonstrated that the service would be resourced appropriately within the contract price, to meet the delivery and developmental requirements. It included payment of the Living Wage.

## **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:**



Julie Billett, Director of Public Health

Date 17<sup>th</sup> December 2019

### **Appendices**

Appendix 1: Business Risk and Opportunity Assessment (Exempt)

Appendix 2: Resident Impact Assessment

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# 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 <sup>3</sup>	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

<sup>3</sup> Age group data from ONS 2016

<b>Ethnicity<sup>4</sup></b>	<b>BME</b>	<b>52%</b>	<b>Turkish</b>	2.1%
	<b>White</b>	<b>48%</b>	<b>Asian</b>	9.8%
			<b>Black/ Black British</b>	13.8%
			<b>White British/ Irish</b>	32.0%
			<b>White Other</b>	23.8%
			<b>Mixed</b>	5.6%
			<b>Other/ not stated</b>	12.9%
<b>Religion</b>	<b>Christian</b>	<b>40%</b>	<b>Christian</b>	<b>No data</b>
	<b>Muslim</b>	<b>10%</b>	<b>Muslim</b>	<b>No data</b>
	<b>Other</b>	<b>4.5%</b>	<b>Other</b>	<b>No data</b>
	<b>No religion</b>	<b>30%</b>	<b>No religion</b>	<b>No data</b>
	<b>Religion not stated</b>	<b>17%</b>	<b>Religion not stated</b>	<b>No data</b>

### 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.

<sup>4</sup> 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](mailto: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 (Completed)
Evaluation of current service – reach and equity	The Breastfeeding Network	August 2019 (Completed)

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

Please send the completed RIA to [equalites@islington.gov.uk](mailto: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