

PUBLIC HEALTH INFORMATION CONCERNING PROPOSED SCRUTINY REVIEW ON BREASTFEEDING

Benefits of Breastfeeding

The benefits and value of breastfeeding to support the development of babies and the health and wellbeing of mothers is well evidenced in literature. Blackpool Council's Public Health plays an important role in improving the health and wellbeing, and promoting health in the population of Blackpool. The public health team is active in promoting a range of activities to promote health, and works in partnership with all those who contribute collectively to the health of the population. Public Health fully supports and acknowledges the benefits of breastfeeding, and works closely with all relevant partners to ensure that there are high-quality, evidence-led services, practices and interventions delivered and commissioned collaboratively, that support women to feed their infants and build a close and loving relationship with them.

Breastfeeding in Blackpool

The people of Blackpool experience some of the highest levels and concentrations of disadvantage in the country and suffer disproportionately poor health and wellbeing. The inequalities are stark with residents of the town experiencing the lowest life expectancy in the country, and trends that are diverging from the national average. Poor health outcomes are seen across a wide range of indicators, including those relating to children and nutrition. For example, we see twice the average rate of admissions for gastroenteritis (diarrhoea and vomiting).

There has been little change at population level breastfeeding uptake in Blackpool going back over a number of years. Breastfeeding initiation rates in 2016-2017 were 57%, down from 63% in 2013-2014, and maintaining breastfeeding to 6-8 weeks similarly remains low at around 25%. In both cases the rates for Blackpool are considerably lower than the England average. The reality is that sadly the majority of new mums in Blackpool do not breastfeed their babies. The dominant culture within the town is one of bottle feeding and premature introduction of solid foods with other practices such as 'prop' feeding (propping a bottle and allowing a baby to feed by themselves) also observed. A recent community consultation by Blackpool's Centre for Early Childhood Development (research service also assisting the Better Start Programme - see below) found that women in Blackpool feel pressured to breastfeed and they report feeling guilty about not doing so. Women felt the World Health Organisation (WHO) advice to breastfeed exclusively for six months was, for them, an unattainable target. The recommendation from the research was that a new and innovative approach is necessary to improve breastfeeding rates.

Peer Support Services

The recent peer support service contract came to an end in 2017, the contract ran for three years until June 2017 (this service has been funded and commissioned for ten years in all). It provided a service where mothers with experience of breastfeeding provided peer support for mothers to breastfeed. This service was commissioned to be in addition to core health services (Health visiting, and midwifery) but not to replace, or duplicate them.

The contract provision was reviewed earlier in 2017. The review of provision took place alongside a wider review of the Health Visiting Service for 0-5 year olds. A wide group of stakeholders including service users, Blackpool Teaching Hospitals NHS Foundation Trust, and Blackpool Clinical Commissioning Group were involved. The contract was not renewed, based on a number of factors including

- A review of service provision has taken place which has shown that the service is not making a difference at population level to increase breastfeeding rates despite consistent investment in the service over the last 10 years
- The service was duplicating elements of core health service provision already provided by Midwives and Health Visitors
- Whilst the peer support was well liked and valued by the service users that engaged with the service, there was an acceptance that they would be more likely to make an infant feeding decision based on information and advice from a health care professional, Midwife or Health Visitor.

Full year provision had cost £150,000.

A key driver for change has been the development of the Lottery funded Better Start Programme for 0-5 years and their families. This is a ten year programme which started in 2015 and originally focused on seven deprived wards. It is evidence-based including international research and innovative best practice and aims to help build families and communities. There are significant funds to develop long-term sustainable communities.

A Better Start Partnership is seeking to develop a range of interventions to support all women to provide the best optimal diet and nutrition to support their child's development; including for those mums who choose to breastfeed, and also those who chose to bottle feed their babies.

This is an important concept in the context of Blackpool, as poor health outcomes for children are seen across a wide range of indicators, including those relating to children and nutrition; this suggests a situation where we have suboptimal nutrition in the under 5's.

- **Breastfeeding:** rates are low compared to national figures, and the dominant culture within the town is one of bottle feeding; with a premature introduction of solids.
- **Emergency admission for gastroenteritis in infants under 5:** Blackpool has a higher than national average rates of admissions in under 1s, aged 1 year, and aged 2,3,and 4 years.
- **Dental decay:** Early childhood caries (ECC) is a pattern of decay associated with long term use of feeding bottles with sugar in drinks. In Blackpool the ECC rate is twice the national average; and 5 year olds in Blackpool have twice the national average decay than the rest of England (43%).
- **Overweight and Obesity:** 24% of children weighed and measured in Reception class are overweight or obese.

Better Start Partnership and Community Development initiatives to support Infant Feeding

Community Connectors are already working with the Centre for Early Childhood Development in Blackpool, supporting the community in identifying and acting on local issues affecting young children and their families. The role of the community connectors for diet and nutrition is to support parents generally around nutrition, diet and activity, from pregnancy through to preparing for introducing complementary food to their babies. Connectors will work with families to promote healthier lifestyles, encouraging healthy eating and physical exercise, adopting lifestyle changes, and how they can incorporate this into their daily lives; supporting all aspects of infant feeding whether a woman chooses to breast or bottle feed her baby; encouraging women to access and services, signposting women to engage with programmes; and help women think about how they build their own support networks, and help themselves.

This proposal build on, and enhances the Better Start Community Development strand, and augments the work and successful schemes already embedded and developed in Blackpool e.g. Community Connectors, and Fit2go. Community Connectors are already working with the Centre for Early Childhood Development in Blackpool, supporting the community in identifying and acting on local issues affecting young children and their families, and equipping the community to be ready for change, and doing things differently. Volunteers are also being encouraged to provide peer support groups in Children's Centres if they so wish to, and our Children's Centres are providing facilities.

Women in Blackpool as always continue to receive support for breastfeeding through access to core universal health services for mothers and babies, e.g. Maternity services, supported by midwives, and health visiting services; and through access to other health services and other healthcare professionals including GPs and Early Years staff, who are all responsible for, and can be key in supporting women to breastfeed. A chart of infant feeding support routes is at Appendix 4 (e).

Through the Health Visiting Service transformation, Health visitors and family nurses play a key role and are well positioned to support mothers with infant feeding because of their continuous and active engagement with mothers and fathers starting antenatally and continuing through the early weeks and months of parenthood. They provide individualised advice and have a key role in delivering support as well as promoting the benefits of breastfeeding with fathers and the wider family. Health visitors and family nurses are able to provide practical help and advice to mothers on how to breastfeed, help with managing and resolving breastfeeding problems. Health visitors are seeing pregnant women from the first antenatal visit at 28 weeks, and are able to start conversations, and provide advice and information about breastfeeding.

There will be an outline of how peer support will be provided after the Better Start Board has agreed details. The suggested way forward will be explained at Scrutiny Committee.

Blackpool Clinical Commissioning Group, Maternity Services and Breastfeeding

Maternity Services in Blackpool are commissioned by Blackpool Commissioning Group; and hold responsibility for improving initiation rates for breastfeeding both antenatal and postnatal along with other organisations. A midwife is a key partner in supporting breastfeeding, and is statutorily responsible for a women's care throughout pregnancy and until day 28 after birth. They support women through the delivery of evidence based maternity practice by encouraging skin to skin

contact after birth in an unhurried environment for as long as they wish and provide support to help women initiate breastfeeding, this ensures that parents know how to start building a close and loving relationship with their baby and understand how on-going skin to skin contact and breastfeeding can support this.

Health and Social Care professionals including mid-wives are also working together in neighbour hubs under the New Models of Care transformation programme which may also provide another complementary avenue.

Proposed next steps

It may be appropriate for Public Health to continue pursuing the proposed steps above working with colleagues from the Better Start Partnership, interested elected members, the Centre for Early Child Development and other key partners. The outcomes of this work could then be presented to a future Scrutiny Committee.