

Community Infant Feeding Support

Frequently Asked Questions

In the responses to the initial consultation, which was put on hold, we received a number of questions about the proposed changes. We have addressed many of these in the revised documents, but include some here as well for ease of reference. If you have additional questions, which you feel have not been answered either here or in the consultation documents, you are welcome to email us at PHconsultation@kent.gov.uk . We will review all questions received and update the FAQ document as required.

1. What are infant feeding peer supporters?

We erroneously used [at one point in the previous questionnaire, but not in the consultation papers], a reference to infant feeding peer supporters instead of breastfeeding peer supporters. This was corrected in the questionnaire, to ensure it was consistent with the consultation documents, prior to the consultation being put on hold. In the new documents whenever peer supporters are referenced this refers to breastfeeding peer supporters. We are not expecting them to provide support on other aspects of infant feeding. This remains the responsibility of the health visiting service which will support all feeding choices for children 0-5 years including introducing solid food and healthy eating.

2. Are changes planned to the breastfeeding peer support programme?

The current numbers will be maintained; it may be that some of the locations of drop-ins will change. Responsibility for training and supervision of peer supporters will be transferred to the health visiting service. Breastfeeding peer supporters are Kent County Council Children's Centre volunteers.

3. Currently crèche provision is available for peer supporter training, what will happen in the new model?

There will be no change to current arrangements.

4. What will the new rules be for peer supporters' older children attending drop-ins?

As is currently the case, this will be dealt with on a case by case basis by the Children's Centres. Kent County Council is not proposing any changes to these arrangements.

5. I am a current breastfeeding peer supporter; will I need to be re-trained?

No, but you will need to attend supervision sessions and undertake an annual re-fresh.

6. What are the facilities for providing the breastfeeding sessions alongside the Child Health Clinics?

All child health clinics have a private room which is available to the health visitor for consultations. They will also have an additional space or room specifically for the breastfeeding support session in those sites that have been identified. They will not be held in the same space/room as the main child health clinic. In some cases, depending on the venue, it may be necessary to divide off a portion of the room to ensure a sufficiently private space is available for the breastfeeding group. The existing service has similar arrangements in place at some venues where other groups may be taking place at the same time as the breastfeeding group and so this is unchanged from current arrangements. If there is insufficient space for them both

to run alongside each other then they will be held on separate days. There will be separate health visitors supporting the breastfeeding sessions and the child health clinics. One health visitor will not be responsible for covering both.

7. In the proposed model there is a reduction in the number of lactation consultant clinics, why is this?

We know from the data that it appears that currently specialist clinics are the default service of choice, with fewer accessing peer support. The last twelve months data available from the service shows that nearly 75% of women were seeing a lactation consultant or breastfeeding counsellor compared with 25% accessing peer support.

We believe that by implementing a model whereby peer support clinics run alongside child health clinics and are supported by a dedicated health visitor, women will be able to access a level of support which is intermediate between that offered by peer supporters and that offered by lactation consultants. This is expected to reduce the number of women that need to see a lactation consultant, as health visitors would be expected to be able to competently support the majority of women with their infant feeding problems (as is the case in most of the country). This would ensure that only those with the most complex problems require support from a lactation consultant. Although we recognise that within our proposed model there is a decrease in the number of lactation consultant clinics, this is accompanied by a large increase in the provision of intermediate support available to women which we believe will more than compensate for this.

It is important for Lactation Consultants to be focussed on those families requiring most support. It is expected that the proposed health professional referral system will be an effective way to make the service more efficient and responsive to family needs. It is also important to highlight that the open access support, including peer support and health visitor advice, will remain available to all and will continue to capably address the majority of issues involved in infant feeding support.

These arrangements will be subject to review and continuous improvement through performance management to ensure there is the right amount of specialist support based on clinical need. If it becomes apparent that the number of clinics is insufficient to meet the level of need, then the number and location of clinics will be reviewed and increased if necessary to ensure sufficient support is available to all women who require it. KCC is committed to ensuring that access to Lactation Consultant support in the community will be provided for all women and their babies who need it.

8. Will the fact that there is a new process to access lactation consultants mean delays for women in accessing this support?

No. We still intend that women who require the support of a lactation consultant will be able to receive this in a timely fashion. The Health Visiting service will have a duty line that can be accessed by anyone seeking advice. This will include infant feeding help and contact to the appropriate level of support, including lactation consultants. Those who request infant help Monday – Friday will be responded to within 24 hours

9. If the proposed service change is adopted how is this expected to impact on breastfeeding rates?

In 2015/16 based on Q1-Q3 data 73% of mothers living in Kent initiated breastfeeding, but we know that the current additional service is only accessed by one in five women who give birth per annum. The quality and completeness of data on breastfeeding continuation at 6-8 weeks has historically been poor (this is the case nationally and not just in Kent), and this, combined with a change in recording method, has made it very difficult to reliably assess changes in breastfeeding continuation rates over time. Since health visitors took over the responsibility for recording data on breastfeeding rates at 6-8 weeks, coverage has improved considerably and has almost reached the standard where it is publishable. The most recent data, although not quite reaching the standard for publication, suggests that 51.0% of mothers in Kent are continuing to breastfeed at 6-8 weeks.

We believe that providing infant feeding support through a universal service will ensure a greater number of women are able to receive the support they need to continue breastfeeding and result in increased numbers of women continuing to breastfeed. Now that the data is of a much higher standard it will allow us to establish reliable baseline figures in order to performance manage the new model, assess impact and improve the rates of 6-8 week breastfeeding maintenance.

10. To what extent have service users been involved in developing the proposed service model?

Activmob have undertaken a lot of insight gathering with stakeholders, including service users to inform the development of a Kent whole systems infant feeding pathway. Findings that are relevant to this proposed service change are included in the appendices of the Equality Impact Assessment, which is included in the consultation documents. Feedback received as part of the initial consultation, which was withdrawn was taken into account in producing these revised documents.

This public consultation also seeks to obtain the views of service users as well as other interested parties and the model will be reviewed following this.

11. Why does this service change fall outside the requirement that, under EU law on public sector purchasing, tenders for most contracts of this size need to be advertised in OJEU and local or national press?

We have been clear with the additional service provider that the contract will end. We feel that there is sufficient capacity in the Health Visiting Service to meet demand evidenced by the current delivery of 96% of new birth visits. The proposed change does not involve awarding a new contract and duplicating services at a time when financial pressures are resulting in cuts in service elsewhere. KCC are proposing to incorporate the infant feeding support model into the existing Health Visiting contract at no extra cost.

12. How are any changes to service provision going to be communicated?

It is proposed that the Health Visiting Service will publicise any changes through Children's Centres and their website.

13. What will be put in place for measuring success?

All Health Improvement services that are put in place are subject to ongoing performance monitoring to ensure the desired outcomes are being achieved. This includes a robust quality assurance process which KCC applies to all its contracts. Additionally the Health Visitor Service will now, and in the future, submit to Kent County Council and Public Health England, their breastfeeding statistics for maintenance of breastfeeding. We routinely provide Health Visiting Service data to Kent County Council Health Reform and Public Health Cabinet Committee, which is in the public domain.

14. Will KCC remain responsible for commissioning the service and monitoring delivery to contract under the proposed changes?

Yes, KCC will continue to commission and monitor delivery of the health visiting service, including provision of infant feeding support.

15. Have cost reduction measures been explored with the current service provider?

Yes, KCC has explored cost-reduction measures with the current service provider but considers that these would not provide the best solution for people who use the services.

16. Other than cost, what are the drivers for change to this service?

We expect that this proposal will:

- enable all families to access nutrition advice as part of a comprehensive infant health service that links to Children's Centres and maternity services
- provide a more 'joined-up' experience for families looking for advice and support on the full range of infant feeding issues

We believe that in delivering infant feeding support through a universal service it will be possible to reach and support more families with breastfeeding at an earlier stage than is possible for an additional service which does not have this universal reach.

17. What are the measures of service effectiveness that apply to the infant feeding support service? (current and/or proposed)

Current measures discussed at performance monitoring meetings

- Monthly attendance by clinic and drop-ins
- Peer supporter training courses, supervision and re-fresher during quarter
- Quarterly reports and separate meetings to discuss progress towards Children's Centre Baby Friendly Initiative accreditation
- Breastfeeding Friendly venues update on activity and other campaign work
- Updates on multi-agency work including meetings and projects
- Will include BFI audit at Stage 2 and Stage 3
- User satisfaction reports
- Quality Assurance reports

Proposed measures

All the above will be performance monitored plus:

- 5 contacts activity ante-natal, new birth visit, 6-8 weeks contact, 9-12 month contact, 2-2½ year contact
- Data collection of coverage and prevalence of 6-8 week breastfeeding rates
- Health Visiting Service Baby Friendly Initiative progress
- Friends and Family satisfaction test
- Waiting times

18.If the proposed service change is adopted, how is it expected to impact on user satisfaction outcomes?

We anticipate that having all aspects of infant feeding support within one organisation will result in families receiving a more seamless service. To ensure that this is the case we will be closely monitoring the Friends and Family Test results. As progress towards BFI Stage 3 continues there will be a series of user audits in preparation for the UNICEF assessment visit. These are validated questions that measure the accuracy of the advice given and satisfaction with care given.

19.What are the infant feeding support credentials of the person or people who have designed the proposed service model?

Kent County Council Public Health has worked closely with Kent Community Healthcare NHS Foundation Trust Health Visiting Service to develop the model which is based on evidence as described in the consultation documents. This process has been led by a registered Consultant in Public Health. The model is consistent with standard practice elsewhere in the country.

20.What additional capacity (whole time equivalent) will be required within the health visiting service to deliver this new model?

As described in the consultation documents, support with breastfeeding has always been a fundamental core element within the health visiting service specification. Significant national investment into health visiting has taken place and the current service is now performing well and hence, there is no need to further increase capacity to deliver the contract. This is evidenced by the improvement in health visitor contacts, with the Health Visiting Service now delivering over 95% of new birth visits.

The Service already has four Infant Feeding Leads who have received the full training for implementing the Baby Friendly Initiative Standards and are currently working towards lactation consultant registration. Additionally there will be four breastfeeding champions in each District.

The only current service gap is the number of available lactation consultants who will have specialist knowledge and experience to support the general workforce, as well as families. We have said that we expect that for an interim period, while the Service is growing its own resource, that external lactation consultants will be employed. We have clearly said that we will keep this under review to ensure that any additional need is met. The proposal is that there will be four whole time equivalent lactation consultants.

We are not anticipating that there will be any change to the number of peer supporters available to support mothers in Kent, who will be trained and supervised by Kent Community Healthcare NHS Trust Health Visitor Service.

21. Why are breastfeeding counsellors not part of the revised model?

Breastfeeding counsellors are a relatively small resource. They provide support with common breastfeeding problems and onward referral to further professional advice as needed. They are an intermediate level of support in between peer supporters and lactation consultants. We believe that in the new model the availability of peer supporters, health visitors and lactation consultants is sufficient to meet all the needs. However, should there be a need for breastfeeding counsellors they will be provided.

22. Are there age restrictions on babies and young children on the new service as some mums are suggesting there would be?

It is anticipated that the breastfeeding support groups will be predominantly for babies and children under the age of one, as this is when the majority of breastfeeding problems are likely to arise. However breastfeeding mothers who have problems requiring support after this age will not be excluded from attending these groups. Mothers requiring breastfeeding support may find it easier to concentrate on receiving the support they require if older siblings are not present at the same time, however mothers will not be excluded from attending the breastfeeding drop-ins if they do need to bring along other children. Parents will be expected to remain responsible for their children at all times and ensure they do not detract from other women receiving the support they require.