

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 3 November 2015.

PRESENT: Councillors E Dryden (Chair), S Biswas, J G Cole, S Dean, A Hellaoui, C Hobson, T Lawton and J McGee

ALSO IN ATTENDANCE: K Branch Midwife Consultant, Public Health
L Green, Public Health Intelligence Specialist, Tees Valley Public Health Shared Service
A Harker, Service Manager, Health Visiting and School Nursing
M Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service
P Watson, Research Fellow, School of Health and Social Care, Teesside University
S Winspear, Specialist Health Visitor
P Rossi, Specialist Midwife – Infant Feeding

OFFICERS: J Bielby, L Cook, P Duffy, E Pout

APOLOGIES FOR ABSENCE Councillor B A Hubbard.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this stage of the meeting.

15/23 MINUTES - HEALTH SCRUTINY PANEL - 15 OCTOBER 2015

The Minutes of the Health Scrutiny Panel held on 15 October 2015 were submitted and approved as a correct record.

15/24 HEALTH INEQUALITIES – IMPROVING LEVELS OF BREASTFEEDING

The Panel considered a report by the Scrutiny Support Officer which presented them with the background to this issue, together with an outline of the purpose of the meeting.

Two documents were appended to the report:-

- Centre for Health and Social Evaluation (CHASE): Exploring Infant feeding and Breastfeeding Peer Support in Middlesbrough and Redcar and Cleveland
- A Research Article by Emma Giles and others: Acceptability of financial incentives for breastfeeding: thematic analysis of readers' comments to UK online news reports.

The report by CHASE had been commissioned by the Public Health Departments of Middlesbrough and Redcar and Cleveland Councils and contained a wide range of evidence, including information on the rates of breastfeeding initiation and rates at 6-8 weeks; the commissioning of breastfeeding services, the support services available, details of breastfeeding friendly places, breastfeeding for women from ethnic groups and partnership working.

The Research Article by Emma Giles, et al., found that people commenting on the online UK news articles viewed financial incentives for breastfeeding as unacceptable and that alternative, structural interventions were likely to be more effective.

The following information was circulated at the meeting:-

- Leaflet containing details of Breastfeeding Support Services in South Tees.
- Middlesbrough Breastfeeding Profile 2015 and Number of Infants by ward, initial feeding type and maternal age, Middlesbrough wards, March 2010 to April 2013
- Systematically addressing inequalities in health and social care and The Public Health View on Ormesby Bank, Middlesbrough

In addition, Mark Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service, referred to a publication on Reducing Health Inequalities and Improving Health - What Councillors can do to make a difference, by NHS Scotland which he would arrange to be emailed to the Panel.

Health Representatives made the following points:-

- In some parts of the town breastfeeding was increasing, due to people who had settled here from overseas, who were more inclined to breastfeed.
- The black and minority ethnic community depended on using Abingdon Children's Centre as a breastfeeding facility, due to the language barrier elsewhere.
- Improving rates was not solely down to education – most Mum's who chose not to breastfeed were aware of the benefits of breastfeeding; the issue was more that not breastfeeding was culturally embedded, especially among teenage Mums. It was difficult for a Mother who constantly saw her friends bottle feed to be the odd one out.
- GPs did not always encourage breastfeeding. If women presented with mastitis they tended to be advised to stop breastfeeding, which was not necessarily the right course.
- In the two years from 1999, the rate of initiation in South Tees fell from 19% to approximately 9%. An education package was then included for midwives and other health professionals which led to an increase of 50%.
- Work was being undertaken in schools with children of all ages to outline the benefits of breastfeeding.
- Some of the Council's Sure Start Centres were not classified as baby friendly/UNICEF Accredited.

Members made the following points:-

- A significant change was required and this would require engaging with the whole family - not just the Mother.
- There seemed to be a thriving breastfeeding group at Stewart Park.
- There was no reason why the Council should not aim to have all of its buildings as places where there would be provision for breastfeeding.
- It was crucial to get into schools to spread the message about the benefits of breastfeeding and to "normalise" the activity.

The Chair was keen to hear from health professionals what they felt the Council could do to help them increase breastfeeding rates.

Health representatives responded that:-

- Currently the peer support network was adhoc and not available 24/7. Paid Support Workers were needed to support women in the home environment.
- Midwives were working to maximum capacity. To move forward, additional funding was required.
- South Tees Clinical Commissioning Group (CCG) paid a maternity tariff, which included infant feeding, but this was a basic menu of care and needed to be enhanced.

In response to questions to questions from Members of the Panel, Health representatives said that:-

- East Middlesbrough was an area that had particularly low levels of breastfeeding.
- One reason why breastfeeding rates had reduced markedly from the 1950s has been successful advertising for formula milk.
- There was a "Teesside effect" in that, culturally, many Mothers in the area were keen on using branded baby milk formula products.
- Paying Mothers to breastfeed should be considered. Whilst many people felt uneasy about, essentially, rewarding mothers for doing the right thing - and it would be difficult to "police" -- it could have a positive effect on breastfeeding levels.

The Chair suggested that a meeting of key players to discuss this issue further would be beneficial. The discussion could comprise, among others, the Chair, the Mayor, the Executive Member for Communities and Public Health, the Chief Executives of the Council and South Tees Clinical Commissioning Group and the Director of Public Health. The Panel felt this was a good way forward.

He added that it was important to be clear as to what interventions were required and where these should be targeted.

Leon Green, Public Health Intelligence Specialist at Tees Valley Public Health Shared Service, said that nothing had really changed since the CHASE Report - breastfeeding initiation rates and at 6-8 weeks remained flat.

He added that there were some infant feeding groups of about 30 in the town. That was fine, but the fact that about 30 babies per week were born in the area illustrated the progress that would need to be made e.g. there should be many more such groups. Location was important; a high proportion of babies in the town were born in East Middlesbrough, so it was crucial to target that area.

Everywhere else was seeing an increase in breastfeeding rates. Therefore, it could be said that, rather than there being a "Teesside effect", there was a "Teesside lack of effect".

Whilst other areas were seeing increases in breastfeeding, not all had paid workers. Therefore, this was not necessarily the answer. A multi-faceted approach was required. One option might be for responsibility to rest with one person at a senior level to identify exactly what each part of the system was doing in terms of promoting breastfeeding and identifying improvements required.

Mark Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service, felt there needed to be a focus on what he termed the "3Ms":-

- Motivation - this clearly already existed amongst professionals.
- Money - via using existing resources more effectively and possibly the CCG committing additional resources.
- Management - if initiatives were not properly managed, improvements would never accrue.

In response to a question from the Chair, the Assistant Director felt that a reasonable target would be for Middlesbrough to aim to reach at least the Tees Valley average for breastfeeding within three years.

The Chair, reflecting on the discussion, felt that the aim should be for all of the Council's Children's Centres to meet Baby Friendly Initiative Minimum Standards and for all Council public-facing buildings to contain facilities for breastfeeding.

The Chair thanked representatives from Health and Public Health for their helpful contributions.

RECOMMENDED:

a) That the Scrutiny Support Officer liaises with the Chair to arrange a meeting with local decision makers to consider how breastfeeding rates can be improved in Middlesbrough.

b) That, among others (the Chair to determine the exact representation), the following people be invited to the meeting referred to above:

- The Mayor
- The Executive Member for Communities and Public Health
- The Chief Executive of the Council
- The Chief Executive of South Tees CCG; and
- The Director of Public Health

c) That the following aspects be used as a framework for the discussion at the meeting:

i. What can be done to improve Middlesbrough's low levels of breastfeeding to at least the Tees Valley average within three years?

ii. Is there any scope for additional resources for breastfeeding initiatives?

iii. What would the view be on a senior professional (possibly already working for the Council or its health partners locally) to lead on evaluating current initiatives in Middlesbrough and elsewhere and recommending where improvements may be required?

iv. The Council should aim to have all of its Children's Centres Baby Friendly Initiative accredited. How can this be achieved?

v. The Council should aim to have breastfeeding facilities in all of its public-facing buildings. How can this be achieved?

NOTE: The above points are not, at this stage, recommendations from the Panel. They are solely the basis for an initial discussion with decision makers locally.

15/25

SUGGESTED TOPIC FOR THE WORK PROGRAMME

The Scrutiny Support officer presented a report which advised Members of the recent recommendation made by the Social Care and Adult Services Scrutiny Panel as part of their review of The Provision of Approved Mental Health Professionals (AMPH).

The report also sought the views of the Panel on how it wished to proceed.

The Social Care and Adult Services Scrutiny Panel had found on-going difficulties in respect of responses from the Police and Ambulance Service which continued to impact on the Mental Health Act assessment process.

The Social Care and Adult Services Scrutiny Panel had also found that the Police and Ambulance Service were responsible for prioritising their own workload and AMPHs were unable to have any influence on this issue.

The Chair of the Social Care and Adult Services Scrutiny Panel, who is also a Member of the Health Scrutiny Panel, further advised that during the waiting time for an ambulance people could have a psychotic incident and that it was sometimes difficult for two Doctors qualified under Section 12 of the Mental Health Act to be available for an assessment, as required by the Act.

The Scrutiny Support Officer advised that Alistair Russell, Supervising Practitioner, Mental Health, was liaising with the CCG as to the possibility of funding an initiative to address the issues raised.

RECOMMENDED that Alistair Russell, Supervising Practitioner, Mental Health, be invited to a future meeting of the Panel to update Members on developments.