

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 15 October 2015.

**PRESENT:** Councillors S Biswas (Vice-Chair, in the Chair), J G Cole, S Dean, C Hobson, B A Hubbard, T Lawton and J McGee

**ALSO IN ATTENDANCE:** J Bailey, Partnership and Innovations Manager, NHS South Tees Clinical Commissioning Group  
L Green, Public Health Intelligence Specialist, Tees Valley Public Health Shared Service  
M Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service  
D Welch, NHS South Tees Clinical Commissioning Group

**OFFICERS:** J Bielby, P Duffy, E Kunonga, E Pout

**APOLOGIES FOR ABSENCE** Councillor E Dryden, Councillor A Hellaoui.

**DECLARATIONS OF INTERESTS**

There were no declarations at this point in the meeting.

**1 MINUTES - HEALTH SCRUTINY PANEL - 22 SEPTEMBER 2015**

The Minutes of the Health Scrutiny Panel held on 22 September 2015 were submitted and approved as a correct record.

**2 HEALTH INEQUALITIES - IMPROVING LEVELS OF BREASTFEEDING**

The Scrutiny Support Officer presented a report which outlined the purpose of today's meeting and provided background to this issue.

At its last meeting, when the Panel had received a presentation about Health Inequalities, this was one of the two areas that the Panel had decided to focus on for further investigation – the other being cancer screening and reducing cancer-related deaths.

The report outlined what would be required to reduce the gap between levels of breastfeeding in Middlesbrough and the South Tees and England averages.

Leon Green, Public Health Intelligence Specialist at Tees Valley Public Health Shared Service, delivered a presentation to the Panel on Breastfeeding in Middlesbrough.

He highlighted the following aspects, in particular:-

- Between 2006/2007 and 2014/2015, breastfeeding initiation rates (i.e. at birth) in Middlesbrough had shown no increase, whereas they had improved nationally and in the North East generally. Locally, rates in Stockton and Darlington had increased by 6%; Hartlepool had increased above the national average; and Sunderland's rates had increased three times faster than the national average.
- Hull, an area with similar characteristics to Middlesbrough, had surged ahead of Middlesbrough on breastfeeding rates.
- Sunderland had improved rates markedly, from a low base point.
- Figures for the period April 2010 to March 2013, showed that 40% of infants who were artificially fed were concentrated in five electoral Wards.
- The figures for the above period also illustrated that there was no electoral Ward where the breastfeeding rates at birth were above the England rate; and the highest birth rates occurred in the most deprived parts of the town.
- The UK Infant Feeding Survey 2010 found that rates of breastfeeding were lower amongst white Mums.

- A good gauge was the level of breastfeeding at 6-8 weeks. In this category, Middlesbrough's levels had reduced by 3% in the period 2009/2010 to 2014/2015.
- Middlesbrough fared well in terms of the drop off in breastfeeding from birth to 6-8 weeks although other areas had higher initiation rates.
- A report by UNICEF "Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK", had calculated the cost of not breastfeeding in the South Tees area to be £75,500 per annum, based on the savings that would accrue from things such as fewer hospital admissions for respiratory tract infections.
- In order for Middlesbrough to reach the England rate, 500 more infants would need to be breastfed. An additional two children being breastfed per GP practice area, over 8 years, would result in a 20% increase in the rate.
- In conclusion;-
  - Breastfeeding initiation and at 6-8 weeks is low and unchanged
  - Rates varied by ward and GP
  - Breastfeeding rates are higher for:
    - Mums aged over 30
    - Mums who live in less deprived areas
    - Mums from ethnic minority groups
  - Artificially fed babies lead to increased healthcare costs
  - Sustained improvement is both realistic and achievable

Other representatives from Public Health and NHS South Tees Clinical Commissioning Group added the following:-

- Middlesbrough was in the top 5/10% in terms of the percentage of hospital admissions for children under one year of age. This could not be directly linked to the low breastfeeding rates but that could be a factor.
- Sunderland City Council had paid Midwife Assistants to support Midwives.
- The drop-off from breastfeeding initiation rates to rates at 6 to 8 weeks was huge. We need to see how initiation rates could be maintained and sustained. Whilst Midwives had a significant role to play once Mums had been discharged, consideration needed to be given to on-going community support.
- We need to think of more creative ways of engaging with Mums.
- The clustering of poor lifestyle issues (such as smoking whilst pregnant) was resulting in many children not getting the best start in life. Therefore, it was important not to lose sight of these other factors.

The Chair commented that education was key. Rates were low in deprived areas, but the reality was that breastfeeding was a cheaper alternative to other methods.

Members made the following comments:-

- To make the change required, more support on the ground was required and that support needed to be on-going.
- One reason why some babies are artificially fed could be that it is easier for families to share the load.
- We need to find out what areas such as Sunderland and Hull have done to boost their rates and whether they received any funding for this.
- It might be of value to examine numbers, rather than percentages, for some aspects of this topic.

- Early intervention and prevention linked in with community-based support. A holistic community approach was required. The Council had a strong role to play but the message needed to be that this affects everyone. The approach must be town-wide and not seek to concentrate on areas that may be “easier targets”.
- There needed to be many more places where Mums could breastfeed in a comfortable environment. Perhaps the Town Hall could be one such venue.
- At the stage when planning applications were being considered, the question as to whether some facility for breastfeeding had been considered could be raised with developers.
- Perhaps it might be possible to adapt facilities for nappy changing to include facility for breastfeeding.

In response to comments from Members, representatives from Public Health and South Tees Clinical Commissioning Group stated:-

- The reason why the graph indicating initiation rates fluctuated up and down was because the number of babies born was relatively small and low numbers could be volatile.
- Public Health in Middlesbrough had an Action Plan in place to focus on the key areas where improvements could be made. This would be a key element in the new contract. It was a big challenge to change the culture.
- Efforts were made to advise other family members of the benefits of breastfeeding in the hope that they could encourage the pregnant family member to breastfeed. These included Parent Craft Sessions and Breastfeeding Classes – although the people attending tended to be those who were already looking to breastfeed. Information was included at Ante-Natal Clinics, but there were many other things that needed to be covered in those classes, so it was difficult to devote too much time to the breastfeeding element.
- Joint Management Meetings were being held between officers in Public Health and Supporting Communities as part of the move towards integrating the approach towards families and transforming school readiness.
- The reasons for people not breastfeeding were being challenged and attempts made to break down barriers.
- Extreme substance misuse could have an effect on breastfeeding rates.
- It was important that officers were wary of using deprivation as an excuse as the low rates affected all parts of Middlesbrough.
- The profile of individual electoral Wards had an effect on the figures. For instance, in Wards with a higher proportion of older people, the rates were lower.

The Scrutiny Support Officer advised that, at its meeting in March 2015, the Children and Learning Scrutiny Panel had recommended that a breastfeeding initiative be established using the community hubs.

The Director of Public Health updated the Panel to inform them that a number of areas of work had started.

**RECOMMENDED:**

- a) That the Scrutiny Support Officer seek further information from Blackpool Council and Sunderland City Council.
- b) That the Scrutiny Support Officer contact the Town Centre Manager to ascertain how many places are available in the town for breastfeeding.