OVERVIEW AND SCRUTINY BOARD

2 FEBRUARY 2016

FINAL REPORT –

Health Inequalities – Improving Levels of Breastfeeding in Middlesbrough

PURPOSE OF THE REPORT

1. To present the findings, conclusions and recommendations of the Health Scrutiny Panel following their investigation into the topic, Health Inequalities - Improving Levels of Breastfeeding in Middlesbrough.

AIM OF THE SCRUTINY INVESTIGATION

2. The panel wanted to find out more about the health inequalities in Middlesbrough in order to then focus on one or two areas and review them in further detail. This report considers how levels of breastfeeding can be improved in Middlesbrough.

MEMBERSHIP OF THE PANEL

3. The membership of the Panel was as detailed below:
Councillors E Dryden (Chair), Councillor Biswas, (Vice-Chair),
Councillors, Cole, Dean, C Hobson, Hubbard, Lawton, McGee and Hellaoui.

TERMS OF REFERENCE

4. The terms of reference were as follows:
    a. To gain an understanding of Health Inequalities in Middlesbrough;
    b. To consider Middlesbrough's breastfeeding rates and look at what initiatives could be introduced to improve the rates; and
    c. To consider the breastfeeding support services that are in place and consider if they are fit for purpose.

THE PANEL'S FINDINGS

What are Health Inequalities?

5. Health inequalities are differences in health outcomes between individuals or groups. They arise from differences in social and economic conditions that influence people's behaviours and lifestyle choices, their risk of illness and actions taken to deal with illness when it occurs. Inequalities in these social determinants are not inevitable, and are therefore considered avoidable and unfair.

The Marmot review

6. Fair Society, Healthy Lives: A Strategic Review of Health Inequalities published in 2010 by the Marmot Review Team, states that health inequalities arise from a complex interaction of many factors. These included conditions in which people are born, grow, live, work and age. Issues such as housing, income, education, social isolation and disability are all affected by one's economic and social status. In order to tackle health inequalities, there has to be targeted and joined up efforts to address the root causes. The Marmot report emphasises the 'causes of the causes' of health inequalities and the need to address the wider determinants. The report argued that achieving health equality would bring clear economic and social benefits, such as improved productivity, lower welfare payments and healthcare costs, and increases in revenue.

Local Policy Context

7. We know that in Middlesbrough, life expectancy reduces by 2 years for every mile from suburb to centre. The Middlesbrough Joint Health and Wellbeing Strategy states that deprivation creates different life chances and has effects on health and wellbeing and we know that Middlesbrough includes more areas that are deprived than are affluent. Differences in risks to health, such as those listed below, create corresponding differences in levels of avoidable illness and premature death. For example:
    - Social and economic conditions such as poverty, unemployment, poor housing, crime and lower educational attainment;
    - Lifestyle and behaviour such as smoking, binge drinking, lack of physical activity and poor nutrition; and
    - Insufficient or inappropriate use of services such as screening, immunisation and early diagnosis programmes to prevent illness.

Local Statistics

8. Public Health England produced a health profile for Middlesbrough in June 2015. In summary the headlines were as follows
   - The health of people in Middlesbrough is generally worse than the England average.
   - Deprivation is higher than the average.
   - 33.8% of children live in poverty.
   - Life expectancy for both men and women is lower than the England average.
   - Life expectancy is 14.2 years lower for men and 10.0 years lower for women in the most deprived areas of Middlesbrough than in the least deprived areas.
   - In year 6, 22.4% of children are classified as obese.
   - Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.
   - 24.0% of adults are classified as obese.
   - The rate of smoking-related deaths was worse than the England average.
   - Levels of smoking and physical activity are worse than the England average.

Due North

9. 'Life is not grim up north, but, on overage, people here have less time to enjoy it.' [1] says the introductory paragraph in the report resulting from the independent inquiry entitled 'Due North' which was commissioned by Public Health England.

10. The report also brings attention to the impact of austerity on health inequalities. It acknowledges that the capacity for local government to influence the health and well-being of the places they represent is limited by a programme of austerity that is hitting councils hardest in some of the poorest parts of the North.

11. Public Health responsibility transferred to local government in 2013 and the Government allocated a ring-fenced public health budget, which is now under threat of a 6.8% in-year budget reduction. The public health grant represents approximately 3% of local government expenditure and only 1% of the combined local expenditure of the NHS and local government in an area. The report concludes that given the transfer was at a time when Councils' core budgets were being cut by nearly 30%, it is difficult to see how, in these circumstances, local government can have an impact on health inequalities. In fact the cuts are likely to make health inequalities worse because they are disproportionately hitting the poorest areas with the worst health outcomes hardest.

BREASTFEEDING

12. With the above information in mind, the panel wanted to focus on a few key areas where they felt that they could make meaningful recommendations.

13. The panel heard how babies who are breastfed are less likely to develop many illnesses in infancy, childhood and adulthood, while mothers who breastfeed for longest have reduced risk of breast and ovarian cancers. Therefore, in the context of health inequalities, the panel thought that this topic would be worthy of further examination.

[1] Due North – Report of the Inquiry on Health Equity for the North – University of Liverpool and Centre for Local Economic Strategies 2014

14. The UK Government recommends that babies should be exclusively breastfed for their first 6 months of life. However, UK breastfeeding rates are among the lowest in Europe.

15. The World Health Organisation (WHO) and UNICEF recommend that babies be fed exclusively on breast milk for the first six months of their life. However despite this guidance, UK breastfeeding rates remain low. The UNICEF UK Baby Friendly Initiative was introduced 16 years ago to bring UK health services up to a minimum standard. Whilst there have been increases in the proportion of mothers initiating breastfeeding, discontinuation of breastfeeding in the days and weeks after birth continues to be a major concern. [2]

16. There is strong evidence to suggest that the health risks associated with not breastfeeding makes this a major public health issue that requires investment. From a health service perspective, increasing breastfeeding rates will require resources to be invested in services.

17. The UNICEF report concluded that the more common breastfeeding becomes, particularly exclusive and continued breastfeeding, the higher the cost savings to the health service will be. Investment in effective services to support women to breastfeed is likely to produce a return on investment within a few years, possibly as little as one year.

18. About 81% of new mothers in the UK start to breastfeed but by five months, 75% of babies in the UK receive no breastmilk at all.

The benefits of breastfeeding

- Milk is perfectly made for the baby and makes a big difference to both mum's and baby's health.
- Breast milk is packed full of disease-fighting antibodies to help protect babies from illness. It changes daily, weekly and monthly to meet the baby's growing needs.

Babies who are breastfed have a smaller chance of:

- Developing eczema
- Getting ear, chest and tummy bugs and having to go to hospital as a result
- Being fussy about new foods
- Being constipated
- Being obese and developing diabetes when they are older.

There are advantages for mums too:

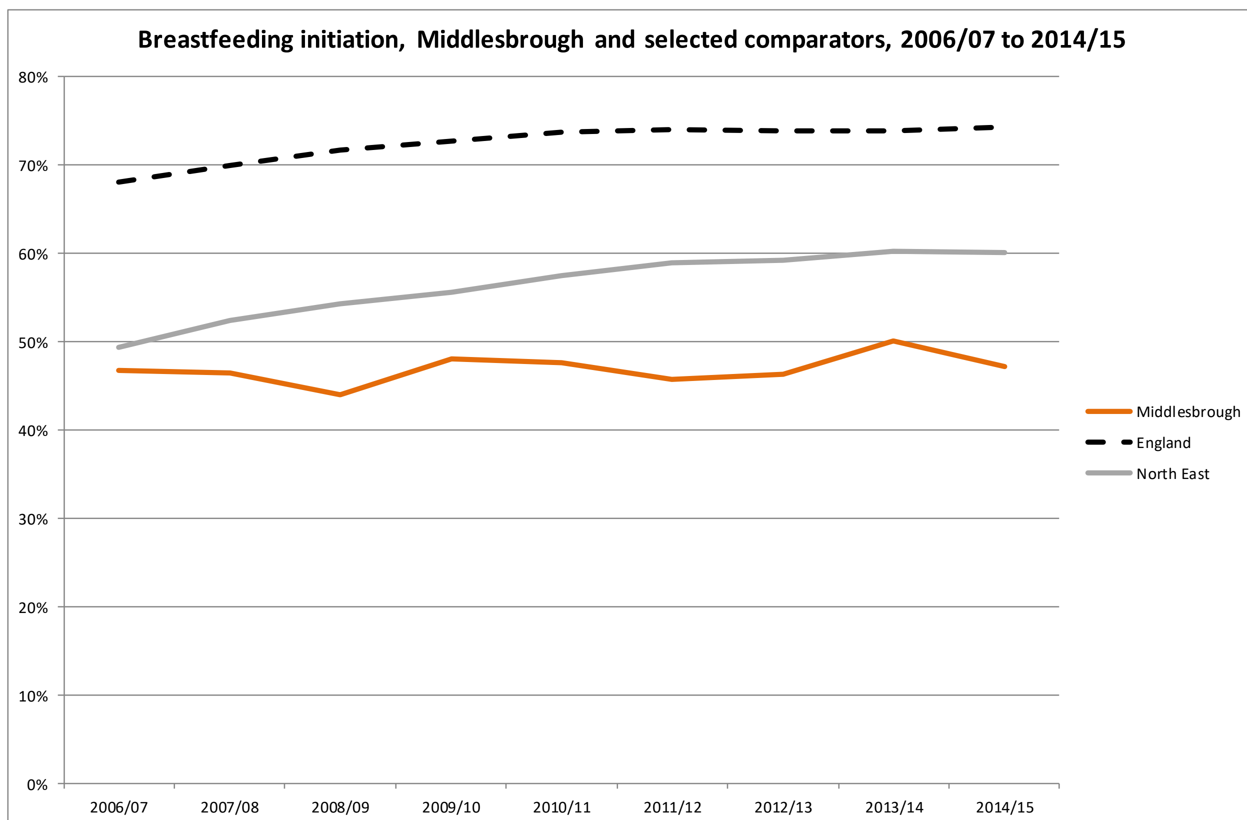
- Breastfeeding lowers the risk of breast and ovarian cancer
- Breastfeeding naturally uses up to about 500 extra calories per day, so mums who breastfeed often find it easier to lose their pregnancy weight
- Breastfeeding saves money – formula can cost as much as £45 per month
- Breastfeeding is easier – there's no need to clean and sterilise bottles, boil kettles and wait for the milk to cool

[2] Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK – Unicef October 2012

19. The panel explored, in depth, with the Tees Valley Shared Service, statistics on breastfeeding levels which are captured to measure breastfeeding rates.

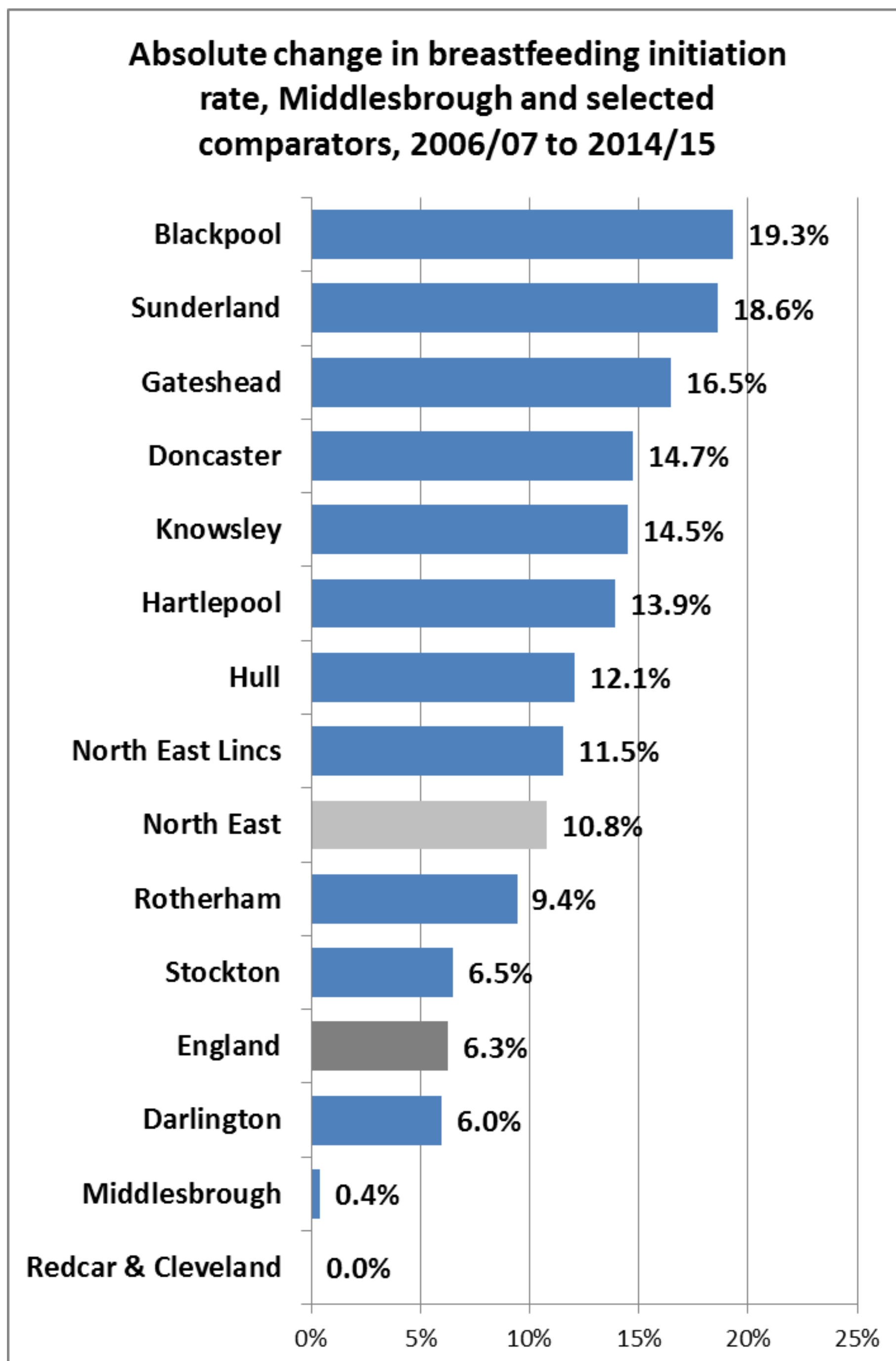
Initiation

20. The first one is breastfeeding initiation (or also known as breastfeeding at birth) – which counts as 1 attempt to breastfeed. There is 9 years' worth of data available which is useful to identify trends. The following table shows how Middlesbrough is below the North East average and well below the England average.



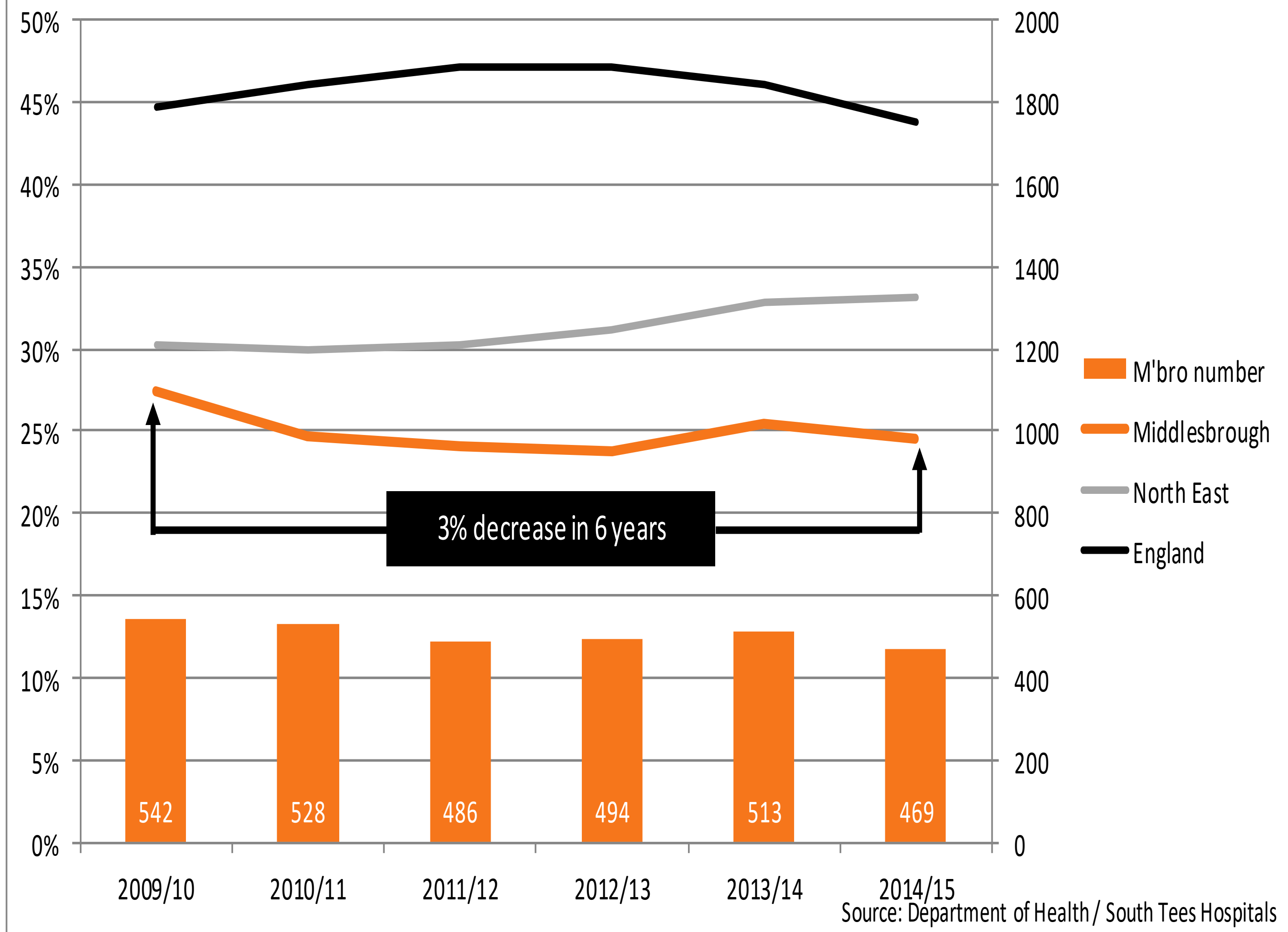
21. Breastfeeding initiation in Middlesbrough (47%) is lower than England (75%) and lower than the North East average (60%). It has increased only a little in recent years. By 6-8 weeks, Middlesbrough's rate has dropped from 47.2% to only 16.8% of babies being totally breastfed compared with 34% regionally and 44% nationally.

22. The following table shows the increase in breastfeeding initiation from 2006/7 to 2014/15. It can be seen that there is little change in rates in Middlesbrough and Redcar and Cleveland. However Hull and Hartlepool are above the national average and Sunderland and Blackpool are increasing 3 times faster than England.



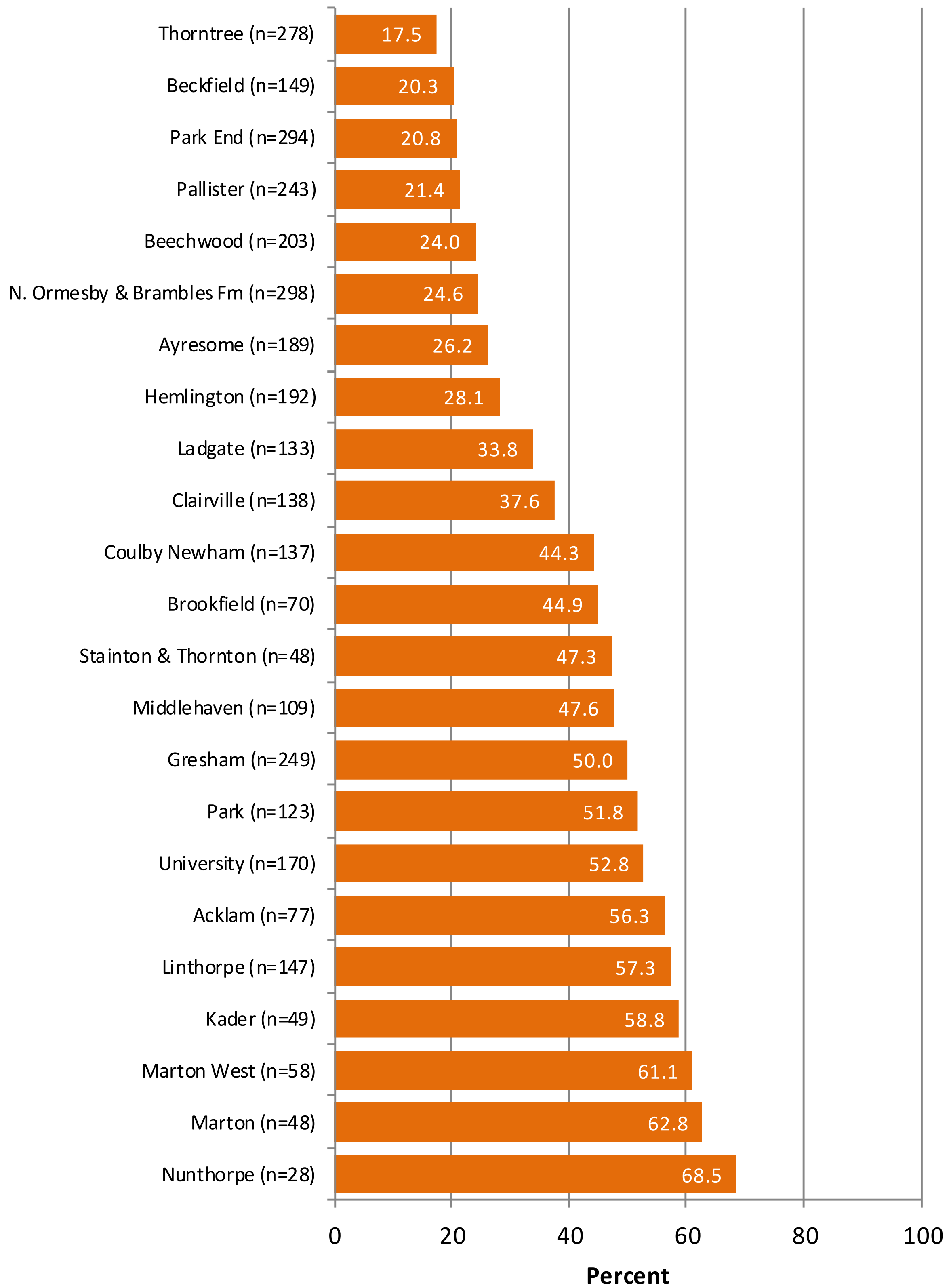
23. The panel were keen to explore what they did differently in Blackpool and Sunderland where steady progress has been made in recent years.

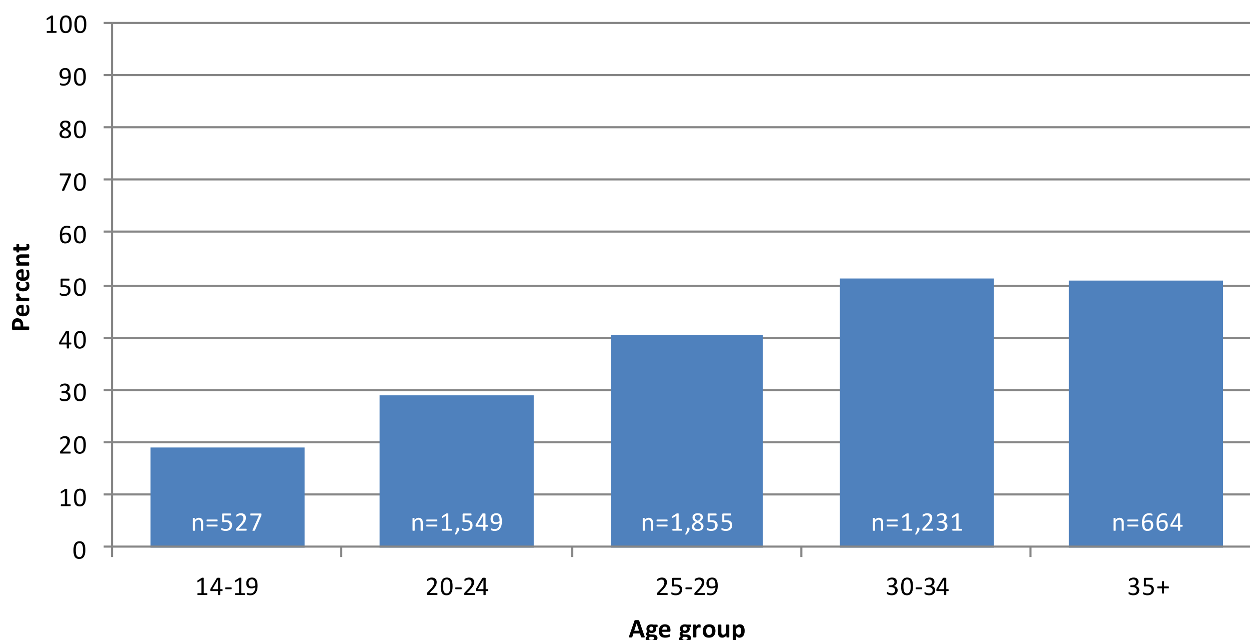
24. The next figure shows the proportion (%) of women still breastfeeding at 6-8 weeks. This is generally a better measure as it gives a picture over a longer period of time and it measures the drop off from the initial measure of breastfeeding at birth.



25. Again, Middlesbrough is below the North East and the England average and it can be seen that there is a 3% decrease in the 6 years between 2009/10 and 2014/15.

26. The following table shows the breastfeeding initiation rate by ward. Statistics in this area show that 40% of artificially fed infants are found in just five wards and there is a four-fold difference between lowest and highest rates.


Breastfeeding initiation rate, Middlesbrough wards, Apr 2010 to Mar 2013
Thorntree (n=278)
17.5
Beckfield (n=149)
20.3
Park End (n=294)
20.8
Pallister (n=243)
21.4
Beechwood (n=203)
24.0
N. Ormesby & Brambles Fm (n=298)
24.6
Ayresome (n=189)
26.2
Hemlington (n=192)
28.1
Ladgate (n=133)
33.8
Clairville (n=138)
37.6
Coulby Newham (n=137)
44.3
Brookfield (n=70)
44.9
Stainton & Thornton (n=48)
47.3
Middlehaven (n=109)
47.6
Gresham (n=249)
50.0
Park (n=123)
51.8
University (n=170)
52.8
Acklam (n=77)
56.3
Linthorpe (n=147)
57.3
Kader (n=49)
58.8
Marton West (n=58)
61.1
Marton (n=48)
62.8
Nunthorpe (n=28)
68.5
0
20
40
60
80
100
Percent



27. The figure above shows that proportionally more women in their thirties breastfeed than those in their twenties.

28. There are approximately 1,500 births per year in Middlesbrough. To improve the to the England average, would require 500 extra babies being breast fed each year. The Public Health officials present at the meeting confirmed that this is realistic and potentially achievable.

Work Taking Place in Middlesbrough

29. Public Health staff are working with James Cook University Hospital staff: there is a maternal infant and child health partnership, involving representatives from a wide range of areas including midwives, consultants, the South Tees CCG and Public Health. The action from the partnership looks at key areas and one of the core elements of the Midwifery Contract is to provide 5 days of contact support for new mothers which can involve a phone call or visit. The partnership did recently submit a business case for Midwife Care Assistants (MCA) to support mothers to breastfeed, but this was unsuccessful. In Sunderland they have paid MCAs who provide 1 to 1 support for new mothers and the success of this scheme can be seen in their increased breastfeeding rate.

30. The panel felt that education was a very important aspect of midwives' work. Breastfeeding is discussed at each midwife appointment prior to the baby being born. However it is only one of the many things which are discussed at those appointments. There are classes that are provided for expectant parents, but it is recognised that those with an interest will attend, including those mothers to be who know they are going the breastfeed. What is needed is a way of targeting those parents to be who don't attend or who are not interested in attending.

31. In talking about community support, the panel were told that the Big Lottery Fund bid had been unsuccessful. The bid had a vision of peer education and community support, providing low paid staff or volunteers to help new mothers and sustain the messages of the positive benefits of breastfeeding and helping mothers to sustain breastfeeding.

32. It was acknowledged that although the funding was lacking , there was a need to think about more creative ways of doing more in the community. The Director of Public Health made the point that we need to move away from deprivation as an excuse. Affluent wards have low levels of breastfeeding as well. We need to look at Blackpool (who were successful in their Big Lotter Fund bid) and Sunderland, and learn the lessons from initiatives that were successful in those areas.

33. There were some benefits of the transfer of the 0-5 children's service to Public Health. The public health team were working with the Assistant Director of Supporting Communities to look at children's centres including children's school readiness. There is a national initiative, the Department of Health's The Early Years High Impact Areas, which, as the title suggests, includes 6 high impact areas for improvement. One of these includes breastfeeding (initiation and duration). The purpose of the High Impact Area documents is to articulate the contribution of health visitors to the 0-5 agenda and describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

34. There are a number of areas of work in this area that have begun and the Public Health team definitely want to learn from lessons in Blackpool and Sunderland. They are also looking at how they can use involvement of the voluntary sector

35. The panel heard on a number of occasions that when there are paid support workers available to mothers 7 days a week (or volunteers) that breastfeeding rates were be higher.

Research by Teesside University

36. In August 2014, the Centre for Health and Social Evaluation (CHASE) were commissioned by the Public Health Departments of both Middlesbrough Council and Redcar and Cleveland Council to carry out an exploration of infant feeding and breastfeeding support services. The report '*Exploring Infant Feeding and Breastfeeding Peer Support in Middlesbrough and Redcar and Cleveland'* contains 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 that are available; details of breastfeeding friendly places; breastfeeding for women from ethnic groups; and partnership working.

37. The report concluded that there have been some significant developments in the provision of services to support breastfeeding and that the South Tees Infant Nutrition Team is well established.

38. The panel spoke to Pat Watson, co-author of the report. Highlighted in the report were a number of practical things that could be done, mainly around information. Mothers had identified a need for more practical information on breastfeeding, feeling that this would prepare them better.

Financial Incentives for Breastfeeding

39. In 2013, a pilot scheme was launched in deprived areas of South Yorkshire and Derbyshire and funded through collaboration between government and the medical research sector. To qualify for the full £200 reward, women would have to breastfeed until their child was 6 month's old. An article from Dr Emma Giles from Teesside University, outlined the research undertaken on the appropriateness of financial incentives in this area.

40. The conclusion was that those commenting on the on-line UK news articles viewed financial incentives for breastfeeding as unacceptable and that alternative, structural interventions were likely to be more effective. There were concerns that the scheme could not be objectively monitored or adequately funded and that the scheme could be discriminatory and insulting to mothers who wanted to breastfeed but couldn't. It was noted that further information was needed on the effectiveness of health promoting financial incentives (HPFI) in general.

Best Practice

41. Members were interested in looking at best practice, notably in Sunderland and Blackpool. They are the best performing regions amongst our statistical neighbours and areas where rates have increased.

Sunderland

42. In Sunderland, breastfeeding support is available via their children's centres. Centres can help by providing a wide range of support and advice from new-born feeding, expressing, weaning and breastfeeding when pregnant.

43. There is a support group, run by local mothers who have breastfed which meets on a regular basis for mums to share experiences and information.

Blackpool

44. Blackpool have a Star Buddy Scheme were peer supporters deliver a universal peer support programme for all breastfeeding mothers and work closely with midwives, health visitors and children's centres. The support provided is mother-centred, so women are enabled to make their own informed infant feeding decisions without pressure or judgement. All breastfeeding is valued, even if it is for one feed or one day, so that women are supported to appreciate what they have achieved. Star Buddies, having been a breastfeeding mum, provide role models for breastfeeding in an area where the culture has been entrenched bottle-feeding. The Star Buddies also help mothers who introduce infant formula or stop breastfeeding by providing information about different milks, sterilisation and preparation.

45. The service also provides, amongst other things, infant feeding workshops, dedicated neonatal Star Buddy, plus a team of volunteer Neonatal Peer Supporters. The community team offer 1:1 support at home for 8 weeks and beyond for all mothers who initiate breastfeeding, 7 days per week, breastfeeding groups and volunteers who work in groups in the hospital, antenatal clinics and help with the breastfeeding helpline.

The Breastfeeding Network, Blackpool

46. As part of the evidence gathering, the panel sought information from Blackpool Council as a comparable authority who had seen positive increases in their breastfeeding rates.

47. In discussions with the Community Co-ordinator of The Breastfeeding Network in Blackpool, she outlined how Blackpool's rates have increased by 29% but it had been a 'hard slog'.

48. They had implemented the following initiatives:

    a. They are signed up to the UNICEF Baby Friendly Initiative and have stage 3 accreditation. The workforce is educated about breastfeeding. They had also been successful in their Big Lottery Bid – Better Start Initiative.

    b. They have a peer support programme of paid staff. It is a commissioned service paid for by the Council. It has been running for 7 years and it provides 24/7 support for every women whilst they are in hospital. The service doesn't influence women to breastfeed but it provides support to them if they want it. Women can then sign up for ongoing support – it's an 8 week service (beyond that if necessary, where women use a variety of contact with the peer supporters either at home, text, via social media. There are also breastfeeding support groups for women to meet and chat with other mothers.

    c. There is an Out and About Scheme. Over 100 premises in Blackpool have signed up, including restaurants, cafes and shops. It's an ongoing process and participants receive a sticker and are advertised on the local Facebook page and the local council website. Cards are given to women that include top tips, how to practice, what to wear when feeding out and about.

    d. They tried an incentive scheme. There was a pot of money to try the scheme, which was evaluated by Lancaster University. Women were given a small gift every week following a visit by the scheme. It did work initially as rates went up but not sufficiently enough to justify the cost. There were more home visits and therefore more contact time (50% increase) but at 6-8 weeks there was a 2% rise but this would represent a combined effect of all interventions. Women said that the incentives would not influence them to breastfeed but that they did feel more valued.

    e. Another campaign was called the Be a Star – it gave women make overs to show that they didn't have to be a star to breastfeed but that they were stars for doing it. People liked it, it was well received but it was expensive.

    f. They tried a pump hire scheme (to help women express milk) but it was costly, they didn't get returned, there were issues with hygiene and finding someone to run it was difficult. So overall it hadn't worked.

    g. They are working with employers to educate them about women returning to work, by providing factsheets, advice and support.

    h. They are doing a lot more work in the clinics – not asking women if they are going to breastfeed but asking them how they intend to feed their baby, then

once the conversation has been initiated, discussing the benefits of breastfeeding and initial skin-to-skin contact after the birth.

i. They are also starting a scheme to go in to schools, to try and educate young girls with the aim of breaking the culture of bottle-feeding. Historically in Blackpool, there have been generations of bottle-fed babies, so it's giving young girls another perspective that might be different from their mother or grandmother.

j. In terms of future work, it was suggested that adverts were needed to normalise it – images of breastfeeding women should be the norm. It was recognised that it was a very slow cultural change – but that initiatives needed to be put in place to assist and support women. It's about reinforcing the same message again and again and normalising breastfeeding.

The South Tees Infant Nutrition Team

49. In their discussions with the South Tees Infant Feeding Team and the Midwife consultants, the panel heard that there is an embedded culture of bottle feeding in Middlesbrough. 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 feeding their children to be the odd one out. Members agreed that a significant change was required and this would require engaging with the whole family - not just the mother. Support could also be offered to grandparents for example.

50. Members discussed the involvement of GPs. Often a woman would go to her GP with health-related issues caused by breastfeeding. It was argued that GPs don't have the training on breastfeeding, like midwives do, and did not always encourage breastfeeding. For example, if women presented with mastitis they tended to be advised to stop breastfeeding, which was not necessarily the right course of action. A new message needed to be given to women about getting the right treatment/advice from the right person.

51. In 1999, the rate of initiation in South Tees sat at 19% with a fall to approximately 9% at discharge from hospital. Length of hospital stay at this time was around 4 days. An education package utilising UNICEF BFI standards was then included for midwives and other health professionals which led to an increase in breastfeeding resulting in a 50% initiation rate with around a 45% rate at hospital discharge. Showing that interventions do work. There is a peer support network, women are visited and contacted by phone, but it is not a 24/7 service. Paid Support Workers are needed to support women in the home environment.

52. Work was being undertaken in schools with children of all ages to outline the benefits of breastfeeding. Members agreed that it was crucial to get into schools to spread the message about the benefits of breastfeeding and to "normalise" the activity.

53. Some of the Council's Children's Centres were not classified as baby friendly/UNICEF accredited. Not all staff are trained in helping women with breastfeeding and providing advice and support. Members agreed that 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.

54. 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.

55. Mark Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service, felt there needed to be a focus on what he called 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 be more difficult to achieve.

56. The panel agreed, upon the advice they heard, that a reasonable target would be for Middlesbrough to aim to reach at least the Tees Valley average for breastfeeding within three years.

57. 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.

Discussion with Key Decision Makers

58. The panel had the view that whilst the will and the passion to improve were clearly evident amongst all professionals that, having spoken to the midwives and health professionals, in their words 'they are running at full pelt and have hit a brick wall'. For the town's rate to reach the England average it would only take an extra 10 women per week to breastfeed however rates in Middlesbrough have remained relatively static, where other areas have seen increases.

59. The panel felt that given the information they had received that they wanted to have a conversation with the key decision makers around some of the proposed areas where they would like to make recommendations (in advance of producing a final report).

60. Views were sought on the following questions
    1. *How do we ensure that council front facing buildings and community hubs take part in the Breastfeeding Welcome Scheme?*
    2. *That staff in children's centres are trained and all centres are UNICEF accredited to at least the minimum standard.*
    3. *Should we consider the issue of incentives – for example, free gym membership for breastfeeding mothers?*
    4. *Is it viable to develop a professional role to actively performance manage the various parts of the system to ensure compliance with NICE guidance on breastfeeding?*
    5. *Do we do enough to ensure there are education programmes in schools to normalise breastfeeding and what else can we do to change the embedded culture of bottle feeding in Middlesbrough?*
    6. *Can we consider what new initiatives could be introduced in order to try and increase rates?*

61. The Chief Executive was unable to attend and submitted a written response to the questions, which is attached at appendix 1.

62. In speaking with the Managing Director of Women and Children's Services at the South Tees Hospitals NHS Foundation Trust, Members heard that approximately ten years ago, the breastfeeding rates in this catchment area had been even lower. At the time there had been a number of initiatives introduced in order to improve the situation, including: joint working between Sure Start and the University of Teesside; improved training for midwives; and development of peer support programmes. Those initiatives had resulted in a marked increase in the breastfeeding rates between 2006 and 2008; however since then, despite the best efforts of the staff, rates had not increased any further.

63. Monitoring took place in the hospital of the number of women breastfeeding after delivery and the number of women still breastfeeding once discharged from hospital. The statistics did indicate that women were breastfeeding for longer periods, but a drop off did occur, which was greater than the national average.

The Middlesbrough Effect

64. Members discussed the possible reasons for the so called 'Middlesbrough effect'. The culture of bottle feeding in Middlesbrough was put forward as one of the main reasons for low breastfeeding rates. It was thought that this cultural factor within Middlesbrough meant it was difficult for new mothers to undertake breastfeeding, particularly if they had never witnessed or experienced it before and there was no history of breastfeeding by their mothers, who are therefore unable to pass on their experiences or advice. It was felt that this linked into the potential opportunity to promote breastfeeding and normalise it in public places.

65. There had been a recent initiative implemented by the Women and Children's Service which involves a five day maternity contact from either a midwife or care assistant or on occasion both. New mothers are visited for the first five days after discharge from hospital in order to try and maintain breastfeeding practice. However, even this had had resulted in minimal impact.

66. Members referred to the antenatal scheme currently being undertaken in Sunderland, whereby women were provided with breastfeeding information before birth, with support carrying on through to the postnatal period. A peer-to-peer support group had been established; supporters would visit women to provide advice, prior to any feeding intention decisions being made. In addition to this, a training programme for breastfeeding was also being provided. It was explained that some similar work was undertaken in Middlesbrough on an antenatal basis; however, this was not as intensive as the work carried out in Sunderland, owing to the resources available.

67. However it was explained that it is not just an issue of commissioning the right services, it is a difficult cultural issue to address.

68. Members were particularly keen to explore the public messages given about breastfeeding and how this may impact on decisions made by women about feeding their baby. Members discussed the public acceptance of breastfeeding; it was felt that significant work needed to be carried out in order to generate the message that there was nothing unnatural about it. Members discussed the use of advertisements in public buildings, commercial premises and GP Surgeries, which could be bolstered by a national media campaign.

69. As well as being a local issue, Members also made reference to the consistency in the statistics for breastfeeding at birth and breastfeeding at six weeks, in respect of both the England average and the Middlesbrough rate, with the drop-off loss rate equating to 2/3 on each. It was suggested that a common factor was occurring that caused new mothers to stop breastfeeding after those periods of time. One suggestion for this was that, as the child got older, mothers needed to return to the workplace.

70. As the panel had already discovered, it was reiterated that breastfeeding rates tended to be higher in more affluent areas where, culturally, there was a long history of breastfeeding. It was felt that culture was important regardless of locality. It was suggested that a Teesside and Middlesbrough effect was taking place, in that the areas of Middlesbrough expected to have higher breastfeeding rates were not particularly high. It was highlighted that the Women and Children's Service offered a core service to women across the catchment, which included Middlesbrough, Redcar and Cleveland, Hambleton and Richmondshire. The breastfeeding rates in Redcar and Cleveland were 53%, whereas in Middlesbrough they were 47%. One explanation for this was the varying social groups within the catchment areas.

71. The panel agreed that support from the mothers and grandmothers of mothers-to-be was pivotal in order to address the immediate intention of bottle feeding. It was considered that many parents in Middlesbrough were quite young, and may themselves have had younger mothers and grandmothers. It was felt that in order to captivate and influence multigenerational change and peer support, innovative thinking was required.

72. In Middlesbrough, a range of services were being commissioned across Public Health and local authorities. It was felt that services being commissioned were done so for a particular point in time. Services were being offered in response to cultural beliefs and the needs of the population being served. For example: services were being commissioned to support mothers who had just given birth within a hospital setting. However this reflects the over-reliance on hospital services because the number of home births was not particularly high.

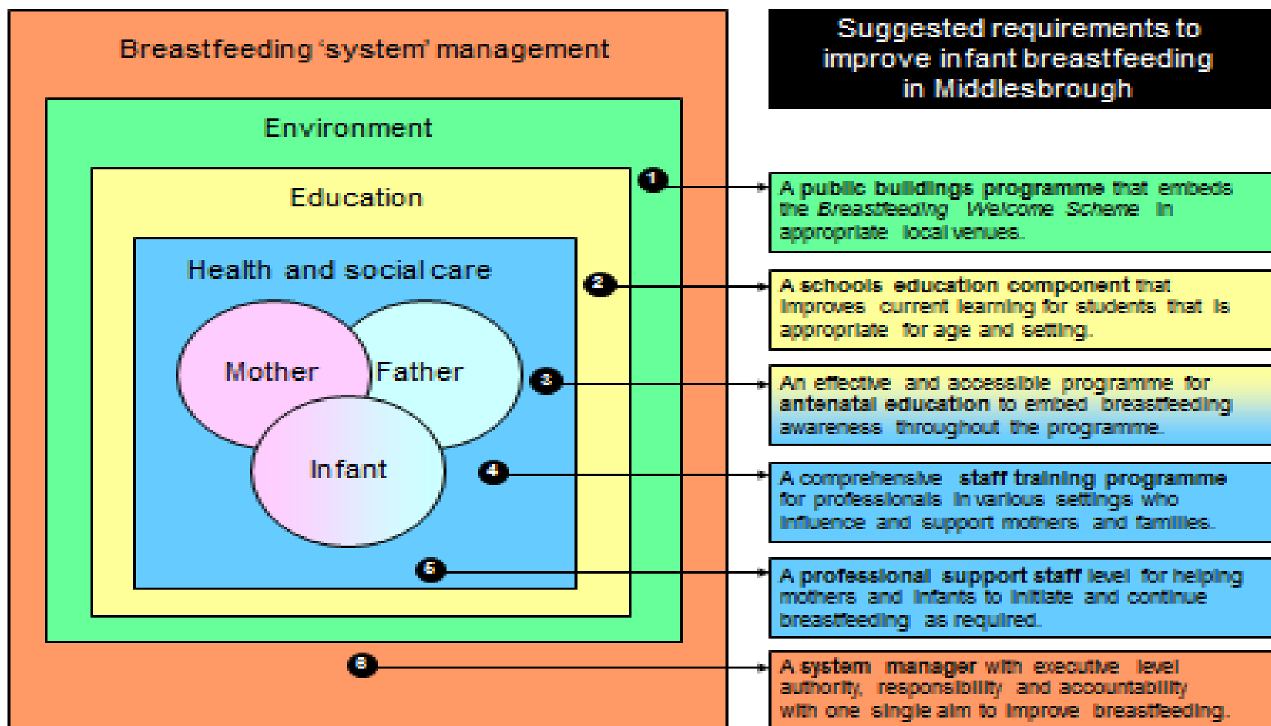
73. The panel agreed that something needed to be done differently in order to break the bottle feeding cycle. There may have been potential for establishment of an antenatal health visiting service, so that the postnatal information was provided earlier. It was felt that the services being commissioned did deliver what they were supposed to do, but they did not change embedded culture. It was acknowledged that further work needed to be undertaken to support cultural change.

74. Members considered the high number of young mothers in Middlesbrough and agreed that increased education within schools, to promote or increase an awareness of the benefits of breastfeeding, could be undertaken in order to challenge the innate generational behaviours. Reference was made to how this topic should be added into the current school curriculum and citizenship studies.

75. The Assistant Director, Public Health Intelligence acknowledged that a cultural shift and improved breastfeeding rates could be achieved with changes. Reference was made to paragraph seven of the submitted report and the questions that had been compiled from the Panel's previous comments.

76. A document detailing suggested requirements to improve infant breastfeeding in Middlesbrough was circulated for Members' information. The document consisted of a model, which considered a number of systemic issues and how change could be initiated, which included:

- A public buildings programme that would embed the 'breastfeeding welcome scheme' in appropriate local venues.
- A schools education component that would improve current learning for students that was appropriate for age and setting.
- An effective and accessible programme for antenatal education to embed breastfeeding awareness throughout the programme.
- A comprehensive staff training programme for professionals in various settings who would influence and support mothers and families.
- A professional support staff level for helping mothers and infants to initiate and continue breastfeeding as required. The level of this would need to be determined accordingly.
- A system manager with executive level authority, responsibility and accountability with one single aim to improve breastfeeding.



77. It was highlighted that in order to see a population shift for the longer term, it was imperative that any initiatives were undertaken across all areas, and not just in specific wards.

Commissioning

78. In developing new ways of thinking, whatever the action proposed, it would need to be commissioned. However, this responsibility would span a number of different agencies and sectors, including the CCG as the commissioner of secondary health care, the local authority and Public Health in terms of the public health messages and education, with discussions also being undertaken with the Health and Wellbeing

Board.

79. Members discussed how the suggested requirements above could be used as a model for the panel to form recommendations. The panel had been told that figures show that hospital admissions of infants in Teesside are among the highest in the country and there is an association with low breastfeeding rates.

80. Members agreed that if would be beneficial to put money in to preventative services if results led to fewer babies presenting at hospital with illnesses such as diarrhoea, vomiting and constipation.

81. Improvements had been seen in 2006-2008 as a result of additional resources at that time. It was felt that what was required now was another intervention. The panel heard from the CCG that there may be a mechanism available that would potentially provide additional in-year resource - better care funding for example. If it was demonstrated that schemes or initiatives could potentially impact upon matters such as admissions or hospital attendances, then resources could be freed up to do something different. For example, a significant number of babies had been admitted to hospital with gastrointestinal problems, therefore the suggestion that the benefits of breastfeeding could reduce the likelihood of babies with gastrointestinal problems could permit the release of resources that were being used for dealing with causal factors.

Use of Social Media

82. Members discussed the use of social media to 'market' a positive message with regard to breastfeeding. For example, people recognise other health related initiatives, such as '5-a-day'.It was suggested a '5 point plan' could be developed – linked to a national advertising campaign. Literature is produced to assist expectant mothers but at present there were no breastfeeding adverts currently being undertaken nationally. Reference was made to the 'breast is best' tagline used as part of the 2008 campaign and the small presence that it had on some formula milk adverts. The Panel felt it appropriate to make a recommendation to the Government to ensure that any baby food manufacturers make the message more explicit and visible to consumers.

The Council's Involvement

83. Another suggestion put forward was in relation to the Council's own workforce. Reference was made to a successful Middlesbrough Council workforce screening programme that had been carried out previously. It was suggested that a programme could be developed aimed at staff and in particular younger members of staff highlighting the positive advantages of breastfeeding.

84. Positive news stories could be included in the Love Middlesbrough magazine, statistics or success stories for example, as well as in other Council literature. It was felt that this would help to reach other organisations such as voluntary groups.

85. The panel discussed how they could ensure that Middlesbrough was a breastfeeding friendly town. They discussed the use of an app which could indicate where breastfeeding is welcome and the facilities shops provide for mothers. Details of breastfeeding friendly places are attached at appendix 2.

86. The panel were keen to consider how the planning committee could influence developers to ask them to provide facilities for nursing mums in any new large scale

developments in the town that young mums use.

87. Members also considered the use of incentives and the potential for these to increase breastfeeding rate, for example free gym membership to Council-operated facilities. However, it was felt that although this would improve wider Public Health, it would not necessarily improve breastfeeding rates. It was felt that offering incentives would not necessarily have any lasting longer-term benefits.

CONCLUSIONS

88. *Based on evidence given throughout the investigation the Panel concluded:*

a) It goes without saying that it is a women's fundamental right to choose how they feed their child. The aim of the panel was not to dictate that women should breastfeed but to ensure that the Council and the health sector are doing they can to support mothers and mothers-to-be to make an informed choice, and whatever that choice may be, ensure that the right support is provided for them at the right time. It may be worthwhile for more work to be done to research women's views on the services they would like to see or analysis of the ones they used to see if they are appropriate.
b) The panel agreed that the model, at paragraph 76, was an excellent starting point which brought together all aspects in a way which could be taken forward by the various agencies involved in order to initiate change.
c) Members were in agreement that all the agencies involved were passionate about improving levels of breastfeeding and despite the introduction of initiatives to improve levels they had remained static over recent years. A different approach needed to be undertaken, but it was recognised that changing the culture in Middlesbrough will be a huge task and will require a number of different approaches.
d) The panel agreed that the Council should do everything in its power to assist in this by the practical means available such as ensuring breastfeeding facilities are available in public buildings and working with local businesses to encourage them to offer breastfeeding facilities.

RECOMMENDATIONS

89. That the Health Scrutiny Panel recommends the following:

a) That the South Tees CCG, Middlesbrough Council, the South Tees Hospitals NHS Foundation Trust and the Public Health Team work together, to implement the 6 suggested requirements to improve infant breastfeeding in Middlesbrough and develop a detailed plan which will be fed into operating plans for the next year. Those 6 requirements being -

i. A public buildings programme that would embed the 'breastfeeding welcome scheme' in appropriate local venues.
ii. A schools education component that would improve current learning for students that was appropriate for age and setting.
iii. An effective and accessible programme for antenatal education to embed breastfeeding awareness throughout the programme
iv. A comprehensive staff training programme for professionals in various settings who would influence and support mothers and families
v. A professional support staff level for helping mothers and infants to initiate and continue breastfeeding as required. The level of this

would need to be determined accordingly.

vi. A system manager with executive level authority, responsibility and accountability with one single aim to improve breastfeeding.

b) That the organisations above are invited back to the panel in April 2016 with a detailed plan to update members with progress on recommendation a.

c) That the South Tees CCG and the South Tees Hospitals NHS Foundation Trust consider whether an incentive scheme to provide packs, to include breastfeeding pumps, to new mothers would be beneficial.

d) That the Council write to the Secretary of State to ask the Government to ensure that it is prominently stated in the advertisement of formula milk and baby food that it is not a substitute for breast milk and that breast milk is best for babies.

e) That the Council write to NHS England to ask them to develop a sustained national public campaign stating the long-term health benefits to the mother and child of breastfeeding.

f) That the Council develop their staff welfare policies to include support for mothers who are still breastfeeding on their return to work and provide a private space for them to do so. This should also include an internal campaign to promote the benefits of breastfeeding.

g) Linked with (f) above, the Council should promote their support of breastfeeding and ensure that all public buildings are prominently marked with improved 'Breastfeeding Welcome Here' signs and that there are (where possible) facilities for breastfeeding mothers.

h) That positive stories from breastfeeding mothers in the town be sought for inclusion in the Council's Love Middlesbrough newsletter, along with an article highlighting the positive health benefits to mother and child of breastfeeding. This could also be extended to the Erimus Housing newsletter.

i) That the Middlesbrough Breastfeeding Welcome scheme be strengthened with a push to seek more businesses to sign up including the major retail centres and employers within the town.

ACKNOWLEDGEMENTS

90. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:

- Pat Watson, Research Fellow, School of Health and Social Care, Teesside University
- Kay Branch, Midwife Consultant (Public Health) , James Cook University Hospital
- Alyson Harker – Service Manager, Health Visiting and School Nursing, Women and Children Centre, South Tees Hospital NHS Foundation Trust
- Sarah Winspear – Specialist Health Visitor, Health Visiting, Division of Community Services, Redcar Primary Care Hospital
- Paulina Rossi, Specialist Midwife, Infant Feeding and Nutrition, Supervisor Of Midwives, South Tees Hospital NHS Foundation Trust
- Liz Nunez – Community Co-ordinator, The Breastfeeding Network, Blackpool
- Mark Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service
- Leon Green, Public Health Intelligence Specialist, Tees Valley Public Health Shared Service

- David Budd, Elected Mayor
- Mike Robinson, Chief Executive, Middlesbrough Council
- Edward Kunonga, Director of Public Health, Middlesbrough Council
- Lindsay Cook, Advanced Public Health Practitioner, Public Health, Middlesbrough Council
- Craig Blair, Associate Director, Commissioning, Delivery and Operations, South Tees Clinical Commissioning Group
- Dr Janet Walker, Chair, South Tees Clinical Commissioning Group
- David Welch, Senior Commissioning Manager, North of England Commissioning Support
- Fran Toller, Managing Director, Women and Children's Services, South Tees Hospitals, NHS Foundation Trust

COUNCILLOR EDDIE DRYDEN
CHAIR OF THE HEALTH SCRUTINY PANEL

Date: January 2016

Contact: Elise Pout, Scrutiny Support Officer,
Telephone: 01642 728302(direct line)

BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:

(a) The minutes of the Health Scrutiny Panel of 22 September, 15 October, 3 November and 15 December

JOINT RESPONSE FROM THE CHIEF EXECUTIVE AND THE MAYOR ON HEALTH INEQUALITIES – IMPROVING LEVELS OF BREASTFEEDING IN MIDDLESBROUGH

HEALTH SCRUTINY PANEL - TUESDAY 15 DECEMBER 2015

How do we ensure that council front facing buildings and community hubs take part in the Breastfeeding Welcome Scheme?

- The Council supports the breastfeeding welcome scheme and a number of venues are already accredited (Appendix 1).
- A plan is being developed to implement the Breastfeeding Welcome within Community Hubs and the other Council buildings led by Stronger Communities.
- There is need to sign up more businesses to the Breastfeeding Welcome Scheme across the town. This would involve Breastfeeding brief intervention training for staff on how to support the scheme, policy and guidance to ensure buildings, particularly those that the public use, are welcome to breastfeeding mothers.

That staff in children's centres are trained and all centres are UNICEF accredited to at least the minimum standard.

- Middlesbrough Children's Centres are currently completing an assessment of what stage of the UNICEF accreditation with a plan to roll out the training and accreditation. This will include having an Infant Feeding Champion in each children centre.
- The new Health Visiting service will work very closely with the 0-19 stronger families team to deliver training to appropriate staff members and build capacity for children centres to support breastfeeding and improvements in child health outcomes as part of implementing the six high impact changes.

Should we consider the issue of incentives – for example, free gym membership for breastfeeding mothers?

- Financial incentives have been used with varying success to encourage positive health related behaviour change; there is little research on their use in encouraging breastfeeding.
- There are number of issues with the use of incentives for breastfeeding which include: identifying the right incentive that would promote behaviour change, monitoring compliance with breastfeeding (apart from relying on self-reports), ensuring the behaviour change is sustained beyond the time the incentive and ability to deliver the programme at scale to have the population level impact required (i.e. is the incentive for initiating or continuing breastfeeding).
- The limited research in this field cites the following:
  a. The need to look at what else might work to both improve breastfeeding rates and reduce steep and unchanging inequalities.
  b. Incentives such as free breast pumps, offering free baby massage classes which promotes bonding and attachment, offering additional telephone, text, or

c. Home-visit support, especially in the first few weeks after birth, when it can mean the difference between premature cessation of breastfeeding and continuing, may all make the difference.

Is it viable to develop a professional role to actively performance manage the various parts of the system to ensure compliance with NICE guidance on breastfeeding?

- There are a number of related public health challenges (for children's outcomes) that would benefit from a coordinated approach to improve outcomes. The public health team has lead officer for Best Start in Life who work with the rest of the 'system' (commissioning, GP's, maternity, children's centres, public health and comms) to drive improvements in outcomes for early years.

Do we do enough to ensure there are education programmes in schools to normalise breastfeeding and what else can we do to change the embedded culture of bottle feeding in Middlesbrough?

- There are opportunities to strengthen the provision of health education through the PSHE curriculum and the public health team will work with schools through MAP.
- There are wider changes that need to be considered which include working with early years providers to start early e.g. in role playing where toy milk bottles are provided for children in play areas.
- There is also the need to ensure breastfeeding is addressed in training programmes for health, social care and nursery workforce so they are empowered to be able to support families they work with. This will need to be embedded in undergraduate and postgraduate courses.

Can we consider what new initiatives could be introduced in order to try and increase rates?

There are a number of programmes in place to improve breastfeeding rates locally.

Middlesbrough

a. Best Beginnings – (new pilot) UK charity who produce and distribute evidence based resource which improves knowledge and confidence of HCP and parents from birth to 12 months
b. James Cook University Hospital out of hours maternity advice line
c. Breastfeeding Social Groups in Children's Centres
d. '5 days of contact' following discharge from hospital

There are programmes that other areas are implementing with impact on their breastfeeding rates (and the public health team are reviewing how this learning can be implemented locally).

Hull

- iBreastfeed Website
- Local peer support
- Baby Friendly Business Initiative
- 21 Children Centres achieved stage 2 UNICEF BF accreditation in Nov 2011

Gateshead

- Breastfeeding Peer Counsellors
- Breastfeeding friendly venues

Knowsley

- Bosom Buddies Peer support service
- Bosom Buddies support groups in children's centres
- Working towards UNICEF BF accreditation

Sunderland

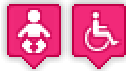
- Paid Maternity Care Assistants, capacity to support all breastfeeding mothers for a minimum of 5 days following delivery and within the antenatal period to promote BF
- Bosom Buddies support groups in children centre's

Lancashire

- 'Be a Star' Breastfeeding Programme led to breastfeeding initiation rates (among 18- to 25-year-olds) in Central Lancashire increase from 52% to 63%.

Middlesbrough Breastfeeding Welcome Venues
(Venues registered on Breastfeeding Welcome Website)

- **Life Store (0.37 miles)**

  - 10/12 Centre Mall ,
    Cleveland Centre, Middlesbrough, TS1 2NR
  - Venue Website
  - **Tel:** 01642 737884
  - **Venue Type:** Health information Centre
  - 

- **Chilli Cake Deli (0.38 miles)**

  - Zero Baker Street,
    Middlesbrough, TS1 2LF
  - Venue Website
  - **Tel:** 01642230268
  - **Venue Type:** Cafe
  -

- **Taste of Life (0.40 miles)**

  - One Life,
    Linthorpe Road, Middlesbrough, TS1 3QY

- **Venue Type:** Cafe
  -

- [Middlesbrough Town Hall](#) **(0.43 miles)**

  - Albert Road,
    Middlesbrough, TS1 2QJ
  - Venue Website
  - **Tel:** 01642 729729
  - **Venue Type:** Concert Hall
  -

- [Fellinis Restaurant](#) **(0.75 miles)**

  - 325 325 Linthorpe Road,
    Middlesbrough, TS5 6AA
  - Venue Website
  - **Tel:** 01642 814597
  - **Venue Type:** Restaurant/Cafe
  -

- [Dorman Museum](#) **(0.92 miles)**

- Linthorpe Road,
  Middlesbrough, TS5 6LA
- Venue Website
- **Tel:** 01642 358101
- **Venue Type:** Museum
-

- **Cafe Delights (0.99 miles)**

- 423 Linthorpe Road,
  Linthorpe, Middlesbrough, TS5 6HH
-

- **Grove Hill Community Hub (1.54 miles)**

- Bishopton Road,
  Grove Hill, Middlesbrough, TS4 2RP
- Venue Website
- **Tel:** 01642 278444
- **Venue Type:** Community Hub
-

- **Berwick Hills Library (1.93 miles)**

  - Crossfell Road,
    Berwick Hills , Middlesbrough, TS3 7RP
  - Venue Website
  - **Tel:** 01642 246947
  - **Venue Type:** Library
  -

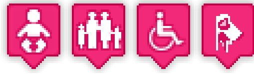
- **Trinity Holistic Centre, (2.09 miles)**

  - James Cook University Hospital,
    Marton Road, Middlesbrough, TS4 3BW
  - Venue Website
  - **Tel:** 01642 854839
  - **Venue Type:** Wellbeing centre on hospital site
  -

- **Community Hub at Berwick Hills (2.22 miles)**

  - Ormesby Road,
    Middlesbrough, TS3 7RP
  - Venue Website
  - **Tel:** 01642 230106
  - **Venue Type:** Community Hub
  -

- **The Neptune Centre** **(2.22 miles)**

  - Ormesby Road,
    Middlesbrough, TS3 7RP
  - Venue Website
  - **Tel:** 01642 230106
  - **Venue Type:** Leisure Centre
  - 

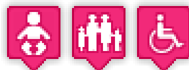
- **Easterside Community Hub** **(2.51 miles)**

  - Broughton Avenue ,
    Easterside , Middlesbrough , Ts4 3PZ
  - Venue Website
  - **Tel:** 01642 278444
  - **Venue Type:** Community Hub
  -

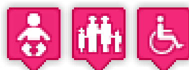
- **Community Hub at Thorntree** **(2.68 miles)**

- Birkhall Road,
  Middlesbrough, TS3 9JW
- Venue Website
- **Tel:** 01642 246827
-

- **Thorntree Library (2.68 miles)**

  - Birkhall Road,
    Middlesbrough, TS3 9JW
  - Venue Website
  - **Tel:** 01642 242332
  - **Venue Type:** Library
  - 

- **South Bank Children's Centre (2.94 miles)**

  - Poplar Grove,
    South Bank, TS6 6SU
  - **Tel:** 01642 457291
  - **Venue Type:** Community Centre
  - 

- **Ormesby Children's Centre (3.37 miles)**

- Daisy Lane,
  Ormesby, TS7 9JF
- **Tel:** 01642 321064
- **Venue Type:** Community Centre
-