



Oldham
Council

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Delegated Decision

Infant Feeding Peer Support Contract Re-tender

Report of: Alan Higgins, Director of Public Health

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Ext. 8686

21st December 2016

Reason for Decision

To seek approval to re-tender for an Infant Feeding Peer Support Service. Our preferred option is to commission this service in collaboration with Tameside Metropolitan Borough Council (MBC), with Tameside MBC acting as the lead commissioner.

Recommendations

1. To approve the re-tendering of the infant feeding peer support service for two years, with an option to extend this for two further years at the end of the contract on a '+1+1' basis.
 2. To approve the intention to collaboratively commission this service with Tameside MBC, with Tameside MBC acting as the lead commissioner and delegate authority to the Executive Director of Health and Wellbeing to authorise the award of the contract on the part of Oldham Borough Council to the most economically advantageous tenderer.
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Infant Feeding Peer Support Service Contract Re-tender

1 Background

- 1.1 Breastfeeding is a global, national and local priority. The World Health Organization recommends exclusive breastfeeding for the first six months of an infant's life and that breastfeeding should continue beyond six months, alongside the introduction of appropriate solid foods, for up to two years of age or as long as the mother chooses.
- 1.2 Encouraging more mothers to breastfeed is a key area of focus for the Council and partners in tackling health inequalities as evidence indicates that breastfeeding saves lives and protects the health of mothers and babies both in the short and long-term. This includes short-term outcomes such as gastroenteritis and respiratory disease in childhood, and in adulthood, infants who are not breastfed have been found to be at increased risk of high blood pressure, high cholesterol, obesity and diabetes. Mothers who choose not to breastfeed are known to be at greater risk of breast and ovarian cancers.

2 Current Position

- 1.1 In order to support pregnant women and new mothers, particularly those who are least likely to start and continue to breastfeed (for example, young women, those who have low educational achievement and those from disadvantaged groups), NICE recommends that easily accessible breastfeeding peer support programmes are provided locally.
- 1.2 In line with NICE guidelines, Oldham Council has commissioned a breastfeeding peer support service to support women to breastfeed until at least 8 weeks after birth. The service is responsible for recruiting, training and supervising a network of peer supporters to provide one-to-one and group support to women, with the first contact made within 48 hours after birth wherever feasible.
- 1.3 This service was initially commissioned to target the six wards with the lowest take up rates in the borough. However during the first six months of the contract it became evident that only engaging mothers according to postcode at the point of delivery created the appearance of a 'postcode lottery' for this service. Permission to vary the contract for peer support service to increase delivery of the service from targeted wards to borough-wide delivery for the remaining duration of the contract was granted in March 2016. This was achieved at no extra cost to the Council.

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- 1.4 The peer support service is required to work in partnership with the infant feeding specialist which is part of Oldham's Right Start Service. This ensures that the pathway for the most complex feeding issues can be supported by this specialist health visitor. In addition Oldham's midwifery service also provides infant feeding support on the wards and for the first 10 days after delivery.
 - 1.5 The peer support service also works to support breastfeeding more widely within the borough, by encouraging and supporting public venues to sign up to the Breastfeeding Welcome scheme. This is an evidence-based approach to supporting breastfeeding, recommended by Public Health England¹.
 - 1.6 Breastfeeding peer support is a core element in the Greater Manchester Early Years Delivery Model (GMEYDM). The Greater Manchester Early Years Strategy suggests that core components of the GMEYDM should not be decommissioned at local level (however it should also be noted that there are examples of other aspects of the GMEYDM being decommissioned in some areas of Greater Manchester).
 - 1.7 Homestart Oldham Stockport and Tameside have been commissioned to deliver the Infant Feeding Peer Support Service in Oldham from 1st October 2015 to 30th September 2017. This contract has a total contract price of £187,200 for two years.
 - 1.8 Homestart Oldham Stockport and Tameside deliver a similar service in Tameside, commissioned by Tameside MBC. Tameside MBC's current contract with Homestart for breastfeeding peer support also comes to an end in 2017, therefore there is an opportunity to jointly commission a peer support service for both boroughs.

2. Activity and Outcomes

- 2.1 There are two measures directly related to breastfeeding in the public health outcomes framework: the breastfeeding initiation rate, and percentage of babies partially or totally breastfed at 6-8 weeks after birth. The peer support service contributes to improving the latter of these two outcomes alongside Oldham's Right Start Service.
- 2.2 Changes in the methodology for submitting breastfeeding data to national systems mean that nationally published data cannot be reliably used to monitor trends in breastfeeding. However, local data suggests that the rate of breastfeeding at 6-8 weeks has remained static at about 38% and is significantly lower than the England rate of 43.2%.
- 2.3 There is also substantial variation between wards within the Borough. Ward level data for the first three quarters of 15/16 indicate that there are six wards with breastfeeding rates below 30%: Failsworth East, St James', Chadderton South, Failsworth West, Hollinwood and Shaw, with the lowest rate, of 18.5% in Failsworth East. These rates are in stark contrast to the four wards with breastfeeding rates of over 50%: Coldhurst, Saddleworth South, Werneth and Saddleworth North. Saddleworth North has the highest rate at 60.9%.
- 2.4 The Peer Support Service has seen referral rates double over recent months with 110 referrals received in Q2. Table 1 shows the types of support taken up and the growth of the service since its commencement.

¹ <https://www.gov.uk/government/publications/infant-feeding-commissioning-services>

Type of Infant Feeding Support Provided	Quarter 4 2015/16	Quarter 1 2016/17	Quarter 2 2016/17
Mums supported in groups	85	174	165
Home Visit support	29	45	91
Home Visits declined	0	0	0
Phone Calls	103	205	381
Antenatal workshops held	5	6	1
No of parents to be attended	7	8	3
Hospital antenatal workshops held		1	1
No of parents-to-be attended		8	8
Antenatal mums approached and info slips completed	86	126	106
Antenatal 1 to 1 visits	5	6	26

2.5 Of the mothers who were referred to the service in Q2 2016/17 37% were partially or totally breastfeeding at their 6 week contact with the service. This is similar to the overall rate for breastfeeding at 6-8 weeks for the borough as a whole (38%). However as the service focuses on those most need of support and less likely to initiate and continue breastfeeding, this suggests good progress is being made in supporting breastfeeding among mothers who would otherwise have opted for alternative feeding methods.

2.6 It should also be noted that this service makes an important contribution to early attachment (an important factor in good health outcomes) as a consequence of the support offered for breastfeeding.

3. Options/Alternatives

3.1 The options available when the current peer support service comes to an end in September 2017 are:

3.2 Option1: Not to retender the service. This would represent a saving of £93.6k per year to the Council, based on the current contract value, but would mean that this evidence based intervention, which is a core element of the Greater Manchester Early Years Delivery Model, is no long delivered in Oldham.

3.3 Option 2: Recommission a peer support service for Oldham when the current contract comes to an end.

3.4 Option 3: Collaborate with Tameside MBC to jointly commission a peer support service for Oldham and Tameside. Within this collaboration there should be scope to make a small saving on the current contract value, as a result of economies of scale and reduced management costs/overheads from providing a joint service across two boroughs. The intention is to state a maximum contract value in a tender. This would mean that the total value for the Oldham element of the two year contract would be a maximum of £180k. This maximum value would be a saving of £3.6k per year on the current contract price.

4. Preferred Option

4.1 Option 3: jointly commissioning the service with Tameside MBC, is the preferred option for the future commissioning of a breastfeeding peer support service.

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- 4.2 Tameside MBC are willing to be the lead commissioner for the service, which will mean there will be minimal impact on procurement and commissioning resources within Oldham for the re-tendering of the service.
- 4.3 Both services are coming to the end of two year contracts for breastfeeding peer support, therefore the intention would be to offer the contract for the joint service for two years, with an option for the local authorities to extend this for two further years at the end of the contract on a '+1+1' basis.
- 4.4 Given that the contract for the current service has been varied to become a borough wide service at no additional cost to the Council, the potential to make savings in the re-commissioning of this service is likely to be limited. However, the option of jointly commissioning with Tameside MBC potentially offers the opportunity to make a small saving on the current contract value, as a result of economies of scale and reduced management costs/overheads from providing a joint service across two boroughs. The intention is to state a maximum contract value in a tender. The total value for the Oldham element of the two year contract would therefore be a maximum of £180k. This maximum value would be a saving of £3.6k per year on the current contract price.

5. Consultation

- 5.1 A stakeholder consultation event will be held in January 2017. This will be a joint event with Tameside MBC.

6. Financial Implications

- 6.1 This report is in relation to the Public Health service area within the Health and Wellbeing Directorate.
- 6.2 The report is seeking approval to re-tender the Infant Feeding Peer Support Service for a period of two years with the option to extend for a further two years on a year by year basis. The current contract comes to an end on 30th September 2017.
- 6.3 The preferred option, which can be seen at 4.1, is for Oldham Council to jointly commission the service in conjunction with Tameside Metropolitan Borough Council with Tameside being the lead commissioner.
- 6.4 The current contract price is £93.6k per annum. As the option relates to a re-tender exercise no confirmed costs are available at present. However, for the new contract it has been agreed with Tameside that Oldham will contribute a maximum of £180k for the 2 year period. Budgetary provision is available to cover the cost of this proposal.
- 6.5 There are no adverse financial implications as a result of this proposal.
- 6.6 It should however be noted that there is a wider potential impact on the service with regard to unresolved premises/ accommodation issues relating to other Public Health contracts which could, depending on the outcome, have an overall detrimental impact on the financial position of the service, potentially requiring management actions to reduce the overall cost base.

(Joyer Gibson Finance Manager/Jenny Howarth Senior Accountant)

7. **Legal Services Comments**

7.1 Tameside Metropolitan Borough Council will tender the contract according to its own standing orders and will be responsible for the procurement process.

8. **Co-operative Agenda**

8.1 The peer support service will empower residents to take greater control of their own lives providing opportunities for local volunteers to train as peer supporters and support families in their communities. The service is linked to the following corporate outcomes:

Confident and involved communities:

We'll work with residents and partners to create a co-operative borough where everyone does their bit and understand the issues affecting people in Oldham and campaign to get a fairer deal for residents.

Healthy communities:

We'll work proactively with residents and partners to promote healthy, independent lifestyles.

9. **Human Resources Comments**

9.1 N/A

10. **Risk Assessments**

10.1 N/A

11. **IT Implications**

11.1 None

12. **Property Implications**

12.1 None

13. **Procurement Implications**

13.1 Strategic Sourcing acknowledge that Tameside are leading the Procurement Process which will be compliant with its own contract Procedure Rules and OJEU and will provide support as necessary. (Neil Clough, Oldham Council Strategic Sourcing).

14. **Environmental and Health & Safety Implications**

14.1 None

15. **Equality, community cohesion and crime implications**

15.1 None

16. **Equality Impact Assessment Completed?**

16.1 No

17. **Key Decision**

17.1 No

18. **Key Decision Reference**

18.1 N/A


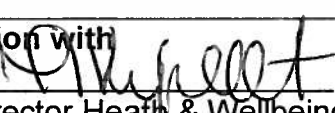
19. **Background Papers**

19.1 None

20. **Appendices**

20.1 None

APPROVAL

Decision maker Signed <u></u> Cabinet Member Health & Wellbeing – Cllr Eddie Moores	Dated <u>19/12/16</u>
In consultation with Signed <u></u> Executive Director Health & Wellbeing – Maggie Kufeldt	Dated <u>19/12/16</u>