

Friday 10th December 2021		ITEM: 7
Thurrock Health and Wellbeing Board		
Breastfeeding Needs Assessment for Thurrock		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Beth Capps, Senior Public Health Programme Manager		
Accountable Assistant Director: Dr Jose Ortega (interim)		
Accountable Director: Dr Jo Broadbent		
This report is public		

Executive Summary

Every Health and Wellbeing Board has the responsibility to produce a Joint Strategic Needs Assessment (JSNA) for their area, which should give a comprehensive overview of the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services.

In Thurrock, the Public Health team produce Joint Strategic Needs Assessment documents themed around particular topics, one of the most recent of these covers Breastfeeding Initiation and continuation. Low breastfeeding prevalence in Thurrock as well as nationally presents a serious public health issue.

The report sought to further our understanding of the complexities surrounding breastfeeding and provide evidence based recommendations to inform service delivery. Findings informed the recommendations using knowledge from the service description and demography in Thurrock, examination of the published evidence base, a review of good practice working in other areas and a commissioned piece of social marketing research to explore the lived experience of Thurrock families.

The report was written in 2019 and was due to be presented to the Health and Wellbeing Board in March 2020. This has been delayed due to the Covid-19 pandemic. The data has been refreshed in October 2021 to the most up to date available however the literature review and social marketing research has remained from the original report. The Covid-19 pandemic is likely to have impacted on the uptake of breastfeeding and inequalities between different groups of mothers. The recommendations from this piece of work are recommended to be taken forward in the context of Covid recovery.

1. Recommendation(s)

- 1.1 The partnership board consider and endorse the Breastfeeding Needs Assessment for Thurrock.**
- 1.2 The partnership board support the development of a breastfeeding strategy and delivery plan with partner organisations engaging with this work through the new 'Child Health Group' delivering Strategic Priority 2 of the Brighter Futures Strategy.**
- 1.3 The board are requested to highlight any links that need to be made with a view to alignment across the system, in particular with primary care.**

2. Introduction and Background

- 2.1 Low breastfeeding rates present as a serious public health issue. Infants who are not breastfed may be unable to take advantage of a number of health and wellbeing benefits, such as; positive impact on attachment, a reduction in Sudden Infant Death Syndrome (SIDs), reduction in childhood illnesses and disease, as well as nutritional benefits. The low rates of breastfeeding in the UK, which can also have an impact on future health, represent a serious public health challenge. There is a need therefore to prioritise breastfeeding as part of Early Years and Public Health policy and to better understand why this picture presents.
- 2.2 In Thurrock 59.1% of babies born in 2018/19 had their first feed as breastmilk. The average for babies in England was 70% and in the East of England region as an average it was 67.4% for 2018/19¹ (see Figures 18 and 19 included in the data section 2.4 on p 20 & 21 of the main Needs Assessment document).
- 2.3 In Thurrock as with the UK nationally, breastfeeding rates (exclusive or partial/combination feeding) reduce quite considerably by 6-8 weeks post birth, to only 48%² in 2019/20.
- 2.4 There are numerous policies relating to breastfeeding nationally. National Institute for Health and Care Excellence (NICE) guidance recommend development of an overall infant feeding strategy which promotes breastfeeding, supports safe formula feeding and helps families to develop positive emotional relationships with their babies. This guidance places emphasis on positively influencing the child's future educational attainment, social skills, self-efficacy and self-worth. At the other end of the spectrum: Health Matters, World Health Organisation (WHO) and United Nations International Children's Emergency Fund (UNICEF) advocate for the Baby Friendly Initiative (BFI) in which breastfeeding is promoted for the first 2 years

¹ Public Health England, Child and Maternal Health Profiles, 2018/19

² Public Health England National child and maternal health intelligence network 2019/20

of life and exclusively for the first 6 months. If organisations become BFI accredited, they should not promote formula feeding, bottles or teats, and the standards advocate for breastfeeding care being the standard offer opting for a hard line nudge towards breastfeeding.

- 2.5 The purpose of this Health Needs Assessment is to gain a better understanding of the complexities surrounding breastfeeding and provide evidence based recommendations to inform service delivery.
- 2.6 The objectives of the Needs Assessment are to:
- Understand the demographics relating to Breastfeeding in Thurrock including; key health data, breastfeeding prevalence, local contextual information, and how the national context in relation to breastfeeding relates to this.
 - Describe the local offer in Thurrock to support families to breastfeed.
 - Understand what the published evidence base tells us works to support families to initiate and continue breastfeeding.
 - Review what other areas locally and nationally are doing to increase breastfeeding prevalence by supporting families to breastfeed.
 - Develop an in depth understanding of local families and professionals experiences of breastfeeding.
 - Articulate a call to Action, making recommendations from the findings of this health needs assessment.

2.7 Recommendations

A series of strategic system recommendations are made within the needs assessment report. The Covid -19 pandemic has posed challenges worldwide in terms of provision of maternal and new born support which are likely to have impacted on uptake of breastfeeding and inequalities between certain groups of new mothers. The recommendations of the needs assessment need to be taken forward as part of COVID recovery.

The themes include:

- 2.7.1 System wide change** – Including the development of a Thurrock approach; within the Mid and South Essex (MSE) Local Maternity & Neonatal System(MSE) that follows National Institute for Health and Care Excellence (NICE) guidance as well as local findings to offer support to families in making a healthy choice to exclusively breastfeed for 6 months and longer. The development of a single point of access information pack containing consistent advice across the pathway.
- 2.7.2 Digital support offer-** to be provided through the Early Years Wellbeing workstream to offer families information in an accessible digital way.
- 2.7.3 Messaging/Normalising breastfeeding-** Developing a place based approach to normalise breastfeeding in the community and wider environment by working with businesses to enhance the number of

breastfeeding friendly venues in Thurrock making this visible to the community.

2.7.4 Service and support offer-Development of a training offer, expansion of this within the workforce to improve consistency of information given to families. Introduction of the concept of a family 'plan' to demonstrate the commitment to breastfeeding. This will support the wider family to understand and respect parents' decisions to breastfeed whilst promoting inclusion of family member, who are able to support in other ways.

2.7.5 Involving Dads and partners - work with the LMNS towards routine inclusion of dads and partners in all feeding discussions as part of the antenatal provision through maternity services (linked to the training refresh and incorporated in the Early Years wellbeing offer). Building in provision to the antenatal offer of an inclusive session focussing on breastfeeding; targeted to both parents.

2.7.6 Specialist support – To undertake a review of breastfeeding support for women who have had C-Sections within the existing maternity offer. Earlier identification and treatment of tongue tie to be explored through the LMNS and review any existing pathway for treatment and support for this issue, to maximise opportunities to advise new parents and support them to continue breastfeeding. Strengthen pathways for women with postnatal depression and those identified with or suspected postnatal illness to ensure timely support with breastfeeding to facilitate initiation and maintenance.

2.8 During the delay with the governance process for this JSNA product some of the recommendations have been able to be partially progressed along with linked pieces of work. The Thurrock Early Development Digital Initiative (TEDDI) has involved the commissioning of an app for parents and carers called 'Ask Teddi' looking to improve health outcomes for Thurrock's youngest residents and increase parent/carer confidence with breastfeeding, providing a healthy diet and offering physical activity opportunities. The first evaluation of the app and the impact on families in Thurrock is due to be completed at the end of 2021. The app has used the intelligence gathered through the Social Marketing element of this needs assessment in developing and designing the breastfeeding content.

2.9 The development of the delivery plan following agreement of the recommendations outlined in section 2.7 has been aligned to the Brighter Futures Strategy Strategic Priority 2: Children are able to access the services they need and be healthy, focussing on prevention and early intervention. The Child Health Group has been established to deliver the aims and objectives of Strategic Priority 2 which includes delivering the recommendations within this Needs assessment.

3. Issues, Options and Analysis of Options

3.1 These are set out in detail in the needs assessment report itself.

4. Reasons for Recommendation

4.1 Need has been identified in a robust way by providing;

- a descriptive analysis of the demography and the service offer in Thurrock,
- a web search and discussions with relevant stakeholders to support the development and mapping of the local offer in Thurrock,
- a review of the published evidence base and comparison of good practice in other areas,
- a commissioned piece of social marketing research, consulting with Thurrock families and stakeholders to provide in depth look at families' experiences of breastfeeding.

4.2 By identifying what supports families in Thurrock to breastfeed, what prevents or stops families from breastfeeding and identifying how can we maximise and extend the positive elements to overcome barriers, a series of themed strategic recommendations have been made to support to development of a strategy to deliver this (see chapter 7 of the needs assessment report).

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The Needs Assessment has been presented and approved at Public Health Leadership Team (Jan 2020), the Brighter Futures Operational Steering group as well as the Brighter Futures Children's Partnership Board (March 2020).

5.2 The Needs Assessment is on the forward plan to be shared with the Health Overview and Scrutiny Committee in 2022.

5.3 Consultation with Parents and professionals has taken place through the social marketing research commissioned from Upshot Marketing that formed part of the Needs Assessment process (see chapter 6 of appendix 1). The full social marketing research report is also included in the Needs Assessment document appendix 2 - submitted as appendix 1 to this report.

5.4 The social marketing research focussed on the lived experiences of women and their families in Thurrock relating to breastfeeding, using surveys and focus groups, taking a thematic analysis approach. The recommendations are incorporated in chapter 8 of the needs assessment report

6. Impact on corporate policies, priorities, performance and community impact

6.1 The report contributes towards the 'People' priority – *a borough where people of all ages are proud to work and play, live and stay*, as the recommendations

support more families making informed and healthy choices around breastfeeding through

- building on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing; and
- communities being empowered to make choices and be safer and stronger together.

6.2 The recommendations also contribute towards the Thurrock Health and Wellbeing Strategy 2016-21 goals A and E: Opportunity for All and Healthier for Longer respectively and the proposed domain 3 with the refreshed strategy due for publication in 2022.

7. Implications

7.1 The sign off for these implications was given in March 2020, as the implications have not changed further sign off was not sought.

7.2 Financial

Implications verified by: **Mike Jones**
Strategic Lead- Corporate Finance

Any specific investment decisions arising from the recommendations in this report would be subject to the approval of a detailed business case. This will be reviewed in line with the grant allocation for the financial year and subject to approval by the public health leadership team and Public Health Director.

7.3 Legal

Implications verified by: **Judith Knight**
Strategic Lead for Safeguarding (legal services) and Deputy Monitoring Officer

Under Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care act 2012) the Local Authority and CCG must prepare a Joint Strategic Needs Assessment. The government produced statutory guidance in 2013 on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

The Joint Strategic Needs Assessment can be undertaken in a manner appropriate to local circumstances and can be informed by more detailed needs assessments such as those which relate to specific parts of the community.

Where a Joint Strategic Needs Assessment has been prepared the Local Authority and CCG must prepare a strategy to meet those needs under Section 116A of the 2007 Act.

7.4 **Diversity and Equality**

Implications verified by: **Becky Lee**
Team Manager – Community Development and Equalities

Mothers from Black and Minority Ethnic (BME) groups are more likely to initiate breastfeeding than white mothers. Due to the higher than average proportion of BAME groups in Thurrock this could be masking true breastfeeding rates observed. The report explores the barriers to breastfeeding in non-BAME groups in particular and makes recommendations to address those barriers to increase uptake in this sub-group of the population.

A diversity of socio economic status exists in Thurrock with varying rates of child poverty observed and highlighted within the report. The report also highlights evidence that women in more socioeconomically deprived groups are less likely to breastfeed, the recommendations have been made to contribute to reducing this variance.

Low breastfeeding rates in Thurrock coupled with the fact that families on low income are less likely to breastfeed has the potential to widen the gap in health inequalities and life expectancy.

7.5 **Other implications: Health**

Recommendations within the needs assessment report should contribute to improving the health and wellbeing of infants and mothers in Thurrock and reduce the inequality between subgroups.

Breastfeeding is associated with reduced risk of children becoming obese later in life. There are significantly higher rates of obesity in year six pupils than the England and regional averages. The current low breastfeeding rates in the borough could be contributing to the obesity prevalence observed in year six children; although it is recognised that obesity is an extremely complex and multi-faceted issue.

8. Background papers used in preparing the report

- Detailed references are given in the main Needs Assessment included as an appendix.

9. Appendices to the report

- Breastfeeding Needs Assessment for Thurrock

- Executive Summary Breastfeeding Needs Assessment for Thurrock

Report Author:

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