## APPENDIX A

**SERVICE SPECIFICATIONS**

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| Service Specification No. |  |
| Service | **Community Infant Feeding Support Service** |
| Commissioner Lead |  |
| Provider Lead |  |
| Period |  |
| Date of Review |  |

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| 1. **Overview** |
| Lancashire County Council intends to appoint a provider who will ensure the delivery of a Community Infant Feeding Support Service, supporting the Authority's commitment to promoting a Best Start for Lancashire's infants and children.  In order to achieve the optimum infant feeding outcomes partnership approaches and collaborative delivery is recognised as key to service delivery. A lead provider is required to ensure delivery of this specification, forming consortium support as required to provide the service offer.   * 1. **National/local context and evidence base:**   There is extensive evidence to show that breastfeeding helps to give babies the best possible start in life. Breastmilk provides optimal nutrition tailored to a baby’s unique needs, vital immunity against infection in the early weeks, helps to promote early bonding and emotional attachment and reduces the risk of common illnesses in infancy. Breastfed babies are less likely to be admitted to hospital due to gastroenteritis or respiratory related conditions. Prevalence of Sudden Infant Death Syndrome (SIDS) is lower in infants who are breastfed. Being breastfed also has links to improved health and wellbeing later in life including obesity prevalence and reduced maternal health prevalence of ovarian and breast cancer rates. The importance of infant feeding is strongly linked to the building of relationships between mother and child and cognitive development is felt to be improved when babies have been breastfed.  As breastfeeding is a key influence on a child’s health status and their later life chances and also a proven way to reduce health inequalities, infant feeding support has both significant health benefits and economic savings. Despite these benefits the rates of breastfeeding in England compares very poorly to our European neighbours. Public Health England and UNICEF (2016) present the factors associated as to why mothers don't breastfeed, including:   * The local community support available * Family influences and culture * Acceptability in public * Combining work and lifestyle issues   1. **Population needs**   Evidence links the social determinants of health to breastfeeding rates. Lancashire has a diverse population in terms of ethnicity, affluence and deprivation and socio-economic position. Evidence has linked that mothers on lower incomes, young mothers, those who left education early and those mothers from routine and manual professions are less likely to breastfeed thereby adding to health inequalities.  In Lancashire there are approximately 13,000 births per year.  In Lancashire we are aware we have significantly higher rates of hospital admissions in infants aged under 1 year for both gastroenteritis and respiratory related admissions when compared to national averages. (PHOF 2017).  Table 1 - Breastfeeding initiation data 2016/17 from NHS England over the Lancashire Clinical commissioning areas.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | CCG | England average 2014/15 | Q1  2016/17 | Q2  2016/17 | Q3  2016/17 | | NHS Chorley and South Ribble CCG | 74.3% | 64.4% | 71.5% | 70.1% | | NHS East Lancashire CCG | 71.9% | 74.1% | 72.1% | | NHS Fylde & Wyre CCG | 68.9% | 75.1% | No data | | NHS Greater Preston CCG | 71.2% | 71.5% | 72.7% | | NHS Lancashire North CCG | 64.4% | 63.2% | 63.0% | | NHS West Lancashire CCG | 61.0% | 62.8% | 62.8% |   *Source – NHS England, Maternity and Breastfeeding Statistical release*  *https://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/*  Despite having no published, validated Lancashire breastfeeding prevalence data at 6-8 weeks, local data suggests the 6-8 week breastfeeding rates would be below the English average of 43.8%, 6-8 weeks (2017), noting the different points of time when rates are measured. It is worth considering in Norway at six months of age 71% of infants are receiving breastmilk.  Table 2- Breastfeeding prevalence data at 4-6 weeks post birth.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Local un-validated data  4-6 week breastfeeding prevalence. | Q1  2016/17 | Q2  2016/17 | Q3  2016/17 | Q4  2016/17 | | East Lancashire | 39.80% | 39.00% | 41.00% | 39.50% | | Central Lancashire | 42.50% | 44.00% | 44.00% | 39.60% | | North Lancashire | No data | 34.00% | 36.43% | 31.57% |   Source – health visiting services in Lancashire (2017) **un-validated data.**  Table 3- Live births 2015 and approximate proportions of mothers living in the top quartile; most deprived areas.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **District** | **2015 live births** | *CCG* | *BF initiation* | *BF mothers* | *Number of mother Quart 1 IMD* | | Burnley | 1197 | East Lancs | 72.70% | 870 | 526 | | Chorley | 1269 | Chorley + SR | 68.60% | 870 | 58 | | Fylde | 633 | Fylde & Wyre | 72.00% | 455 | 6 | | Hyndburn | 1077 | East Lancs | 72.70% | 782 | 350 | | Lancaster | 1447 | Lancs North | 63.50% | 918 | 402 | | Pendle | 1261 | East Lancs | 72.70% | 916 | 193 | | Preston | 1879 | Greater Preston | 71.80% | 1349 | 692 | | Ribble Valley | 426 | East Lancs | 72.70% | 306 | 0 | | Rossendale | 763 | East Lancs | 72.70% | 554 | 140 | | South Ribble | 1206 | Greater Preston | 71.80% | 865 | 169 | | West Lancashire | 1076 | West Lancs | 62.20% | 669 | 292 | | Wyre | 965 | Fylde and Wyre | 72.00% | 694 | 194 | | **Lancashire-12** | **13,199** |  |  | **9.248** | **3022** |   *Source – approximate data rates based from Index of multiple deprivation (IMD) 2015* |

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| 2. **Outcomes** |
| **2.1 National outcomes**  The Community Infant feeding support service will contribute to the following outcomes:   * An increase in - Breastfeeding initiation rates *(Child and Maternal Public Health Outcomes Framework),* * An increase in - Breastfeeding prevalence at 6-8 weeks rates *(Child and Maternal Public Health Outcomes Framework),* * A decrease in rates of - Admissions for gastroenteritis in infants aged under 1 year *(Child and Maternal Public Health Outcomes Framework),* * A decrease in rates of - Admissions for respiratory tract infections in infants aged under 1 year *(Child and Maternal Public Health Outcomes Framework),* * A decrease in rates of - Infant mortality (*Child and Maternal Public Health Outcomes Framework)* * A decrease in rates of - children's overweight and obesity levels (*Child and Maternal Public Health Outcomes Framework)* * Improved rates of - school readiness (*Child and Maternal Public Health Outcomes Framework)*   *Reference - Public Health England (2017). Child and Maternal Health; key indicators.*  **2.2 Local outcomes**  The Community Infant Feeding Support Service will contribute to the following local outcomes:   * Achievement and maintenance of the UNICEF Community Baby Friendly Initiative (BFI) Accreditation * An improvement in breastfeeding initiation and prevalence rates and reduction in the demographic variations that exist in Lancashire * Progress in achieving recognition that the County of Lancashire is a "Breastfeeding Welcoming" local authority * Reduction in the rates of health inequalities over Lancashire * Reduction in smoking prevalence rates in Lancashire   The service will contribute towards the local authority's commitments to provide a best start for all children and reduce health inequalities, and contribute to outcomes set out within:  The Lancashire Children's and Young People's Plan (2014); Lancashire Children and Young People's Trust. |

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| **3. Scope** |
| **Introduction**  The Community Infant Feeding Support Service will provide multi-faceted approaches in order to improve breastfeeding initiation and prevalence rates in Lancashire, therefore supporting a reduction in health inequalities. The service will contribute to promoting a social and cultural shift where breastfeeding is recognised as the conventional way to feed an infant.  **3.1 Aims and Objectives**  The overall aims and objectives of the Community Infant feeding service are to:   * Make certain we have a trained and skilled workforce to provide infant feeding support by ensuring Lancashire Health Visiting Service, LCC Wellbeing, Prevention and Early Help Service (WPEHS) and Lancashire peer support schemes achieve and maintain full accreditation of the UNICEF Community Baby Friendly Initiative Accreditation. * Promote social and cultural acceptance of breastfeeding and infant feeding support in local communities by:   providing a breastfeeding is welcome scheme,  providing advice and guidance to the maternal, infant and children's professional workforce in order to promote and support infant feeding,  provide advice and guidance to support employers to implement policies, practices and environments that are supportive of breastfeeding, promoting enablement of their commitment to support infant feeding,  providing local health promotional campaigns and initiatives that raise the profile of infant feeding ensuring these are responsive to the needs of the local communities   * Ensure local peer support schemes are available in communities so that mothers can access timely support, by:   providing local peer support services who deliver evidenced based support, available in various formats– either one-to-one support, group support, telephone or text support,  peer support provision will focus on helping those in greatest need and where breastfeeding rates are lowest,  peer support will utilise the experience in the community and build upon community capacity to promote volunteer recruitment and ensure schemes remain sustainable,  peer support will work in partnership with Midwifery, Health Visiting, and LCC Wellbeing Prevention and Early Help services in order to complement their infant feeding support   * Collectively these multifaceted interventions will contribute to an improvement in breastfeeding initiation and prevalence rates and support reductions in the demographic variations that exist in Lancashire and improve children's outcomes as presented in *section 2.1*   **3.2 Service Description**  The service will ensure the workforce is providing quality evidenced based infant feeding care:   * The Community Infant feeding coordinator will lead the provision of training, audit and support to the Lancashire Health Visiting Team, LCC WPEHS workers and Lancashire peer supporters in order to achieve the minimum of 80% of the UNICEF Baby Friendly community accreditation standards of workforce skills, knowledge and competencies. The Infant Feeding Support Service will collect quarterly sample audits from mothers to also ensure the required benchmarks of service delivery are demonstrating the achievement of the required standards of care * The service will have in place the BFI processes to ensure Lancashire mothers receive the highest standards of care around infant feeding by promoting, protecting and supporting breastfeeding. Ensuring staff are also able to support all parents to build a close and loving relationship with their baby. Where quality standards of care are not achieved by the workforce the Community Infant coordinator team will provide additional support to staff on an individual level in order to ensure standards are improved * The service will lead the organisation of BFI accreditation and re-assessments, including policy requirements, recording and reporting systems, submissions of audit reports and requirements from the UK Baby Friendly Initiative * Infant feeding training to the workforce will ensure practitioners are aware how to guide parents who choose to use infant formula are able to do this safely and parents are supported to feed their baby responsively recognising the importance of building a close and loving relationship with their infant * The service will ensure the workforce are aware not to advertise the use of breastmilk substitutes, bottles or teats and staff work within the WHO guidance "The International Code of Marketing of Breast-Milk Substitutes and subsequent resolutions"   The Community Infant Feeding Service with breastfeeding peer supporters will co-deliver, develop and use innovative approaches to ensure local community health initiatives. Those initiatives will foster a positive infant feeding community culture that promotes mothers feeling able, welcome and supported to breastfeed:   * The Infant Feeding Coordinator will produce information and provide evidenced based advice and guidance around the production of Infant feeding policies for services who care or support children and mothers * The Infant Feeding Coordinator will produce information and provide evidenced based advice and guidance to establish inclusion of infant feeding in workplace wellbeing initiatives * The Infant Feeding Coordinator will ensure professional information, advice and guidance, is available to any practitioners that support mothers or infants in order for them to promote infant feeding and provide appropriate support. Responses being actioned within two working days. The service will develop evidenced based infant feeding information/ updates/ key updates that can be cascaded and shared with the Children and Young Peoples workforce and partner services * The Infant Feeding Coordinator in partnership with peer support will promote breastfeeding welcome employers, community and public spaces and develop promotional material and monitoring systems * The Infant Feeding Support Service in partnership with peer support will use the evidence base and local health outcome data to develop infant feeding health promotional initiatives/ campaigns/ and events that promote infant feeding awareness and the promotion of breastfeeding, these will be responsive to local needs. The service will support and contribute to local public health, midwifery and health visiting health promotional activities to further promote infant feeding   The Community Infant Feeding Service will offer local breastfeeding peer support:   * The Infant Feeding Coordinator will oversee the provision of breastfeeding peer support services within Lancashire in order to ensure that breastfeeding peer supporters can support other local mothers to breastfeed and ensure evidenced based delivery is responsive to need * Local Breastfeeding Peer Support Coordinators will recruit members of the community, who have had breastfeeding experience, to use their knowledge and skills to become infant feeding promotional champions- 'peer supporters' in their local community * Local Breastfeeding Peer Support Coordinators will ensure peer supporters are appropriately trained, qualified, screened and experienced to undertake their role *section 4.3* * Peer support will be available in the Lancashire Hospitals post-natal wards, as arranged with their maternity service departments for mothers who have initiated breastfeeding. All hospital volunteers will have completed hospital volunteer processes. Peer support should be available 5-7 days per week, up to 3 hours per day. Peer support should signpost mothers to the community support that is available locally * The Community Infant Feeding Service should work closely with maternity units to develop breastfeeding mothers discharge notifications/ referrals – using the necessary information sharing agreements and consent processes, utilising support from the Lancashire Infant Feeding Coordinator as locally required * All breastfeeding mothers will be contacted within 48 hours of discharge from hospital or following home delivery and offered further support. Home visits should be offered that should complement and occur only after the initial community midwifery visit. If a mother requests a visit this should be undertaken ideally within the first week of birth, or is responsive to individual need, or that complements, rather than duplicates, support from midwifery or health visiting. Home visits should be undertaken by employed peer staff, ensuring risk assessment and following safe lone working policy and practice * Mothers living in the top 25% most deprived areas (quartile 1) should be prioritised to receive initial and subsequent home visits * The service target for home visits for mothers living in wards that are in the highest quartile for deprivation is 20% * The service target for home visits for mothers living in all other areas is 20% * Visits will provide evidence based information, guidance and support around breastfeeding, advice regarding building strong and loving relationships and provision of information and signposting to local community service support, breastfeeding services and local and national helplines. It will also offer brief intervention stop smoking advice as well as referral to the Lancashire Tobacco and Nicotine Addiction Treatment Service for mothers identified as smokers. The service will follow Lancashire Children's Safeguarding board guidance around safer sleep-   <http://www.lancashiresafeguarding.org.uk/media/7248/SAFER-SLEEPING-GUIDELINES.pdf>   * With parental consent the involvement of breastfeeding peer support provision should be clearly defined in the parent held record (Red Book) to facilitate awareness for midwifery and health visiting services * Peer support service and volunteers should proactively offer telephone and text support, this should be made within the first two weeks, and then as required up to six weeks * Breastfeeding peer support coordinators and volunteer peer supporters will provide support being available in groups, that contribute to the overall service outcomes. These should be responsive to local need with up to 12 groups 1– 2 hours per weekly session provided over Lancashire * Peer Support services will offer face to face contact for mothers following referral from partnership services – Midwifery, Health Visiting, General Practice, WPEH, self-referral or family referral as soon as possible. Aiming to make telephone contact within 24 -48 hours * Peer support services will contact mothers they have supported to confirm breastfeeding status at 6-8 weeks. The service will be pro-active to promote a response rate for this follow-up * The Infant Feeding Coordinator will ensure there is an effective referral process and pathway embedded between midwifery, health visiting and peer support to ensure all mothers receive a seamless journey of support. Peer supporters will refer mothers with additional needs to midwifery, health visiting or specialist infant feeding health visiting services * The Infant Feeding Coordinator will be responsible for ensuring local information such as websites and leaflets are up to date so that women are aware how to access local support services that supports infant feeding * 'Family and Friends' feedback or equivalent will be collected from mothers to influence service planning   **3.3 Interdependencies with other services and networks**  The provider will work in partnership with mothers and children's services, including but not limited to:  Health Visiting,  Maternity services; acute and community,  Lancashire County Council: Wellbeing, Prevention and Early Help Service,  General Practitioners,  Lancashire County Council: public health team and commissioners,  3rd sector services.  Smoking cessation services.  **Relevant Networks**  Lancashire Infant Feeding Partnership Board  Local maternity services liaison committees  LCC Public Health  Lancashire Children's Trust Board  **3.4 Response time, detail and prioritisation and Discharge and Planning**  Contact will be made to mothers within 48 hours of discharge from maternity units or following a home birth.  Home visits will occur following the midwives first visit and preferably before day 7.  Parents to be signposted to local services, health visitor or primary care services, WPEH or the National Breastfeeding helpline at discharge.  On weekends the service should have up to 3 hours availability for home visits, phone support Saturday and Sundays with supervisory support accessible from peer support coordinators.  The service is not required to cover Bank holidays but should have mechanisms in place to signpost mums to available primary care support.  **3.5 Marketing**  The provider will be responsible for the marketing of service provision to service users and partners.  Marketing material will be shared with the commissioner on commencement of contract for approval and will include the LCC logo.  **3.5 Safeguarding**  See contract -  The Service Provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedures for safeguarding children and safeguarding adults.  **3.6 Population covered & Acceptance and exclusion criteria**  The service will be available for all postnatal mothers and their families living in Lancashire.  Hospital post-natal wards in Lancashire will be provided with peer support as locally determined. Neonatal and paediatric units should receive support on an individual referral basis.  Community support will be available for mothers living in Lancashire. Delivery should be prioritised for mothers living in 25% most deprived areas and those with highest risk of not breastfeeding.  Mothers and families can decline the offer of breastfeeding support at any point.  Families with higher levels of assessed need, Lancashire Continuum of Need at level 3 or 4 should have support coordinated or arranged with their identified lead professional, midwife or health visitor.  The Service will be non-stigmatising and non-discriminatory, providing fair and equitable access to the population it serves. The service will work in a way that it does not discriminate against individuals on the grounds of gender, race, disability, sexual orientation, and age or belief system and will comply fully with the equality Act 2010. The service will fully consider "reasonable adjustments" that are needed for disabled mothers. The service is expected to assess all policies and functions to ensure they are not indirectly or directly discriminatory. Local Standard Operating Policy should be in place for the provision of interpreters, for mothers who having hearing impairment or where English is not a first language. The service will promote social inclusion, dignity and respect; and adhering to all aspects of the Social Values Act 2012.  **3.7 Geographic coverage / boundaries.**  Non - Lancashire residents are not entitled to the service but if this creates the risk of stopping breastfeeding - provision should be available, referring to their local services as appropriate. |

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| 4. **Applicable Service Standards** |
| **4.1 Applicable national standards and guidance.**   * UNICEF UK Baby friendly initiative * DOH, Healthy Child Programme * Nice (2016) NICE guideline (NG44) Community engagement: improving health and wellbeing and reducing health inequalities * Nice (2017) Quality Standard QS148: Community engagement: improving health and wellbeing * Nice (2014) Nice Public Health Guidance 11: Improving the nutrition of pregnant and breastfeeding women and children in low-income households (PH11) Maternal and child nutrition (QS98) * Nice (2015) Postnatal Care up to eight weeks after birth (CG37) (QS37) * Nice (2016) Antenatal care for uncomplicated pregnancies (CG62) * Nice (2015) Antenatal and postnatal mental health: clinical management and service guidance (CG192) (QS115)   **4.2 Applicable national evidence:**  Public Health England (2016).Commissioning Infant Feeding Services (including the 12 statements of principle in brief)  Part 1- Commissioning local infant feeding services: a summary  Part 2-Commissioing infant feeding services: a toolkit for local authorities  Part 3- Monitoring Data  **4.3 Qualification, Training, experience and supervision.**  All staff and volunteers delivering the service will hold up to date qualifications and shall be appropriately trained, qualified and experienced to undertake their roles and responsibilities, attending appropriate training and annual updates. The service will be responsible for ensuring staff and volunteers hold the competence levels required and maintain these competences  The Community Infant Feeding Coordinators should hold an International Board Certified Lactation Consultant (IBCLC) or a foundation level degree in 'parent health education' recognised qualification or equivalent.  The Infant Feeding Coordinators and any support assistants and peer support coordinators are to complete the UNICEF, The Baby Friendly Initiative – Train the Trainer course.  Peer support staff and volunteers should complete a recognised accredited peer support training course (i.e. the Open College, London, CERTA or equivalent).  All new staff and volunteers who provide support and information for breastfeeding mothers should receive the minimum of 2 days breastfeeding management training, offered by the Community Infant Feeding Coordinator. Existing staff and volunteers should receive their annual update training.  All staff and volunteers delivering the service should receive Stop Smoking Brief Intervention training and resources to support delivery of information to smokers and enable referral to the Lancashire Tobacco and Nicotine Addiction Treatment Service.  All staff and volunteers will complete required Safeguarding training, accessible from the Lancashire Safeguarding Children's Board. Staff and volunteers will complete Lancashire Common Assessment Framework training.  Lines of managerial and clinical accountability shall be clearly outlined; all staff and volunteers are to receive at least monthly supervision and on-going management support.  **4.4 Health and Safety.**  All staff and volunteers are subject to enhanced Disclosure and Barring Service (DBS) checks  The Peer Support Service will develop appropriate policies, protocols and procedures for the operation of the service which includes operational policies for; health and safety, confidentiality, risk management, clinical governance, data protection, information governance, lone working, child protection and protected groups as defined in the equality act.  The provider must report any serious incidents to the commissioner, including any responses given. |

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| 5. **Quality and reviews.** |
| **5.1 Reporting and Performance reviews.**  Providers will be expected to provide a quarterly report to commissioners on KPI activity. Reports should be emailed to pubhealth@lancashire.gov.uk no later than 2 weeks following the end of each quarter. Quarterly performance monitoring meetings will be held at county hall unless otherwise indicated.  **5.2 Key Performance Indicators**  **Consequence of breach of key performance indicators**- Service Improvement action plan with commissioners.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Thres  hold | Method of measurement - quarterly | | | 1 | Achieving and maintaining the UNICEF community Baby Friendly Accreditation. | 2.1  2.2 | 90%  90%  90% | numerator | Numbers of the health visiting service who attended either BFI new staff/ volunteer training or an annual re-fresher training in the quarter. | | denominator | Actual workforce numbers in the Health Visiting service. | | numerator | Number of the Health Visiting workforce who receive additional training, support or action plan in order to improve skills, knowledge or competencies. | | denominator | Number of HV staff audits who did not meet the standard requirement of 80% demonstration of knowledge, skills and competencies. | |  | | | numerator | Numbers of the WPEH service who attended either BFI new staff/ volunteer training or an annual re-fresher training in the quarter. | | denominator | Actual workforce numbers in the Wellbeing, Prevention and Early Help service. | | numerator | Number of the WPEH workforce who receive additional training, support or action plan in order to improve skills, knowledge or competencies. | | denominator | Number of WPEH staff audits who did not meet the standard requirement of 80% demonstration of knowledge, skills and competencies. | |  | | | Numerator | Numbers of the Lancashire Peer support service who attended either BFI new staff/ volunteer training or an annual re-fresher training in the quarter. | | denominator | Actual workforce numbers in the Wellbeing, Prevention and Early Help service. | | numerator | Number of the Lancashire Peer Support workforce who receive additional training, support or action plan in order to improve skills, knowledge or competencies. | | denominator | Number of peer supporters audits who did not meet the standard requirement of 80% demonstration of knowledge, skills and competencies. | | Quarterly submission  Breastfeeding prevalence data over Lancashire will be collected and reported quarterly for   * Breastfeeding prevalence at the new birth visit, and six – eight week reviews. (HV data) | | | | | | | Bi-annual report  That provides qualitative summaries of progress, actions and understanding of the maintenance of the Lancashire infant feeding community accreditation achievement. Include mother audit summary | | | | | |  |  |  |  |  | | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Method of measurement – bi-annual | | 2 | Promoting a positive infant feeding community culture. | 2.1  2.2 | Qualitative report to demonstrate:  Evidence of community Infant feeding partnership developments,  Evidence of community health promotional activity,  Evidence of promoting infant feeding awareness in the workplace.  Evidence of community promotion is reaching areas and mothers who are less likely to breastfeed. | | Number of new Breastfeeding welcome registration in the preceding six months,  Number of existing Breastfeeding Welcome registrations that have been registered for over twelve months whose commitment has been re-confirmed.  Denominator- Total number of Breastfeeding Welcome venues registered. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Method of measurement - quarterly | | | 3.1 | Provision of local breastfeeding peer support schemes. | 2.1  2.2 | numerator | Number of mothers in the quarter who receive peer support on Lancashire post-natal wards. | | denominator | Number of births in the quarter and hospital breastfeeding initiation rate (commissioner) |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Method of measurement - quarterly | | | 3.2 | Provision of local breastfeeding peer support schemes. | 2.1  2.2 | numerator | Number and % of mothers who are breastfeeding (fully or partially) at 6-8 weeks who received support on the post-natal ward. | | denominator | The number of mothers who responded to the 6-8 follow up, confirming breastfeeding status whose infant turned 6-8 weeks in the quarter. | |  | | | Numerator | Number and % of mothers who are breastfeeding (fully or partially) at 6-8 weeks who received support on the post-natal ward and also received support in the community – not including the 48hour call. | | denominator | The number of mothers who responded to the 6-8 follow up, confirming breastfeeding status whose infant turned 6-8 weeks in the quarter. | |  | | | Numerator | Number and % of mothers who are breastfeeding (fully or partially) at 6-8 weeks who received support in the community – not including the 48hour call | | denominator | The number of mothers who responded to the 6-8 follow up, confirming breastfeeding status whose infant turned 6-8 weeks in the quarter. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Method of measurement - quarterly | | | 3.3 | Provision of local breastfeeding peer support schemes. | 2.1  2.2 | Numerator  **Threshold 20%** | Number and % of mothers in the quarter who receive a face-to-face home visit within the first two weeks of discharge from hospital or home birth. (living in IMD Quartile 2,3,4) | | denominator | The number of mothers who are receiving community peer support in the community in the quarter whose infants turned two weeks in the quarter. Community support after the 48 hour call. | |  | | | Numerator  Threshold0% | Number and % of mothers in the quarter who receive a face-to-face visit within the first two weeks of discharge from hospital or home birth who live in quartile 1 area rank of deprivation (top 25%, living in quartile 1 IMD area). | | denominator | The number of mothers who are receiving a community peer support in the community in the quarter whose infants turned two weeks in the quarter. Community support after the 48 hour call. | |  | | | Numerator | Number and % of mothers who receive subsequent, additional face to face support in the quarter. | | denominator | The number of mothers who are receiving a community peer support in the community in the quarter. Community support after the 48 hour call. | |  | | | numerator | Number of contacts in the quarter who receive phone, text, or on-line support. | | denominator | The number of mothers who are receiving a community peer support in the community in the quarter. Community support after the 48 hour call. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Method of measurement - quarterly | | | 3.4 | Provision of local breastfeeding peer support schemes. | 2.1  2.2 | numerator | Number of newly recruited volunteers in the quarter. | | denominator | Number of active registered volunteers in the quarter. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Method of measurement - quarterly | | | 3.5 | Provision of local breastfeeding peer support schemes. | 2.1  2.2 | numerator | Number of smokers who received brief intervention advice in the quarter. | | Numerator. | Number of smokers who accepted a referral to smoking cessation services. | | denominator | Number of mothers identified as smokers in the quarter. |  |  |  |  |  | | --- | --- | --- | --- | | KPI number | Key Performance Indicator | Related Outcomes. | Method of measurement - quarterly | | 3.5 | Provision of local breastfeeding peer support schemes. | 2.1  2.2 | Number of user feedback and satisfaction received in the quarter. | | Number of complaints and action taken in the quarter. | | X 1 case studies or report submitted in the quarter – Q1, Q3- individual case study, Q2, community health promotional report, Q4 recruitment and retention of volunteers report. | |

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| 6. Price |
| **Currency and Price per annum**  **Inclusions within contract value:**  All training costs.  UNICEF accreditation costs for WPEH and peer support.  Resources  **Additional Costs**  No additional costs to be met. |

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| 6. References. |
| Public Health England (2016) Commissioning Infant Feeding Services part 1,2,3.  UNICEF UK- The Baby Friendly Initiative.  <https://www.unicef.org.uk/babyfriendly/>  Public Health England (2017) Child and Maternal Health- Public Health Indicators  https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/1 |

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| 6. Appendix |
| Appendix 1 – Quartile 1 areas of highest deprivation postcodes and ward. |