Title of Report:	**Options appraisal for the commissioning of the Baby Feeding Service**
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Executive Summary

The purpose of the report is to consider the options for the commissioning of the Baby Feeding and Wellbeing Service and agree a course of action. The current contract is due to end in March 2023.

The service supports families with decisions about feeding their babies in the antenatal period, on the postnatal ward and in the community. The service is currently provided by Bart's Health, and the team works both in the hospital and in the community through home visits and drop-in groups held in Children and Family Centres. Barts subcontract to Breastfeeding Network to deliver training and a volunteer peer-support network.

Options for future commissioning for some or all parts of the service are:

1) Open competitive tender process for the whole service
2) Partnership agreement with the NHS
3) Insource the whole service
4) Insource the baby feeding specialist team (as per option 3) plus outsource the specialist training and volunteer peer support network to a baby feeding specialist provider through a subcontract.

The paper recommends option (4). Insourcing allows for greater integration with children's services provided by LBTH within the evolving Family Hubs model, which will facilitate closer working to provide holistic, joined up care for families, facilitate early identification and sensitive early help services. Outsourcing specialist elements of the service will ensure service quality in line with national guidance.

Insourcing the service within the Early Help and Children & Family Service will be a significant contribution to achieving the Council's Strategic Plan 2022-26 commitment to 'Develop our early help offer and a family hub approach with our partners'. The baby feeding and wellbeing staff meet parents during pregnancy, in the early weeks and throughout their journey to starting solids.

This allows for:

- families to build trusted and long-term relationships with staff from an early point
- a close working relationship with other staff in the EH and C&FS will allow staff to connect families to the broad support offer (e.g. housing, benefits, adult learning)
- introduce families to Children and Families Centres at an earlier time, which in turn may make families feel more able to access the centres after the child is born

- easier information sharing about families in challenging circumstances or with potential safeguarding issues – again allowing for early help and early intervention to help give babies the best start in life.

Key issues

Key factors in considering the different commissioning options include

- Access to RLH and Barkantine Birth Centre
- New-birth data sharing
- Clinical governance
- Integration with Family Hubs
- Team around the family / early identification
- Specialist baby feeding knowledge to train staff
- Specialist volunteer training
- Volunteer network management skills
- Safeguarding supervision/ processes
- Staff retention and acceptance of new provider

Details of recommendations and timescales for decisions

This paper seeks DLT approval to pursue the following commissioning approach:

1) Insource the baby feeding specialist team, to join the Early Help and Children and Families Service in LBTH Children and Culture directorate.
2) Outsource the specialist training and volunteer peer support network management elements of the service, currently delivered in a subcontract by Breastfeeding Network, to a specialist provider.

In addition, the paper seeks approval to extend the current contract by four months regardless of which option is chosen. This would accommodate capacity challenges within the procurement team.

If we insource, we would not immediately extend the current contract and believe we can currently complete insourcing and a smaller open competitive procurement by April 2023; however we would like permission to extend at a later date if we encounter unforeseen challenges with this process.

Details on who has been consulted with on this paper to date and details of further plans for consultation.

This paper has been informed by desk research as well as discussions with:

- Early Help and Children and Families Service (Children & Family Centres)
- James Thomas, Corporate Director for Children and Culture
- Other local authority public health teams who have undertaken some of these options (e.g. Newham and Islington)
- Children’s integrated commissioning
- Information Governance
- Procurement
- Legal
- HR
- Barts NHS Trust and GP Care Group have been informed that we are considering all options including insourcing

Further consultation is planned with relevant stakeholders internally and externally including:

- CCS DLT – this paper is also being shared
- Future consultation with service staff as per standard procedures for insourcing/procurement

Risk implications

The impact of the main risks identified include:

1. Impact on children and families

A seamless transition from hospital to community is important for the continued care women receive during a vulnerable time. Removing the service from its current hospital-based provider may introduce risks around data sharing and access to women on the postnatal ward which is integral to establishing breastfeeding in the first 48hours following birth. Data sharing agreements and access arrangements will need to be in place prior to change in providers to mitigate the risks to mothers and babies and this will be a priority action.

2. Clinical governance

The current provider has strong clinical governance arrangements, supported by expertise from Breastfeeding Network. New clinical governance mechanisms would need to be established if insourced or outsourced to a new provider. Support from NHS NEL teams in establishing these would help minimise risks to patient safety arising from weak clinical governance arrangements.

3. Staff morale and retention

Staff morale and retention could be affected if the staff move to a new provider. This may be worsened if the provider is considered to be outside the NHS. Mitigations include early engagement with staff, identification of a strong, supportive leader to bring staff along the change journey, adding an NHS logo to ID cards and supporting the retention of NHS terms and conditions if desired by staff. The recent evaluation found that staff are positive about the development of Family Hubs and the opportunity to work more closely with community colleagues.

Budget/Legal Issues

The current budget for the service is £380,000 per annum and this has been agreed as the ongoing budget by Cabinet already (March 2022 cabinet meeting).

Legal advice has been sought and there are no legal issues with pursuing any of the options within this paper. TUPE will apply and further work would be required to integrate existing staff into the EH and C&FS either under NHS or Council T&Cs.

Equalities considerations

If DLT is required to make a decision about a strategy, policy or service change, they must be informed of the equalities implications. Please provide a summary of the key equalities implications below

An evaluation of the current service found staff are conscious of cultural differences and seek ways to reduce inequalities, for example delivering antenatal workshops in Bengali. Integrating the service into the Family Hubs model in Children and Families Centres will allow staff to co-deliver in specific sessions held for particular community groups, which they currently are unable to do.

The Family Hubs model has been co-produced with parents from different communities in Tower Hamlets and the reduction of inequalities is a key objective of the Family Hub approach. If insourced, the service could be further developed through this co-production work with families.

1. Background to current service

1.1. The Baby Feeding and Wellbeing Service was last re-procured through an open competitive tender process in 2018. The current contract is due to end in March 2023. It is also known as the Infant Feeding and Wellbeing Service.

1.2. The service supports families with decisions about feeding their babies in the antenatal period, on the postnatal ward and in the community. The service is currently provided by Bart's Health, and the team works both in the hospital and in the community through home visits and drop-in groups held in Children and Family Centres. Barts subcontract to Breastfeeding Network to deliver training and a volunteer peer-support network.

1.3. A logic model of the service, providing an overview of inputs, activity, outputs and outcomes is provided as an appendix below.

1.4. The Baby Feeding and Wellbeing Service is very established, having been in operation in some form for more than 15 years in the borough. The Service is well respected and valued by residents as shown through research and evaluation projects in recent years and strong resident opposition to previous proposals to cut funding to the service, which did not proceed.

1.5. The service is delivered in line with evidence and guidance on the best provision of infant feeding support services. Public Health England (PHE, now the Office for Health Improvement and Disparities (OHID)) guidance on commissioning infant feeding support services, and National Institute of Health Clinical Excellence (NICE) guidance on maternal and child nutrition, recommend that a comprehensive and multi-faceted approach should be taken to offering infant feeding support in order to increase breastfeeding rates and ensure that all families have access to the information and support they need to make optimal decisions about feeding their babies. This support should be offered antenatally, immediately post-birth and on an ongoing basis in the community. They also highlight the importance of support being offered proactively and universally in order to reduce the inequalities associated with mothers needing to proactively seek out support.

1.6. The service uses volunteer helpers and supporters who are registered with an approved accredited national breastfeeding organisation (Breastfeeding Network) and have attended an accredited breastfeeding helper course run by that organisation and attend regular supervision during their work in the service. A key

aim of this programme is to provide opportunities for local mothers with experience of breast feeding, to become volunteer helpers and supporters following registration with a national breastfeeding organisation, training and regular supervision. The service works with the provider to facilitate registration of volunteers once trained in a timely manner, to be able to provide additional capacity for provision of support within the hospital and community setting. The current provider has a subcontract with Breastfeeding Network.

1.7. The current contract value is £380,000 pa which includes the cost of the subcontract with the Breastfeeding Network which is approximately £35k pa.

2. **Pre-tender work to date**

2.1. Pre-tender work for the recommissioning of the service included an evaluation of the current service, an evidence and guidance review, needs assessment and service scoping. This work has shown that there is a need for this service, and that the current delivery model is sound and in line with evidence and that the service offered in Tower Hamlets remains gold-standard, though other boroughs have in recent years moved towards the level of service offered here.

2.2. The Best Start for Life (2021) review recommends integration of infant feeding services into the new Family Hubs model being rolled out across the country. While the service currently partly operates in Children and Family centres, there is scope for further integration.

2.3. A service specification for the new contractual period is in final draft and makes minimal changes to the overall model. There are some minor changes to the KPIs based on evaluation findings.

3. **Options for future commissioning for some or all parts of the service are:**

1) Open competitive tender process for the whole service.
2) Partnership agreement with the NHS
3) Bringing the service in-house with an in-reach function to RLH maternity services.
4) Insource the baby feeding specialist team (as per option 3) but procure the specialist training and volunteer peer support network through open competitive tender process.

3.1. Option 1 – Open competitive tender process for the whole service

3.2. This would involve going ahead with a plan to procure the service in line with the current model from the open market. The tender process would commence in the autumn with a view to appoint the new provider by the end of the financial year (though these timelines are looking unlikely due to resource constraint in the procurement and legal teams).

3.3. Option 2 - Partnership agreement with the NHS

3.4. This option would allow pooling of resources or transfer of funds to an NHS organisation to either commission or provide the service. It would require an agreement with an NHS body, for example Bart's Health NHS Trust to deliver the service outside of traditional procurement as a longer-term transfer of funds to continue to run the service. This option allows more long-term stability and could allow the service to be more outcome focussed. It should allow for easy access to the data needed to deliver the service and staff access to the postnatal ward.

3.5. Whilst there are advantages to this approach, it does not yield the same benefits of integration in Family Hubs.

3.6. Option 3 – Insource with whole service

3.7. This option would bring the Baby Feeding & Wellbeing Service staff into the council to provide the service as part of the Early Help and Children and Families Service. The EH and CFS sits in the Supporting Family division and is responsible for Children and Families Centres, where the current service delivers its community clinics.

3.8. This will allow the strengthening of the core infant feeding support offer and fill in identified gaps (e.g., BFI coordinator to support the CFC accreditation status). Having the service inhouse will organically support this offer.

3.9. Staff would be part of Children and Families Services team, which will be a core part of Family Hubs in the future. Staff would still deliver the same service on the maternity wards at RLH but would work for a different provider. They would need access to the wards – ID badges, IT access and a touchdown point for limited deskwork (which could be their current provision). We could contract Barts to provide this through an amendment to our existing S76 agreement with NHS NEL, which funds the UNICEF Baby Friendly Initiative in the maternity service.

3.10. Option 4 – Insource the baby feeding specialist team (as per option 3) but procure the specialist training and volunteer peer support network through open competitive tender process.

3.11. This option brings the benefits of stronger integration with children's professionals in Children and Families Centres and bases the service within the community, with hospital in-reach elements for women shortly after birth. It allows for the service to benefit from specialist expertise not available in the Council to deliver training to all staff as well as recruiting, training and managing a volunteer peer-led support network, who work alongside infant feeding specialists.

4. Considerations relevant to all options

4.1. <u>Market</u>

4.2. A market engagement event was held in March of this year to test the interest from suppliers. There was good interest from a handful of suppliers at a market engagement event including NHS and third sector providers who do not currently

deliver in the borough. However, concerns raised from potential providers included premises costs and issues around data sharing agreements.

4.3. Most service costs are staffing, with current staff on NHS Agenda for Change terms and conditions. There is unlikely to be significant difference in price without reducing quality of service provision, particularly considering chronic staff shortages and difficulties recruiting baby feeding specialists. The service specification and model are clear and there are limited opportunities for variation in service provision.

4.4. Strategic plan

4.5. The Council's Strategic Plan 2022-26 Priority 5 (Invest in public services) includes a commitment to "Aim to bring outsourced public services back into public hands and introduce an 'insourcing first' policy". Whilst insourcing is clearly in line with this objective, the current service is already in public hands, as it is delivered by Barts Trust (with a national VCS sub-contract) and includes recruitment of volunteer peer support workers from the local community.

4.6. Under the same Priority 5, the strategic plan aims to promote healthy weight and includes a commitment to 'Implement a borough-wide healthy child weight programme'. Formula feeding increases the risk of obesity at all ages, through excessively rapid weight gain in early life. Supporting parents to breastfeed where it is their preference, or to use formula feeding in as healthy a manner as possible, is critical to achieving this strategic plan objective.

5. Considerations or risks specific to some options only

5.1. If the service was outsourced to a new provider or insourced, staff would need to support women on hospital wards at RLH. To do this, they would need:

- ID badges, swipe cards for physical entry into Royal London/Barkantine BB
- Access to mother/baby hospital records
- Access to host antenatal workshops in both Royal London hospital and Barkantine Birth centre
- Access to the postnatal ward to provide support to women following birth
- Access to the NICU ward to provide support to women/NICU staff

5.2. This is clearly not a concern if delivered by Barts. If the provider is not Barts, this arrangement could be facilitated if staff held horary contracts with Barts NHS trust which would grant them the same physical and IT access as all other staff. This could also reduce the identified risks with data sharing, staff terms & conditions, clinical governance.

5.3. The existing Section 76 agreement with NHS NEL to include the Maternity UNICEF Baby Feeding Initiative support in the main maternity contract could be amended to also include provisions to allow access to the ward as in para 6.1.

5.4. Staff morale and retention could be affected if the staff move to a new provider. This may be worsened if the provider is considered to be outside the NHS. Mitigations include early engagement with staff, identification of a strong, supportive leader to bring staff along the change journey, adding an NHS logo to ID cards and supporting the retention of NHS terms and conditions if desired by staff.

The recent evaluation found that staff are positive about the development of Family Hubs and the opportunity to work more closely with community colleagues.

6. Further detail of proposed insourcing approach

6.1. It is proposed that the Baby Feeding and Wellbeing Service is insourced into the Early Help and Children and Families Service in the Supporting Families division of Children and Culture directorate.

6.2. Insourcing the service within the Early Help and Children & Family Service will be a significant step in the commitment to 'Develop our early help offer and a family hub approach with our partners'. The baby feeding and wellbeing staff meet parents during pregnancy and therefore will be able to build trusted relationships with families at an early point. This allows for early identification of need; and a close working relationship with other staff in the EH and C&FS will allow staff to connect families to the broad support offer (e.g., housing, benefits, adult learning) as well as introduce families to Children and Families Centres at an earlier time, which may make families feel more able to access the centres after the child is born. Integrating the baby feeding and wellbeing staff into the broader team would make it easier to share information about families in challenging circumstances or with potential safeguarding issues – allowing for early intervention to help give babies the best start in life.

6.3. An existing Section 76 agreement between Public Health and Barts NHS Trust will be amended to ensure staff are able to work on the maternity wards at the Royal London Hospital and have IT access, touchdown points and ID badges.

6.4. The volunteer peer-support and training element of the service will be outsourced through a RFQ process for a 3-year period. This allows for the service to benefit from specialist expertise not available in the Council to deliver training to all staff as well as recruiting, training and managing a volunteer peer-led support network, who work alongside baby feeding specialists. In future this network could be integrated with a wider volunteer network that may develop in the Family Hubs approach.

6.5. A Task and Finish Group formed with Public Health, Early Help & Children and Families Service, procurement, human resources and legal representation will take forwards the insourcing.

6.6. Transfer of Undertaken Protection of Employment (TUPE) will apply to the staff from the current provider.

6.7. A Service Level Agreement (SLA) will be in place between Public Health and the Early Help and Children and Families Service to provide accountability for the delivery of the service using the Public Health Grant. There will be quarterly contract meetings monitoring Key Performance Indicators (KPIs) and looking at the wider outcomes of the service.

6.8. If approval is not granted to insource the service, then it will be tendered via open competitive procedure as per the Q4 Cabinet Contract Forward Plan 2021/2.

7. Table: Overview comparison of the strengths and challenges of four different commissioning options

NB: The table has slightly different options to the overall options –option 2 includes the scenario that in option 1 the contract is awarded to Barts, as in both these the provider would be Barts.

	1) Outsource – tender awarded to a new provider	2) Partnership agreement OR Outsource to Barts	3) Insource all service elements	4) Mix of insourced and outsourced elements
Access to RLH (see para 6.1)	Access needs to be agreed	No risk	Access needs to be agreed	Access needs to be agreed
New-birth data sharing	Data Sharing Agreements (DSAs) need to be developed	No risk	DSAs need to be developed	DSAs need to be developed
Clinical governance	Need assurance	Strong	Need reassurance	Needs to be developed
Integration with Family Hubs	Dependent on data sharing agreements	Dependent on data sharing agreements	Strong	Strong
Influence over service as a commissioner	Strong	Fewer mechanisms if partnership agreement	Strong if set up as an internal contract with spec, KPIs and monitoring	Strong if set up as an internal contract with spec, KPIs and monitoring
Team around the family / early identification	Need reassurance / partnership development	Need reassurance / partnership development	Strong	Strong
Specialist baby feeding knowledge to train staff	Need assurance at tender stage	Subcontract required	Not currently in-house	Strong if this is element outsourced
Specialist volunteer training	Need assurance at tender stage	Subcontract required	Not currently in-house	Strong if this is element outsourced
Volunteer network management skills	Need assurance at tender stage	Subcontract required	Some skills in-house – could be developed	Strong if this element is outsourced
Safeguarding supervision/ processes	Need assurance at tender stage	Strong support within Barts	Strong support within Early Help & CFS	Strong support within Early Help & CFS. Assurance needed for outsourced elements at tender stage.

8. Appendix: Logic model of Baby Feeding Service