



Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

- To:** Councillors J Burton (Chair), Vassie (Vice-Chair), Hook, D Myers, Rose, Runciman, Smalley, Wann and Wilson
- Date:** Wednesday, 10 July 2024
- Time:** 5.30 pm
- Venue:** West Offices - Station Rise, York YO1 6GA

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]

2. Minutes (Pages 3 - 8)

To approve and sign the minutes of the meeting held on 23 April 2024.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak

on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Monday 8 July 2024.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

**4. York and Scarborough Teaching Hospitals (Pages 9 - 26)
NHS Foundation Trust CQC Update**

To consider an update on the approach that the Trust is taking to address the issues identified by the CQC inspection.

5. Breastfeeding and Infant Feeding (Pages 27 - 44)

To consider an update on the ongoing work of the Breastfeeding and Infant Feeding Delivery Plan, including around the development of a food insecurity pathway for those formula feeding, and how creating a breastfeeding-friendly city can provide an enabling environment to support breastfeeding.

6. Work Plan (Pages 45 - 46)

Members are asked to consider the Committee's work plan for the 2024/25 municipal year.

7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: James Parker

Contact details:

- Telephone – (01904) 553659
- Email – james.parker@york.gov.uk

Alternative formats

If you require this document in an alternative language or format (e.g. large print, braille, Audio, BSL or Easy Read) you can:



Email us at: cycaccessteam@york.gov.uk



Call us: **01904 551550** and customer services will pass your request onto the Access Team.



Use our BSL Video Relay Service:
www.york.gov.uk/BSLInterpretingService

Select 'Switchboard' from the menu.



We can also translate into the following languages:

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (ہولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

This page is intentionally left blank

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

This page is intentionally left blank

City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	23 April 2024
Present	Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Runciman, Smalley, Steels-Walshaw, Wann, Wilson, B Burton (Substitute) and Melly (Substitute)
Apologies	Councillors Kelly and Rose
In Attendance	Councillor Coles (Executive Member for Health, Wellbeing and Adult Social Care) Councillor Pavlovic (Executive Member for Housing, Planning and Safer Communities) [until 18:06]
Officers Present	Peter Roderick, Director of Public Health Phil Truby, Public Health Specialist Practitioner Advanced

39. Declarations of Interest (17:32)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests.

In respect of agenda item 4 (Tackling Cardiovascular and Metabolic Disease: York's Healthcheck Programme) Councillor Vassie noted that he had a family member who was currently receiving cardiovascular care.

40. Minutes (17:33)

The committee considered the accuracy of the minutes of the meeting held on 27 March 2024.

In respect of minute item 38 (Work Plan) it was noted that the Homelessness Resettlement Pathway report was not on the agenda for the present meeting as had been requested. The Executive Member for Housing, Planning and Safer Communities was in attendance and

explained that the report was undergoing revisions before being presented to the Executive, and should be available for consideration next month.

Resolved: That the minutes of the meeting held on 27 March 2024 be agreed as correct record and signed by the Chair.

41. Public Participation (17:36)

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme, but that the speaker was not in attendance.

42. Tackling Cardiovascular and Metabolic Disease: York's Healthcheck Programme (17:37)

The committee considered an update on the statutory NHS Healthcheck programme in York. Officers provided an overview, noting that cardiovascular and metabolic diseases were leading causes of death in York. The Council had a contract with Nimbuscare for delivery of 2000 checks annually over five years. As the eligible population of those aged 40-74 in York was far larger, a proactive invitation was targeted at residents with relevant risk factors. Healthchecks could be reinforced by a 'follow on' pathway through the health trainer service.

Members enquired about provision for harder-to-reach groups, including the Gypsy, Roma and Traveller community, and people with substance misuse issues, and how barriers to accessing healthchecks were being removed. It was noted that although budgetary restraints posed a major challenge, work was being done to move towards a more person-focused approach, including improving the accessibility, format, and language of invites and offers being made in British Sign Language and Braille, while an NHS-funded version of the offer existed for those with severe mental illness or learning disabilities.

The committee discussed community outreach. It was confirmed that NHS Health Kiosks which measured key health metrics had been installed at three sites in York. Attention was drawn to the level of use of the kiosk at Tang Hall Community Centre, and to the successful 'How's Thi Ticker' blood pressure check campaign run by Barnsley Council which made use of sites such as barbershops and markets; the possibility of offering healthchecks at community events was also discussed. It was noted that while many people could identify ways of reducing high blood pressure,

getting the idea of regular checks into the public consciousness would take some time.

Members enquired about the accessibility of digital health checks. It was noted that these were being trialled nationally rather than locally following a pilot scheme in Cornwall last year. It was envisaged that digital checks would complement rather than replace the existing local authority offer.

With reference to those with complex conditions, it was noted that the proportion of population with multiple conditions was increasing substantially, and that a sensible approach was needed to avoid duplication of tests as far as possible.

The committee also enquired about an equivalent offer to prisoners, who were not eligible for the programme. It was confirmed that nationally Public Health England commissioned an equivalent scheme for those serving sentences of two years or more, while those serving shorter sentences would be picked up through the local authority programme.

Members enquired about air pollution as a background indicator for cardiovascular illness and asked about work being done with colleagues across the council in reducing air pollution and encouraging active travel. It was confirmed that air pollution was a contributory factor in around 90 deaths annually in York, and that the council was bringing forward an Air Quality Action Plan in which the Public Health team was playing an active part.

The Executive Member for Health, Wellbeing and Adult Social Care was in attendance and noted the importance of repeat offers being made to marginalised groups, and of clear communication about the programme beyond those being invited for checks.

Resolved:

- i. To note the report.
- ii. To recommend that officers review the targeting criteria for the Healthcheck programme to include further accessibility for harder-to-reach groups, including the Gypsy, Roma and Traveller community, and people with substance misuse issues.
- iii. To recommend that officers review Barnsley Council's 'How's Thi Ticker' blood pressure check campaign and other similar community public health engagement programmes and events.
- iv. To recommend that officers review the use of the health kiosk at Tang Hall Community Centre.

Reason: To support work to reduce health inequalities and the burden of cardiovascular disease in York.

43. Update on Vaping in York (18:27)

The committee considered an update on vaping in York. Officers provided an overview, noting that vaping required a nuanced public health approach as while there was strong evidence that e-cigarettes were the most effective tool for helping smokers quit, there was also concern about the increase in children and young people taking up an addictive new habit.

Members discussed issues around public protection in relation to underage sales and illegal vapes. It was noted that Public Health had funded a retailer vaping scheme to remind all retailers of their responsibilities. One in eight recent test purchases for underage sales had been successful and led to prosecution, and over £13,000 of illegal vapes had been seized from two shops in March. Enforcement was intelligence-led; the Citizens Advice website was the best way to report information to Trading Standards. Samples could be sent for testing if there was suspicion around the content of vapes although this was not routinely done. It was also noted that the Tobacco and Vapes Bill would increase the responsibilities of local trading standards teams.

The committee enquired about the Council's Health Trainer service, which offered four weeks of Nicotine Replacement Therapy (NRT) or e-cigarettes alongside behavioural support to support residents in quitting smoking. It was noted that the service had the fourth-best quit success rate in England. The Public Health team was looking to extend the offer beyond four weeks and to embed the service into communities across the city.

Members also discussed vaping amongst children and young people in York. It was noted that data from the latest School Health and Wellbeing Survey carried out by the Public Health team suggested that a quarter of those aged 12-17 had tried vaping, up from a fifth in 2021, whilst 100% of secondary/sixth form children who took part said they did not know where to get help to stop smoking or vaping, despite a youth offer within the Health Trainer service. New Ofsted duties and the risk behaviours strand of the recently commissioned Healthy Schools Programme should lead to this figure improving over the next two years; it was noted that children and young people were not typically able to point to relevant services but that good pastoral support would link to these. A resource pack was being promoted at all secondary schools, including printed materials and a presentation designed to be used in PHSE lessons, and similar packs

aimed at primary schools were being considered, although NRT was only licensed for those aged 12 and over. The possibility of using the next survey to engage young people in disseminating accurate information about smoking and vaping was also discussed, including the use of film media.

Resolved:

- i. To note the report.
- ii. To recommend a review of the smoking and vaping resource packs supplied to secondary schools with a view to similar packs being produced for use in primary schools.
- iii. To recommend that officers work with councillors and community partners to promote the work of the Health Trainer service.
- iv. To recommend that the next School Health and Wellbeing Survey be used to engage with young people to get their help in communicating accurate information about vaping.

Reason: To support the ambition of ending smoking in York and promote the two strands of the public health approach to vaping in the city.

44. Work Plan (19:25)

The committee considered its work plan for the remainder of the municipal year. It was noted that officers had suggested the item on Reablement scheduled for May be withdrawn as there was no change to report since the last update the committee received on this subject.

With reference to work planning for 2024/25, it was suggested that the committee consider a draft work plan for the new municipal year at its next meeting in May. Reference was made to several items which could be available for consideration at the committee's June and July meetings, including:

- the Homelessness Future Resettlement Pathway report;
- an update on the York and Scarborough Teaching Hospitals NHS Foundation Trust improvement plan;
- an item on pharmacies to include contributions from health partners;
- an update on breastfeeding-friendly culture previously requested by the committee, potentially to tie in with the Yorkshire and Humber Infant Feeding Discussion Day at York St John University in July to which committee members had been invited.

The committee also considered the suggestion of a joint committee with the Children, Culture and Communities Scrutiny Committee to look at issues around healthy weight and weight management.

Resolved:

- i. That the item on Reablement scheduled for May be withdrawn from the work plan.
- ii. That the committee consider the Homelessness Future Resettlement Pathway report at its June meeting.
- iii. That the committee consider updates on the York and Scarborough Teaching Hospitals NHS Foundation Trust improvement plan and breastfeeding-friendly culture, as well as an item on pharmacies including contributions from partners, at its July meeting.
- iv. That a fuller draft work plan for 2024/25 be considered at the May meeting of the committee.
- v. That the suggestion of a joint committee with the Children, Culture and Communities Scrutiny Committee to consider weight management issues be approved, and that the Chair and Vice-Chair liaise with their counterparts and Democratic Services to organise this.

Reason: To ensure the committee maintains an appropriate programme of work.

Cllr D Myers, Chair

[The meeting started at 5.31 pm and finished at 7.37 pm].



**Health, Housing and Adult Social Care
Scrutiny Committee****10 July 2024**

Report of Dawn Parkes – Chief Nurse Designate, York and Scarborough Teaching Hospitals NHS Foundation Trust

Care Quality Commission (CQC) Inspection Update Report**Summary**

1. The purpose of this report is to provide the Overview and Scrutiny Committee with assurance in relation to the approach that the Trust is taking to address the issues identified by the CQC inspection.

Background

2. In October 2022 the CQC conducted unannounced inspections of Urgent and Emergency Care, Medical services and Maternity services across both the York and Scarborough hospital sites. This was followed by well-led interviews between November 2022 and March 2023.
3. On the 25 November 2022, following the initial Well-led interviews, the CQC formally notified the Trust of their decision to impose conditions on its registration in relation to regulated activity for maternity and midwifery services. This was undertaken under section 31 of the Health and Social Care Act 2008.
4. An improvement plan was immediately developed against which the Trust provides the CQC with an assurance report on the 23rd of each month which will continue until such time that the CQC is satisfied that the issues have been fully addressed.
5. The Trust received the full inspection report in June 2023, within which they were issued with 95 must do actions and 45 should do actions. There were a few repeated themes so these were amalgamated to form 73 improvement actions.
6. On a monthly basis the Trust is required to provide assurance to the Integrated Care Board (ICB) and NHS England (NHSE) chaired

Integrated Quality Improvement Group (IQIG), in relation to the delivery of the improvement plans.

7. The CQC have been invited onsite by the Chief Nurse Designate to view the York Hospital Urgent and Emergency Care Centre on the 29 July 2024. The invite has also been extended to Maternity Services and this visit is being arranged for September 2024.

Journey to Excellence: A Focussed Improvement Programme

8. In response to the findings of the CQC inspection, a focussed improvement programme has been established entitled Journey to Excellence. A fortnightly programme Board chaired by Simon Morritt – Chief Executive Officer oversees the delivery of the programme, which comprises of seven workstreams designed in response to known risks in addition to the findings of the CQC:
 - Maternity Services
 - Governance
 - Urgent care
 - Leadership and Culture
 - Safe Staffing
 - Fundamentals of Care
 - Elective recovery
9. Although the programme is not focussed solely on the CQC actions, each of the Must and Should actions are clearly mapped to the workstreams. This broader approach recognises that the required improvements must extend beyond the narrow scope of the CQC inspection if long term sustained improvement is to be achieved.
10. If an improvement action is considered 'complete' by the Care Group, and sustained impact of the action is evident, then a proposal can be made to close the action. Closure of the action must be supported by the Executive Lead and approved at the Journey to Excellence meeting.
11. As of the 30 June 2024, the Trust has approved 40 actions for closure through the Journey to Excellence meeting. The evidence to support the closure of actions is shared with the CQC.
12. Included below are examples of improvements delivered by the Trust as part of the Journey to Excellence Programme:

- Registered Nurse oversight of all waiting areas within the Emergency Department. Volunteers are also providing food and drink to patients while they wait for treatment.
 - Referral to treatment times of over 78 weeks were eliminated in March 2024, and waits over 65 weeks has reduced in line with the trajectory. The plan is to have zero 65 week waits by September 2024.
 - Double flow oxygen meters have been installed for all beds at York, Scarborough, and Bridlington Hospital sites. The double flow meters are also held in both equipment library stores should they be needed.
 - The new build Urgent and Emergency environment has opened at York Hospital and due to open in October 2024 at Scarborough Hospital.
 - Positive feedback was given as part of the recent JAG accreditation visit and the Trust is progressing with the required actions to gain accreditation.
 - The method of assurance on the continued implementation of National Patient Safety Alerts has been built into the alert closure process.
 - Procurement of the mortality module in Datix (DCIQ) which is now used to capture structured judgement case reviews and track the implementation of improvement actions.
 - An improved audit and assurance process has been developed within Maternity services which incorporates regulatory requirements, local priorities and NICE guidance.
13. The Trust held a Board development workshop on the recently published CQC Single Assessment Framework on 17 April 2024, following publication of the CQC guidance on 8 April 2024. An independent external Well Led assessment is also being commissioned for completion in Q4 of 2024/25.
14. A trust wide approach is being used to take the learning from the CQC visit and report, and other fundamental standards to develop and roll out our Year of Quality Programme. Delivery is overseen by Performance Review and Improvement Meetings (PRIM) and through our Quality Assurance framework.

Leading Improvement

15. The Trust has made some key appointments:

- Martin Barclay – Chairman
 - Karen Stone - Medical Director
 - Dawn Parkes - Chief Nurse Designate
 - Claire Hansen - Chief Operating Officer
 - Adele Coulthard – Director of Quality, Improvement and Patient Safety
 - Sascha Wells-Munro - Director of Midwifery
 - Steven Bannister, Interim Managing Director
16. An essential component of successfully leading change is the visibility of senior leaders. This is supported by visits to clinical and non-clinical areas on all sites and in the community. This is an informal 'how are things' session, with a loose structure of 'what's great/better if' These are scheduled events with protected time after the Board of Director meetings. Service user feedback is also sought wherever possible.
17. The Back to the Floor initiative commenced on 1 September 2023 and is led by the Chief Nurse and senior nursing and Allied Health Professional colleagues. On a weekly basis, a number of wards are visited for focussed supportive reviews of key areas of potential concern. This enables supportive challenge, a visual check of quality and triangulation with quality related data such as complaints and incidents.
18. The Trust also has several key transformation programmes in place with a focus on Urgent and Emergency Care, Elective Care, the Community Diagnostic Centre, Our Voice Our Future, Leadership Development, Line Management Development and Estate Improvement.

Quality Assurance Framework

19. Rapid quality reviews have been undertaken across all wards. This provided a baseline of quality to focus targeted improvements. These reviews have also informed the initial focus areas for the Back to the Floor visits. A ward accreditation scheme has been developed as part of the framework.
20. Themes from the analysis of data, rapid reviews and back to the floor visits informed the development of a Year of Quality Calendar. Each month will have a specific quality focus with June 2024 being End of Life Care.

Governance

21. With the support of NHSE, the Trust has revised the Corporate and Clinical governance arrangements with greater control and oversight on quality, performance, productivity, finance and efficiency. The Quality Governance structure to ensure that ward to board visibility of issues and assurance has been strengthened.
22. A Care Group restructure was completed in October 2023 and all key leadership posts within these structures have been appointed into substantively. The Trust is currently reviewing the implementation of the structure to ensure it is fit for purpose. A Governance and Accountability Framework is also being drafted to support the revised governance arrangements.

Workforce

23. In order to achieve our improvement ambition, workforce is essential. It is therefore essential that we can both recruit and retain staff. The Trust has welcomed a review by NHSE of nurse staffing and is working to implement the recommendations that they have made in relation to ensuring the correct level of staffing on wards through establishment reviews, effective use of rosters and wellbeing and development initiative to increase retention.
24. The Head of Nursing Workforce has been recruited to the Corporate Nursing Team and monthly roster assurance meetings for all Care Groups have been established. Positive progress has been made with an overall nursing vacancy position of 4% achieved and the Trust has ceased used of all 'off framework' agency usage for nursing staff.
25. The Trust 2023 staff survey results were disappointing and reflect the ongoing challenge of engaging meaningfully with 10,000+ staff spread over multiple acute and community sites across a large geographical area.
26. The Trust has recruited a team of change makers, made up of individuals from all grades and areas of the Trust and YTHFM, to engage with colleagues to discover what it is like to work here, and how we can make things better. This is informing the actions the Trust needs to take and the areas to prioritise to deliver our culture change ambitions.

27. The Trust is following the NHSE culture change programme which is called Our Voice Our Future. The change makers are the ambassadors and champions for Our Voice, Our Future, supported by the Board and Executive Team, with Project Management input.

Recommendations

28. The Committee are asked to note the Trust response to the CQC inspection and the wider Journey to Excellence focused improvement programme.

Contact Details

Author's name	Dawn Parkes
Title	Chief Nurse Designate
Dept Name	York and Scarborough Teaching
Tel No.	Hospitals NHS Foundation Trust

1 July 2024

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Annex A: Scrutiny CQC Update Presentation

Overview and Scrutiny Committee CQC Update

10 July 2024

Content

This slide deck provides key updates on improvement the Trust has delivered since the CQC report was published on 30 June 2024.

The Team



Martin Barkley
Chair



Simon Morritt
Chief Executive



Andrew Bertram
Finance Director



Dr Karen Stone
Medical Director



Claire Hansen
Chief Operating
Officer



Dawn Parkes
Chief Nurse
Designate



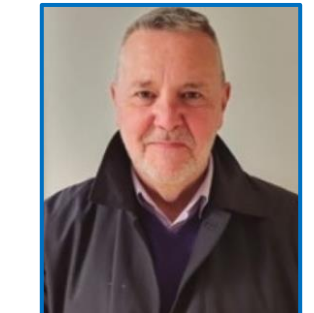
Polly McMeekin
Director of
Workforce and
Organisational
Development



James Hawkins
Chief Digital and
Information Officer



Lucy Brown
Director of
Communications



Steven Bannister
Interim Managing Director,
York Teaching Hospital
Facilities Management

Overview: Key messages

New key appointments

Care Group restructure complete

Revised corporate and clinical governance arrangements

Key transformation programmes

Replacement of the Electronic Patient Record with procurement evaluation underway.

A review of the Trust Strategy

Financial balance 2023/24

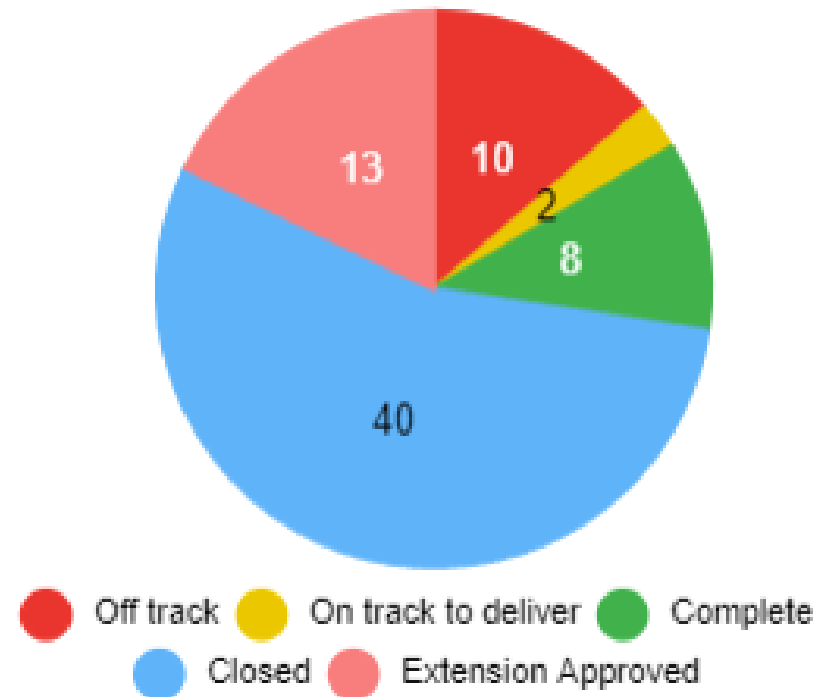
Journey to Excellence

- Fortnightly programme board chaired by the Chief Executive.
- Seven workstreams with all CQC actions clearly mapped to each.
- Robust process to close or extend actions with Executive Director approval needed.
- Following approval, all closure forms are shared with the CQC.

Journey to Excellence

- **40** actions have all actions completed and formally closed through Journey to Excellence.
- **8** actions are complete and are awaiting formal approval.
- **13** actions have extensions approved.
- **10** actions are off track – progress reviewed at Journey to Excellence and extensions needed.

Overall Progress with CQC Actions



Examples of Improvements

Registered Nurse oversight of all ED waiting areas

Volunteers providing food and drinks to those waiting in the Emergency Department

Referral to Treatment times of 78 weeks eliminated in March 2024

Installation of double flow oxygen meters across sites

Introduction on the Patient Safety and Incident Response Framework

New build UEC environments

Improved systems to capture and implement improvements from Structured Judgement Case Reviews

Revised and improvement risk management process within Maternity Services



Key risks

All risks are managed in accordance with the Trust Risk Management Policy and are monitored from Ward to Board through the BAF, Corporate Risk Register and Care Group Risk Registers with due regard to controls and mitigations.

Delivery of the financial efficiency programme – can't always resource our improvement plan at the pace we would expect. Therefore our pace of improvement may be impacted and this will likely cause delay and frustrations with staff and the public.

Staff engagement in training and development due to operational pressures. This will reduce our opportunities to engage with staff and will potentially impact on maintaining up to date best practice.

Limited but improving clinical engagement in the leadership and direction of the Trust. This will reduce our opportunities to improve and transform our services in a way that fully engages our staff.

Quality and maintenance of our estate, in the context of our financial position, will potentially impact on quality and efficiency of care processes.

IT infrastructure, data access and CPD present a risk to operational delivery whilst we progress the procurement of our new EPR.

Maintaining public confidence in our services in the context of the quality and financial challenges we face.

Next steps

Next steps to deliver sustainable improvement:

- A trust wide approach is being used to take the learning from the CQC visit and report, and other fundamental standards to develop and roll out our Year of Quality Programme. Delivery is overseen by PRIM and our Quality Assurance framework.
- Ongoing monitoring arrangements are being agreed for closed CQC actions and built into assurance processes.
- An independent external Well Led assessment is being commissioned in Q4 of 2024/25.



Questions?



This page is intentionally left blank



**Health, Housing and Adult Social Care
Scrutiny Committee**

10 July 2024

Report of the Director of Public Health

Breastfeeding and Infant Feeding

Summary

1. This report provides an update on the ongoing work of the 'Breastfeeding and Infant Feeding Delivery Plan' since the last report that came to Health Scrutiny in December 2023. It also provides members with further information on two issues which were discussed in December and of interest to the committee:
 - Cost of living and development of a food insecurity pathway for those formula feeding
 - how creating a breastfeeding-friendly city can provide an enabling environment to support breastfeeding.
2. The protection, promotion and support for breastfeeding are a vitally important public health priority as breastfeeding promotes health, prevents disease, and provides numerous benefits for both mother and baby. There is overwhelming evidence that breastfeeding saves lives and protects the health of babies and mothers both in the short and long term.
3. As with many aspects of public health, inequalities in maternal and infant outcomes exist, with poorer outcomes experienced by certain groups of women and their babies. We know that these risk factors can be reduced through promotion of breastfeeding initiation and support for breastfeeding duration.

Background

4. For decades the WHO and UNICEF have promoted breastfeeding as one of the most impactful public health interventions, based on extensive evidence that it 'supports healthy brain development in babies and young children, protects infants against infection, decreases the risk of obesity and disease, reduces healthcare costs, and protects nursing mothers against ovarian cancer and breast cancer' (UNICEF 2019)
5. The National Maternity Review in 2016 set out a national ambition to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025. One of the schemes of work is 'Improving prevention', which takes a public health approach of preventing poor outcomes through actions to improve women's health – before, during and after pregnancy to ensure that families get off to the best start possible. Breastfeeding and infant feeding are a key element of this piece of work. The national guidance on High Impact Areas cites supporting breastfeeding as one of the main priorities for public health teams, specifically health visitors.

Consultation

6. The Breastfeeding and Infant Feeding Partnership is a multi-agency group which has representation from key stakeholders, including families through the Maternity Voices Partnership. Further feedback from service users will be obtained as we progress through the Baby Friendly Initiative process and our Infant Feeding Lead works in the community to understand what matters to families and how we can improve services and support.

Key points

7. UNICEF and the World Health Organisation recommend exclusive breastfeeding for the first six months of an infant's life, with continued breastfeeding alongside the introduction of appropriate complementary foods up to two years of age; however, breastfeeding is no longer seen as the norm.
8. Breastfeeding is viewed by many as difficult to achieve and often unnecessary because formula milk is seen as a close second best. This is largely due to the strong commercial influences from formula milk

companies, which use marketing strategies to promote formula milk as equal to breast milk.

9. Infant feeding is also a highly emotive subject because so many families have experienced the trauma of trying very hard to breastfeed and facing challenges which have led them to stop.
10. Research has shown that eight out of ten women stop breastfeeding before they want to. Factors for this include: a lack of support from family or professionals; belief that they have insufficient milk supplies to nourish their baby; employers who have not got adequate provision to support women returning to work and expressing breast milk; or lack of supportive environments in which women feel comfortable feeding their babies when out in the community.
11. Local data for York shows this clearly. Breastfeeding rates at the time of delivery are 74% (on average) but this figure reduces considerably by 6-8 weeks, where on average only 44% of families are still breastfeeding their babies in York.
12. Higher rates of ward deprivation are associated with lower breastfeeding rates at 6 to 8 weeks (with only 29% of babies breastfed in the most deprived ward, compared to 61% in the least deprived). Residents in our most deprived wards are also more likely to have worse health outcomes and breastfeeding could play a crucial role in narrowing health inequalities between our least deprived and most deprived communities.
13. For breastfeeding to become the social norm, families need ongoing support from pregnancy through to the early weeks and months. A truly coordinated approach across all services and systems is required. This must also consider wider community initiatives, including welcoming breastfeeding in public places and educating children and adults about the value of breastfeeding.

York's Breastfeeding and Infant Feeding Delivery Plan

14. The York Breastfeeding and Infant Feeding Partnership has developed a multi-agency strategy, led by Public Health, to start to remove the practical, emotional and cultural barriers to breastfeeding, reduce health inequalities, and create an enabling environment for all women who

want to breastfeed. Our vision is to support all families with infant feeding, however they choose to feed their baby.

15. There are multi workstreams across the delivery plan, described in the December 2023 Scrutiny committee paper, and this year we have taken the decision as a partnership to focus on:
 - Baby Friendly Initiative accreditation;
 - Food insecurity pathway development;
 - A “Feeding Friendly City” approach.

Baby Friendly Initiative

16. In February 2023, funding was obtained through the ICB Inequalities Fund to implement the UNICEF Baby Friendly Initiative (BFI) across Health Visiting and Children Centres.
17. BFI is an evidence based, staged accreditation programme that will support CYC to improve breastfeeding and infant feeding by setting standards for sustainable improvement, providing training for professionals to give consistent information and personalised support to families; and gaining feedback from families about their experiences of care. This programme of work also helps families in building close parent-infant relationships and supports with good mental health for both parent and baby. We now join the 91% of other health visiting services that are working towards BFI accreditation across the UK.
18. A key aspect of improving breastfeeding rates is the provision of face-to-face, ongoing and predictable support to families across all public services, and social support in the local community. The Baby Friendly Initiative enables mothers to receive this help within healthcare services, delivering a holistic, child-rights based pathway for improving care.
19. To inform the support that we provide for families, service user audits have been undertaken by the Infant Feeding Lead, to obtain feedback on current service provision. This information will inform how we provide support and information to families in line with the BFI standards.
20. Offering effective support to parents is only possible when practitioners have sufficient knowledge and skills. When practitioners lack this knowledge, and offer conflicting information, they can discourage mothers and undermine confidence in their parenting decisions. Audits have also been carried out across the health visiting teams, to provide a

benchmark for how confident practitioners feel in supporting families with breastfeeding and infant feeding. A training package is being developed based on the results to ensure that all staff have the knowledge and skills required.

21. Training and audits will form an ongoing programme of development, with changes to training materials being made depending on the feedback that is obtained through regular service user and staff engagement.
22. A new infant feeding policy is also being developed, which will encompass evidence-based standards and resources, forming the standard operating procedure for anyone providing infant feeding advice to families. In this way a culture is created in which staff can support safe infant feeding and responsive parenting.
23. Further work is being done to create appropriate spaces and facilities that are available for infant feeding, and specifically breastfeeding, starting with West Offices. Alongside this, CYC policies are being reviewed to ensure that staff are aware of their rights when returning to work in relation to breastfeeding or expressing milk.
24. Clear standards and action plans have been developed for this programme of work and the governance structure to support the ongoing progression towards BFI accreditation is also being established.

Food insecurity

25. The current cost of living crisis has led to an increasing number of families experiencing financial hardship, with some unable to afford the rising cost of infant formula and/or appropriate foods for their infant.
26. This is a significant risk to children's health given that where breastfeeding is not chosen or possible, infant formula before the age of six months is the only option parents have for feeding their infants, and is a key source of both calories and other essential micronutrients between six months and the age of one.
27. Attempts by parents to cut costs, for example by reducing feeding frequency, ignoring best before dates, or over-diluting powdered infant formula, pose significant health risks. Babies being fed with infant

formula can therefore become increasingly vulnerable during times of financial hardship or food crisis.

28. As a group, the Infant Feeding and Breastfeeding Partnership have recognised the need to develop a robust pathway for families who are unable to afford or access infant formula.
29. We have drafted a multi-agency pathway with the aim of supporting families who are experiencing food insecurity in giving them the most appropriate support to meet their needs. The aim is to optimise short- and long-term health and wellbeing outcomes, minimise risk and achieve food resilience.
30. Families presenting in crisis will be provided with a supermarket voucher which will provide formula for approximately 2 weeks. The Healthy Child Service (HCS) and community midwifery are able to issue supermarket vouchers but will also need to make a request for support and carry out an assessment of need to understand if further support is required (including Healthy Start eligibility and lactation support). Community foodbanks and venues are able to signpost families to the HCS for vouchers.
31. Development of the pathway has been underpinned by three main guiding principles:
 - A duty of care for the safeguarding of all infants under 12 months of age affected by family hardship, however they are fed;
 - Provision of infant feeding support during financial hardship or food crisis that conforms to the World Health Assembly International Code of Marketing of Breastmilk Substitutes and subsequent resolutions (the Code);
 - Wrap-around care which enable families to access additional services to meet ongoing needs.
32. Development of this pathway has also been informed by guidance produced by UNICEF, First Steps Nutrition and the National Infant Feeding Network (NIFN) and adheres to the World Health Assembly International Code of Marketing of Breastmilk Substitutes and subsequent resolutions (the Code) which provide a framework and guidance for the appropriate distribution of infant formula.

33. Final checks are being carried out to ensure that all stakeholders are aware of the process and that the pathway will work as it should. It is hoped that this will be live by the end of the summer.

Feeding Friendly Cities

34. A breastfeeding-friendly city is one where there is an enabling environment to support breastfeeding throughout the first years of a child's life. People, places and practices around the mother and infant can make breastfeeding either easier or more difficult.
35. Environments that enable breastfeeding should ideally begin from early pregnancy and continue after birth, until at least the child's second birthday. These environments can be roughly divided into three types of settings – healthcare, workplace and community.
36. Feeling uncomfortable breastfeeding in public has been cited nationally as a reason for some women not initiating breastfeeding or choosing to breastfeed for a shorter duration. Similarly, returning to work has also been shown to be a barrier for continuing to breastfeed, despite it being a legal right for women to opt to do so. Cultural attitudes and lack of support are often cited as further reasons for stopping breastfeeding.
37. There are several cities that have declared themselves 'breastfeeding friendly'. Unlike the well-established and widely accepted definition given by BFI of what breastfeeding friendly is in a healthcare, there is no set definition for breastfeeding friendly cities and each city uses their own criteria; however, there are a common set of initiatives that most schemes include:
 - Insight work with the local community to understand the barriers to breastfeeding;
 - Breastfeeding Friendly/Welcome scheme for local venues and businesses;
 - PR campaign which uses local breastfeeding families and has a strong visual presence across the locality – displayed on bus shelters, prominent buildings;
 - Dedicated web and social media pages;
 - Thank you/appreciation card scheme.

38. Examples of cities who have endorsed a breastfeeding friendly city can be found in Appendix 1 along with detail of the initiatives they have undertaken.

The vision for York

39. Building on the evidence from cities where a breastfeeding friendly scheme has been introduced, in York we want to adopt a breastfeeding welcome approach, which supports the acceptance and normalisation of breastfeeding.
40. This would encompass many of the initiatives that other cities have implemented, such as a public health campaign, engagement with businesses and venues to support them to be 'feeding friendly' and wide-spread education and training around safe feeding practices.

Council Plan and Health and Wellbeing Strategy.

41. The CYC Council Plan and Health and Wellbeing strategy sets out the vision for York's children to have the best possible start in life, which we know can be achieved through good infant feeding practices, especially breastfeeding.
42. Focusing on nutrition and relationship building in the first 1001 days can also contribute significantly towards progress against the six big ambitions in the Health and Wellbeing strategy:
 - Becoming a health generating city
 - Make good health more equal across the city
 - Prevent now to avoid harm later
 - Start good health and wellbeing young
 - Work to make York a mentally health city
 - Build a collaborative health and care system.
43. Evidence shows that breastfeeding can also play a key role in achieving the health goals of the strategy.
 - Mental wellbeing: Breastfeeding supports the mother-baby relationship and the mental health of both baby and mother;
 - Healthy weight: Breastfeeding protects children from a vast range of illnesses, including obesity, infection, diabetes, asthma and heart disease, as well as cot death (Sudden Infant Death Syndrome)

- Healthy life expectancy: Breastfeeding protects mothers from breast and ovarian cancers and heart disease.
44. York's Breastfeeding and Infant Feeding Delivery Plan sets out how we will protect, promote, support and normalise breastfeeding across York, improving our existing services and in turn supporting women to initiate breastfeeding and continue breastfeeding as well as targeting interventions in areas of low uptake.
45. The transformational work that has been done to create Family Hubs in York through the Raise York Programme Board has also chosen infant feeding as one of six key priorities

Implications

- **Financial**

There are no financial implications of this report. The council's work in this area is funded through the public health grant and ICB Health Inequalities fund.

- **Human Resources (HR)**

There are no direct HR implications of this report. As an employer, CYC will take action in line with the infant feeding strategy to improve the way it supports staff with infant feeding through a variety of policies.

- **Equalities**

Pregnancy and maternity are protected characteristics under the equalities Act 2010, and work to support infant feeding should positively contribute to increasing equality between this group and the rest of society

- **Legal**

There are no direct legal implications of this report. The UK is a signatory to the International Code of Marketing of Breastmilk Substitutes, an international health policy framework to regulate the marketing of breastmilk substitutes in order to protect breastfeeding published by the World Health Organization in 1981

- **Crime and Disorder**

There are no crime and disorder implication of this report

- **Information Technology (IT)**

There are no direct IT implications of this report

- **Property**

There are no direct property implications of this report

Risk Management

There are no direct risks associated with this report.

Recommendations

46. Members are asked to:

- Note and support the work being undertaken to achieve our ambition of protecting, promoting and supporting breastfeeding and safe infant feeding practices.
- Support the approach to York becoming a 'feeding friendly city'.

Contact Details

Author:

Natalie McPhillips

Public Health Specialist
Practitioner Advanced

07917 595597

**Chief Officer Responsible for the
report:**

Peter Roderick

Director of Public Health

Report
Approved

Date 02/07/24

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Annexes

Annexe 1: Examples of breastfeeding friendly cities

Abbreviations

BFI = Baby Friendly Initiative

WHO = World Health Organisation

UNICEF = United Nations International Children's Emergency Fund

This page is intentionally left blank

Annexe 1 – Examples of breastfeeding friendly cities

Feed Your Way – Nottingham

“Feed Your Way” is a bespoke infant feeding campaign, led by public health, which was launched in 2023.

The campaign aims to support all families in Nottinghamshire to achieve their breastfeeding goals and empower them to ‘feed their way’ for as long as they want to with the support of health professionals and the local community, making Nottingham a breastfeeding friendly city.

Feed Your Way was co-created with families, residents, health professionals and businesses in Nottingham through The Big Nottingham Breastfeeding Survey, which was conducted in April 2022 along with in person focus groups. There were 1,800 responses to the survey which showed that families wanted:

- to feel empowered to feed the way they wanted and for as long as they wanted;
- to have honest conversations about the realities of breastfeeding;
- to understand the challenges to breastfeeding and have access to tailored support.

The campaign is based on the real lived experiences of six Nottinghamshire families who all had very different breastfeeding journeys. These families tell their feeding stories through videos, interviews and photos which portray a realistic image of experiences and expectations. These families feature on posters, billboards and banners across Nottingham City, including the Council House, helping to promote and ‘normalise’ breastfeeding.

There is a dedicated Feed Your Way website which offers support for partners and co-partners, pregnant families, breastfeeding families and family and friends as well as social media pages.

An evaluation of the campaign is planned for later this year.

Breastfeeding Friendly – Leeds

Leeds City Council’s “Breastfeeding Friendly” campaign was led by public health and designed by mums for mums to create an environment

in which breastfeeding families are welcomed, supported and feel comfortable across community settings in Leeds.

One of the main reasons why families stopped breastfeeding in Leeds, or didn't start breastfeeding in the first place, was how uncomfortable or unsupported they felt feeding out and about in public.

The aim of the Leeds Breastfeeding Friendly scheme was to encourage local outlets and business to sign up to become breastfeeding welcome venues to help make breastfeeding families feel more confident about breastfeeding in public and to encourage more to do so.

Venues who signed up to the scheme were asked to:

- Display the Leeds Breastfeeding Friendly sticker and materials in their venue to let families know that they welcome breastfeeding;
- Ensure that all staff actively welcome breastfeeding families and let them feed in all public areas;
- Educate their staff on the benefits of breastfeeding and how to deal with members of the public who are negative towards breastfeeding parents;
- Provide comfortable seating that can be easily moved around if necessary;
- Have the option of a private area if a parent requests it (but not in a toilet) and this area should have enough room for the breastfeeding parent, their partner and other children should they wish to sit with them;
- Provide free drinking water to the breastfeeding parent.

The Leeds Breastfeeding Friendly Venues Directory was developed as part of the campaign which features business and outlets which have made a commitment to be breastfeeding friendly in the city. In addition, a leaflet was also produced for parents with lots of useful tips and advice about feeding out and about in public.

To help promote the campaign photos of local mums breastfeeding in various locations across Leeds were commissioned and a dedicated web and Facebook page were established.

To launch the Breastfeeding Friendly campaign, Leeds City Council introduced a comprehensive breastfeeding policy to support council employees who are breastfeeding and returning to work and members of the public who are breastfeeding and make use of the council buildings.

This ensured that council acted as exemplar role models by ensuring that their buildings are breastfeeding friendly.

The Bridlington Breastfeeding Project – Bridlington

In 2021 a whole community, multi-agency project was launched to improve breastfeeding rates in Bridlington enabling the town to recover from the impact of the Covid-19 pandemic. At the time, breastfeeding rates in the town were lower than other areas in East Yorkshire.

The project aimed to understand the barriers to breastfeeding and work towards removing them by transforming Bridlington into a breastfeeding friendly town, ensuring that expectant and new parents felt supported and comfortable breastfeeding in public.

Funding was used to conduct qualitative research to fully understand the barriers to breastfeeding in the town. The findings suggested that breastfeeding parents felt judged by those who were bottle feeding and that there was a longstanding culture of bottle feeding which was seen as the 'norm'.

To address this the project team focused on educating grandparents and partners on ways which they can support breastfeeding and its benefits. Books were also introduced to the local libraries and early years setting to help to normalise breastfeeding and influence future generations.

The research also revealed that parents preferred local support services that reached out to support them to breastfeed in the community, rather than expecting them to attend sessions at the children's centres. This identified the need to increase the number of support venues available within the community.

The Breastfeeding Networks 'Breastfeeding Friendly Town' scheme was used alongside the launch of a local breastfeeding support webpage. 100 local businesses signed up to the Breastfeeding Friendly Town scheme, including cafes, pharmacies, GP practices, libraries and restaurants.

Promotional resources were developed including thank you for breastfeeding in public cards and posters (Appendix D). These were displayed on public venues throughout Bridlington such as bus shelters and council buildings.

In conjunction with this colostrum harvesting at the 36-week midwifery appointment and an additional Health Visitor contact at six days after birth were introduced.

To measure the impact of the project aggregated breastfeeding data was collected when babies were 10 days and 6 weeks old to provide a comparison pre and post the initiative. Clear changes in breastfeeding rates were demonstrated at both 10 days and 6 weeks with data points consistently exceeding baseline figures.

Breastfeeding. Anytime, Anywhere Campaign - Barnsley

As part of their “Breastfeeding Welcome Here Scheme”, Barnsley Metropolitan Borough Council launched their ‘Anytime, Anywhere’ campaign in January 2024.

The campaign was in response to drop off in breastfeeding rates at 6-8 weeks. Data showed that 61% initially start breastfeeding but by 6-8 weeks the rates had fallen to just 33%.

Feelings of anxiety about feeding in public was one of the main barriers identified to breastfeeding.

Key messages in relation to breastfeeding were communicated through the campaign:

- Cost savings – breastfeeding is free;
- Freedom – Breastfeeding gives mums flexibility and freedom;
- Protection – Breastmilk provides immunity for baby and long-term health benefits;
- Comfort – Breastfeeding provides a source of comfort for mum and baby. It can help settle and sooth them, ease pain and help them fall asleep;
- Ease – The ease of breastfeeding means you can feed your baby “Anytime, Anywhere”;
- Eco-friendly – Breastfeeding isn’t just good for your baby, it’s good for the planet too - there’s no manufacturing, transportation, packaging or waste;
- Nutrition – Breastmilk adapts to the changing needs of the child to provide them with the nutrition they need as they grow.

The campaign focused on eight local mums who volunteered to share their experiences in videos and be photographed as part of the campaign. Adverts were placed on bus shelters, digital screens and banners across Barnsley. Breastfeeding appreciation cards were also produced for people to pass onto anyone they saw breastfeeding in public to show their support. The campaign was promoted on The Infant Feeding Teams Facebook page.

Breastfeeding in Public Thank You Scheme - East Riding and Hull

East Riding and Hull introduced a “Breastfeeding in Public Thank You scheme”. The project aimed to normalise breastfeeding in public and support parents who were doing so. Thank you cards were introduced to give to other parents who were breastfeeding in a public place.

Each new mum who chose to breastfeed received a card when she had her baby. The Health Visiting team, Children’s Centres and Peer Support groups also distributed the cards to breastfeeding parents.

Milk Trail – Hull City Centre

In May 2024, Hull City Council, in partnership with Humber NHS Foundation Trust, launched a new trail around Hull city centre to highlight some of the best places to breastfeed.

The Milk Trail was developed with input from local parents and support groups and uses a specially designed map to guide people to nine breastfeeding friendly locations across Hull city centre, which are part of the wider breastfeeding friendly venues network.

The trail includes a quiz about breastfeeding with each of the nine venues having the answer to one of the quiz questions inside. Those who complete the trail can record the answers on their map and then trade the completed quiz in for a Milk Trail Sticker.

The aim of the trail is to ensure that breastfeeding venues are easily identifiable and normalise breastfeeding through education. The initiative will also help to raise the profile of breastfeeding throughout the city.

The maps can be obtained from Family Hubs, libraries, Tourist Information stand, customer service centres or participating v

This page is intentionally left blank

Health, Housing and Adult Social Care Scrutiny Committee Work Plan 2024/25

Meeting Date	Item
11 September 2024 Adult Social Care/Public Health	<ul style="list-style-type: none"> • Adult Social Care Strategy update • Pharmacies • Home Care Commissioning Task and Finish Report
9 October 2024 Housing	<ul style="list-style-type: none"> • Finance and Performance Outturn Report and Monitor 1 • Revised Housing Repairs Policy – final draft • Update on Void Properties
6 November 2024 Public Health	<ul style="list-style-type: none"> • Review of urgent care delivery in York and the East Coast • Health Needs Assessment for people with Autism and ADHD
4 December 2024 Adult Social Care	<ul style="list-style-type: none"> • Finance and Performance Monitor 2
15 January 2025 Housing	<ul style="list-style-type: none"> • 2024/25 Asset Management Investment Plan (including a breakdown of budget forecast spending on contractors, apprenticeships, and an update on training to up-skill and cross-skill existing staff).
12 March 2025 Public Health	<ul style="list-style-type: none"> • Finance and Performance Monitor 3
2 April 2025 Adult Social Care	

TBC items

- Learning Disability Provision – The Glen and Lowfields
- Relevant outputs from LGA Peer Review
- Lasting effects of the pandemic and review for winter 2024/25
- Housing Estate Management – review of the pilot
- Reablement technology (Practical)
- ADASS peer review
- Autism and Neurodivergence Strategy
- Homelessness Future Resettlement Pathway

- **Joint Committee with Children, Culture and Communities Scrutiny Committee** on healthy weight/weight management.