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**Report To:** Inverclyde Integration Joint Board      **Date:** 25 January 2021

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/05/2021/SM

**Contact Officer:** Sharon McAlees      **Contact No:**

**Subject:** Infant Feeding Collective Impact: Sustainability Report

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## **1.0 PURPOSE**

1.1 The purpose of this report is to:

- a. Update the IJB in relation to the how the Transformation Board and the Programme for Government (Breastfeeding) funding have been utilised to create an Inverclyde Infant Feeding Team.
- b. Make the IJB aware of the impact these changes have had on local breastfeeding initiation and continuation rates and to seek approval for continuation.

## **2.0 SUMMARY**

- 2.1 The infant feeding team were created utilising Transformation Board and Programme for Government (Breastfeeding) funding from 2018-2021, both of which end in March. This service has been built to complement the existing Health Visiting Team and improve leverage on the Revised Universal Pathway activity.
- 2.2 The team have carried out a number of projects and tests of change in order to identify what makes a difference to breastfeeding initiation and reduced attrition rates. In addition the team have been advocating for increased public acceptability and are starting to influence the feeding culture in Inverclyde.
- 2.3 The percentage of infants ever breastfed in Inverclyde had risen modestly in 2018/19 from 42.4% (2017/18) to 42.8% in 2018/19, however in 2019/20 the ever breastfed rate rose to 45.6%. In relation to drop off at 6-8 weeks postnatal, our attrition rate is 6.6% lower at 45.5% than it was in 2018/19 (National Statistics dashboard, 2020).

## **3.0 RECOMMENDATIONS**

- 3.1 The IJB is asked to:
  - a. Note the positive outcomes from the initial project
  - b. Approve continued investment in the Breastfeeding Lead and Infant Feeding Advisor posts to promote sustainable increases in breastfeeding and all the associated benefits.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

- 4.1 Breastfeeding and the cultural and personal factors which influence who breastfeeds and for how long, is complex and multidimensional. Inverclyde has had significantly lower breastfeeding initiation and earlier attrition rates when compared to both Greater Glasgow and Clyde and nationally, and it is acknowledged that an artificial feeding culture is well entrenched. Within Inverclyde, there is a marked disparity between woman living in areas of deprivation and those in affluent areas. For example, over the last 6 months, the percentage of woman continuing to breastfeed at 6 weeks in Kilmacolm was 86%, while in Branchton and Fancy Farm, it was 0%.
- 4.2 Health gains for infants and children are significant especially if pre-term or born into deprivation and health gains are evident in childhood and into adulthood. Breastmilk is also linked with increased IQ, improved attainment and higher salary in later life (World Health Organisation). Breastfed infants also have a reduced incidence of sudden infant death syndrome (SIDS). In addition, women who breastfeed experience lower risks of breast cancer, ovarian cancer, osteoporosis (weak bones), cardiovascular disease and obesity. There are also economic benefits and environmental benefits for families and wider society.
- 4.3 The breastfeeding agenda is multi-faceted and complex and sustainable change is only possible with sustained focus which requires adequate resources and skills in order to continue to understand and disrupt the social and cultural influences that hold our current artificial feeding culture in place. Women who live in economic areas of economic deprivation are least likely to breastfeed and yet their infants stand to benefit the most from breastfeeding.
- 4.4 The wide spread improvement work is incorporated into a Collective Impact, a “disciplined, cross-sector approach to solving complex social and/or environmental issues on a large scale” championed by the Inverclyde HSCP Infant Feeding Team. A collective impact has five conditions including a common agenda, shared measurement, mutually reinforcing activity, continuous communication and a backbone support. Inverclyde HSCP lead by a Senior Nurse (Children and Families) acts as the backbone, convening and facilitating collaboration across the collective.
- 4.5 Both initiation and attrition trends are improving in Inverclyde and runs of non-random variation are evident, however the trends remain labile and prone to change. A sustained focus is required to facilitate a breastfeeding culture and embedding of Breastfeeding Friendly Inverclyde, however the work of the Infant feeding team and wider collective have great promise. To continue will require sustained commitment and resource allocation that supports the long-term endeavour of the collective.
- 4.6 Even modest increases in breastfeeding have the potential to dramatically improve outcomes for infants and children across Inverclyde and bring about short and long-term health, attainment and economic benefits. Continued IJB investment is requested to sustain the trend.
- 4.7 To maintain the positive progress made, it is proposed that the Breastfeeding Lead and Infant Feeding Advisor posts are funded on a permanent basis to promote sustainable increases in breastfeeding and all the associated benefits. The cost per annum of these two posts is £55.2k. Funding would be from the 2020/21 Health Budget unallocated pressures funds. This is a small balance left over this year for estimated budget pressures being slightly lower than originally anticipated. This money is held centrally within financial planning. The funding will be funding from core budget in future years.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

As outlined in the report.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
Specialist Children Services	Salaries	20/21	55.2	Financial Planning	

## LEGAL

5.2 There are no specific legal implications arising from this report.

## HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

## EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

X

YES

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no clinical or care governance implications arising from this report.

**5.6 NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	Potential to reduce inequalities in health with support work targeted at SIMD 1 and 2.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## 8.0 BACKGROUND PAPERS

8.1 Inverclyde HSCP Collective Impact and Sustainability Report