

# Equality Impact Analysis Record Form 2021 – Derbyshire County Council

## Part 1. Introduction and context

Policy/ Service under development/ review		Infant and Toddler Nutrition Service (Derbyshire Healthy Families)			
Department/ Enterprising Council Workstream		Public Health – commissioned service			
Lead officer/ Workstream Lead		Jamie Dix – Service Manager			
EIA Team:		Carol Ford (Public Health Lead), Jenny Godfrey (Public Health Practitioner), Alison Davies (Public Health Practitioner), Rachel Green (Public Health Commissioning Officer), Ashley King (Public Health Knowledge and Intelligence), Chris Craig (Public Health Knowledge and Intelligence).			
Date analysis commenced:	July 2022	Date completed:	December 2022	Date approved:	
Aims/ objectives of the policy/ service?					
<p>Derbyshire Community Health Services NHS Foundation Trust (DCHS) currently deliver the Derbyshire Healthy Families Service, offering breastfeeding support in the first few weeks following the birth of the baby to Derbyshire residents (excluding Derby City). This is a peer support service delivery model and as such any clients with complex needs around breastfeeding are referred to the Health Visitor or other relevant health professional to receive more specialist support. The service also delivers weaning groups and offers other support around infant and toddler nutrition. The Derbyshire Healthy Families Service is delivered as part of the Infant and Toddler Nutrition contract which is commissioned by Public Health.</p> <p>The current Infant and Toddler Nutrition contract is due to expire on 31 March 2023. Following a public consultation exercise in February/March 2022, Cabinet approved the decision on 16 June 2022 to transfer this service as well as the</p>					

Oral Health Promotion Service contract (another service commissioned by Public Health), into the existing Section 75 Partnership Agreement between the Council and DCHS for the delivery of the 0-19 Public Health Nursing service (health visiting and school nursing). As part of this process the Council and DCHS (including members of staff who deliver the current Infant and Toddler Nutrition contract) have reviewed the current service delivery model and have proposed two significant changes to the way the current service is delivered. It is for this reason that this EIA has been carried out to ensure the proposed changes do not have an adverse impact on Derbyshire residents (in particular those who have protected characteristics).

The two changes proposed as part of the service delivery model are:

1. Offering a more flexible approach to breastfeeding support

The current service offers a strict schedule of contact points with the Healthy Family Peer Support Workers (HFPSWs). All expectant mothers are invited to an antenatal group. An additional four contact points are offered to all breastfeeding mums at the following time points after the birth of the baby:

- 24-48 hours – via the telephone
- 2-4 days – 1:1 appointment
- 7-9 days – 1:1 appointment
- 16 days – via an SMS text message

Moving forward DCHS would like to continue inviting all expecting mums to an antenatal group but will offer this as a 1:1 contact to those where there is a specific need identified where the client will benefit from a 1:1 appointment. DCHS also propose to continue offering all breastfeeding mums a 24-48 hour contact via the telephone as well as a follow-up 1:1 appointment at 2-4 days to offer support to all breastfeeding women in the earliest stages and to help initiate breastfeeding and identify those that require additional support. The plan thereafter is for further breastfeeding support between 4 and 14 days to be offered based on need. This will allow the service to focus capacity to where it's needed to ensure vulnerable clients are offered more support to experience positive breastfeeding outcomes. This means that not all women will be routinely offered a contact at 7-9 and 16 day, however those clients who will not be proactively contacted by the service during this time period will be able to contact the service should their circumstance change and they require more support with breastfeeding.

The reason behind this change is that HFPSWs currently spend large amounts of time chasing and delivering appointments to all breastfeeding women at all the contact points in the current schedule regardless of whether they require additional support with breastfeeding or not. Focussing support to those that need it between 4-14 days will allow the HFPSWs to focus more capacity to supporting those that need extra help, advice, and support with breastfeeding. The service will also be able to react to a clients need more easily as they may be able to offer support when a client needs this as opposed to waiting until the next scheduled contact point within the current schedule. When the baby reaches 14 days, they should have been seen by the Health Visitor as part of the 'New Birth Visit' that is delivered between 10 and 14 days as part of the Healthy Child Programme. From this point onwards the Health Visitor will be the point of contact for the family if they have any concerns or queries about breastfeeding.

The proposed changes outlined above support the development of the new Derbyshire Infant Feeding Strategy. This has been developed by the Derbyshire Infant Feeding Steering group and although still in draft form one of the aims of this strategy is to reduce breastfeeding inequalities in Derbyshire. Therefore, focussing support to those target groups and individuals that need it most will help contribute towards this aim of reducing breastfeeding inequalities in Derbyshire.

## 2. Stop delivering weaning contacts and other elements of wider infant and toddler nutrition

The second proposed change to the current service delivery model is to stop delivering weaning groups and other contacts relating to other topic areas around infant and toddler nutrition. To offer a more flexible approach to breastfeeding support that ensures there is enough capacity within the service to offer a good level of support to those that need this, then the service would like to stop delivering weaning contacts and other contacts relating to infant and toddler nutrition. Currently parent/carers are invited to attend weaning groups around the time their child reaches the age of 6 months. This provides an opportunity to gain information and advice on safe introduction of solid foods. DCHS still propose to offer information and advice on safe introduction of solid foods, but propose to do this differently, by developing a series of videos on this topic, as well as other key topic areas relating to infant and toddler nutrition that families can be directed to. These videos will contain the same information that will be delivered to parents via the current weaning groups. Offering this via video will hopefully increase the number of families obtaining information on

safe introduction of solid foods as it will enable those families that are unable or unwilling to attend the weaning groups to access this information in their own time. In addition to this:

- Safe introduction of solid foods information and advice will continue to be given to all families as part of the 6-8 week review with the Health Visitor
- The Health Visitor will continue to be the point of contact if a family has any concerns with regards to weaning or other elements of infant and toddler nutrition

This means that although weaning groups will no longer be delivered as part of these proposed changes, families in Derbyshire will continue to be offered information, advice, and support around safe introduction of solid foods as well as other elements of infant and toddler nutrition.

The new service delivery model proposed to commence on 1 April 2023 will:

- Continue to invite all expectant mums to an antenatal group session, although this will be offered as a 1:1 appointment where there is a specific need for this
- Continue to contact all breastfeeding mums at 24-48 hours via the telephone
- Continue to offer all breastfeeding mums a 1:1 contact when the baby is 2-4 days old
- Offer extra breastfeeding support to those that need this between 4 and 14 days – this means not all breastfeeding mums will routinely be offered support during this time
- Continue to offer an online chat function to enable all breastfeeding mums to gain information and advice on breastfeeding
- Continue to offer a Saturday service offer to ensure breastfeeding mums receive support from this service during the weekend

What outcomes will be achieved with the new or changing policy/ service?

By offering a more flexible approach to breastfeeding support and targeting the service to those that need it most it is hoped that this will:

- Help increase overall breastfeeding prevalence at 6-8 weeks which in Derbyshire is currently performing significantly below the England and East Midlands average

- Help reduce inequalities in breastfeeding prevalence in Derbyshire. The most recent data for breastfeeding prevalence in Derbyshire shows that those living in deprived areas and young mums, and those from a White British ethnic group were less likely to breastfeed.

It is also hoped that more people will be provided with information on safe introduction of solid foods as videos will be developed that people will be able to access in their own time rather than having to travel and attend a group session.

Please list any associated policies, services, or functions?

### **Services/Functions**

- Derbyshire Community Health Services 0-5's Service [Derbyshire Family Health Service for 0 - 5 year olds](#)
- The Breastfeeding Network(BfN) [What's happening in Derbyshire - The Breastfeeding Network](#)
- Children's Centres [Children's centres - Derbyshire County Council](#) and Early Help services [Support for families and early help - Derbyshire County Council](#)
- HENRY - Healthy Eating and Nutrition for the Really Young [Health, exercise and nutrition for the really young \(HENRY\) - Derbyshire County Council](#)
- Derbyshire County Council Breastfeeding Welcome Here Award [The Breastfeeding Welcome Here Award - Derbyshire County Council](#)

### **Associated Policies**

- Joint Infant Feeding Policy (DCHS and DCC Children's Centres) [infant-feeding-policy-joint-sep-2022.docx \(live.com\)](#)
- NHS Equity and Equality: Guidance for Local Maternity Systems [NHS England » Equity and equality: Guidance for local maternity systems](#)
- Commissioning Infant Feeding Service summary document [Commissioning infant feeding service summary \(publishing.service.gov.uk\)](#)
- The Best Start for Life a vision for the 1001 critical days [The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](#)

Please list the main people or groups that this policy/ service is designed to benefit and any other stakeholder involvement?

The Derbyshire Healthy Families service is designed to benefit families with babies and young children of pre-school age by supporting the initiation and sustainment of breastfeeding, as well as promoting key topic areas around infant nutrition. The changes proposed within this service will benefit those families that require additional breastfeeding support in the early stages to get breastfeeding off to a good start. The changes will also make information about safe introduction of solid foods easier to access as this will be provided via videos that people can view in their own time, potentially removing the barriers of travelling and attending a group. This will enable the service to place more capacity to providing breastfeeding support so that families who need it most receive practical and skilled help to get breastfeeding off to a good start and support early diagnosis of issues.

Other stakeholder involvement:

- Derbyshire Community Health Services are the provider of the service
- Derbyshire County Council are the commissioner of this service

Will the policy/ service and any changes impact on any other organisations such as community and voluntary sector groups?

As the proposed changes relate to the way in which breastfeeding support is offered to ensure individual's receive the right level of support for their own needs as opposed to stopping service delivery, then it is envisaged that the proposed changes to the Derbyshire Health Families service will not have any impact on any other organisations. The rationale behind the changes is to reduce breastfeeding inequalities by offering more support to those that need it most. The only change that may need careful consideration is what impact no longer delivering weaning groups may have on the Health Visiting service. The Health Visiting service already cover the safe introduction of solid foods as part of the universal 6-8 week review that all families with babies receive in Derbyshire. However, if the Derbyshire Healthy Families service no longer invite families to weaning groups at or when the baby approaches 6 months of age, then this may result in more parents/carers contacting the Health Visiting service for further information, advice, and support around the safe introduction of solid foods. This would not be considered as an impact on another organisation because DCHS deliver both the Derbyshire Healthy Families and Health Visiting service in Derbyshire. DCHS have had experience of stopping weaning groups for periods of time during the Covid-19 pandemic and although this led to the service receiving more calls in relation to weaning this was manageable for the service. The potential impact stopping

weaning groups may have on the health visiting service was also carefully considered when developing the proposed changes.

To try and alleviate any impact these proposed service changes have on the Health Visiting service, DCHS will put together a series of videos on safe introduction of solid foods as well as other topics relating to infant and toddler nutrition. These will contain information that would be distributed as part of the weaning groups so families could still be signposted to the relevant information and advice. Weaning groups delivered by the Derbyshire Healthy Families service had to stop at certain stages during the Covid-19 pandemic and the way weaning support has been offered since has had to be amended as the service recovers from the pandemic and struggles with staffing capacity in certain areas. This means that DCHS have already experienced the impact of not delivering weaning groups at certain periods of time over recent years. As a result, there has been more calls to the Single Point of Access requesting information, support, and advice in relation to the safe introduction of solid foods, however the service has managed to deal with the increase of calls and is confident in being able to deal with any further increases in calls into the service as a result of these changes.

## Part 2. Supporting evidence

Please list and/ or link to below any recent and relevant consultation and engagement that can be used to demonstrate clear understanding of those with a legitimate interest in the policy/ service and the relevant findings:

Following the approval from Cabinet in June 2022 to transfer the Infant and Toddler Nutrition contract into the Section 75 Partnership Agreement, the Council and DCHS undertook a joint engagement exercise with staff from the Derbyshire Healthy Families Service to help review the current model and enable staff from the service to have input into a new model that will help further develop the service. This engagement activity took the approach of asking staff:

- What currently works well?
- What does not currently work well?
- What could be done differently?

Key themes that came out of this engagement included:

- The importance of home visits/face-to-face appointments - although positive comments were raised in relation to the use of technology such as live chat and text/phone calls, there was clear feedback provided from staff in relation to the importance of maintaining face-to-face home visits as much as possible moving forward. Comments around offering 1:1 antenatal in targeted areas and having more targeted contacts within the service were raised to help ensure face-to-face/home visits can be offered to those that need it.
- Targeting the service - Flexibility of the service was mentioned as part of the 'what works well' feedback regarding tailoring services and planning diaries in advance, however there was no specific mention in relation to how well the current model can target those most in need. This was picked up mostly in the 'what could be done differently' activity. Staffing levels and resources available was mentioned a few times which may also indirectly provide support on the importance of targeting the service to ensure those most in need are supported when resources become stretched.
- Teamwork and integrated working - Feedback highlighted the feeling that there is a great sense of teamwork and that HFPSW's sitting within the Health Visiting service works well and ensures closer integrated working that should be maintained in the new model. There was one comment in the 'what could be done differently' feedback around the service becoming more integrated with volunteers, which suggests a way to develop the service moving forward is ensuring closer working not only internally with Health Visitors but other key external groups/services.
- Support beyond 16 days – there were various comments amongst the staff suggesting the need to offer more support after 16 days. This is because there is a long gap between the 16 day contact delivered via a text message in the current service and the 6-8 week review delivered by the Health Visitor, and that there is a missed opportunity to provide support around longer term feeding and feeding once the family start venturing out more. The current capacity within the service means that it was not considered a viable option to add in additional universal contact points after day 16, as the priority of the service is to support breastfeeding in the earliest stages after giving birth, as it was felt that this is when the highest level of support is required to ensure as many women as possible can establish breastfeeding in the early days. However, this feedback has prompted the consideration as to how the service can support longer-term breastfeeding, which can include the promotion of the online chat function and delivering group contacts at Breastfeeding Network (BfN) volunteer groups for those that need more support post day 14 in the proposed model.



- Contacting the service - the use of technology, in particular the online live chat function, is seen as a positive element of the service and mentioned on a few occasions within the 'what works well' exercise. However, there was feedback suggesting too much of the current service offer is via technology (live chat / phone calls) due to Covid-19 and that it's not easy for clients to contact the HFPSW's. This relates to themes around face-to-face/home visits and targeting contacts (above) to determine the best way the service can continue to deliver face-to-face/home visits to those most in need and ensure that technology via live chat functions, virtual appointments and text messaging enhances the service offer and safeguards against this being used as an alternative to face-to-face appointments.
- Antenatal contact - Overall there was positive feedback in relation to the antenatal contact, however there was some feedback in relation to the 'what's not working well' exercise stating that in some areas the antenatal contact does not work well, but this did not suggest the service should stop delivering the antenatal contacts. This raises the question as to whether this is due to wider issues such as staffing, recruiting clients to attend this contact and venues in certain areas that need to be addressed as opposed to a weakness within delivering the antenatal contact itself. There were suggestions as part of the 'what could be done differently' activity suggesting the antenatal contact could become targeted (again in line with themes above) and how more people from targeted groups can be recruited as part of the antenatal contacts.
- Breastfeeding focussed - the feedback on weaning support was varied as this was mentioned in the 'what works well' feedback but was also mentioned by various groups in the 'what does not work well' and 'what could be done differently' feedback. There was a general feeling from staff that the service should either stop delivering weaning or deliver less weaning support, with some staff questioning how useful the contact is to those that attend groups or receive information about safe introduction of solid foods. It's difficult to establish the value of the weaning groups because the current service delivery model has been significantly impacted by Covid-19 over a long period of time. However, although well attended in some areas, one of main issues raised was that those that tend to attend weaning groups seem to be those that know the relevant information about safe introduction of solid foods and that this contact does not seem to attract those parent/carers the service was hoping to target that may require additional advice, information, and support. It should be noted that this is feedback based on soft intelligence and no data is collected that can inform how effective the service has been in recruiting those

families that need additional support around safe introduction of solid foods and how useful the group sessions have been for families.

- Wider remit for HFPSWs - The HFPSWs identified themselves as a skilled passionate workforce but there were multiple comments on how widening the scope of the role and providing more responsibility will help tackle issues around feeding and help ensure the service can be targeted to those most in need.

Additional feedback was provided as part of the staff engagement session that was considered as an issue to be addressed within the wider system as part of the Derbyshire Integrated Care Board as opposed to what will inform the proposed service delivery model. For example, tongue tie was raised by various individuals, but is an issue that is being discussed as part of a wider system response. Late notification of breastfeeding status upon discharge from hospital was also raised and this is something that is being discussed within the wider system to ensure timely notifications from midwifery from neighbouring NHS Trusts into the service. Staffing issues such as pay banding; job titles and retention of staff were also mentioned, this will be addressed by DCHS as part of the management of change process.

The feedback from staff at this engagement event has been used to help inform the new service delivery model proposed by DCHS that consists of the two significant changes to the current model that has prompted the need for this EIA. After developing the proposed model using this feedback a second engagement event with staff within the service took place on 10<sup>th</sup> October 2022 and there was strong support from staff within the Derbyshire Healthy Families service on the proposed changes to stop delivering weaning groups and offer a more flexible approach to breastfeeding support.

Following the second engagement event with staff within the Derbyshire Health Families service in October the Council launched a joint consultation exercise with DCHS to obtain the views of Derbyshire residents on the proposed changes to the service delivery model. An online survey was put together to determine how much people either agreed or disagreed with both the proposed changes and elements of the service that DCHS are proposing to keep the same. This online survey went live on the Council website on 25 October 2022. This survey was live for 5 weeks with the consultation closing on Tuesday 29<sup>th</sup> November 2022. Information on the proposed changes was included on the

Council website and a poster was developed by the Council's Communications department to help promote the survey online and in key venues across the County. Paper copies of the survey were also made available on request.

The consultation was well publicised throughout the various networks of professional groups and families of young children that are likely to be affected by the changes. As part of the communication plan:

- Officers from the Council attended 14/15 breastfeeding support groups delivered across the County by the BfN. There was one group in New Mills that an officer was due to attend but this session was cancelled on the day. When attending the support groups an officer from the Council had tablets at the session allowing people to complete the survey during the session if they wished. In total 75 parent/carers were present across the 14 BfN sessions attended and of these 28 (37.3%) completed the survey using the Council's tablets at the sessions. In addition to this 10 BfN volunteers completed the survey during the sessions and many of the parent/carers took away information to either complete in their own time/and or pass the information to friends and family members who they think would be interested in completing the survey. The BfN also promoted the online survey via their social media channels so that those who did not attend the groups on the sessions officers from the Council were present and those that would normally attend the sessions at New Mills would still receive information about the consultation.
- In addition to the breastfeeding support groups information was distributed via Public Health Locality networks to ensure this information reached local community groups across each District and Borough such as stay and play groups as well as other voluntary and community groups aimed at families with young children. Officers were also advised on stay and play groups that had good attendance. Six groups were approached of which five allowed an officer to attend the stay and play group. A similar approach was used to BfN groups in that the officer would explain the consultation to the group and enable participants to complete the survey on the tablet if they wished. In total there were 101 families present across the five groups. All families were provided with information about the consultation and 29 families (29%) completed the survey during the session. In additional 9 people requested information on how to access the survey in their own time.

- The online survey was promoted via various networks including the: Infant Feeding Steering Group that involves systemwide partners that work closely with young families. Information was also distributed via the Council's links with Children's Services, schools, and nurseries
- A copy of the poster advertising the consultation was forwarded to all DCC libraries to promote the online consultation
- Healthy Family Peer Support Workers and Health Visitors were encouraged to promote the survey with clients they were working with to try and encourage a high uptake of people completing the survey

In total 182 people completed the survey, of which 99% were female and 2% of respondents identified themselves as having a disability. 97% of respondents identified themselves as white English, Welsh, Scottish, Northern Irish or British whilst 2% were from a white other background and 1% identified themselves as Black, Black Caribbean or African. 57% of the respondents had reported using the service in the past of which 49% had used the service in the past 3 years. The feedback in relation to the proposed changes was mixed. The majority of respondents (88%) either agreed or strongly agreed that the service should continue to offer breastfeeding advice in the antenatal period, with 73% also agreeing with the proposals to continue offering antenatal support via a group contact unless there is a specific need to offer this as a one-to-one contact. There may have been some confusion from some of the respondents in terms of the support offered in the antenatal phase. This is because there were numerous comments expressing concerns of offering support via a group because people may not be able to travel to a group after giving birth, however it is only the antenatal contact (during pregnancy) that will be offered as a group-based contact as part of these proposals.

In terms of support offered in the post-natal period there was overwhelming support to continue offering all women the 2-4 day face-to-face contact with 95% of respondents either strongly agreeing or agreeing to keep this contact for all women.

Where the feedback becomes mixed is on the elements of the service delivery model that DCHS are proposing to change. In terms of offering support between 4 and 14 days based on need as opposed to all women receiving the same level of support, 50% of respondents either strongly agreed or agreed with proposals for the service to offer

flexible breastfeeding support based on need. 9% neither agreed nor disagreed and 41% either strongly disagreed or disagreed with this proposed change to the model.

Those comments that supported the proposal to offer support based on need tended to stress that if adequate levels of support were provided to those that needed this and this was offered to all of those that needed this then they would support the changes as it may be easy for some clients that need additional support to slip through the net. There was also a clear theme suggesting that it would need to be made clear how clients who are not identified as needing additional support at 4 days can access the service if their circumstances change.

There were numerous comments expressing concerns to implementing a more flexible approach to breastfeeding support that is based on need with the main themes focussing on the belief that all clients should be offered some contact points between 4-14 days as many feel mums requiring additional support may not proactively contact the service if they need additional support but were not identified as needing additional support at day 4. Another common theme was it being too difficult to determine who needs additional support at day 4 as circumstances can change quite quickly in relation to breastfeeding.

Despite this feedback DCHS will continue to proceed with proposals to offer breastfeeding support between 4 and 14 days based on need to ensure the most effective use of current resources so that capacity within the service is placed where it is most needed and to help reduce inequalities in breastfeeding. However, DCHS will review the comments made in relation to this response and in particular the concerns raised to ensure that effective processes are in place to identify those that may require additional support between 4-14 days and that clients are encouraged and are easily able to contact the service if their circumstances change.

There was also a mixed response in relation to the question asking what people felt about the service stopping weaning groups. Only 19% of respondents strongly agreed or agreed with this proposal. 20% of respondents said they neither agreed nor disagreed and 59% of respondents either strongly disagreed or disagreed with this proposal.

There was a general theme within the responses that people felt weaning was a very important subject area as this is something that causes a lot of worry and anxiety with families, and that offering support around weaning is very important to those families that needed this. There were also concerns around information distributed at the 6-8 week

review with the Health Visitor as this was felt too early to retain information on safe weaning. There were a few comments that supported the proposed changes with some responses pointing to the vast amount of information available around weaning, however this was also felt as a concern for many respondents as they felt there is too much conflicting information available. There were numerous comments in relation to the lack of provision around weaning over recent months and years due to Covid-19 but that this support would have been appreciated.

In response to this feedback DCHS will continue to proceed with the proposed changes to the Derbyshire Healthy Families service to ensure enough capacity can be placed to supporting breastfeeding in the earliest stages to those most in need, however the consultation exercise has provided useful feedback for both DCHS and the Public Health to consider in relation to the promotional materials developed around the safe introduction to solid foods. Public Health will also explore potential options available to offer weaning information, advice, and support via existing services as this is a topic that many who completed the survey felt was extremely important. More information is included in Part 5 'Equality Action Plan'

The final two questions about service delivery asked how much people agreed or disagreed with proposals to maintain a weekend offer and provide an online chat function to offer support when it is needed for clients. The responses to both questions supported the proposals to retain both the weekend offer and online chat functions.

If there is insufficient consultation or engagement information, please explain what action is being taken to obtain this information and when this consultation/ engagement will be completed and available:

The consultation and engagement undertaken as part of the proposed changes to the Derbyshire healthy Families service has been deemed as sufficient. Staff within the service were engaged with to help inform the new delivery model and a full public engagement activity has taken place on these proposed changes. Both the Council and DCHS will carefully monitor the effectiveness of these changes in terms of both breastfeeding prevalence, as well as gaining further feedback on how effective safe introduction of solid foods information and advice via promotional videos and other materials are. This is to ensure there are no adverse impact due to these changes and in particular on any groups that share any of the protected characteristics.

Please list or link to any relevant research, data or intelligence, Observatory or any other information that is available and will be used to help complete the analysis?

The most recent breastfeeding figures available on the Public Health Outcomes Framework (PHOF) for 2021-22 show that breastfeeding prevalence in Derbyshire at 6-8 weeks was 43.6%. This is significantly below both the national and regional breastfeeding prevalence with 49.3% of mums breastfeeding at 6-8 weeks in England and 49.6% in the East Midlands during the same year. [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Each year the Public Health Knowledge and Intelligence Team undertake further analysis on breastfeeding prevalence in Derbyshire. The most recent data available is from the 2020-21 financial year. An infographic of breastfeeding prevalence in Derbyshire for 2020-21 is available below:

[Breastfeeding Infographic - 20-21 \(updated\) v2.pdf \(derbyshire.gov.uk\)](https://www.derbyshire.gov.uk/media/1234567/Breastfeeding-Infographic-20-21-updated-v2.pdf)

This analysis highlights some of the breastfeeding inequalities in Derbyshire. Young mums are less likely to initiate and sustain breastfeeding with mums under the age of 20 having the lowest breastfeeding rates compared to other age groups. The analysis also shows a link between breastfeeding and deprivation with those living in the most deprived areas having significantly lower breastfeeding rates at birth, 10 days and 6-8 weeks compared to those from least deprived areas. Moving forward the Derbyshire Healthy Families service are wanting to use this inequalities data to inform the appropriate targeting of breastfeeding support and provide reassurance that targeted groups that are more likely to experience poorer outcomes will be prioritised as part of the proposed changes to breastfeeding support. DCHS have also used the intelligence available to model the service appropriately to ensure sufficient staffing capacity is available in each locality in relation to Whole Time Equivalent (WTE). This will ensure clients in localities of highest levels of need will be able to receive the appropriate levels of support.

Please list or link below to any relevant service user/ customer or employee monitoring data and what it shows in relation to any Protected Characteristic (Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race and ethnicity, Religion and belief including non-belief, Sex or gender, Sexual orientation)

As part of the performance reporting each quarter DCHS provide non-identifiable backing data to help inform the reasons for non-sustainment of breastfeeding within the Derbyshire population. Information is collected relating to age, ethnicity, and the Lower Super Output Area (LSOA) of each client to help understand the service user data across some of the key target groups to help inform understanding of local breastfeeding inequalities. It is this data that the Public Health knowledge and Intelligence team use each year to provide additional information on breastfeeding prevalence, and it is this data that has highlighted young mums, those living in the most deprived areas of the County, and those from White British ethnic groups as having lower breastfeeding prevalence.

The data provided by DCHS does not currently provide information in relation to breastfeeding prevalence of those with disabilities or single parents. However, these groups will be carefully considered as part of the assessment process and will be prioritised for additional breastfeeding support if a need for further support has been identified. Support will also be tailored specifically to help ensure the needs of all clients are met.

DCHS have not identified a specific need for population groups that share particular religious beliefs including non-belief, sexual orientation and gender-reassignment protected characteristics to be prioritised as part of the targeted support for breastfeeding; however, DCHS strive to ensure that the Derbyshire Healthy Families Service offer a safe and equitable service and the flexible way in which breastfeeding support will be offered will help ensure that appropriate support can be put in place to meet the needs of any client that requires additional help and support with breastfeeding.

If there is insufficient information, please outline any plans to remedy this?

There is lack of information available nationally on the effectiveness of approaches to support the safe introduction of solid foods. In Derbyshire, weaning information, support and advice has been offered via the Derbyshire Healthy Families service by inviting parent/carers to weaning groups around the time a baby reaches the age of 6 months. Information was collected in relation to the number of weaning contacts delivered via groups and via other mechanisms of support. However, it has not been routine to collect demographic information on those that have received contacts related to weaning. Moving forward all families will be provided with information relating to the videos and other promotional materials around the safe introduction of solid foods, because the 6-8 week check is a universal contact for all families living in Derbyshire. This means the health visiting service will have a mechanism to ensure all families in



Derbyshire can be signposted to this information. As part of the performance management process the Council will obtain data on how information on weaning is accessed and how effective these approaches are in promoting the safe introduction of solid foods. Careful consideration will also be given on how effective these approaches are for those who share protected characteristics as part of the performance management process to ensure that these changes do not have an adverse impact on those that share protected characteristics.

### **Part 3. Analysing and assessing the impact by equality Protected Characteristic group**

Use the information, customer feedback and other evidence to determine upon whom the policy/ service and any proposed changes will impact upon and how, highlighting where these are negative or positive, including where this could constitute unfair treatment, additional inequality or disadvantage or result in hardship and exclusion.

Against any identified negative potential impacts you must provide details of any action or options which could mitigate against this, and in serious cases, you should highlight where the Council would be advised not to proceed with a new or changing policy or service, including any proposals which are being considered.

Please use your action plan attached to this analysis to record the action and the monitoring which will take place to deliver such mitigation.

<b><i>Protected Characteristic or Group</i></b>	<b><i>Actual or potential positive outcome/ impact</i></b>	<b><i>Actual or potential negative outcome/ impact</i></b>
1. Age	Potential positive impact on known inequalities in outcomes for different age groups, as the service will be more flexible to identify individual needs.	No identified negative impact of proposed changes as the service offered beyond the universal contacts will be based on individual assessment of need.

<b><i>Protected Characteristic or Group</i></b>	<b><i>Actual or potential positive outcome/ impact</i></b>	<b><i>Actual or potential negative outcome/ impact</i></b>
2. Disability	Offering safe introduction of solid foods advice via a series of videos and other promotional materials may benefit those who may experience barriers to physically attend groups to access this information and advice as they will be able to view information in their own time when it is convenient for them	Potential negative impact that the videos may provide less opportunity to check understanding and tailor information to individual needs. This is mitigated to some extent by ensuring videos consider health literacy and that information is available in accessible formats and produced in accordance with current accessibility standards.
3. Gender re-assignment	No identified impact of proposed changes	No identified impact of proposed changes
4. Marriage & civil partnership <sup>1</sup>	No identified impact of proposed changes	No identified impact of proposed changes
5. Pregnancy & maternity	In pregnancy there are no identified impacts of the proposed changes to expectant mothers. This is because the proposed model continues to invite all expectant mothers to an antenatal group to gain further information and advice about breastfeeding and will offer this support as a 1:1 appointment where this is required. In the post-natal period, there may be some potential positive impacts for some	Potential impact for those assessed as low likelihood of needing additional support should breastfeeding issues arise. This is mitigated by DCHS ensuring that effective processes are in place to identify those that may require additional support and that mums are encouraged and able to contact the service if their circumstances change.

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<sup>1</sup> Under EA 2010 – someone in a CP must not be treated less favourably than a married person

<b>Protected Characteristic or Group</b>	<b>Actual or potential positive outcome/ impact</b>	<b>Actual or potential negative outcome/ impact</b>
	mothers in that they receive flexible and more timely breastfeeding support.	
6. Race & ethnicity	Potential positive impact on known inequalities in outcomes for different ethnic groups, as the service will be more flexible to identify individual needs.	No identified negative impact of proposed changes as the service offered beyond the universal contacts will be based on individual assessment of need.
7. Religion/ belief <sup>2</sup>	No identified impact of proposed changes	No identified impact of proposed changes
8. Sex or gender <sup>3</sup>	No identified impact of proposed changes	No identified impact of proposed changes
9. Sexual orientation	No identified impact of proposed changes	No identified impact of proposed changes
10. Human Rights	No identified impact of proposed changes	No identified impact of proposed changes
11. Thriving Communities	Potential positive impact on known inequalities in outcomes for those living in more deprived areas, as the service will be more flexible to identify individual needs.	The proposal to develop videos to offer information and advice on safe weaning is a positive step to ensure more people can gain access to appropriate information on the safe introduction of solid foods. However, individuals without access to digital technologies or who are not confident in using digital technologies may be adversely impacted if they cannot gain access to this information. Where this is a known barrier, efforts will be made to provide information in different formats.

<sup>2</sup> Under EA 2010 – must also consider non-religious belief

<sup>3</sup> Sex and gender can be used at different times depending upon whether you are referring to the EA 2010 and the different duties which exist

<b>Protected Characteristic or Group</b>	<b>Actual or potential positive outcome/ impact</b>	<b>Actual or potential negative outcome/ impact</b>
12. Rural communities	No identified impact of proposed changes	In order to implement the proposed changes DCHS may have to reduce the number of Whole Time Equivalent (WTE) Healthy Family Peer Support Workers delivering the service. In turn there is a risk that the service may struggle to offer an equitable service to those living in rural areas. However, the geographical make up of each district has been considered when establishing the WTE staffing levels required in each locality.
13. DCC Employees	No identified impact of proposed changes	No identified impact of proposed changes
14. Community and Voluntary sector organisations working with protected characteristic groups	No identified impact of proposed changes	No longer delivering weaning groups may result in more people seeking informal information and advice from other community and voluntary groups that are attended by the families of young children, however DCHS anticipate that any increase in demand will primarily impact the Health Visiting service, and this has been taken into consideration in the proposed changes.
15. Other not listed above  Those without access to digital technologies	No identified impact of proposed changes.	The proposal to develop weaning videos to offer information and advice on safe weaning is a positive step to ensure more people can gain access to appropriate information on safe weaning. However, individuals without access to digital technologies or who are not confident in using digital technologies may be adversely

<b><i>Protected Characteristic or Group</i></b>	<b><i>Actual or potential positive outcome/ impact</i></b>	<b><i>Actual or potential negative outcome/ impact</i></b>
		impacted if they cannot gain access to this information. Where this is a known barrier, efforts will be made to provide information in different formats including deaf clients, people whose first language is not English as well as people on lower incomes.

#### **Part 4. Summary of main findings**

The purpose of the proposed changes to the Derbyshire Healthy Families Service are to ensure that a more flexible approach to breastfeeding support via a peer support model is offered to Derbyshire residents to help reduce breastfeeding inequalities. Therefore, it is envisaged that those groups who share protected characteristics and where the evidence shows that breastfeeding prevalence is lower may benefit from the proposed changes as additional support beyond the universal contacts will be based on an assessment of individual need. There may be the risk that as there are likely to be fewer HFPSWs delivering the service, there may be a higher possibility of the service becoming overstretched if they struggle to meet demands. This may have an adverse effect on the staff delivering the service and the clients in receipt of the service, particularly those living in rural communities. However, the service will ensure that those most in need of breastfeeding support will be prioritised as part of the new service delivery model to ensure that those most vulnerable have their needs met. It should also be stated that this is a peer support service delivery model and as such any clients with more complex needs around breastfeeding will be referred to the Health Visitor or other relevant Health Professional to receive more specialist support to meet their needs around breastfeeding. This is also the primary reason why the service is proposing to stop delivering weaning groups. This will ensure that adequate resources can be placed into ensuring clients (particularly those most in need of additional support) are able to receive adequate levels of support from the Derbyshire Healthy Families Service in relation to breastfeeding.

Stopping weaning groups may result in fewer people seeking information, guidance and support in relation to safe introduction of solid foods and other key topics around infant and toddler nutrition. This in turn may also result in families with young children seeking informal support via other voluntary and community groups who may not have the expertise and up to date guidance in relation to the relevant topic area. To ensure families still receive adequate information, advice and support in relation to weaning, the Health Visitor will continue to cover weaning as part of the 6-8 week Healthy Child Programme review appointment that all families receive. The service is also putting together a series of promotional videos around safe introduction of solid foods and other key topics relating to infant and toddler nutrition that will contain the content that would be covered as part of the weaning groups. The Health Visiting service will also be available if anyone requires any further information, guidance and support around safe introduction of solid foods or other topics relating to infant and toddler nutrition. In response to the consultation exercise completed whereby the majority of respondents expressed concerns relating to stopping weaning groups means that Public Health will explore the possibility of delivering weaning support within other services to ensure Derbyshire residents gain access to appropriate information and advice in relation to the safe introduction of solid foods.

There is the risk that those who do not have access to digital technologies may struggle to access the promotional videos, therefore the service will produce leaflets containing the relevant information and parents and carers will be able to contact the Health Visiting team for further support. For those whose first language is not English, leaflets and resources will be available in other languages. DCHS will also utilise accessibility tools, Reach (for those with a visual impairment and will allow text to be heard in the spoken word). The website and all pages can be translated via google translate, and text size can be increased, and contrast altered for those who may have additional needs. This should ensure that information provided via the website in relation to the safe introduction of solid foods for infants is accessible.

This EIA will be included as part of a Cabinet Member report for the meeting on 13<sup>th</sup> February 2023 on the proposed changes to the Infant and Toddler Nutrition Service. If the decision is taken to proceed with these proposed changes then these changes will be monitored as part of the quarterly performance management process and will also be included in the annual review process as part of a report produced for the Strategic Governance Group that oversees the Section 75 Partnership Agreement.

## **Part 5. Equality Action Plan**

Please complete this Action Plan for any negative or unknown impacts identified in the Analysis above.

<b>Issue identified</b>	<b>Action required to reduce impact/ mitigate</b>	<b>Timescale and responsibility</b>	<b>Monitoring and review arrangements</b>
<p>Service failing to meet demand with reduced workforce</p>	<ul style="list-style-type: none"> <li>• Stopping delivering weaning groups within this service will help free up capacity to offer adequate levels of breastfeeding support</li> <li>• Service will ensure priority is given to the most vulnerable to ensure their needs are met</li> <li>• Breastfeeding support will focus on the earliest stages between birth and 14 days with Health Visitors providing breastfeeding support from day 14 onwards, or when care is transferred from Maternity to Health Visiting</li> <li>• HFPSWs will be line managed by Health Visitors and Locality Managers to ensure staff</li> </ul>	<p>This will be the joint responsibility between the Council and DCHS and will be monitored each quarter</p>	<p>This will be monitored routinely as part of the quarterly performance review process. Any issues identified with the service failing to meet demand will be escalated internally via the Public Health Performance Governance process and the Strategic Governance group that oversees the Section 75 Partnership Agreement between The Council and DCHS.</p>

	are operationally managed and supported at a local level		
Lack of service provision in rural communities	<ul style="list-style-type: none"> <li>• Stopping delivering weaning groups within this service will help free up capacity to offer adequate levels of support</li> <li>• Service will ensure priority is given to the most vulnerable to ensure their needs are met</li> <li>• Travel considerations within rural communities factored in when determining the appropriate Whole Time Equivalent (WTE) and when modelling Whole Time Equivalent (WTE) workforce for each locality</li> </ul>	This will be the joint responsibility between the Council and DCHS and will be monitored each quarter	This will be monitored routinely as part of the quarterly performance review process. Any issues identified with the service failing to meet demand in rural areas will be escalated internally via the Public Health performance governance process as well as via the Strategic Governance Group that will oversee the section 75 Partnership Agreement between The Council and DCHS.
People not receiving adequate levels of information, advice and support around safe introduction of solid foods,	<ul style="list-style-type: none"> <li>• Developing a series of videos containing the relevant information and advice on safe weaning and other topics relating</li> </ul>	To be in place by 1 <sup>st</sup> April 2023. DCHS will be responsible for the development of the videos and ensuring the right	This will be monitored as part of the quarterly performance review meetings between the Council and DCHS.



<p>(particularly those with protected characteristics including, race and ethnicity, age) or seeking informal support via other voluntary and community groups</p>	<p>to infant and toddler nutrition</p> <ul style="list-style-type: none"><li>• Health Visitors continuing to cover safe introduction of solid foods at the 6-8 week Healthy Child Programme review and signposting families to the promotional videos as well as appropriate services to receive more information and guidance around safe weaning</li><li>• Promotional materials developed around safe introduction of solid foods will ensure they are representative for the whole community including those whose first language is not English and people with disabilities</li><li>• Printed materials available in formats accessible to all for those that can't access</li></ul>	<p>mechanisms are in place to cover safe introduction of solid foods within the 6-8 week review and signposting families to further information and advice</p>	
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	<p>digital technologies e.g leaflets and other printed materials available in other languages</p> <ul style="list-style-type: none"> <li>• Utilising accessibility tools on website for those with visual and hearing impairments.</li> <li>• Public Health exploring other mechanisms for offering weaning support e.g HENRY programme</li> </ul>		
Increased demands on HFPSWs	<ul style="list-style-type: none"> <li>• Stopping weaning contacts will enable HFPSWs to focus on breastfeeding support</li> <li>• Breastfeeding support by HFPSW's will focus between Birth and 14 days</li> <li>• HFPSWs will be line managed by Health Visitors and Locality Managers to ensure staff are supported</li> </ul>	To be in place by 1 <sup>st</sup> April 2023. DCHS will be responsible on managing the demands of HFPSWs	This will be monitored as part of the quarterly performance review meetings between the Council and DCHS.
Families without access to digital technologies gaining access to supporting materials on introduction to	<ul style="list-style-type: none"> <li>• The service will produce leaflets containing the relevant information and parents/carers will be</li> </ul>	To be in place by 1 <sup>st</sup> April 2023. DCHS will be responsible for the development of the leaflets	This will be monitored as part of the quarterly performance review process

solid foods and other topics relating to infant and toddler nutrition	able to contact the Health Visiting team for further support	and other printed materials relating to infant and toddler nutrition	
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**Part 6. Date of any Cabinet/ Cabinet Member or Council Report to which this was attached and their decision:**

This EIA will be included as an Appendix to a cabinet member report that will be produced for the meeting on Monday 13<sup>th</sup> February 2022.