A peer-support programme for women who breastfeed

Commissioning guide
Implementing NICE guidance

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A peer-support programme for women who breastfeed ......................... 3
Commissioning a peer-support programme for women who breastfeed ........ 5
Benefits .............................................................................................. 6
Key issues ......................................................................................... 6
National priorities ............................................................................. 7
Specifying a peer-support programme for women who breastfeed .............. 8
Service components ........................................................................ 8
  Engaging communities and recruiting peer supporters ..................... 8
  Training and supervision ................................................................... 8
  Developing a high-quality peer-support programme for women who breastfeed ............................................................ 9
  Ensure peer supporters: .................................................................. 9
Determining local service levels for a peer-support programme for women who breastfeed ................................................................. 12
  Benchmarks for a standard population ........................................... 12
  Further information ....................................................................... 13
Assumptions used in estimating a population benchmark ...................... 14
  Epidemiological data ...................................................................... 14
  Incidence of breastfeeding ............................................................. 14
  Current practice............................................................................. 14
  Published research ....................................................................... 15
  Expert opinion ............................................................................. 15
  Conclusions .................................................................................. 15
The commissioning and benchmarking tool ......................................... 17
  Identify indicative local service requirements ................................... 17
  Review current commissioned activity ......................................... 17
  Identify future change in capacity required ................................... 17
  Model future commissioning intentions and associated costs .......... 17
Ensuring corporate and quality assurance ........................................... 19
  Local quality assurance .................................................................. 19
  Further information ..................................................................... 20
Topic-specific Advisory Group ................................................................. 22
A peer-support programme for women who breastfeed

This commissioning guide provides support for the local implementation of NICE public health guidance through commissioning, and is a resource to help health professionals in England to commission an effective peer-support programme for women who breastfeed.

This commissioning guide should be read in conjunction with the following NICE guidance:

- **NICE public health guidance PH11. Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households**
- **NICE clinical guideline CG37. Postnatal care.**

The NICE guidance covers clinical and cost effectiveness in detail and underpins the content of this guide. Implementation of the guidance noted above is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement this guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in the guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

The guide:

- makes the case for commissioning a breastfeeding peer-support programme
- specifies service requirements
- helps you determine local service levels
- helps you ensure corporate and quality assurance.

The full text of this commissioning guide is accessed from the navigation menu on the right hand side of the screen. The associated commissioning tool is available until 25 June 2010 to primary care organisations in England who are already registered to use the tool. New registrations for the existing commissioning tool will not be possible after 31 March 2010.

From 1 April 2010 the new freely available commissioning and benchmarking tool can be downloaded here. There is no need to register.

We are keen to improve the commissioning guides in order to better meet the needs of commissioners. Please send us your ideas for future topic-specific guides or other comments.
Read the NICE disclaimer for information on the use and accuracy of content on the NICE website.

**Topic-specific Advisory Group: breastfeeding peer-support programme**
Commissioning a peer-support programme for women who breastfeed

Breastfeeding rates in the UK are among the lowest in Europe. In August 2008 the Government pledged an extra £2 million to help hospitals in low-income areas increase breastfeeding rates and achieve UNICEF Baby Friendly status. The NHS Priorities and planning framework set a target to increase breastfeeding initiation rates by 2 percentage points per year, focusing on women from disadvantaged groups. Progress is monitored by measuring the prevalence of breastfeeding at 6 to 8 weeks in all primary care trusts as a key indicator of the Child health and wellbeing PSA (public service agreement) target.

Breastfeeding contributes to the health of mother and child in both the short and long terms and provides all the nutrients a baby needs. Current UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months, continuing for as long as the mother and baby wish while gradually introducing a more varied diet. The Infant feeding survey 2005 showed that 78% of women in England breastfed their babies immediately after birth but, by 6 weeks, the proportion had dropped to 50%. Only 26% of babies were breastfed at 6 months. Exclusive breastfeeding was practised by only 45% of women 1 week after birth and 21% at 6 weeks. Maternal age, educational attainment and socio-economic position have a strong impact on patterns of infant feeding. Three quarters of British mothers who stopped breastfeeding in the first 6 months (and 90% of those who stopped in the first 2 weeks) would have liked to have continued for longer. This suggests that much more could be done to support them.

Breastfeeding peer-support programmes should be commissioned only as part of a breastfeeding strategy and commissioners should be aware of all the recommendations about breastfeeding in NICE public health guidance PH11. Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households and NICE clinical guideline CG37. Postnatal care. The guidance recommends implementing a structured programme that encourages breastfeeding using the Baby Friendly Initiative (BFI) as a minimum standard. The programme should be subject to external evaluation. The guidance also recommends the adoption of a multifaceted approach or a coordinated programme of interventions across different settings to increase breastfeeding rates. It should include:

- activities to raise awareness of the benefits of – and how to overcome the barriers to – breastfeeding
- training for health professionals
- breastfeeding peer-support programmes
- joint working between health professionals and peer supporters
education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period (the support may be provided by a volunteer).

Benefits
The potential benefits of robustly commissioning a peer-support programme for women who breastfeed, within a breastfeeding strategy, include:

- **increasing the number of women** who initiate and continue to breastfeed at 6–8 weeks
- **increasing the number of women** who breastfeed exclusively for the first 6 months
- **reducing the number of hospital admissions** for diarrhoea and respiratory infections in infants
- reducing the risk of ovarian and breast cancer in women who breastfeed
- **reducing the risk of obesity in children**, and lowering their risks of developing coronary heart disease and diabetes in later life
- **raising public awareness of the benefits of breastfeeding**
- **building capacity within local communities** through workforce development and employment opportunities
- **reducing inequalities** and improving access to breastfeeding support for women in low-income groups
- **increasing choice**, by providing access to a range of services across different settings
- **improving performance and family-centred care** by implementing the recommendations outlined in NICE public health guidance PH11 on maternal and child nutrition
- **better value for money** through helping commissioners to manage their commissioning budgets more effectively – this may include opportunities for clinicians to undertake local service redesign to meet local requirements in novel ways.

Key issues
Key issues in commissioning/providing an effective peer-support programme for women who breastfeed are:

- **recruiting peer supporters as part of a multidisciplinary team and ensuring the team is integrated** with other services for women requiring support for breastfeeding within the clinical setting and the community
- **implementing** the BFI Seven-point plan for communities as part of a wider breastfeeding strategy
• ensuring that women least likely to start and continue breastfeeding are actively engaged and that all pregnant women and new mothers are offered support for breastfeeding

• educating women about breastfeeding during the antenatal and postnatal periods in line with NICE public health guidance PH11 on maternal and child nutrition and NICE clinical guideline CG37 on postnatal care

• providing a quality assured service.

**National priorities**

National priorities and initiatives relevant to commissioning a peer support programme for women who breastfeed include:

• World class commissioning.
• Joint planning and commissioning framework for children, young people and maternity services.
• Review of the health inequalities infant mortality PSA target.
• National service framework for children, young people and maternity services.
• Keeping children safe. The Government's response to The Victoria Climbie Inquiry report and Joint Chief Inspectors’ report Safeguarding Children.
• Maternity matters: choice, access and continuity of care in a safe service.
• Commissioning framework for health and well-being.
• The UNICEF Baby Friendly Initiative.
• Updated child health promotion programme.
• Healthy weight, healthy lives.
• The Care closer to home initiative.
• Considering the impact of patient choice.
• A stronger local voice: a framework for creating a stronger local voice in the development of health and social care services.
• Implementation of NICE clinical and public health guidelines. These are core standards, and performance against these standards will be assessed by the Care Quality Commission in line with Standards for better health.

Although many or all of these priorities may be relevant to the services nationally, your local service redesign may address only one or two of them.
Specifying a peer-support programme for women who breastfeed

Service components
The key components of a peer-support programme for women who breastfeed are:

- engaging communities and recruiting peer supporters
- training and supervision
- developing a high-quality peer-support programme for women who breastfeed

Engaging communities and recruiting peer supporters
When considering a model for a breastfeeding peer-support programme commissioners may wish to consult with and learn from and/or build on existing breastfeeding activities. NICE public health guidance PH9 on community engagement provides information about working with local community networks and infrastructures when planning services. Peer supporters will need to be recruited from and reflect the diversity of the community in which they live. They may provide peer-support services voluntarily or receive basic remuneration and/or expenses for their work.

When commissioning service models that recruit volunteer peer supporters, commissioners should refer to Volunteers across the NHS: improving the patient experience and creating a patient-led service to ensure best practice in volunteer management.

Training and supervision
Commissioners may need to make resources available to ensure that health professionals are competent to provide information and advice to breastfeeding mothers and ongoing support to peer supporters in line with the recommendations in NICE public health guidance PH11 on maternal and child nutrition and NICE clinical guideline CG37 on postnatal care, using the BFI training as a minimum standard.

NICE public health guidance PH11 recommends that peer supporters should receive training in breastfeeding management from someone with the relevant skills and experience before they start working with breastfeeding mothers. Peer supporters should attend a recognised, externally accredited training course in breastfeeding peer support. Commissioners and managers should also ensure that all those who work in maternity and children’s services, including receptionists, volunteers and ancillary staff, are made fully aware of the importance of breastfeeding and help to promote a supportive environment. Commissioners and managers may wish to consider providing resources to train peer supporters and link workers to help mothers, parents and carers follow professional advice on feeding infants aged 6 months and over.
Developing a high-quality peer-support programme for women who breastfeed

Commissioners need to commission service models for pregnant women and new mothers. These should focus particularly on women who are least likely to start and continue to breastfeed, for example young women, women with low educational achievement and women from disadvantaged groups.

NICE public health guidance PH11 on maternal and child nutrition recommends that commissioners and managers of maternity and children’s services should:

Provide local, easily accessible breastfeeding peer-support programmes and ensure peer supporters are part of a multidisciplinary team.

Ensure peer supporters:

- attend a recognised, externally accredited training course in breastfeeding peer support
- contact new mothers directly within 48 hours of their transfer home (or within 48 hours of a home birth).
- offer mothers ongoing support according to their individual needs. This could be delivered face-to-face, via telephone or through local groups.
- can consult a health professional and are provided with ongoing support.
- gain appropriate child protection clearance.

Commissioners may wish to consider jointly commissioning services to ensure an integrated approach to service planning and continuity of care across sectors and disciplines. These services may include breastfeeding support organisations, Sure Start, local maternity services and infant feeding specialists. Commissioners may wish to refer to the Joint planning and commissioning framework for children, young people and maternity services.

Peer-support programmes can be commissioned in a number of different ways. Mixed models of provision may be appropriate across a local health economy. Examples include:

- health professionals establishing, facilitating and evaluating local peer-support programmes with paid and/or volunteer peer supporters
- regional/local voluntary and/or not-for-profit organisations providing services directly and/or offering training and support for other programmes.

Commissioners may wish to consider contacting or working with a number of national voluntary organisations/networks when designing a service model.

The Topic-specific Advisory Group suggested that commissioned services ensure multiple access points through which women can be referred or
contacted directly by peer supporters. Access points may include health centres, postnatal wards and community and hospital antenatal clinics, (because women who are provided with appropriate breastfeeding information during the antenatal period are more likely to initiate and continue breastfeeding), and drop-in centres or baby cafes.

Other suggestions offered by the Topic-specific Advisory Group include:

- Amending local policies to allow volunteer peer supporters to provide support to women in the hospital and community setting.
- Appointing a breastfeeding coordinator to provide strategic direction, liaison and coordination between acute trusts, PCTs, local authorities and other stakeholders.
- Appointing a peer supporter/volunteer coordinator to provide day-to-day support, supervision, training and coordination of peer supporters.
- Providing an accreditation system to enable peer supporters to gain a formal qualification. Local stakeholders, including service users, should be involved in determining what is needed from a breastfeeding peer-support programme, in order to meet local needs. The programme should be family-centred and integrated with other elements of care for women wishing to breastfeed.

The service specification should be based on the following considerations:

- the required competencies of, and training for, staff responsible for providing the service
- the expected number of maternities (taking into account how quickly any changes in service provision are likely to be made)
- ease of access and service location; commissioners should engage with service users and other relevant individuals and organisations locally
- care and referral pathways
- information and audit requirements, including IT support and infrastructure
- planned service improvement, including redesign, quality and equitable access
- service monitoring criteria.

Useful sources of information may include:

- National Breastfeeding Helpline funded by the Department of Health. Calls are diverted to the nearest Association of Breastfeeding Mothers or Breastfeeding Network volunteer who can offer local support.
- La Leche League provides training for both peer supporters and support scheme coordinators, along with ongoing support for both.
- **Infant feeding initiative: a report evaluating the breastfeeding practice projects 1999–2002.**

- **Promotion of breastfeeding initiation and duration: evidence into practice briefing** offers suggestions on how to overcome barriers to the recruitment and retention of peer supporters, and enable the sustainability of the program.

- **Good practice and innovation in breastfeeding** is a booklet that aims to provide a practical, evidence-based resource for health professionals to help support good practice and innovation in breastfeeding initiation, with a particular focus on reaching women from disadvantaged groups.

- **Modernising maternity care – a commissioning toolkit for primary care trusts in England.**

- The **NICE shared learning database** offers examples of how organisations have implemented NICE guidance locally.
Determining local service levels for a peer-support programme for women who breastfeed

**Benchmarks for a standard population**

Available data suggest that the standard benchmark rate for women who breastfeed taking up the offer of peer support is estimated to be **85% per year**.

For an **average primary care trust (PCT)** population of 300,000, assuming the same maternity rate as the national average (50 per 1000 women aged 15–49) of whom 80% initiate breastfeeding, the number requiring peer support is estimated to be **2500 per year** (85% of women who initiate breastfeeding).

For an **average PCT** the number of peer supporters required for an effective peer-support programme would be around **10 whole-time equivalents**.

For an **average general practice** with a list size of 10,000, assuming the same maternity rate as the national average (50 per 1000 women aged 15–49) of whom 80% initiate breastfeeding, the number of women requiring peer support is estimated to be around **80 per year** (85% of women who initiate breastfeeding).

For an **average general practice** the number of peer supporters required for an effective peer-support programme would be around **0.3 of a whole-time equivalent**.

The benchmark is based on breastfeeding initiation rates and has not taken into account breastfeeding peer support that may be offered to women in the antenatal period. It is anticipated that less intensive support is required during the antenatal period.

National data on the number of maternities are not available at general practice level, so delivery data have been used within the associated commissioning and benchmarking tool as a proxy for maternity data. The delivery data presented in the tool have been aggregated so that women who deliver outside their PCT area are counted against the primary care organisation of the referring GP. This is to ensure that, as far as possible, delivery data and maternity data are comparable. Numbers of maternities by primary care organisation are available [here](#).

Examine the **assumptions used in estimating these figures**.

Peer-support programmes for women who breastfeed are likely to fall under the programme budgeting category 218X (maternity and reproductive health).

Use the peer-support programme commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.
**Further information**

Sources of further information to help you assess local health needs and reduce health inequalities include:

- **Local data on breastfeeding initiation rates and 6–8 week breastfeeding rates** published by the Department of Health to help monitor progress towards the priority and planning framework and the public service agreement targets.

- Annex A of the Commissioning framework for health and well-being outlines the process and data needed to undertake a joint strategic needs assessment.

- Department of Health Delivering quality and value: focus on benchmarking.

- NICE Health equity audit – learning from practice briefing.
Assumptions used in estimating a population benchmark

The assumptions used in estimating a population benchmark for a peer-support programme of 85% per year of women who breastfeed are based on the following sources of information:

- **epidemiological data** on the incidence of breastfeeding
- **current initiation rates** of breastfeeding
- **published research** on peer-support programmes
- **expert opinion** of the Topic-specific Advisory Group, based on experience in practice.

**Epidemiological data**

The Office for National Statistics report *Birth statistics: births and patterns of family building England and Wales* (2005) indicates that there were 649,318 maternities in England and Wales in 2005. This suggests that there were 605,535 maternities in England, based on proportion of population (maternities includes live and still births.)

For the purpose of this benchmark we have used the number of maternities from the report from the Office for National Statistics, rather than data on maternities submitted as part of breastfeeding initiation. **local delivery plan return**. This is because these data are likely to underestimate the number of maternities in England.

**Incidence of breastfeeding**

Incidence of breastfeeding refers to the proportion of mothers who breastfed their baby initially. According to the 2005 *Infant feeding survey* around three quarters of all mothers interviewed in the UK had breastfed at some point.

The highest incidences of breastfeeding were found among mothers from managerial and professional occupations, those with the highest educational levels, those aged 30 or over and first-time mothers.

**Current practice**

To provide a more timely and geographic breakdown of the percentage of mothers initiating breastfeeding than the *Infant feeding survey*, local delivery plan return breastfeeding initiation data have been collected for 4 years to help PCTs measure progress in meeting the *Priorities and planning framework* target. The target is to increase the breastfeeding initiation rate by 2 percentage points per year.
The published results of the local delivery plan returns for breastfeeding initiation can be seen [here](#). There are a small number of PCTs that do not have breastfeeding initiation data published for data quality reasons.

There is wide variation in the initiation of breastfeeding rates across the country. The rate of breastfeeding initiation among the bottom quartile of PCTs (excluding those with no published data) is around 50%, compared with around 80% among the top quartile.

The number of maternities in a locality and the number of women wishing to continue to breastfeed after initiation are likely to affect the demand for services offering peer support.

## Published research

Not all women wish to breastfeed, and of those who do, not all want peer support. It was not possible through published research to find the proportion of women who would take up the offer of peer support.

## Expert opinion

The consensus opinion of the Topic-specific Advisory Group is that commissioners should ensure that peer-support programmes are available to all women who require help and support with breastfeeding. Commissioners will need to ensure that services actively engage with women who are least likely to start and continue breastfeeding, for example young mothers and women from low-income households and/or disadvantaged groups.

The proportion of women who initiate breastfeeding and who will take up the offer of peer support in the postnatal period is likely to be subject to local variation. However, based on practice, it is anticipated that 80–90% of women who initiate breastfeeding will take up the offer of peer support. This estimate takes into account the likely decrease in breastfeeding in the immediate post-discharge period.

Based on practice it is estimated that the number of peer supporters required for an effective peer-support programme is around 4 whole-time equivalents per 1000 women who breastfeed and require peer support.

## Conclusions

Based on the epidemiological data and other information outlined above, it is concluded that 85% of women who initiate breastfeeding will take up the offer of peer support. This is based on the midpoint of the estimated take-up of peer support by women who initiate breastfeeding that was suggested by the Topic-specific Advisory Group (80–90%).

Therefore the benchmark rate for breastfeeding women taking up the offer of peer support is estimated to be 85% per year.
Use the peer-support programme commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.
The commissioning and benchmarking tool

Download the breastfeeding peer support programme commissioning and benchmarking tool.

Use the breastfeeding peer-support programme commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service, as described below.

Identify indicative local service requirements

The indicative benchmark based on the national average for a peer-support programme is 85% of women who initiate breastfeeding, per year.

The commissioning and benchmarking tool helps you to assess local service requirements using the indicative benchmark as a starting point. With knowledge of your local population and its demographic, you can amend the benchmark to better reflect your local circumstances. For example, if your population is significantly younger or older than the average population, or has an ethnic composition different from the national average, or has a significantly higher or lower birth rate, you may need to provide services for relatively fewer or more people.

Review current commissioned activity

You may already commission a breastfeeding peer-support programme for your population. You can download your own up-to-date secondary care activity data into the tool and data specifications and user notes are provided to help. You can review and amend the downloaded data for your population to calculate the service levels and cost of the service you currently commission. When commissioning outpatient appointments or activity outside of secondary care the tool provides you with tables that you can populate to help you calculate your total current commissioned activity and costs.

Identify future change in capacity required

Using the indicative benchmark provided, or your own local benchmark, you can use the commissioning and benchmarking tool to compare the activity that you might need to commission against your current commissioned activity. This will help you to identify the future change in capacity required. Depending on your assessment, your future provision may need to be increased or decreased.

Model future commissioning intentions and associated costs

You can use the commissioning and benchmarking tool to calculate the capacity and resources needed to move towards the benchmark level, and to model the required changes over a period of 4 years.
Use the tool to calculate the level and cost of activity you intend to commission and to consider the settings in which the peer-support programme for women who breastfeed may be provided, comparing the costs of commissioning the service across the various settings. The tool is pre-populated with data on the potential recurrent and non-recurrent cost elements that may need to be considered in future service planning, which can be reviewed and amended to better reflect your local circumstances.

Commissioning decisions should consider both the clinical and economic viability of the service, and **take into account the views of local people**. Commissioning plans should also take into account the costs of monitoring the quality of the services commissioned.
Ensuring corporate and quality assurance

Commissioners should ensure that the services they commission represent value for money and offer the best possible outcomes for women and their babies. Commissioners need to set clear specifications for monitoring and assuring quality in the service contract.

Commissioners should ensure that they consider both the clinical and economic viability of the service, and any related services, and take into account service user views and those of other stakeholders when making commissioning decisions.

A peer-support programme for women who breastfeed needs to:

- be effective and efficient
- be responsive to the needs of women and their babies
- provide support and care based on best practice, refer to NICE public health guidance PH11 on maternal and child nutrition and NICE clinical guideline CG37 on postnatal care
- deliver the required capacity
- be integrated with other elements of care for women requiring support for breastfeeding
- define agreed criteria for referral, local protocols and the care pathway for women requiring support for breastfeeding
- be family-centred and provide equitable access, ensuring that women are treated with dignity and respect, are fully informed about their care and are able to make decisions about their care in partnership with healthcare professionals
- demonstrate how it meets requirements under equalities legislation
- demonstrate value for money.

Local quality assurance

Any mechanisms for quality assurance at a local level are likely to refer to the following.

- **Service and performance targets**, including breastfeeding initiation to meet local delivery plan targets, maintenance of breastfeeding following transfer to health visitor to be measured and increased by 2 percentage points year-on-year from baseline, prevalence of breastfeeding at 6–8 weeks, number of women contacted by peer supporter within 48 hours of giving birth.
- **Clinical governance arrangements**, including incident reporting.
Audit arrangements: frequency of reporting, reporting route and format, and dissemination mechanisms; arrangements should include auditing the proportion of women requiring support for breastfeeding, and monitoring of client outcomes and complications (see audit support for NICE public health guidance PH11 on maternal and child nutrition for further information).

Health, safety and security: infection control, waste management, confidentiality procedures, legislative requirements, staff safety/security on home visits.

Accreditation requirements: implementing the BFI in hospital and community settings.

Maternal satisfaction: women’s perspectives and perceptions of service provision; complaints.

Outcomes: number of women breastfeeding at 6–8 weeks; number of women aged under 25 initiating breastfeeding; number of women seeing a peer supporter at the bedside; number of women receiving telephone support only; number of women receiving a home visit; age of baby when weaning starts.

Staff competencies: individual and team baseline requirements to be in line with the recommendations in NICE public health guidance PH11 on maternal and child nutrition; monitoring and performance.

The process for reviewing the service with stakeholders, including decisions on changes necessary to improve or to decommission the service.

Achieving targets associated with equalities legislation.

Further information

General information on quality and corporate assurance can be obtained from the following sources:

- The National Patient Safety Agency (NPSA) oversees the implementation of a system to report and learn from adverse events and near misses occurring in the NHS. The publication ‘Seven steps to patient safety’ provides an overview of patient safety and gives updates on the tools that the NPSA is developing to support patient safety across the health service.
- NHS Alliance online resources. NHS Alliance is the representational organisation of primary care and primary care trusts, and provides them with an opportunity to network and exchange best practice. The alliance supports its members with an open-access helpline, in-house and joint publications and briefings, internal newsletters and a website.
- The DH commissioning framework provides guidance on the commissioning process in the context of the NHS reform agenda.
• NHS Institute for Innovation and Improvement support for commissioners, includes Commissioning for Health Improvement products to accelerate the achievement of world class commissioning; The Productive Leader programme to enable leadership teams to reduce waste and variation in personal work processes, and Better care, better value indicators to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care, and to generate ideas on how to achieve these savings.

• **10 Steps to your SES: a guide to developing a single equality scheme.** This guidance has been developed to assist NHS organisations that have a duty, as public authorities, to comply with the race, disability and gender public sector duties, and in anticipation of new duties in relation to age, religion and belief, and sexual orientation.

**Specific information** on quality and corporate assurance for a peer support programme can be obtained from the following sources:

• **Better metrics** is a pragmatic project that provides clinically relevant measures of performance to support the development of measurable local targets and indicators for local quality improvement projects. See Public Health and Health Inequalities metric 6.

• **Modernising maternity care – a commissioning toolkit for primary care trusts in England**

• **Skills for health** works with employers and other stakeholders to ensure that those working in the sector are equipped with the right skills to support the development and delivery of healthcare services. See details of the Maternity and care of the newborn competence framework.
Topic-specific Advisory Group

A topic-specific advisory group was established to review and advise on the content of the commissioning guide. This group met once, with additional interaction taking place via email.

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