1. EXECUTIVE SUMMARY
1.1. This report sets out the proposed procurement strategy for the Maternity Champions project in Hammersmith and Fulham. This is a new project, developed as a result of a successful pilot project which has been running for two years at Old Oak Community Centre by Old Oak Housing Association.

1.2. Maternity Champions are local resident volunteers who receive accredited training and support to develop their capacity and ability to
help ante and post-natal parents, and children up to one-year-old, in their community to improve their health and wellbeing.

1.3. The project is commissioned by Public Health, will run for four years, and will be one of three Maternity Champions Projects (one in each borough) within the Community Champions Programme.

2. RECOMMENDATIONS

2.1. To approve the procurement strategy for the Maternity Champions project in LBHF in order to allow a competitive tender to be conducted.

2.2. To note that the contract will last a maximum of four (4) years with no options to extend. Total contract cost is £240,000 (4 years - £60,000 per annum).

2.3. To approve the quality price ratio weighting of 80:20 (Quality:Price).

3. REASONS FOR DECISION

3.1. The strategies for procurement and delivery have been developed from extensive consultation work using a two-year pilot project, independent evaluation, and advice from local authority expertise in terms of Legal, Financial, Governance, and Procurement implications. Therefore, it is felt that this paper proposes the most effective model for procurement and delivery.

4. PROPOSAL AND ISSUES

4.1 Approval is being sought to carry out a competitive market exercise using the open procedure. The Corporate Procurement Team will lead on behalf of Public Health. An opportunity listing will be sent for publication in Contracts Finder and on the capitalEsourcing website.

4.2 All Public Authorities have a duty under the Public Services (Social Value) Act 2012 which requires Councils to consider (at pre-procurement stage) how the proposal “might improve the economic, social and environmental well-being of the relevant area, and act with a view to securing that improvement.” Social Value is addressed in the attached Appendix 1 (Procurement Strategy) Section 6.

4.3 The Maternity Champion project for LBHF will sit within one of the existing Hammersmith and Fulham Community Champion projects because evidence from the pilot demonstrates the most effective outcomes using this model. Therefore a limited number of providers can bid for and deliver the Maternity Champions Project in Hammersmith and Fulham.

4.4 The providers who could bid for the Maternity Champion projects under a competitive exercise who meet the criteria in Hammersmith and Fulham are:
5. OPTIONS AND ANALYSIS OF OPTIONS

5.1 Recommended option, detailed in Appendix 1 Section 3.

5.2 The recommendation from Procurement Senior Officers is that the LBHF tender will be evaluated using the weighting of Quality:Price ratio of 80:20 as approved by the Cabinet Member for Adult Social Care and Health.

5.3 The price of Maternity Champion Projects has been tested during two pilot schemes run within LBHF and WCC, which each delivered in the area of one ward only. The budget for each pilot was £40,000 per annum for coverage of one Champions project in one ward. The proposed model for the new project will establish coverage of all Champions projects across the borough (currently six in total), with a budget of £60,000 per annum. The pilot project will cease once the new contract is awarded.

5.4 There are no TUPE implications as the change in role of the project coordinator is significantly different.

5.5 Open tender evaluation criteria (Appendix 1 Section 9) will use the following quality categories:

- Experience with, and understanding of the community
- Recruitment and engagement of volunteers
- Delivery of health and wellbeing improvements
- Partnership and Joint working
- Social Value
- Service development, performance, data management
- Project planning.

6. CONSULTATION

6.1 A pilot project has been running for two years in the College Park and Old Oak ward to test the model (Appendix 1, Sections 1.1.5, 1.1.6, Section 7.1, and Appendix 2).

6.2 A number of senior officers and partner organisations have been consulted to prepare the project specification (Appendix 1, section 7.2).
7. EQUALITY IMPLICATIONS

7.1 The Community and Maternity Champions projects are designed to reduce health and social inequalities, and have been evaluated to demonstrate outcomes which support employment, health improvement, social cohesion, children’s school readiness and knowledge and access to local services. The Champions projects work closely with other local community groups and businesses, allowing an effective network of delivery to be developed across the geographical area.

7.2 Equality Implications completed by: Dr Mike Robinson, Director of Public Health. Tel: 020 7641 4590.

8. LEGAL IMPLICATIONS

8.1. The contract falls within the Light Touch Regime (LTR) under Chapter 3, Section 7 of the Public Contracts Regulations 2015 (“the Regulations”), as set out in Schedule 3 for contracts relating to social and other specific services. Contracts under the LTR with a value below £589,148 do not need to be advertised in the Official Journal of European Union and are not subject to the full extent of EU procurement rules.

8.2. In accordance with Regulation 76(1) the Council can determine the procedure to be applied in connection with the award of contracts and take into account the specificities of the service in question. However, the procedure must ensure compliance with the principles of transparency and equal treatment of economic operators. Under Regulation 76(7) the Council may apply procedures for the purpose of Regulation 76 which correspond (with or without variations) to procedures in the Regulations.

8.3. Legal Implications completed by: Kalvinder Saib, Solicitor, Contracts and Employment Team, 020 8753 2735.

9. FINANCIAL IMPLICATIONS

9.1. The current budget for the Maternity Champions pilot project in Hammersmith and Fulham is £40,000 per annum.

9.2. The proposed Maternity Champions budget will be £60,000 per annum, and has been identified within the existing Public Health Behaviour Change team budget by the Behaviour Change Commissioner and Director for Public Health, and discussed with the Cabinet Member for Adult Social Care and Health.

9.3. The current pilot in LBHF will cease and be replaced by a new contract awarded as part of this strategy.
9.4. The Maternity Champion Contract will include a clause stating that should funding be terminated or reduced during the Contract period the Authority may terminate the contract in whole or in part by way of 3 months’ notice.


10. **IMPLICATIONS FOR BUSINESS**

10.1. There is likely to be a positive impact on local business as the Champions programme uses a model which identifies and utilises local assets and resources to assist in the delivery of local projects. The project will identify and engage with all relevant local organisations and businesses in each project area to support delivery.

10.2. The project will identify local pharmacies, fresh fruit and vegetable suppliers, sport and physical activity opportunities, GP surgeries and others, and work with these to develop a network of local supply and delivery.

10.3. Where appropriate, projects will link to the Healthy Start, and Rose Voucher schemes – Public Health initiatives running in LBHF to support every child having the best start in life.

10.4. Where appropriate, local businesses will be encouraged to be involved in events and campaigns, and through the national corporate volunteering scheme.


11 **COMMERCIAL (PROCUREMENT) IMPLICATIONS**

11.1 After a successful 2 year pilot of the Maternity Champions project, the author of the report explains the benefits for the recommended option in the report and proposes an open and transparent tendering exercise with an intended contract period of four years. The author has also provided the justification for the evaluation criteria being based on a recommended quality/price split of 80:20 respectively and the report acknowledges more emphasis on qualitative elements for a high quality service for service users (Appendix 1, Section 3.2).

11.2 The Corporate Procurement Team will continue to monitor the procurement.

11.3 Comments completed by:

- Alan Parry, Interim Head of Procurement (Job Share). Telephone: 020 8753 2581.
12 RISK IMPLICATIONS

12.1 Market Testing is a key risk as noted in the Council’s Shared Services Risk Register, risk number 4 delivering the best possible services for the local taxpayer and the procurement strategy points towards securing best value in this area. The impact of the Maternity Champions Projects contribute positively to the management of Customer/Citizens needs and expectations risk, risk numbers 8, Managing our Statutory Duties and 12 maintaining reputation and service standards.

12.2 Risk Implications verified by Michael Sloniowski, Risk Manager, Tel: 020 8753 2587.

13 BACKGROUND PAPERS USED IN PREPARING THIS REPORT

<table>
<thead>
<tr>
<th>No.</th>
<th>Description of Background Papers</th>
<th>Name/Ext of holder of file/copy</th>
<th>Department/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
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List of Appendices:

Appendix 1: Procurement Strategy Report - Maternity Champions
Appendix 2: Independent Evaluation – Maternity Champions Pilot (Executive Summary)
1 OVERARCHING PROCUREMENT STRATEGY

1.1 Background

1.1.1 The Community Champions (CC) Programme uses a collaborative model which is based on using existing community resources, including people, organisations and networks to support and deliver improvements within the community. The Programme is delivered through the recruitment, training and capacity development of local residents as volunteers (Champions) in wards of greatest needs in terms of improvements in health and wellbeing.

1.1.2 Champions receive training and support from the project, then survey their residents to develop a needs assessment which helps shape the project. Once this is completed they design and deliver a series of activities, events and campaigns to support the local population to improve their health and wellbeing. They are also able to talk to local people about service development and improvement and feedback on their findings.

1.1.3 There are currently six CC projects running in Hammersmith and Fulham (LBHF) at Old Oak, Edward Woods, Addison, Parkview, West Kensington/Gibbs Green, and Bayonne/Field Road. An independent Social Return on Investment (SROI) carried out in 2014 reported that for every £1 invested into the Programme, a value of £5 was achieved for health and care services as a result of community improved health and wellbeing, and increased access to appropriate services at the point of need.

1.1.4 The criteria for a Champions provider are (based on extensive market, stakeholder and user engagement):

- a community based organisation, with established social and peer networks, and experience of delivering a CC project);
- demonstrated ability to reach all relevant members of a community – not limited to a specific interest, age, or ethnic group;
- demonstrated experience of recruiting, supporting, training and managing volunteers; and
- having a high profile and good reputation in the communities they work in, and the ability to establish an office/hub within the target areas.

1.1.5 In 2014 a pilot Maternity Champions project was set up in Old Oak (as well as one in Westminster) to run alongside the existing CC project, to test the model of delivery, and whether it could demonstrate good outcomes for a specific cohort of residents (ante and post-natal parents, and children up to one-year-old).

1.1.6 In 2016 an independent evaluation (Appendix 2) was conducted to assess the impact of the pilot projects which reported positive and favourable project outcomes including:
• Significant impact on local families, including seven out of ten respondents reporting they have been helped greatly by the scheme.
• Positive health impacts, particularly in the fields of maternal mental health, reducing isolation, breastfeeding, and uptake of child immunisations.
• Supporting the promotion of key Public Health messages including stopping smoking, child oral health, nutrition, and child immunisations.
• Evidence that indicates a positive impact and influence on the local maternity pathway and clear policy fit to compliment ‘Give every child the best start in life’.
• Over 4,300 hours of volunteering during the course of the pilots across the two project areas, and a strong community based maternity asset (average number of hours per volunteer per week is 3, with 20% giving 6 hours a week, and each champion on average helping 30 people).
• Creation of a successful volunteer scheme which has recruited and trained 43 local people and produced notable uplifts for volunteer Maternity Champions in the areas of life satisfaction, employability and personal development, and health as a direct result of their involvement in the scheme.

1.1.7 The LBHF pilot project was able to reach vulnerable parents and parents to be by being embedded in the community and gaining a wider knowledge of issues that affect new parents in their community by talking to them face to face at weekly sessions including Mend Mum, and Enjoy Baby/Birth Preparation classes. Maternity Champions also support vulnerable young parents to access the Back on Track (IAPT) service, and deliver five weekly sessions called Enjoy Your Baby.

1.1.8 The Champions themselves speak seven different languages and so are able to communicate and sign post to parents that do not have English as a first language, and are able to talk about becoming parents and parenting in culturally specific and appropriate ways.

1.2 The New Maternity Champions Project
1.2.1 Based on the evaluation, Public Health is proposing to extend the Maternity Champions reach to all of the CC projects in the borough. Three to five Champion volunteers in each project will be trained to become a Maternity Champion, with the specific role of working with ante and post-natal parents, and children up to one-year-old.

1.2.2 A Borough Coordinator would deliver the project, and be employed by one of the existing six Champions projects in the borough, linking to the other projects via the project managers. They would develop strong relationships with midwifery and maternity services, health visitors, children centres and family hubs, and maternity services in local
hospitals. These would then link into each of the projects to develop an effective maternity support network across the borough.

1.2.3 Workshops have taken place over the last three years to support procurement of Champions projects, looking at success and the specific requirements for this type of project and provider organisation. Existing projects are delivered by local community organisations that are best suited to provide this type of service due to their understanding of the local area, local connections, and ability to reach deeper into local communities. The evaluation has stressed the importance of the relationship between the project being based within an existing CC project and its success.

1.2.4 The project would employ one LBHF person to work with up to 30 Champions (volunteers) who are LBHF residents. These would receive accredited training to become Maternity Champions. There is potential to help and support 900 ante and post-natal parents across the borough to improve their health and wellbeing. Alongside this are the six existing Community Champions projects which each employ a full time equivalent project manager, and support around 60 CCs with training and advice, who in turn work with around 6000+ residents across the borough.

1.2.5 It is expected that the project would support the following Administration manifesto priorities:

- Give children the best start – working with new parents and children up to one-year-old to support into services, and provide advice on parent and new born health and wellbeing (including mental health, and child immunisations).
- Resident involvement – projects are developed and delivered by local residents for local residents.
- Local economic growth – projects work in the local community, identifying assets and working with businesses to develop a local delivery network of support and services.
- Support vulnerable adults – Champions are able to work with individuals to identify their needs and support into the relevant services. Maternity Champions also identify vulnerable young parents to work with and support.

And indirectly through the wider Champions programme:

- Decent homes – Champions projects are already working with housing and environmental health to support this.
- Safer and healthier places – projects achieve improved community cohesion and empowerment in health and wellbeing and the wider social impact factors as a result of the work that they do with local residents.
- Reduce homelessness in the borough – working with housing and other services to support residents who may be experiencing difficulties in tenancies and finances.
2 FINANCIAL INFORMATION
2.1 The current budget for the Maternity Champions pilot is £40,000 per annum which pays for a Full Time project manager to work in one ward in the borough, supporting and training around 10 volunteer Champions. To replicate this across the rest of the projects using this model would cost an additional £200,000 per annum.

2.2 The proposed budget for the new project is £60,000 per annum, using existing funds identified within the Public Health Behaviour Change budget. This provides for a full time Borough Coordinator working with the project managers in all of the six projects across the whole of the borough, supporting and training up to 30 volunteer Maternity Champions to support up to 900 parents and parents to be.

2.3 Spending this money now is expected to save more money in the future, as reported in the SROI evaluation (Section 1.1.3). Adapting the model to expand the reach of the project across the whole borough creates savings using economies of scale, and is in line with, and supports, the Council’s overall savings targets for Public Health.

3 OPTIONS APPRAISAL AND RISK ASSESSMENT

<table>
<thead>
<tr>
<th>Options Explored:</th>
<th>Pros:</th>
<th>Cons:</th>
<th>Decision:</th>
</tr>
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<tbody>
<tr>
<td>1 Open Tender</td>
<td>Compliant Procedure. Maximises competition. Requirements are easier to promote locally. Potentially more responsive to neighbourhoods.</td>
<td>Wider suppliers will not meet the local criteria to deliver this contract successfully.</td>
<td>Recommended Option</td>
</tr>
<tr>
<td>2 Request for Quotation Exercise</td>
<td>Ability to target specific providers directly. Ease and speed of the process.</td>
<td>Non-compliant procedure in line with governance.</td>
<td>Reject</td>
</tr>
<tr>
<td>3 Direct Award to preferred supplier</td>
<td>Ability to target preferred supplier directly. Ease and speed of the process.</td>
<td>Non-compliant procedure. Risk of challenge from providers not able to bid.</td>
<td>Reject</td>
</tr>
</tbody>
</table>

3.1 Market Testing is a key risk as noted in the Council’s Shared Services Risk Register, risk number 4 delivering the best possible services for the local taxpayer and the procurement strategy points towards securing best value in this area. The impact of the Maternity Champions Projects contribute positively to the management of
Customer/Citizens needs and expectations risk, risk numbers 8, Managing our Statutory Duties and 12 maintaining reputation and service standards.

3.2 Following discussions between the project Commissioner, Corporate Procurement, and a review of the pilot evaluation, it is recommended that the tender should be evaluated using a Quality:Price ratio of 80:20. Quality is highly important given the nature and impact of these services to users, and the budget value is fixed at a maximum of £60,000. Therefore it is felt that a greater emphasis should be placed on quality evaluation than price. This has also been discussed with the Cabinet Member for Adult Social Care and Health.

3.3 Previous Champion procurements have used the 80:20 (Quality:Price) split, with any savings being used to support the overall Public Health budget reductions required by LBHF. Savings identified during this procurement will also be used in this way.

4 THE MARKET

4.1 Currently the supplier for the pilot project is Old Oak Housing Association who also supply one of the six CC projects in LBHF, and have been evaluated as providing a good service. The project will need to sit within one of the existing CC projects as evaluation of the pilot stressed this relationship as one of the key factors to success.

4.2 In line with this and success criteria established through previous consultations, there are five local organisations that could provide the service. These are:
- Urban Partnership Group
- White City Enterprise
- Old Oak Housing Association
- Pinnacle Group
- H&F Volunteer Centre

4.3 Suppliers have been advised of this forthcoming procurement and understand the requirements. The only reason why a provider might not bid at this time is that they are working to capacity, and their focus is on delivering the current Champions service. There are, however, at least three organisations who will definitely submit a bid for consideration.

5 CONTRACT PACKAGE, LENGTH AND SPECIFICATION

5.1 The length of the contract will be up to four years, to align with existing Champions’ contracts that are running in the borough. This is because the Maternity Champions project will sit within one of these existing projects.

5.2 The procurement will be supported and run by the Corporate Procurement Team. The Cabinet Member for Adult Social Care and
Health will be responsible for the project with Dr Mike Robinson (Director of Public Health) being the responsible Officer.

5.3 The Vision for the project is to support every child having the best start in life by ensuring that all expectant parents are linked with each other and with maternity and children’s services from the earliest possible time. The Aim is to ensure that expectant parents are supported to do everything they can to ensure their children are born as healthy as possible, and are supported through the first year of life.

5.4 Following pilot evaluation, and consultation with partners and stakeholders the service specification has been developed to achieve the following objectives:

- To develop a borough wide team of Maternity Champions based in CC projects, to support expectant parents.
- To ensure the NCT Birth and Beyond Training and the Breastfeeding Peer Support training is made available to all Maternity Champions, in collaboration with the CC providers, and to gather insight and community intelligences through parents’ feedback (resident surveys and insights, market research).
- To improve access to local maternity health and wellbeing services, particularly through proactive community outreach contact, information, and signposting to local services.
- To increase Early Intervention, Health Promotion and Behaviour Change, through local relevant Public Health programmes, peer education and self-management.
- To build social capital (building confidence, improving mental wellbeing, reducing isolation, peer support groups, and promoting community cohesion) through community events.
- To increase skills and competencies of Maternity Champions through personal and professional development, training and supporting access to return to work/preparation for employment where desired.
- To develop a network of good relationships with all agencies and services involved in supporting expectant parents, including (but not exclusive to): maternity services, primary care, health visitors, children’s centres, family hubs, nurseries, housing, employment services, healthy living services, children’s services.

5.5 The annual deliverables for the project are to:

- Support all the CC project managers to recruit 3-5 per project of their volunteers to be Maternity Champions, and to recruit new volunteers from the community as required.
- Ensure all Maternity Champions are trained in Birth and Beyond, and those who can be are trained in Breastfeeding peer support. To offer on-going training to Maternity Champions.
- To support Maternity Champions and their CC project managers to run at least one weekly activity/group for expectant parents.
To support Maternity Champions and their CC project managers to encourage parents who met antenatally to continue to meet and support each other post birth. Together with the CC Programme Manager, to develop materials to support the Maternity Champions. Together with the CC Programme Manager, and the CC project managers, to use social media to promote the Maternity Champions.

6 SOCIAL VALUE, LOCAL ECONOMIC AND COMMUNITY BENEFITS

6.1 All Public Authorities have a duty under the Public Services (Social Value) Act 2012 which requires Councils to consider (at pre-procurement stage) how the service “might improve the economic, social and environmental well-being of the relevant area, and in conducting the process of procurement, it might act with a view to securing that improvement.”

6.2 The providers will be asked to submit a response to this as part of their proposal, which will be evaluated by the panel during the procurement process and scored accordingly. The provider will be asked to provide detailed examples on how they will address and provide added value to a minimum of three of the following priorities:

- Employment and Economic Growth
- Best Start in Life for Children
- Resident Involvement
- Supporting Vulnerable Adults
- Safer and Healthier Place

For each example the provider will be asked to describe what they will deliver (including quantities), how it will be delivered (what their approach to this will be), milestones for each deliverable including dates and quantities, what evidence will be used to demonstrate that this has been achieved, and who will own the action for the deliverable.

6.3 The Community and Maternity Champions projects are designed to reduce health and social inequalities, and have been evaluated to demonstrate outcomes which support employment, health improvement, social cohesion, children’s school readiness and knowledge and access to local services. The Champions projects work closely with other local community groups and businesses, allowing an effective network of delivery to be developed across the geographical area.

6.4 There is likely to be a positive impact on local business as the Champions programme identifies and engages with all relevant local organisations and businesses within each project area.
7 STAKEHOLDER CONSULTATION
7.1 A pilot project has been running in Old Oak to test the Maternity Champions model alongside an existing Community Champions project. Another has also been running in Westminster. The independent impact evaluation for the pilot demonstrated positive project outcomes detailed in Section 1.1.6 and Appendix 2.

7.2 As well as the independent evaluation of the pilot projects, a number of key stakeholders and organisations have been consulted when developing the specification for the new project, and preparation of the Procurement Strategy:
- Hammersmith and Fulham (Maternity and Community Engagement leads), and NW London NHS Collaborative (Maternity lead) Clinical Commissioning Groups
- Imperial and Chelsea and Westminster Hospital Maternity leads
- Family and Children Services
- Public Health (Director and Children’s Health lead)
- Hammersmith and Fulham Health Visitors (via lead for Public Health)
- Legal, Risk Management, Governance, Procurement and Finance teams.

8 PROCUREMENT PROCESS
8.1 A competitive market exercises via open competition on capitalEsourcing will be undertaken. This is felt to be the best route to market due to considerations set out in Sections 3 and 4.

9 CONTRACT AWARD CRITERIA
9.1 The award will be based on a quality/cost ratio of 80/20.

9.2 Quality will be evaluated using the following categories (and marks out of 80):
- Experience with, and understanding of, the community (8)
- Recruitment (13) and engagement (13) of staff and volunteers
- Delivery of health and wellbeing improvements (12)
- Partnership and joint working (15)
- Social value (5)
- Service development (4), performance (4), data management (2)
- Project planning (4).

9.3 For cost, each total price will be awarded points based on its relationship with the lowest total price. The Proposal with the lowest total price will be awarded the maximum 20%. Each of the remaining Proposals will be awarded points on a pro-rata basis.

10 PROJECT MANAGEMENT
10.1 The management of the procurement will be undertaken by the Procurement Team, along with the Public Health Behaviour Change Commissioner and Champions Programme Manager. Evaluation will be undertaken by these Officers and a representative for Hammersmith
and Fulham Clinical Commission Group. Regular contact will be maintained throughout the process, and with the responsible Cabinet Member, who will sign off the award of contract once the tender process has been completed.

11 INDICATIVE TIMETABLE
11.1 Indicative timetable is as follows:
   - LBHF Cabinet process 2\textsuperscript{nd} March – 15\textsuperscript{th} May 2017
   - Tender process 16\textsuperscript{th} May 2017 – 6\textsuperscript{th} June 2017
   - Evaluation and Moderation 7\textsuperscript{th} – 11\textsuperscript{th} June 2017
   - Award recommendations process June/July 2017
   - Contract start date 1\textsuperscript{st} August 2017, end date July 2021

12 CONTRACT MANAGEMENT
12.1 Management and performance of the contract will be achieved using a specification establishing clear deliverables and required outcomes. The Champions Programme Manager will oversee this using quarterly reporting and monitoring systems to measure performance.

12.2 The reporting and monitoring process is a tried and tested system, already established, understood, and used by providers through the existing CC Programme. It has been running for five years, monitoring and managing performance of the current Champions projects.

12.3 The Programme Manager regularly reports directly to the Commissioner for Behaviour Change who reports to the Director of Public Health and the Cabinet Member for Adult Social Care and Health.
Appendix 2: Independent Evaluation – Maternity Champions Pilot
(Executive Summary)

Maternity Champions pilot programme evaluation

August 2016

Collaborate
Penny Stothard
Penny@collaborateventures.co.uk
**Background and aims**
The Maternity Champions Pilot Project (MCPP) has been running since 2014 across Queen’s Park ward (Westminster), Queen’s Park Maternity Champions (since April 2014); and Old Oak ward (Hammersmith and Fulham), Old Oak Maternity Champions (since October 2014).

The project aims to develop a skilled and trained cohort of volunteer Maternity Champions local to each neighbourhood specialising in supporting new parents from pregnancy into the first year of a child’s life. Their aim is to increase the uptake of ante and post-natal services, guide and support new parents and encourage parents to form social groups to support each other.

Public Health for Hammersmith & Fulham and Westminster has funded the MCPP for two years, with West London Clinical Commissioning Group funding the final six months of the Queen’s Park pilot. With the pilot phase drawing to a close the Public Health Service commissioned this evaluation of the pilot programme across both wards in June 2016 to understand better the strategic fit of the programme within the local maternity pathway and the potential impact on expectant and new parents, maternity champions themselves and maternity pathway services.

**Methodology**
Our study methodology is visualised below and was undertaken between end of June and early August 2016:
During the fieldwork phase the research team engaged with:

- Maternity Champions’ project staff from both projects
- 17 maternity champions through two focus groups
- 25 maternity champions via an online survey (including 6 former maternity champions)
- 84 parents via an online questionnaire (56 parents with previous exposure to the Maternity Champions and 28 with no former knowledge of the scheme)
- 12 parents through a focus group
- 14 stakeholders via a series of telephone interviews

Our findings
The standout findings and our reflections are presented in the diagram overleaf and include:

- Significant impact on local families including 7 out of 10 respondents believed to have been helped greatly by the scheme
- Health impacts particularly in the fields of mental health, reducing isolation and breastfeeding
- Supporting the promotion of key Public Health messages including smoking, child oral health, nutrition and child immunizations
- Evidence that indicates a positive impact and influence on the local maternity pathway and clear policy fit to complement ‘Give every child the best start in life’
- A return on investment including over 4,300 volunteering hours and a strong community-based maternity asset
- Creation of a successful volunteer scheme which has recruited and trained 43 local people and produced notable uplifts for volunteers in the areas of life satisfaction, employability, personal development and health as a direct result of their involvement in the Maternity Champions’ scheme.
Standout reflections

Impact on families

- 7 in 10 believed to have been helped greatly
- Accessible local maternity contact point

Policy fit to compliment ‘Giving every child the best start in life’
Maternity Antenatal Pathway recognition
Strategic representation
Lobbying achievements
Voice for local women
Stakeholder plans to expand working with MCs

Health impacts

- Maternal mental health
- Reducing isolation and building peer support networks
- Breastfeeding

- 4,300+ volunteer hours = £40,514 contribution to local health economy
- 750 people helped
- 3 volunteers into paid employment

Supporting public health

- Smoking, child oral health, nutrition, child immunizations

- 43 local volunteers recruited and trained
- Community based-assets in maternity and public health
- High enjoyment/recommendation
- Notable uplifts in volunteers’ life satisfaction; skills, employability and personal development; and health
- Strong take up of external training

Maternity pathway impact

Return on investment

Successful volunteer scheme
Conclusions and opportunities
We concluded that the following elements play a key role in the overall success of the Maternity Champions’ scheme:

Volunteer qualities
- From the community
- Care about supporting other women
- Non-judgemental
- Committed
- Friendly, bubbly personalities
- Empathetic

Delivery model
- Non clinic setting
- Not caseload driven
- Based where women go
- Informal, fluid
- Adaptable to individual needs
- Community driven

Unique role
- Volunteers, not healthcare professionals
- Strong local knowledge
- Specialist knowledge (e.g. breastfeeding, parenting)
- Mothers themselves
- Fluid, adaptable

Staffing and training
- Community based management team
- Dedicated project worker
- Management strategic representation
- Bespoke volunteer support
- Tailored training

Interventions
- Weekly local sessions
- Children’s or community centre based
- Crèche supported classes
- Informal roaming at sessions
- Breastfeeding support
- Calm, relaxing environment
We also identified a number of potential development opportunities for the Maternity Champions if the scheme were to be continued:

**Development of existing work areas**
- Build relations with midwives
- More integration with health visitors
- Greater public health message advocacy

**New work areas**
- Greater alliance with Mental Health
- Strategic ‘selling’ to identify wider opportunities
- Receptive stakeholder audience to explore joint working
- Insight generation for key partners
- Potential for greater working with hospitals

**Project systems**
- Brand building and profile raising
- Better and regular communications with families and stakeholders
- Creation of promotional collateral to support awareness and understanding
- Strengthening project systems i.e. monitoring, reporting, measuring impact
- Strengthen core training for all

* Cover photograph of parent’s from Old Oak Focus Group