

**Better Start Bradford Partnership Board Minutes**  
**Thursday 15 October 2020**  
**Via Zoom**

**Meeting Started:** 17:30

**Meeting Ended:** 19:45

**Present:**

Ruth Shaw	Senior Head of Strategy, Change and Delivery, Bradford District and Craven Clinical Commissioning Group (Chair)
Vipin Joshi	Community Board member
Alex Spragg	Programme Director, Better Start Bradford
Josie Dickerson	Acting Director, Born in Bradford
Fareeda Mir	Ward Councillor, CBMDC
Tracey Hogan	Voluntary and Community Sector representative
Gwen Balson	Community Board member
Karen Tetley	Community Board member
Ludmila Novosjolova	Community Board member
Olga Dolganiuc	Community Board member
Shaheen Khan	Community Board member

**In Attendance**

Phil Hayden	Director of Programmes for Children's Services Innovation and Improvement, CBMDC (in place of Mark Douglas)
Jo Howes	Public Health Specialist, CBMDC (in place of Duncan Cooper)
Gill Hart	Funding Manager, The National Lottery Community Fund
Jill Duffy	Implementation Manager, Better Start Bradford
Shaista Ahmed	Finance Manager, Better Start Bradford
Jenny Jowle	Programme Facilitator – Implementation, Better Start Bradford
Guy Dove	Programme Administrator, Better Start Bradford
Adele Adams	Project Manager, Better Place Capital, CBMDC (items 1 to 8 only)
Helen Speight	Head of Development, Thornbury Centre (items 1 to 5 only)
Mel Astin	Project Manager, BD4 Community Trust (items 1 to 5 only)
Mohammed Rafiq	Project Administrator, West Bowling Advice Centre (items 1 to 5 only)
Fozia Mahmood	Neighbourhood Worker, Karmand Centre (items 1 to 5 only)
Melissa Ryan-Thomas	Neighbourhood Worker, Thornbury Centre (items 1 to 5 only)

## **Apologies for Absence:**

Mark Douglas	Gill Thornton	Sarah Hinton	Fiona Saville
Duncan Cooper	Satnam Singh	Javed Khan	Rashid Ahmed
Jenny Hunt	Gulsoom Akhtar		

### **1. Welcome, Introductions and Apologies**

Ruth welcomed everyone to the meeting and noted the apologies.

Vipin explained that his wifi signal is unstable so he had asked Ruth to chair this meeting.

Everyone introduced themselves to each other.

### **2. Minutes of the Previous Meeting – 10 September 2020**

The minutes were accepted as a true and accurate record.

### **3. Matters Arising actions table**

Alex confirmed that the workshop took place on 6 October, the workshop consisted of two elements, an overview of the highlights identified during the Better Start Bradford timeline exercise and a presentation of what the data to date is telling us. The timeline was well received and an opportunity to reflect on how much has happened since the bid was developed and awarded.

The Innovation Hub data presentation demonstrated that the Better Start Bradford projects are reaching a significant proportion of the community and how this reflects the make up of the community. The workshop also focussed on what else we need to know and how to present it. The Innovation Hub presentation is to be shared more widely and there are actions from the workshop about the data needed, how to provide the information and to what audience which will be shared at a future Partnership Board meeting.

The next action point is for Josie to explore how the Innovation Hub could feed into BSB reporting and Alex said this feeds into the discussion arising from the workshop. Josie and the Community Board members are working on this and data is to be more regularly reported on.

The Neighbourhood project update is item 5 on this meeting's agenda.

Alex confirmed that the Quarterly Strategic Update paper was circulated by email after our previous meeting.

### **4. Declarations of interest**

Vipin declared for item 5 that his wife works at the Thornbury Centre.

### **5. Neighbourhood project update**

At last month's meeting the board expressed a desire to learn more about the Neighbourhood project and hear from the staff delivering it.

Helen presented on behalf of the West Bowling Consortium. She recalled the project was born out of discussions with community organisations about how they could support BSB to reach a greater demographic and support the wider engagement with communities.

The aim of the Neighbourhood project is to help to maximise the impact of BSB and the staff within the community organisations have in depth knowledge of the area with workers based at the Thornbury Centre, the Karmand Centre and the West Bowling Advice Centre. Each worker brings some uniqueness and aims to identify and engage all families and ensure BSB messages are understood and communicated.

The three Neighbourhood Workers engage with harder to reach families, understand them, and Helen noted that they share messages with families who have not engaged with BSB. When the Neighbourhood project started, Helen said they found a lack of knowledge about BSB in their communities. Now the Neighbourhood project can add to what the Thornbury Centre already provide, such as welfare advice, fuel poverty and EU Settled Status advice. Helen quoted 'Together we are Stronger' and explained that they do not want to be a replica of BSB and strength is in our differences. Each Neighbourhood worker is part of their teams and they work well with BSB's FACE team and the BSB projects.

Helen then introduced the Neighbourhood workers for the West Bowling Consortium (Melissa at the Thornbury Centre and Fozia at the Karmand Centre). Gulsoom (who is unable to attend this meeting) is based at the West Bowling Advice Centre.

Fozia then gave a Powerpoint presentation. She started at the Neighbourhood project in November 2019, working with Rashid Ahmed who is also unable to attend this meeting. The Karmand Centre provides a wide number of services but due to the Covid pandemic these have been put on hold or they are appointment only. Fozia was drawn to elderly day care and through this has worked with grandparents, linking to BSB's Older Yet Wiser Innovation Fund project. This works with child brain development, connecting with your grandchildren and is on hold due to the pandemic but will be top of Fozia's agenda when we are back.

Fozia started coffee mornings in February and wants to continue them for parents, some of which submitted a successful application to Parents in the Lead. She outlined the support she provided during lockdown, despite working from home, which included contact via phone calls and social media. Fozia made lots of referrals, and helped with organising food parcels, HENRY recipe deliveries and accessing school meals. Fozia contacted all local schools and supported families. One family who desperately needed a baby safety gate were referred to Bradford Baby Bank. Fozia said she is recognised as the Number One referrer despite there being very little face-to-face contact.

Melissa started in November 2019 as well and started Rhyme Time sessions in the Thornbury Library and developed a coffee morning for mums. She also got to know the area better. Melissa said that lockdown was difficult as she is more of a face-to-face person. However, several months in she has progressed demonstrated by the fact she has made six referrals this week and has developed contacts with a local midwifery team. She has also helped to meet families' needs regarding food and projects.

Melissa said her being a parent as well as a professional adds to her understanding. She has met with midwives and now has referrals coming in and puts mums into BSB projects. Melissa is passionate about what she does and mentioned a case study where she had helped

someone on kidney dialysis. She said transparency is key. Some families do not have the time or the energy to get involved with projects, and we need to look at this in a different light.

Rafiq is representing the West Bowling Advice Centre at this meeting because Javed (Centre Manager) and Gulsoom are both unwell. The Centre has adapted well to the pandemic and provides a wide range of services such as debt advice, elderly groups and ESOL. Gulsoom has built contacts across the area and was starting to help provide advice about children and teeth cleaning when we went into lockdown and that work had to cease.

Rafiq read out a letter from Gulsoom which said she recruited volunteers, contacted 20-30 families a week, helped asylum seekers, did befriending calls and helped with food distribution. Over 300 destitute families were supported. Gulsoom also helped with distributing key messages, signposting, supported people suffering from anxiety, stress and isolation and checked up on BSB families. She provided benefits advice and help with shopping, including during evenings and weekends. A lot has been done during Covid.

Ruth thanked the West Bowling Consortium for their presentation which she said was very powerful and the added value of working in the communities was demonstrated. Some of it was early help and intervention in action and she felt there was learning for bigger strategic work.

Gwen thought there was wonderful work done but asked about the diverse unknown population. Helen replied that if 2020 had been a normal year the Neighbourhood project would be in a better place with more of an opportunity to bring in Roma families. Melissa had been four months in post before reaching out and she and Fozia would have engaged with these communities but Covid struck. Helen confirmed that they are hoping to relaunch this engagement and work does continue, and she mentioned a case study where the Thornbury Centre had helped a Roma woman who had no baby clothes. Gwen praised this work and said she looked forward to hearing more in the future.

Mel is project manager at BD4 Family which is the other organisation appointed to deliver the Neighbourhood project. Jenny Hunt is the Neighbourhood worker but she is on leave having got married earlier this week.

Mel said the Neighbourhood project complements what they already do at BD4 Family. They have 200 families on their books and this project has enabled them to have a focus on BSB messages, work to identify new families, and develop knowledge of where to refer. For Jenny to be able to make in depth referrals, more trust is involved and relationships are really important instead of referrals just being a tick box.

Jenny has also done lots of training e.g. she is now a HENRY facilitator and has done infant mental health training. She has links with local primary schools and can make referrals earlier than before. Mel said BSB is an asset and BD4 Family can work alongside us. Jenny is really good with families and is a good fit into Mel's team. She has worked hard during the pandemic with 200 families.

Mel mentioned referrals Jenny has made into the Better Start Imagine project and links made with Home-Start. Jenny has also done Doula training and her knowledge helps BD4 Family who should be able to provide a service after BSB finish.

Ruth thanked Mel for her presentation and said she was interested in the legacy point she mentioned at the end.

Vipin wished to welcome Mel back and recalled that she was a committed member of this Board. He mentioned that the Neighbourhood project idea came from the Community Board members and Lizzie Hughes. At the community prep meeting earlier this week the Community Board members said they wanted to work with the Neighbourhood project and they will be visiting them.

Shaheen asked about supporting families online and Helen confirmed they did do this but digital exclusion is an issue for some families. She mentioned their link with Bradford Talking Media who had provided tablets to some vulnerable families. This had helped a boy with Down's Syndrome who could not use a smaller screen. There is still a problem as some families do not have enough money for data. Ruth remarked that this was a very important point and with Covid likely to be the new norm it needed considering.

Phil said he kept hearing 'when we get back to normal' but he is not sure we will ever get there. A new way of working is needed though face-to-face contact is very valuable and we need to think about how to reach families without it. He mentioned funding available from the Department for Education to the local authority to allow families via schools to have digital access, with the schools ordering the technology direct. Phil noted that age 0-5 families also need access to digital technology.

Helen noted that for digital technology, we need to be aware of languages or communities would be further excluded. Phil agreed with this and said there needs to be a decision about how to join the DfE money with digital access, supporting services in a different way. A new digital lead for education has recently been appointed and Phil thought it would be useful for Alex to make a link there.

## **6. 'Getting to know you' session**

There was no session this month. Guy confirmed that he did not ask for volunteers because our agenda is full.

## **7. Personalised Midwifery project**

Jill gave a Powerpoint presentation. The contract for the Personalised Midwifery project was to end on 31 October 2020, but due to its delivery being paused due to Covid it will now end on 31 March 2021. The contract value is £711K for 18 months.

The aim of the project is to test a continuity of care model i.e. that pregnant women who see the same midwife throughout have better birth outcomes and wellbeing. Jill outlined the policy context which has a push towards continuity of care i.e. Better Births and we want to support the Local Maternity Services transformation plan.

We believe that a caseloading model of continuity of care works best for marginalised communities. We want to demonstrate the model's replicability and we have applied for Reducing Inequalities in the City money, and the application is ongoing.

Jill turned to the project's successes. We have found that continuity of care is possible at all periods of pregnancy. It is more difficult during intrapartum but still possible to a level and

during phase 2 of the personalised midwifery project adaptations have been made to progress this area. During the post-natal period, the trusted relationships brought about by the continuity of care model supports disclosure of vulnerabilities including maternal mental health issues.

Challenges include continuity of care during intrapartum, managing the on-call system (which the hospital have worked to improve) and the pause for six months during the pandemic. The progression criteria for Fidelity is scored at 62 per cent, leading to a 'Red' rating. This is due to difficulties with continuity of care during intrapartum but the project has identified that it can be done and the hospital think it can be improved.

Three options for the project were discussed at the Commissioning Advisory Group last week. Option A is BSB's preferred option, which is to recommission the project with changes. The Clover team would be replicated and double the project's reach, this has been designed incorporating investment from the CCG RIC funding, and a significant contribution from BTHFT. This would aim to demonstrate the model is replicable, using a service which is better for women in deprived areas. It would also support Local Maternity Services transformation plans and more pregnant women would receive an enhanced level of care. It would also be an opportunity to influence national policy which is to increase continuity of care.

A risk for Option A is that BSB would put in a substantial financial contribution, in the region of £1.3 million over three years, and the RIC and Bradford Teaching Hospital's funding is yet to be approved – we have only had indicators so far.

Option B is to continue the Clover team in the BSB area. We would work alongside RIC, and embed our learning and model. There would still be enhanced care and slightly less BSB investment. RIC was based on an alternative 'cascade' model originally which is difficult to implement and has weaker evidence. This option would have less impact and scalability.

Option C is to decommission the project and would involve closure costs and costs to transition staff. There would be no enhanced care and a loss of opportunity to influence.

The Commissioning Advisory Group concluded that they want us to support and value this project which has had national recognition. An improvement is needed during intrapartum care. Commitment is needed from our funding partners for three years. Option A is the only one with an integrated and coherent approach and the Commissioning Advisory Group recommended it.

Josie outlined the evaluation of the project. A success is demonstrating the change and the first round of the project (we are now in Phase 2) was just continuity of care pre-natal and post-natal. The project involves a lower caseload per midwife and longer appointments as well as continuity and there is an indication of a positive impact on wellbeing.

Josie said that continuity of care during intrapartum is needed nationally. This model helps birth outcomes but there is an indicator that it also improves wellbeing. Josie said this is fantastic and there is potential for the project to have a massive impact.

Qualitative work in the evaluation has shown tensions, such as community midwives being in the labour ward where they may not have enough of the right skills. Jill observed that there has been lots of learning in Phase 2. This test and learn would be extended in a new contract and we would be working to improve a good model.

Ruth advised that she is a commissioner of maternity services but does not feel that this is a conflict.

Vipin thanked Josie for the Innovation Hub report. He said that the project makes a massive difference and the Clover team has won national awards and has been asked for input into national policy. He noted, however, that we need a financial commitment from other partners.

Shaheen asked about the definition of postnatal and antenatal periods and Ruth said the number of appointments depends on need. Jo confirmed that the midwife would hand over to a health visitor up to 28 days after birth.

Phil remarked that he was interested in the culture and transformation for midwifery. He asked how well the Clover team worked with universal teams and said we need a definition of 'Personalised.' The evaluation is good but Phil knows from Sure Start that scaling up is hard and he is interested in the buy-in from other funders. He also asked about engagement with dads and same-sex couples.

Ruth replied that work with dads is something the CCGs want to do more of and Jill agreed about the importance of engaging with dads and whole families. As for the wider offer, Jill noted that Midwifery is mandated to offer 75 per cent continuity of care, including to BAME families, by March 2024. We want to demonstrate and promote the model developed in an area of deprivation and show it best meets the needs of women who traditionally are the more marginalised. Through the partnership with the hospital, we want to escalate the project so that more women receive continuity of care and sooner. Personalised Midwifery was a pilot project and through the third phase integration and roll-out within the wider maternity offer would be key.

Jo remarked that she had not heard much about or from the Clover team since she returned to work in Bradford a year ago and maybe it was losing traction. She would agree with Option A and that intrapartum continuity of care is a challenge and wondered if there was an appetite to get it better. She also asked if the women were happy with the midwife who was present during labour. Jill said this was a key point and women may just want a midwife to be present at labour rather than the 'known' one. The national policy model includes intrapartum and we will look at it in more detail. We have only spoken to a low number of service users but favour Option A. It would allow delivery to more women, would further test the model and show the value of continuity of care during intrapartum. Staff welfare is also an issue.

Josie said that although intrapartum is really important, some mums do not care if their 'known midwife' is present or not during labour. Ruth confirmed there is a national push towards intrapartum continuity of care, and the CCG and the hospital will be measured on that. The Quality Improvement work that BTHFT have undertaken in relation to this was mentioned.

The exclusion of dads and birth partners due to the pandemic was raised. It was felt that this should be reconsidered and Jill will feed this back and also Jo's point about there needing to be more awareness of the Clover team.

Alex shared that securing a commitment from BTHFT to partially fund this work is a significant step towards mainstreaming the model and securing sustainability for a BSB developed service. Jill confirmed we have had indicative approval of their funding from the hospital trust but it needs to go through their board as well.

**Approved: To recommission midwifery services to further develop, test and replicate the caseloading model across midwifery services in the BSB and CCG RIC funding areas. Developing an integrated offer across both reach areas. This is subject to funding from other partners being approved.**

#### **8. Better Place contract review**

Jill gave another Powerpoint presentation. The contract with Groundwork ends on 31 January 2021 and is for £519k over three years including set-up. It is interdependent on the capital development which will be running until March 2022. Groundwork's delivery includes engagement, co-production, data collection and raising awareness.

Jill said Groundwork have performed well despite the delays to the capital programme. They have worked well on awareness raising, engagement, capacity building, increasing local ownership and supporting leverage of other funding. They have also worked well with other BSB projects and with partnership working.

The delays include staff recruitment, decision-making processes, evaluation design, Covid and the capacity in the local community to engage with co-production.

Jill then outlined the three options for the project. Option A is to extend Groundwork's contract for 12 months. This would enable the ongoing capital works to be completed though the impact of Covid is unknown.

Option B is to extend Groundwork's contract for three years, with the additional two years for further engagement. However, we do not yet fully know what the engagement needs will be following completion of the capital programme and would prefer not to be tied to a provider. This is not our preferred option.

Option C is to decommission. This would mean we would not be able to complete the capital works to the same standard, the evaluation could not be completed and there could be poor ongoing usage of sites.

Jill went through the conclusions of the Commissioning Advisory Group. They think that Better Place is a valued project. The benefit of having the project manager employed by the local authority was noted. It was also felt that the marketing and awareness could be improved, though the engagement was targeted at people living close to the sites. There were concerns caused by Covid but adaptations were made to the project.

The evaluation is complex as the capital works are split into two areas. The development of the first area will be evaluated and then after a six month break the second area will be developed and evaluated. This means the evaluation period is long. Data collection has been delayed due to lockdown. Josie explained that the baseline study was before the capital works started and now her team are sending the questionnaires out again, consisting of the same questions plus a reference to Covid. The evaluation has been delayed by the pandemic so another year would help. Who is in the parks and what they are being used for is in the Better Place evaluation.

Jo remarked that reprocurement during Covid might be difficult and she wondered if we had considered this. The local authority are delaying lots of reprocurement at the moment. Jill thanked Jo for this and confirmed we had considered this point.

Ruth noted a risk to 12 month contracts which is that 6 months into them, people start looking for other jobs. Jill said that the Commissioning Advisory Group did not consider this and it is always a risk which we try to mitigate with the providers. The issue is that we do not fully know what engagement we would want in the future and there may be merit in exploring who could support this work, the recommended option gives the most flexibility.

Vipin said Option A should be subject to the proviso that Groundwork commit to mitigating the risk. Groundwork are a big organisation and they should have enough staff.

**Decision: To recommission Groundwork for a further 12 months.**

## **9. Financial update April-June 2020**

Shaista presented the report which shows the accounts from April to June 2020, a forecast to 31 March 2021 and a revised budget for 2020/21. There has been an underspend, partly due to Covid. From April to June 2020 there were savings of £562k against a £1.9 million budget. Variances have been analysed in the report and savings were made due to the pandemic e.g. there were no face-to-face events such as conferences and also very little travel, stationery costs or printing.

Virtual meetings were held via Zoom and Microsoft Teams and we have spent on equipment and licences to facilitate this. Shaista said people have adapted quickly and projects have developed new ways of working.

Phil noted a spend of £250k on capital projects which is not revenue savings or underspend and so the underspend on this line is only £250k, with the costs paid in instalments and he said this is about profiling. Shaista agreed with this and confirmed that the accounts show costs as and when they are spent. Phil observed that underspend has been picked up via alternative delivery methods.

Shaista proceeded to the forecast. She explained that she looked at the original budget for 2020/21 and the results for the first three months and then made assumptions for the rest of the year. Savings of £432k are forecast for the year. Shaista noted that a number of projects are not spending less than projected and we are not likely to spend as much or anything on some lines due to the circumstances.

Shaista turned to the revised budget which takes into account changes made to projects' budgets after the budget was agreed. Business cases for these were agreed by the Partnership Board and have been incorporated into the revised budget. There is an increase of £86k for the year, giving a total budget of £8 million instead of £7.9 million. Shaista noted that the Finance & Audit Sub-Committee have already scrutinised the accounts, the forecast and the budget and recommended they be noted and accepted.

Ludmila asked why the budget for HAPPY increased and Shaista explained that an extension to their project was requested. Jill confirmed their contract was to end in January 2021, but it was extended to May. They needed laptops for remote working and online delivery, and software licences and mobile phones needed to be funded, as have salary increases. Jill confirmed they are now delivering a universal HAPPY offer, which is what we asked them to do.

Phil noted the underspend of £432k, so despite the funding increases for some projects we will not be overspending at all. Shaista confirmed that the forecast was against the original budget. Phil said some of the £86k increase is not recurrent as it is capital equipment. He commented that the accounts were good and detailed and queried how the underspend could be reinvested using alternative delivery models.

Vipin confirmed that the Finance & Audit Sub-Committee have already been through the accounts.

**Decision: The Partnership Board notes and accepts:**

- **The accounts for the quarter ending 30 June 2020**
- **The forecast for the year ending 31 March 2021**
- **The revised budget for the year ending 31 March 2021**

## **10. Programme monthly report**

Alex explained that due to lack of time she did not intend to go through the report in detail.

Phil remarked that BSB should ensure that the items RAG-rated as Green should actually be Green because this does not always seem appropriate given the comments in the report. Alex said this would be taken onboard but the RAG rating applies to the overall status of the project whilst the comments relate specifically to the reporting period. Whilst there may be issues and challenges reported a judgement is made whether these are likely to affect the ability of the project to fully deliver against its contract. A project may be rated Amber if there is a definitive issue which affects performance and this is evident in the report. If adaptations are made due to the pandemic, the project may still be able to fully deliver. The projects need to demonstrate the adaptations made and there may be a different kind of success to that originally intended. Adaptions may be in the testing period and we cannot say yet if they have a positive or negative impact. We should then assume a Green rating until something demonstrates otherwise.

Ruth asked anyone who wished to raise a query about the programme monthly report to pick this up with Alex outside of this meeting due to lack of time.

## **11. Any other business**

Salma raised the issue of parents' mental health during the pandemic and felt there had not been enough support for parents (with lockdown, home schooling, financial worries and leisure time for children all being issues balanced against the parents' own health and wellbeing). The BSB activity packs were delivered near the start of lockdown but then there was nothing else and some parents were struggling. BD4 Family had however got in touch a few times.

Jo said this was a fair point and Public Health had been slow initially about digital support for families for age 0-5s which was not the answer for everybody. She is keen to understand what the solutions could be and will arrange a discussion with Salma via Fiona outside of this meeting.

Josie observed that nobody realised the size of the mental health issues and the financial burden and asked if BSB's team could explore further opportunities to support in relation to

these. Useful contact numbers have been sent out and she will share these with BSB, so parents know where to look for support.

Gwen said the Covid situation was discussed at the recent community prep meeting as being the 'new normal' and we cannot say things will be better in the spring. She asked what will be our new way of working and suggested this be put on a future meeting's agenda. Alex confirmed that service redesign of community engagement is currently underway which has involvement from some Community Board members. We are committed to responding to feedback.

Salma said thanks for the discussion and reiterated that there should be more support for parents.

Finally Ruth thanked everyone for attending and said we had had a good discussion.

## **12. Date of next meeting**

The next meeting is provisionally on Thursday 19 November 2020, starting at 9.30 am.

The meeting closed at 7.45 pm.