

Better Start Bradford Partnership Board Minutes
Thursday 20 May 2021
Via Zoom

Meeting Started: 09:30

Meeting Ended: 11:15

Present:

Vipin Joshi	Community Board member (Chair)
Ruth Shaw	Senior Head of Strategy, Change and Delivery, Bradford District and Craven Clinical Commissioning Group (item 7 onwards)
Alex Spragg	Programme Director, Better Start Bradford
Sarah Hinton	Board member, Bradford Trident
Josie Dickerson	Programme Director, Innovation Hub
Richard Padwell	Superintendent, West Yorkshire Police
Jo Howes	Public Health Specialist, CBMDC
Gwen Balson	Community Board member
Ishaq Shafiq	Community Board member
Karen Tetley	Community Board member
Salma Nawaz	Community Board member (items 1 to 7 only)
Samina Begum	Community Board member

In Attendance

Phil Hayden	Director of Programmes for Children's Services Innovation and Improvement, CBMDC (in place of Mark Douglas) items 1 to 10 only
Peter Horner	Voluntary and Community Sector Representative (in place of Tracey Hogan)
Gill Thornton	Head of Programme, Better Start Bradford
Jill Duffy	Implementation Manager, Better Start Bradford
Kerry Bennett	Integration & Change Manager, Better Start Bradford
Shaista Ahmed	Finance Manager, Better Start Bradford
Guy Dove	Programme Administrator, Better Start Bradford

Apologies for Absence:

Mark Douglas	Tom McCulloch	Gill Hart	Tracey Hogan
Shaheen Khan			

1. Welcome, Introductions and Apologies

Vipin welcomed everyone to the meeting and noted the apologies.

2. Minutes of the Previous Meeting – 22 April 2021

The minutes were accepted as a true and accurate record.

3. Matters Arising actions table

Alex confirmed that the governance task and finish group's next meeting is next week and their work is ongoing. They will report back to the Partnership Board once some decisions have been made.

A business case for extending the contracts of two Innovation Fund projects (Womenzone and Sharing Voices) will now be brought to the June Partnership Board.

4. Declarations of interest

Samina and Gwen are standing for the two Vice Chair positions and will leave the meeting for the discussion part of item 6.

5. 'Getting to know you' session – Samina Begum

Samina said she was born in Bradford in 1970 and her parents were originally from Mirpur in Kashmir, Pakistan. Her father was a bus driver and her mother was a homemaker and Samina has three sisters and two brothers. The children all attended local schools and Samina had an aspiration to go into social work. However, there was a patriarchal family system and the boys' education was prioritised as traditionally they were the earners and the breadwinners and it was not understood why girls should work.

Samina had an arranged marriage at age 16 and had a boy and a girl who are now age 32 and 30. She had to fight to get a job due to her family system and spent 18 years in the tax office, including working on compliance. Samina fulfilled her aspiration to go to university and completed a social work degree and then got a job in adult mental health which she sees as an achievement. This was at Bradford District Care Trust and she worked with CAMHS and with young people presenting with mental health issues. She aspired to be a social worker and did work on parenting and saw how important it is to get the early years right.

Samina then worked at Horton Housing Association on a housing project for young people. In 2012 Samina had a daughter after a gap of 24 years and felt that everything seemed different this time. Previously she was not as hands-on or involved as a parent. She enjoyed the pregnancy and then wanted to do everything with her daughter that she was not able to do with her other children. She found breastfeeding very difficult and there was no face-to-face statutory help, but then found a voluntary organisation that was a 'lifesaver,' and their support worker spent two days with Samina helping her. Samina wondered about other new mums who did not know about this.

She became involved with Princeville Children's Centre and Burnettfields and Samina saw the value of social support from other mums, baby massage and the mums doing crafts and yoga and all this developed Samina and her daughter. Samina did HENRY then became one of its

volunteers, and this changed her thinking about food, bonding, routine and family time and she wanted to pass this on to other parents.

Samina had no interaction or play as a child with her parents, who probably did not get this from their parents either. She has now learned about developing as a parent and this makes the children more confident. Samina was involved with Woodroyd Children's Centre (with Ludmila) and joined the Parents in the Lead panel. It was liberating to see parents coming together with ideas and applying for funding and Samina visited the programmes to see them delivering.

Samina also became a Perinatal Peer Support volunteer and wanted to set up a service user group but found this a struggle. However, some parents applied successfully for funding and set up a group. Samina said this was an example of the community becoming empowered to run sessions once Better Start Bradford finish.

She has applied for the Vice Chair role on the Partnership Board. Samina noted she has been on the Partnership Board for two years and she is also involved in Adverse Childhood Experiences work. Samina also works with a Bradford charity helping Muslim women going through divorce and said that she is able to use her counselling qualifications to help to empower women.

Vipin, on behalf of the Partnership Board, thanked Samina for her presentation.

6. Appointment of Vice Chair

Alex advised that the details of the Vice Chair role were shared with all the Community Board members who were invited to apply for the position. There was only one application, from Samina, who has just given us details of her knowledge and experience. Ruth, Vipin and Alex conducted an informal interview with Samina. The panel are confident that Samina has a thorough understanding of the role, relevant skills and experience and is keen to take the role on and further develop herself and the BSB programme.

There are two vacant Vice Chair positions. There have been separate conversations with other Community Board members who had originally expressed an interest in the role but have been unable to commit due to other commitments and pressures. Vipin spoke to Gwen, who is willing to stand for Vice Chair. Most of the Partnership Board know Gwen very well and she has been a Community Board member from the beginning of BSB. She is also a regular attendee at sub-groups, task and finish groups, has helped with BSB recruitment and knows a significant amount of BSB's history. Gwen is particularly interested in supporting involvement in BSB from people in the community.

Vipin confirmed the panel was unanimous in recommending Samina and Gwen to be appointed as the two Vice Chairs. This would also help with Vipin's workload. Alex agreed the two roles would share the workload and create a leadership team within the Partnership Board to work collectively and to better represent BSB. They would support Alex and the wider Partnership Board as well as Vipin.

Ishaq said appointing them would be fantastic and noted they are regular attendees and have wide experience. Josie agreed with this and remarked that they are inspirational and it is good that they are able to take on the role and we should feedback how pleased we are.

Decision: The Partnership Board appointed Samina and Gwen to the Vice Chair roles.

Vipin welcomed Samina and Gwen back into the meeting and congratulated them on being elected as Vice Chairs. He thanked them for putting themselves forward and said the Partnership Board are fully confident in them and that they will continue their hard work.

Gwen thanked the Partnership Board for considering herself suitable for the Vice Chair role and she felt like she was the 'grandmother' of Better Start Bradford.

7. 10 Year budgets

Shaista went through the written report and confirmed she had prepared the 10 year budget with help from Alex, Gill and Caroline.

The budgets include actuals up to and including Year 5. Year 6 is also actuals but the accounts for that year have yet to be approved and so its figures may change, but only slightly. Year 7 is made up of the budget that went to the Partnership Board in March, and Years 8, 9 and 10 are anticipated figures.

The introduction to the report shows where BSB's funding comes from and any changes. The National Lottery Community Fund contribution has not changed from £48.9 million, but the investment from external partners has. Investment from the Clinical Commissioning Group declined from Year 5 but we have gained Reducing Inequalities in Communities funding for Little Minds Matter and the Personalised Midwifery project.

The majority of the budget remains committed to delivering projects, but Shaista confirmed that there is a shift to resourcing sustainability and legacy from Years 7 to 10. Some of our projects have recently been extended for another three years, with BSB support due to end on or before 31 March 2025.

Some expenditure is scheduled to increase in Year 10 such as Governance (£25k) and Marketing & Communications (£50k) as we will be spreading learning, holding events and having a large information campaign.

Shaista proceeded to Consultation & Research. The independent review of BSB by St Edmunds cost £11k and there will be a fund mapping exercise in Year 7 and an independent evaluation of BSB (£20k) to be completed in Year 10. There are also plans for there to be a follow up Area Wellbeing Survey in Years 8 and 9 costing £37k. Closedown costs are anticipated to be around £140k and the process will commence in Year 9.

Shaista explained that the 10 Year budgets is a rolling work item and is looked at and reviewed every year. She turned to projects and explained BSB are funding £1.341m over three years for the Personalised Midwifery project from Year 7 and RIC are paying £622k for the same period. The budget has been removed for Family Nurse Partnership as we are replacing it with MECSH (Maternal Early Childhood Sustained Home-Visiting). Little Minds Matter is also being jointly funded with RIC funding from 2020 to 2024 totalling £625k. She turned to Sustainability Projects and noted increased investment in this area, she also confirmed we are working with projects about their sustainability and the prospect of them providing services throughout Bradford without BSB support.

Phil remarked that he has experience of programme closedowns and their redundancies and said we should consider the impact on service delivery in Year 10. He suggested that the focus on evaluations should be in Year 9, with an impact of closure evaluation in Year 10. Another factor is continuation of employment so there is no knowledge loss. We should start having these conversations and Phil said it was a shock to him to find out we are already in Year 7 and he remarked that the closedown will come around very quickly. It will have big ramifications and people will start looking for other jobs and leaving before the end.

Gill confirmed that the function review has been completed with a view of what is needed in the run up to the end of the BSB programme. The sustainability work is starting now and we are looking at district commissioning intentions and seeing how our projects fit with them. We are also considering the policy and strategic direction of the district and seeing if our learning and projects fit. Gill mentioned the new BSB knowledge and dissemination post to help secure our learning and having an 'Observatory Model' about age 0-5s for the district with our learning, which can be used for the future and ideally be sustained. The Commissioning Advisory Group started sustainability discussions two years ago and BSB know we cannot leave it all until the last year and we need to plan for the end.

Phil said he was interested in the impact of individual projects, the model of delivery with the greatest impact and wider system learning and development. We need to start getting this information now so we are well on with it in Years 9 and 10. Alex confirmed this is part of the Innovation Hub evaluation work, including how the wider programme has worked and will deliver through the next three years.

Vipin suggested we bring sustainability back to the Partnership Board in September. Jill noted that the Commissioning Advisory Group are already to do a prioritisation piece of work with partners and what Phil has just said is mostly in train. We will have ongoing dialogue to get learning out there without waiting for the formal evaluation and the new post Gill has mentioned will have that as part of their role.

Phil raised the loss to the community of closedown, the impact on families and the need to talk to the community about the sustainability journey. Gill agreed with this and noted the function review should complete by the end of July and we will report on it at the September Partnership Board.

Decision: The Partnership Board notes the revised 10 year budget and the basis on which it has been prepared.

8. Initial BiBBS data – review and discussion

Josie referred to the previous agenda item discussion and confirmed we will not have to wait until Year 10 for everything.

She shared a Powerpoint presentation and explained that the Innovation Hub were about to release their interim BiBBS analysis but then the Covid pandemic struck. BiBBS is a birth cohort study in the three BSB wards. All pregnant women living in the area are approached and asked to do an in depth questionnaire containing what are known factors that have an impact on a child's outcomes. Her team also ask for consent to follow up routine data from GPs, midwives, projects and early years services etc. This helps the evaluation of BSB projects individually and as a whole, and for the Innovation Hub to understand more about families in the area.

The slides relate to the pre-Covid-19 BiBBS cohort i.e. all babies born before March 2020. Josie's team can look at the impact of the pandemic on families too, including finances and wellbeing and Covid may make it harder for BSB to show an impact. The Innovation Hub will also look at the take-up of BSB projects.

The cohort Josie is presenting on today contains 2,613 pregnancies. Some women have had more than one pregnancy in it and Josie said there is a mum who has had four children in the cohort. The women are from 46 nations and speak 53 languages and Josie wished to thank her community research team for helping with recruitment. The cohort is very representative of the BSB population in terms of ethnicity and there is a good spread across the three BSB wards.

Only 7 per cent of the mums are not in a relationship with the baby's father so there are fewer single parents than the average elsewhere. Josie mentioned consanguinity and noted that 33 per cent of the women were related to their baby's father and 57 per cent of them are first cousins. Topics the Innovation Hub can research include the impact on the children of stable relationships and a difference in consanguinity levels from the first cohort has implications for Public Health.

Josie said that 1 in 5 of the families within the cohort live in overcrowded housing. The families are very mobile and nearly half of 4 year olds have moved house once and 32 per cent have moved 2 or more times. By age 3, 1 in 5 children have left the BSB area and this rises to nearly 1 in 4 by age 4, which has a significant impact on the evaluation. There are new families moving in with very young children who are not involved with BSB. It will be interesting to look at the impact of this mobility on wellbeing and also the impact of poor living circumstances.

Josie turned to ethnicity and 45 per cent of the mums in the study were born in the UK, 33 per cent in Pakistan, 6 per cent in central and eastern Europe and 6 per cent in India or Bangladesh. 46 per cent of the mums do not have English as their first language. 20 per cent cannot understand or speak English well, and 12 per cent say they can 'quite well.' These women need interpreters during pregnancy and for healthcare, and Josie said they are hard to engage in an English delivered programme. The Innovation Hub can look at if poor English language skills affects uptake and outcomes.

1 in 4 of the mums read to their child every day and 1 in 10 never read to their child though Josie reflected that another family member may do so. 1 in 3 of them do not usually speak English at home. Josie would like to explore whether poor language development for the children could be predicted and if there would be an impact on attendance at BSB projects and nursery.

Josie proceeded to financial insecurity and 7 per cent of people in the cohort said things were difficult or very difficult. This will probably have got worse during Covid and Josie commented that it will be interesting to see if this has an effect on child outcomes.

31 per cent of the mums reported mild depression and 14 per cent clinically important symptoms of depression in pregnancy. 14 per cent reported mild anxiety and 7 per cent clinically important symptoms. 10 per cent said their wellbeing was low, 33 per cent average and 55 per cent disclosed high wellbeing. Josie put some questions arising from this up on the next slide, including if depression etc has got worse during the pandemic. She noted that midwives and health visitors do not always capture maternal mental health in the way the Innovation Hub can capture it.

Josie moved on to how many BiBBS participants take part in BSB interventions. This is hard to work out without a clear unique identifier (NHS number, unique pupil number) and some BSB projects are not on SystemOne and use their own data recording system. A colleague of Josie's has developed a 'Fuzzy Matching Method,' which looks for slight differences and allows for slight uncertainty.

83 per cent of mothers in the cohort took part in a BSB project and 64 per cent completed one, and Josie commented that there is always a drop-off between the two. 18 per cent enrolled in 3 interventions and 15 per cent in 3 or more. Josie noted that a few projects are missing from these statistics e.g. Little Minds Matter, whose data sharing agreement is yet to be signed.

Josie noted that Better Start Imagine (free books) is a universal project as is the Talking Together screening and her team will be looking at who is going to the other projects that are much less well attended. She explained that some four year olds will have been missed as the projects were not running when they were younger, and others are too young for some projects and Josie expects participation rates will rise. To measure some outcomes, the Innovation Hub have to wait until the children start school.

The Innovation Hub will be looking at what predicts engagement in projects (e.g. language, ethnicity, deprivation, peer-led or professional-led, home-based, group or 1:1 delivery). There will be a PhD student working on this from 1 June.

Josie's team will also be considering if attending two BSB projects leads to better outcomes than just attending one and if there is a big difference. There is also a query about if attendees at nursery get better outcomes.

BiBBS is running to 2024 and has a target of recruiting 5,000 families. In-depth evaluations are planned for Talking Together, Personalised Midwifery, Incredible Years, Breastfeeding Support and maybe Baby Steps. Hopefully post-pandemic, the Innovation Hub can look at the impact of normal delivery instead of remote delivery.

Josie invited questions and Gill commented that we never considered consanguinity as an issue and she would be interested in the learning. She added that Laura McLarty is doing an ethnography study on what leads people to take part in our programme and in wider services, but this study has been affected by Covid.

Gill said we should not fund projects that people do not want as there would be no benefit. It is good to see the numbers of participants and the uptake is better than we think. Some service users in our projects do not know they are funded by BSB.

Vipin thanked Josie for her presentation and agreed it was good to see the numbers attending the projects and the Community Board members should push for attendance at projects. Alex confirmed that Josie will share the presentation. People may need time to dissect the presentation and Josie would be happy to answer any questions later.

Action: Josie to circulate the BiBBS data presentation.

Gwen raised the high percentage of stable relationships and high mobility with people leaving the area. She asked if the Innovation Hub could look at multi-generational households and queried how stable relationships are defined. Gwen also suggested that domestic violence

levels be explored and their impact on participation. She said Josie does not seem to have looked at dads' learning and Gwen suggested multi-generational households may be more likely to leave the area. Josie confirmed her team do ask mums about relationships and multi-generational households. There is no good data on stable relationships, but they do ask how supported the woman feels in the family dynamic but there will also be gaps. Josie observed that her team have to be careful and some questions have been removed from the questionnaire as they were too personal.

Phil said we need to see the presentation more than once and he is thinking of new things now he has seen it twice. There needs to be a case for change and an evidence base for the delivery of practice. Making a service universal has huge implications and he is currently doing an early years business case. From the Innovation Hub's work, Phil wants to hear more from fathers, more about stable families, and how involved fathers are in their kids' learning and development.

Vipin again thanked Josie for the presentation and Josie said she looked forward to receiving emails of questions about it for her or Sara Ahern.

9. MECSH evaluation

Jill said this agenda item is an example of ongoing dialogue about our learning, it is important that the Partnership are aware of evaluation plans and their potential limitations.

Josie recalled that it was suggested BSB fund MECSH some time ago when Family Nurse Partnership was shown not be suitable for our programme. MECSH is more universal and is based on the family's level of need. It shall be delivered in all of Bradford East, not just the BSB area, as an intensive health visiting programme for vulnerable families.

MECSH is about prevention, not responding to escalating need. Due to many Care Trust pressures, Josie said that MECSH cannot be implemented in Bradford as it was designed. We are getting a pilot project of a different model to the original MECSH, and so the Innovation Hub have had to adapt the evaluation plan. They have worked with partners on the evaluation, and there will only be an implementation evaluation at the end of the 12 months pilot. This will show what can be delivered and will compare families who get MECSH with eligible families who did not.

The evaluation will try to see if there is any benefit to what is delivered and to understand health visiting capacity. It will be hard to show any child outcomes as the children will only be one year old at the end of the pilot.

Jill agreed that the original MECSH model had to be adapted to fit into Bradford's health visiting delivery model. An identified issue is that the original model depends on the therapeutic relationship, and this may be broken if a family is given a different health visitor. We will be looking at the 'overspill effect' - all the health visitors are MECSH trained which may impact on them and non-MECSH families may still receive some of the benefit.

Jo commented that as a commissioner of health visiting this was very interesting, but we will not be able to say much after just a year. Public Health will see how much the Care Trust can do and how the year fits in a tiered model. Kerry is going to regular Care Trust/Public Health catch-ups at which MECSH will be discussed. We should try to get as much as possible out of the year and recruit as many families as possible. Jo commented that when the health

visiting model was 'firefighting' problems there were often as many reactive meetings as MECSH's 22-24 visits, and Kerry is already seeking evidence of this. When Jo worked as a health visitor she used to have to visit highly vulnerable families very frequently. We should try to take the fear from the service that MECSH is not doable. Kerry will at first test assumptions in health visiting and the MECSH approach.

Phil asked about the Solihull Approach and Kerry confirmed that this project was considered. Jo agreed that it was looked at but we wanted to divide some of its scope and fund a dedicated infant mental health offer, Little Minds Matter. Solihull was already evidence-based and has an expensive licence. Gill said this was correct and Solihull was not seen as mainstream.

Gill recalled that the National Lottery Community Fund initially insisted we fund Family Nurse Partnership. We wanted to work with health visiting because of the HABIT oral health intervention, for example. Health visitors are critical in that they hold records of every child in our area. We must have MECSH as there is now no FNP, the NLCF expect us to fund an enhanced health visiting project and there is no alternative is ready. Lots of money, time and effort has been put in just for a year and we hope to see the 'spill over effect,' and health visitors are appreciating what they have learned through the MECSH training.

Gill said MECSH is a good preventative model of health visiting which should ultimately save money and improve children's outcomes. Phil noted that MECSH is research-informed and confirmed he will work with the Care Trust to apportion resources to need. Health visitor caseloads need to be appropriate and a health visitor working with intensive need families has to have smaller caseloads. He asked where health visiting will get the resources to deliver MECSH and stated that we need to join up conversations. The service may have over-committed to the pilot unless they are getting more funding. Jo confirmed she will pick this up and MECSH say they do not need any extra health visitors.

Alex confirmed BSB are investing in Bradford East for the pilot and we are aware of the challenges health visiting currently have with vacancies. Phil remarked that we need expertise, not just resource. Vipin noted that it was important that we replace FNP and there is a demand for the service and we must avoid people falling into gaps. We will need to know the outcomes, what works and what does not.

10. Programme monthly report

Gill mentioned our joint commissioning with Public Health for the new Play and Learn contract. BSB are partnering up with Public Health and Children's Services to develop a good standard model with potentially some kind of accreditation or kitemark. This will be the responsibility of the new Early Years team to be set up within BSB and is a new area of work coming from the function review.

Gill moved on to the new BSB app. A briefing note was circulated with the meeting papers as well as a QR code so it can be downloaded. The app will be a way to easily find out what is going on, to get information and contact details. The app is not quite launched yet but Gill asked us all to promote the app to other people.

Vipin asked for thanks to be passed to Michelle Thompson and her colleagues for the app and noted BSB are getting good at promoting things. He noted that parents go to projects without knowing that they are funded by us. He asked all Partnership Board members to please promote the app which is replacing the old text messaging service.

11. Any other business

Vipin noted feedback from Salma about an excellent Zoom meeting she attended organised by Humera with a woman police officer there. About 22 people attended the session and Salma said it was empowering for the women and girls who spoke to the police officer. Richard asked to be sent this feedback and the name of the police officer and he will pass on the positive feedback.

Ishaq mentioned his work with the Covid vaccination roll-out which is now targeting people of age 36 and said Little Horton is a priority area with poor uptake. He asked if BSB staff and volunteers could help promote the jab and to persuade people to sign up for it in advance. He confirmed, in response to a query from Vipin, that the three local councillors will be included but Ishaq asked if any more could be done, particularly with the central and eastern European community.

Gill suggested Ishaq speak to Fiona about involving the Neighbourhood project though its organisations may already be doing vaccine work and we can be collaborative. We can promote vaccine clinics and pass information on. Gill asked Ishaq to also contact Michelle and noted we cannot send out things to individual people.

Alex confirmed we can share Public Health messages, including with projects, and noted that the vaccine target age is now includes many of our parents. Ishaq asked if there are any events coming up as his team could put up a gazebo and send a vaccine bus. Gill confirmed we would be and suggested talking to Fiona.

Vipin asked Ishaq to keep putting things into the Community Board members' social media group and asking them to share messages, and Vipin noted Bradford Hindu Council are doing so as well as other organisations that the Community Board members are involved with. There remains a lot of anti-vaccine material going around and all Partnership Board members have a community responsibility. Vipin asked Jo to pass on our thanks to Sarah Muckle and for Ishaq to do so to his colleagues. There is also Josie and the Covid Scientific Advisory Group.

Vipin thanked everyone for attending the meeting. He said our purpose is for the betterment of Bradford going forward and the city gets poor publicity and we can help to make a massive difference. He asked if everyone had felt they had an opportunity to contribute to this meeting and all agreed that they had.

12. Date of next meeting

The next meeting is provisionally on Thursday 17 June 2021, via Zoom, starting at 5.30 pm.

The meeting closed at 11.15 am.