

Better Start Bradford Partnership Board Minutes
Thursday 17 June 2021
Via Zoom

Meeting Started: 17:30

Meeting Ended: 19:10

Present:

Vipin Joshi	Community Board member (Chair)
Ruth Shaw	Senior Head of Strategy, Change and Delivery, Bradford District and Craven Clinical Commissioning Group
Alex Spragg	Programme Director, Better Start Bradford
Sarah Hinton	Board member, Bradford Trident (items 1 to 9 only)
Josie Dickerson	Programme Director, Innovation Hub
Jo Howes	Public Health Specialist, CBMDC
Gwen Balson	Community Board member (Vice Chair)
Samina Begum	Community Board member (Vice Chair)
Karen Tetley	Community Board member
Olga Dolganiuc	Community Board member
Salma Nawaz	Community Board member
Satnam Singh	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 8 only
Gill Hart	Funding Manager, The National Lottery Community Fund
Gill Thornton	Head of Programme, Better Start Bradford
Jill Duffy	Implementation Manager, Better Start Bradford
Heather Fawcett-Jones	Programme Facilitator, Better Start Bradford
Riffat Nasser	Programme Facilitator, Better Start Bradford
Guy Dove	Programme Administrator, Better Start Bradford

Apologies for Absence:

Tracey Hogan	Peter Horner	Shaheen Khan	Ludmila Novosjolova
Ishaq Shafiq	Adal Qureshi	Kerry Bennett	Zebunnisa Ahmed

1. Welcome, Introductions and Apologies

Vipin welcomed everyone to the meeting and noted the apologies.

Everyone introduced themselves to each other.

2. Minutes of the Previous Meeting – 20 May 2021

The minutes were accepted as a true and accurate record.

3. Matters Arising actions table

The action point about two Innovation Fund projects will be covered under item 8.

It was confirmed that Josie's BiBBS data presentation was emailed out to the Partnership Board last month.

4. Declarations of interest

Satnam declared for item 8 his interest in Athletico FC, which will be used by the Sharing Voices Resilient Dads project to engage dads in the project.

5. 'Getting to know you' session –Karen Tetley

Karen said quite a few people in this meeting know her well already. She is married with two sons who are now in their mid-20s. Karen is the oldest of five girls and her parents split up when she was quite young. She was brought up mostly by her mother but her dad was always around.

Karen always wanted to work with children and did a nursery nurse course at Keighley College, finishing in 1987. She did many placements (including, in those days, a nanny placement), one of which at Barkerend Family Centre opened up a different viewpoint for Karen and she had a lightbulb moment at age 19 that she wanted to work with parents as well.

In November 1987, Karen started working at Canterbury Children's Centre and she spent over 30 years there. She started working with two year olds, then progressed to low-level family work, then higher-level family work, including evenings, weekends, supervising contact sessions and home visits.

After Karen's second maternity leave, although she loved her work she felt she needed to be at home more. She moved to term-time only working at nursery for a better balance of working and more time with her own children. Eventually Children's Social Care moved out of Canterbury and she took a job working part-time as a Parental Involvement Worker and part-time in the nursery, then became a PIW full time. This involved Play and Stay sessions, parents' social groups, adult education classes (e.g. ESOL, IT, childcare classes) and also cooking and flower arranging for parents. It was sometimes difficult to get parents used to being in a centre as they were reluctant at first, maybe due to their own poor school experiences.

In 2003 Sure Start moved onto Canterbury and at first used a house on the estate, with the Sure Start manager using Karen as a link. She worked on activities for families and adult education and then the children's centre was extended and Sure Start moved in.

In 2013/14 the Sure Start head started taking Karen to very early Better Start Bradford meetings which she found exciting and a great opportunity with lots of ideas and funding to

make a difference. As a Community Board member now, it is good for Karen to look back at this.

After a restructure in children's services Karen then worked in the BD5 Cluster, and she worked closely with BSB and facilitated HENRY and Welcome to the World (which she loved) as well as other parenting programmes. Karen likes working within groups with parents, sharing ideas and seeing them having lightbulb moments in antenatal education. This is empowering for parents.

Karen became the BD5 Cluster breastfeeding champion, the oral health lead and was looking at barriers to parents coming engaged. The barriers are usually because parents have other things going on e.g. financial or relationship issues or housing issues.

Karen has worked with families for well over 30 years, and found the vast majority of parents want the best for their children but some need support (e.g. in education, or because of their background). She has always felt proud and privileged to work in BD5 around parents and children. Even now Karen can walk around Canterbury and talk to adults she looked after when they were age 2 or 3, who now have their own children.

By 2018, Karen was an early help family support worker and she applied to become a Community Board member in 2020, jumping at the opportunity. It is nice to be back on board with BSB, talking about projects and although Karen works in age 0-19 her passion is always for antenatal and age 0-5. Early Years is key and if we get that right it helps later on.

Vipin, on behalf of the Partnership Board, thanked Karen for her presentation. He commented that the time she spent in BD5 brings good experience as a Community Board member.

6. Risk appetite review

Alex went through a Powerpoint presentation from Zebunnisa, who cannot attend this meeting. A paper was circulated in advance and we need to review our current risk appetite, by understanding the role and responsibility of the Partnership Board in overseeing risk management [and](#) understanding what role risk appetite plays in risk management.

The responsibilities of the Partnership Board are to set and/or approve the overall risk appetite level, and to ensure appropriate risk governance. BSB's Programme Management Office then develops a strategy and delivers, plans and manages the programme to achieve results according to the plans and agreed risk limits.

Risk is defined as an uncertain event or set of events, which, should it occur, will have an effect on the achievement of objectives. Risk can be negative or an opportunity – you can have a positive risk.

Risk appetite is the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time to achieve its objectives. Defining the risk appetite defines how 'hungry' an organisation is for risk.

There are four levels of risk appetite (Averse, Cautious, Open and Hungry) and Alex went through the characteristics of them all, stating what level of risk is accepted in return for safe or pioneering delivery options to secure successful outcomes. We have reviewed our risk appetite level three times already, and this may change as our programme develops.

Alex walked the Partnership Board through an exercise looking at how differently a risk is managed based on the risk appetite.

Our current risk appetite level is Open. This means that the Partnership Board is prepared to consider all delivery options and will select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.

Decision: The Partnership Board will retain its current 'Open' risk appetite level, to be reviewed again in 2023.

7. HENRY contract review

Jill went through a Powerpoint presentation and explained that HENRY's contract ends on 30 September 2021. The project aims to promote healthy family lifestyles and delivers against BSB's childhood obesity outcomes. It offers an 8 week course with group and 1:1 delivery for parents, and subject specific workshops. The budget is £365k.

The Commissioning Advisory Group met last week and considered three options. Option A is to recommission HENRY for three years as per its current model. This includes some direct delivery to provide stability around participant numbers with a mix of face to face and virtual delivery. They anticipate 188 parents per year participating in group and 1:1 programmes, 128 parents participating in workshops and 70 professionals participating in the HENRY practitioner training. The budget for three years would be £476k. Option A would support the potential for an effectiveness evaluation, but there is a risk to sustainability as there would be some direct delivery.

Option B is to recommission HENRY for three years with adaptations. It would include a new role of a community partnerships officer. This role would include dedicated capacity for partnership working and would work in the community. Option B also includes a review of language needs. HENRY anticipate 219 parents per year participating in group and 1:1 programmes, 160 parents participating in workshops, but still 70 professionals participating in the HENRY practitioner training. The budget is £554k. Having strong local partnership working should increase awareness of HENRY and referrals, aid future sustainability and the the review of language needs will support this. The most significant risk is that we do not know if the new community partnerships officer role will be successful.

Option C is to decommission HENRY. This would release funding but would create a gap in our programme in addressing childhood obesity which BSB would have to fill. The potential for an effectiveness evaluation would also be lost.

In the Commissioning Advisory Group's conclusions, they noted the Innovation Hub's recommendations that HENRY be recommissioned and they should try to improve recruitment and reach. There is potential for an effectiveness evaluation and pre and post questionnaires show statistically significant improvements in behaviours. HENRY has high retention, completion rates and satisfaction scores. There is a need for improvement in recruitment and reach, but the families who do attend like it and tend to stay.

Jill noted that structural changes in e.g. children's services have impacted on capacity, which has led to some direct delivery. There are future plans for Public Health investment in HENRY, but we will need to show clear added value. BSB will work in partnership with Public Health

and try to fit with their plans. More focus will be needed on community engagement, as Option B proposes.

Phil noted the evaluation report in the meeting pack and a significantly better return on investment in workshops and asked what the difference is between groups and workshops. Jill explained that the group is an eight week programme and a workshop is a single session. The group sessions and 1:1s deliver HENRY's outcomes and the workshops are used as an engagement tool. Phil remarked that the workshop has value if people are converted into then attending the eight week programmes, and this is key. It would be interesting to see more workshops if there is a new contract, and he likes different delivery methods. Jill noted that the workshops do give some outcomes, but the groups and 1:1s are more likely to result in sustained change.

Josie explained that longer-term things have a longer-term impact when changing behaviours. She said her team have seen some really positive changes due to HENRY, which is very exciting and there is promise in the final stages of the BSB programme. Phil noted HENRY has a well-tested model and has been around for years, but Josie explained that there is no effectiveness evaluation of HENRY. There is a national Randomised Control Trial going on, and BSB's version of HENRY has evidence of promise. As our HENRY evaluation has a diverse population this should add to and boost the RCT's findings.

Vipin noted that it is not just age 0-4s who benefit from HENRY, it is the whole family. He has spoken to parents who value the project and recalled that the Commissioning Advisory Group had a thorough discussion about HENRY last week.

Decision: The Partnership Board approved Option B, to recommission HENRY for three years to 30 September 2024 with adaptations.

8. Innovation Fund projects – Womenzone and Sharing Voices

Gill Thornton went through a Powerpoint presentation about the two projects and noted a paper had already been circulated with the business cases.

At our March 2021 meeting, the Partnership Board had asked for business cases for the extension of these two Innovation Fund projects. They are both requesting a one year extension to their contracts, which currently run out at the end of September 2021.

Womenzone Play Gym and Hubert St Kitchen

Womenzone were awarded their contract in 2019, with it due to start in April 2020 but this coincided with the onset of the Covid pandemic. Instead the contract started on 1 October 2020, and the Play Gym was built and improvements made to the café area, which were easier to do as Womenzone's centre was closed to the public to an extent. The purpose of their project is to bring parents and children closer together, and provide healthy eating messages and exercise opportunities. There is also an opportunity to refer families to support services and give them BSB messages.

Womenzone have done no delivery due to Covid restrictions, but have supported families through the lockdown e.g. by providing food parcels. They had a bookable Play Gym 'taster session' in May which had a good response from parents.

Gill Thornton explained that a one year contract extension would allow Womenzone to deliver their contract and measure the impact of their funding. All prep work is complete. The additional funding needed is £46,275.

Sharing Voices Resilient Dads

This contract was also due to start on 1 April 2020, but was delayed partly due to the pandemic and online delivery started from January 2021. It aims to support dads with challenges to their relationships with their very small children. These include Adverse Childhood Experiences and the project aims to build resilience with dads and avoid a cycle of ACEs repeating itself in the next generation. As well as online engagement, they aim to do outdoor engagement including with Athletico FC. There has been very successful initial engagement with dads at taster sessions, and some of them have completed the foundation course. They have changed the delivery model to include shorter sessions (1½ hours instead of 3) which work better for an online programme. Satnam shared that he has done the course and it is very useful and interesting.

If the contract is extended for a year, this would allow the project to deliver in full and to be evaluated, hopefully using face-to-face delivery. They aim to recruit an additional 40 dads, on top of the 100 who have engaged already. They are expecting 75 participants, and between 20 and 35 completers. More outdoor engagement is planned over the summer. The contract extension would cost £91k, less an underspend of around £10k.

Gwen said both projects are great and she supports them both. She queried that no steering group has been set up for Resilient Dads and Riffat confirmed that there have been early conversations with Sharing Voices about this. They are trying to get dads on the steering group. Also, Zakra will be on it in her capacity of ACEs Coordinator and other people are being asked who are involved in dads' work or who have an interest. It was noted that Zakra still 'works' for BSB as her role is jointly funded. Sharing Voices do realise the steering group is an important part of their delivery model. Gill Thornton suggested setting a deadline of the new contract to get the steering group set up and Riffat confirmed they have been made aware.

Phil remarked that he likes dads' work and work on early trauma. He asked how Resilient Dads will be evaluated i.e. engagement and numbers, or the impact on dads and kids. Gill Thornton replied that it is difficult as this is a short-term project, but there will be pre and post questionnaires and the dads will be asked what has changed for them. These are already in place and it will be ensured that it is all BSB dads and kids who are involved, which has been hard to tell with virtual engagement.

Riffat noted that we asked the project to manualise their programme. The comprehensive programme will be evaluated at the beginning, the middle and the end using measures. There will also be qualitative work, stories and blogs. There is interest from women and interest from the police (as there is an ACEs element and some of the dads will have been involved in the criminal justice system). There is an intention to collaborate with Womenzone and use the Play Gym for dads' only sessions.

Resilient Dads is BSB's only specific dads project and Riffat said there is interest from Forest Schools, antenatal projects, and the CCG, and it is a self-development project. Phil commented that he is really interested as there is no other dads' specific projects and would be interested in the possibility of it being mainstreamed if it is deemed to be successful.

Decision: The Partnership Board agreed to extend the Innovation Fund contracts of Womenzone and Sharing Voices Resilient Dads for one year, up to 30 September 2022.

Gill Thornton paid thanks to Riffat, who has provided excellent support to the Innovation Fund projects.

9. Programme monthly report

Gill Thornton noted that we can see from the PMG report that we do have an active risk management process. She highlighted areas of particular interest within the report. There remains significant interest in a Sleep project and we are still having discussions with partners. Our Leadership Fellow Liz will be leaving in August and the Sleep project work will be picked up by our Change team.

In relation to Speech and Language, Public Health England now require health visitors to conduct ELIM (Early Language Identification Measure) assessments for two year olds. We were worried about the potential impact on Talking Together and have spoken to partners who are keen to work together. We will be jointly developing a pathway.

BSB were invited to speak at the Northern Maternity Stream research network launch event about the needs of migrant women. Alison Brown is part of this network and it involves migrant women themselves.

Gill Thornton noted that the national evaluation has now started and we are having preliminary meetings with the new evaluation partner.

Under the Monitoring and Evaluation section, five out of the seven projects are rated Amber. Gill Thornton explained that this was due to the pandemic with statutory referral sources being stretched and lower than anticipated referrals being made, projects are mitigating this where possible and conversations have taken place more strategically. In Communication and Marketing, Gill Thornton noted that our new app has been launched. The latest Family News edition has been posted out, with a feature on the Better Place developments and a QR link to wider activities.

A joint webinar has been delivered with the other A Better Start sites for Infant Mental Health Awareness Week with the theme of 'addressing the baby blind spot in infant mental health.' We have also just completed the final podcast in our series about the environment and air quality which will be released next month.

We are now doing more face-to-face engagement, the majority of which is taking place outdoors. Vipin encouraged all the Partnership Board to download the BSB app which is really good and to promote what is happening. Partnership Board members should all have received a package from BSB containing the recent promotional materials that have been distributed in the community including a fridge magnet about the app and a BSB facemask.

10. Quarterly Strategic update

Alex observed that there have not been as many strategic meetings as usual. She noted the shift to an Integrated Care System which is an NHS-wide change and from April 2022 the CCG will cease to exist.

The CCG will be working in shadow format from October 2021, and we should have a better understanding by then of what the successor organisation will look like. The change will have an impact on colleagues and on how we work, and should retain the good practice that already exists in future NHS commissioning arrangements.

At a local level (Bradford and Craven) there will be an Integrated Care Partnership – NHS, Local Authority, Voluntary Sector and independent care providers who will collaborate to improve health and wellbeing and ensure equality of outcome. This will be operated by cascading down to community partnerships of which there are three in the BSB area and Bradford Trident is the anchor organisation for one of these. The intention is that there will be more collaborative working to improve health and wellbeing and equality of outcome.

Alex mentioned the launch of the Bradford Domestic Abuse and Sexual Violence Strategy next week and will send around the link. She proceeded to the Children's Services Improvement work and there have been two workshops recently. The first workshop focussed on the universal core offer pathway and the second on identified characteristics of concern. A business case will be developed for an integrated core offer in the early years.

Alex moved on to the Prevention and Early Help partnership and noted that BSB are represented at all its sub-groups. An interim early help strategy has been agreed with the prevention element to be developed.

11. Any other business

Jill shared that we need to recruit a new Commissioning Advisory Group Chair. Invites have been sent out and we would encourage a Community Board member to take on the role. We can support with mentoring, using the expertise of the wider group. Vipin remarked that the request applies to statutory partners too, to consider if there is someone in their organisation who could act as Chair and it could be a development opportunity.

Vipin said that a lot of work goes on in the Commissioning Advisory Group and Tabia has been phenomenal as Chair.

Action: BSB to write out to Tabia with thanks from the Partnership Board.

Tabia is offering to mentor the new Chair if required. Jill agreed Tabia has done a fantastic job and the CAG has really developed. Ruth will feed this back to Tabia and Gwen added that she has been very inspirational, with vision and Gwen has learned a lot.

Vipin noted that Tabia did an extra year as Chair and we should also thank Carlton who has agreed to remain as CAG Vice Chair.

Ruth shared that during a conversation with other maternity services commissioners in West Yorkshire there was an appetite to work more collaboratively regarding Baby Week under the new ICS, and they should talk to each other and align. Gill Thornton confirmed we are just discussing Baby Week and getting in some expertise to replace Zakra. BSB are keen to work with other areas and Kerry and Zeb are currently leading the Baby Week work. Ruth agreed to put some momentum into the working with other districts.

Alex proposed including the theory of change workshop into the July Partnership Board as we cannot find an acceptable date via a Doodle poll. This will be a 2½ hour meeting, from 9.15 am to 11.45 am on 15 July.

Action: Alex to email out a revised diary note for the July Partnership Board.

Alex said that we need good representation at the theory of change workshop and urged partners to attend or to send a deputy. Josie explained that the workshop is about the system and how BSB have influenced sustainability. It is important and covers what needs to happen going forward.

Finally Vipin 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 15 July 2021, via Zoom, starting at 9.15 am and including the theory of change workshop.

The meeting closed at 7.10 pm.