

Better Start Bradford Partnership Board Minutes
Thursday 16 September 2021
Via Zoom

Meeting Started: 17:30

Meeting Ended: 18:15

Present:

Vipin Joshi	Community Board member (Chair)
Ruth Shaw	Senior Head of Strategy, Change and Delivery, Bradford District and Craven Clinical Commissioning Group
Sarah Hinton	Board Member, Bradford Trident
Tracey Hogan	Voluntary and Community Sector Representative
Alex Spragg	Programme Director, Better Start Bradford
John Toothill	Inspector, West Yorkshire Police
Michelle Holgate	General Manager Community Services, Bradford District Care Trust
Phil Hayden	Director of Programmes for Children's Services Innovation and Improvement, CBMDC
Gwen Balson	Community Board member (Vice Chair)
Samina Begum	Community Board member (Vice Chair)
Ishaq Shafiq	Community Board member
Karen Tetley	Community Board member
Ludmila Novosjolova	Community Board member
Shaheen Khan	Community Board member

In Attendance

Gill Hart	Funding Manager, The National Lottery Community Fund
Gill Thornton	Head of Programme, Better Start Bradford
Jill Duffy	Implementation Manager, Better Start Bradford
Kerry Bennett	Integration and Change Manager, Better Start Bradford
Edwina Lintin	MECSH Implementation Champion, Better Start Bradford
Jenny Jowle	Programme Facilitator, Better Start Bradford
Guy Dove	Senior Programme Administrator, Better Start Bradford

Apologies for Absence:

Mark Douglas	Satnam Singh	Jo Howes	Josie Dickerson
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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 – 15 July 2021

The minutes were accepted as a true and accurate record.

3. Matters Arising actions table

The Innovation Hub were to write up our discussions of the theory of change workshop we had at our last meeting.

Action: Alex to chase Sara for the theory of change workshop summary.

4. Declarations of interest

Edwina declared for item 6 her role as MECOSH Champion for Better Start Bradford.

Michelle mentioned that the Care Trust deliver MECOSH (item 6).

5. 'Getting to know you' session

This was not covered this month.

6. MECOSH extension of contract request

Jill explained that Better Start Bradford are funding a pilot of MECOSH (Maternal Early Childhood Sustained Home Visiting) up to 31 March 2022 delivered by Bradford District Care Trust. We have previously reported challenges in health visiting capacity and our funding of the MECOSH project has been amended to just one year.

BSB are requesting an extension to the project, to 30 September 2022. MECOSH is designed as a two year programme and there is a need to evaluate the practical experiences of parents, the impact of the health visiting tiered system and the resources involved. To do this, we need to recruit families for the full 12 months of the pilot. The majority of the contacts take place within the first 6 months, but there is an ethical issue in that if we recruit families towards the end of the current timescale, we would not be able to offer them most of the service. Jill explained that in order to make the intervention worthwhile families should get at least 6 months of delivery. In order to facilitate this we are asking for a contract extension to 30 September 2022. An initial evaluation report will be available in June 2022 which will enable a more comprehensive review to be undertaken.

At last week's Commissioning Advisory Group the discussion focused on the risks with the MECOSH project, with the Care Trust's business continuity plan having been activated. We have discussed the impact on MECOSH of this with the Care Trust and they have assured BSB that they are still committed, and we are working closely with Public Health who commission the Care Trust to deliver the health visiting service.

The Commissioning Advisory Group felt there are significant challenges but noted BSB have strengthened communications with Public Health regarding the review process. BSB are attending MECSH contract review meetings with Public Health every month. If the MECSH contract is extended this would allow flexibility to work in partnership with Public Health.

Jill confirmed we are requesting a contract extension to 30 September 2022 subject to review, and that we would like the Partnership Board to give authority for the Programme Director to then extend the contract by up to 6 months further if required.

Shaheen asked how many families have been recruited to MECSH and Edwina confirmed there are currently about 10 families, with the project being affected by staff shortages and high workloads in the health visiting service. The health visitors have a tiered model and recruitment is easier to do with high tier families because those dealing with universal tier families have big caseloads. BSB are looking at ways to support health visitors with recruiting MECSH families, and we are expecting an increase in recruitment next month, though we do not want to overload the staff and the implementation model was always for a gradual build up of the MECSH caseload.

Jill explained that the project's service design meant that all health visitors were trained so they could take on at least one MECSH family.

Sarah expressed concern in that we went through something similar with Family Nurse Partnership, with MECSH having many challenges as well, and she asked what was happening in other districts. Gill Hart noted that the other four A Better Start sites are all delivering Family Nurse Partnership and not MECSH. Jill confirmed that there is a national shortage in health visitor recruitment exacerbating the challenges both in the implementation and the wider service delivery. It was noted that there are concerns about the health visiting service, and this adds to it. Edwina shared that there is a supervision model built into MECSH to support the staff.

Alex noted that the 'overspill effect' (where learning from MECSH training is passed on to non-MECSH families and staff) is an important part of the model and is also being evaluated, helping to inform us of the wider impact of the training.

Phil asked if we are training the right people on MECSH. The service has confirmed reduced caseloads for safeguarding, and he queried how we are identifying health visitors for the training and if they have the capacity to do it. Edwina explained that MECSH is designed as a preventative, early intervention model, all Health Visitors have received the training and are supported to identify families who would benefit from taking part in the programme. London boroughs that have adopted MECSH have found that it has worked well for child protection families and that training all the staff, including staff nurses and nursery nurses, has a positive impact on outcomes for these families.

Phil observed that trained people need to use their training or they will lose it. Caseloads for health visitors are very high and they need the opportunity to use their MECSH training. Being committed to MECSH needs to have a proportional effect.

Edwina noted that it is hard to recruit Tier 4 families as the baby needs to be 6-8 weeks old and these families are harder to find as they are often child protection cases by that point. We are restricted by time and Jill commented that we want to learn things like this from the pilot project.

Tracey mentioned recruitment and noted there are some specialist midwives and asked if they are targeted. Edwina replied that she has spoken to them and will do so again.

Michelle said that she appreciates and understands the support for the health visiting service and acknowledges Phil's concerns. There are tensions and a balancing act is needed, with engagement with staff being key. The MECOSH model is appealing to practitioners and has benefit. The pragmatic approach from BSB is very helpful.

Vipin remarked that the appendix to item 6 in the meeting pack was written some time ago. Edwina confirmed that she has done an update and that her colleague Eve has completed the Train the Trainer MECOSH course.

Vipin then queried the request to make a further extension subject to the approval of the Programme Director rather than the Partnership Board. Jill explained that at this meeting we are asking to extend the existing contract for six months, and for the Partnership Board to delegate the decision to extend the MECOSH contract beyond that. Vipin noted that he missed last week's Commissioning Advisory Group and Jill said that how long to give that flexibility for would depend on the project's performance over the next 12 months and the context it is working in. A joint review with Public Health would consider if there is any value to further extending the MECOSH contract.

The Partnership Board could put a time limit on Alex's delegated power to extend MECOSH's contract and Vipin commented that we have never done an unlimited one before. Gill Thornton suggested that a three to six month timeframe would probably be legitimate to complete any outstanding work, and anything more should go the Commissioning Advisory Group and Partnership Board.

Decision: The MECOSH contract to be extended by 6 months to 30 September 2022 in the short term but that this be subject to review. The Better Start Bradford core team have the flexibility to extend for a further 6 months if required subject to the approval of the Programme Director.

7. Relaunch of District Reference Group proposal

Gill Thornton confirmed that BSB are proposing reinstating the District Reference Group from January 2022. It was a really useful group to have, for 'unblocking' things and collaborative working. However it became hard to keep going with local restructuring and staff changes. By 2018, attendance had become irregular and it was suspended.

Gill Thornton observed that rapid changes in local policy strategy have left BSB playing 'catch-up.' We do try to be in all forums, but sometimes unanticipated blockages come up. We need a link to managers and practitioners applying changes. Sometimes BSB are intermediaries and she said that the District Reference Group would help this be more effective.

This proposal would need buy-in from our strategic partners and BSB wish to do some work and re-establish the District Reference Group with actions, to consult with partners, re-do the terms of reference and remit, then bring this back to the November Partnership Board.

Vipin commented that the District Reference Group did work well in the beginning and he was involved with it.

Ruth said that in the terms of reference there needs to be a loop back to the Partnership Board, and what is discussed at the District Reference Group needs to be fed back to the Partnership Board. Vipin agreed that this should be the case.

Decision: Partnership Board agrees with re-establishing the District Reference Group by January 2022, noting the comments above.

Action: Partnership Board asks the Programme Director and Head of Programme to draft new terms of reference and remit for the group; including a work programme and membership. This is to be discussed with individual partner organisations to seek their views and secure their commitment to the group.

Final details to return to Partnership Board in November 2021 for ratification.

8. 2022 meeting dates

Guy referred to the draft schedule for Partnership Board meetings during 2022 and confirmed he had tried to avoid Easter, Eid and school half terms.

Decision: To accept the suggested Partnership Board meeting dates for 2022.

9. Programme monthly report

Gill Thornton explained that BSB have revised the structure of this report and have removed the first section as at times this led to duplication with items later on in the report, and could sometimes feel tokenistic. We will do more work on the report and this could be a way for the District Reference Group to feed in. There will also be an Innovation Hub report included in future reports but the format of this is still to be agreed.

We will try to reduce the amount of text in the report, and include more images. We will not include Green-rated items unless they have major updates.

BSB are starting to recruit to our remaining vacancies. We have appointed consultants to work on Baby Week, and we will release information about it quite soon.

10. Quarterly Strategic update

Alex explained there is no update as she was off sick last week and also some strategic meetings were postponed over the summer, such as Prevention and Early Help, and Children's Systems Board.

11. Any other business

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 on Thursday 14 October 2021, provisionally via Zoom, starting at 9.30 am.

The meeting closed at 6.15 pm.