

**Better Start Bradford Partnership Board Minutes**  
**Thursday 14 October 2021**  
**Via Zoom**

**Meeting Started:** 09:35

**Meeting Ended:** 11:25

**Present:**

Vipin Joshi	Community Board member (Chair)
Ruth Shaw	Senior Head of Strategy, Change and Delivery, Bradford District and Craven Clinical Commissioning Group (items 1 to 7 only)
Sarah Hinton	Board Member, Bradford Trident
Alex Spragg	Programme Director, Better Start Bradford
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)
Satnam Singh	Community Board member

**In Attendance**

Gill Hart	Funding Manager, The National Lottery Community Fund
Jill Duffy	Implementation Manager, Better Start Bradford
Shaista Ahmed	Finance Manager, Better Start Bradford (items 1 to 7 only)
Heather Fawcett-Jones	Programme Facilitator, Better Start Bradford (items 1 to 7 only)
Guy Dove	Senior Programme Administrator, Better Start Bradford
David Wilkinson	Senior Data Administrator, Better Start Bradford

**Apologies for Absence:**

Gill Thornton	Marium Haque	Karen Tetley	Salma Nawaz
Olga Dolganiuc	Shaheen Khan	Fareeda Mir	

**1. Welcome, Introductions and Apologies**

Vipin welcomed everyone to the meeting and noted the apologies.

Everyone introduced themselves to each other.

Phil Hayden's contract with Bradford Council has ended, Alex explained that the work he was leading on will continue. Vipin wished to record our thanks for the work Phil has done and for his support for our projects and programme. Phil brought lots of expertise and was a regular attendee of our meetings.

## **2. Minutes of the Previous Meeting – 16 September 2021**

The minutes were accepted as a true and accurate record.

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

Alex said that Sara Ahern is working on writing up our discussions at the theory of change workshop we had in July and this should be circulated by next week.

Alex and Gill's work on relaunching the district reference group is ongoing and this will be brought back to our meeting next month.

## **4. Declarations of interest**

There were no declarations of interest.

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

This was not covered this month.

## **6. Review of antenatal offer**

Jill explained that Better Start Bradford's antenatal offer has been brought to the Partnership Board previously. An antenatal review has been completed over the last year or so by a steering group. The review looked at BSB and the district's antenatal provision, the current position, evaluation prospects, our outcomes and objectives, referrals, delivery content, the strategic context, and learning from other A Better Start sites.

The review of our current position considered our aim to cover all pregnant women and their families in the BSB area, how the offer aims to address all our outcome objectives, offers a range of delivery methods, has an evidence/science base, and is deliverable and evaluable. The current offer includes Welcome to the World, the HAPPY antenatal project, ESOL for Pregnancy, Baby Steps, other BSB projects and Midwifery services delivered by Bradford Royal Infirmary.

The conclusions of the review concluded that the current offer is no longer meeting the original intentions of the BSB programme – to have a community based antenatal offer with acceptability and improved child outcomes. The review concluded that a universal antenatal offer was required and that Welcome to the World should no longer be supported as take-up has been poor and there remain concerns about capacity at the Family Hub to deliver it universally.

Jill explained that the review showed there are opportunities for a universal offer from the adapted HAPPY project or Baby Steps. They both have some health messaging about childhood obesity, but we will no longer have a targeted childhood obesity intervention delivered during pregnancy. BSB will need to review delivery against this objective going forward.

Jill noted that the adapted HAPPY project has had good take-up, retention and completion, and could be a future alternative to Welcome to the World. Baby Steps is already delivered universally in two other ABS sites (Blackpool and Lambeth) and there is an opportunity for a full effectiveness evaluation to be completed on this project which would significantly enhance

the evidence base in this area. The review also concluded that we will need data sharing and a robust referral mechanism. There is the opportunity to facilitate an integrated offer and Jill mentioned opportunities to explore this within the age 0-5 core offer, Local Maternity System, Prevention and Early Help, 1,001 Days and MECOSH.

Four options were considered at the Commissioning Advisory Group on 6 October. Option A is to continue with the current plans, with HAPPY to cease in February 2022 and Baby Steps to remain a targeted offer, with a universal offer provided by the Family Hubs (Welcome to the World) and the BRI. Option B is to reinstate our support for Welcome to the World.

Jill explained that Option C is for the adapted HAPPY project to be commissioned as the universal antenatal offer and Option D is to expand Baby Steps to be the universal antenatal offer. She proceeded to the conclusions of the Commissioning Advisory Group last week, who agreed there is no value in choosing Options A or B, as neither option fulfils the programme and we now need a dedicated universal offer i.e. Option C or D. It was felt that HAPPY may be more transferable (with the course being of shorter length and needing fewer resources) if acceptability is shown. Baby Steps however has the potential to show effectiveness against outcomes. There were concerns that a universal Baby Steps offer would dilute the service for more vulnerable families, to which reassurance was given that this could be mitigated against.

The Commissioning Advisory Group queried what type of programme external commissioners would consider funding and felt that they would consider acceptability, outcomes and value for money. They noted that a universal offer has different criteria and needs broader appeal than a targeted one. Following a vote Option D was narrowly favoured but members of the CAG invited the Partnership Board to have a further discussion alongside Option C before making a decision.

Jill then outlined some common opportunities and risks, both projects will prepare families for parenthood, offer a dedicated resource for engagement and delivery, include health messaging to support improved childhood obesity outcomes and are both community based antenatal offers. They are both high quality and give opportunities for participants to build relationships over time. Risks include both projects being dependant on robust referral mechanisms, both would require some service design and neither is a targeted childhood obesity intervention delivered during pregnancy. We will need a further review of delivery against childhood obesity outcomes, though BSB do have Cooking for A Better Start and HENRY.

Jill moved on to a breakdown of the opportunities between the two projects. HAPPY's virtual offer has proved to be acceptable and reaches a good proportion of dads. It is a shorter, cheaper intervention but is only antenatal. It is a potential alternative to Welcome to the World and there may be more appetite in the wider district for HAPPY. The Baby Steps targeted offer would remain, with more families delivered to collectively and we could evaluate the acceptability of a universal antenatal offer and the effectiveness of a targeted Baby Steps. HAPPY would also have the opportunity to adapt over time to fit with emerging needs.

Baby Steps is more mature in development as a project and is manualised, licensed and quality assured via the NSPCC. There is an existing evaluation and the project is currently targeted to more vulnerable families. Blackpool and Lambeth have equally vulnerable populations but deliver Baby Steps as their universal provision, with additionality provided for the families with the greatest needs. The project also continues into the postnatal period which

is positive for more vulnerable families. Increasing the reach of the project could enable an effectiveness evaluation to be piloted, though this would be dependent on numbers. There is potential to provide evidence for a single antenatal offer for universal delivery, to demonstrate acceptability and delivery against outcomes. There is also potential to show that an antenatal offer we have service designed can improve maternal and child outcomes.

Jill turned to risks and noted that HAPPY is a new offer with no evaluation to date, no postnatal delivery and we will not know its impact against outcomes. There would only be an implementation evaluation with possibly some pre and post findings. There is an intellectual property issue which would need resolving, and the project would need rebranding and renaming.

A risk for Baby Steps is that it may not be appropriate for lower need families and it needs a longer time commitment, which could be a barrier to engagement. It is more expensive due to the quality of delivery and the skill level of the staff delivering it and the project cannot easily be adapted.

Josie observed that Welcome to the World, HAPPY and Baby Steps were designed as behaviour change projects which take time, which is why these are long programmes. The previous version of HAPPY has now been made shorter and adapted and for evaluation purposes we would be starting from the beginning. HAPPY is cheaper but may not be having an effect. Baby Steps is a well-developed project and although HAPPY was designed as a targeted intervention, Baby Steps is designed for a few vulnerable families plus more families who are less vulnerable, so they can benefit from each other's experience in mixed groups with the BSB area being an area of high need. Josie said she was pleased with the high take-up of HAPPY and we should see how this has been achieved and who is attending.

Samina mentioned a concern from the community prep meeting that a universal offer might be moving away from what BSB is for. Alex noted that BSB is targeted to place and the universal offer would be available to anyone in the BSB area. Baby Steps is currently targeted to additional vulnerabilities, and all the BSB population has a level of vulnerability which makes the project an appropriate offer. Baby Steps would be offered to all women, but the more vulnerable would have much more targeted engagement support. BSB are expected to meet the needs of the population and the programme is made up of both universal and targeted projects to ensure appropriate support can be given.

Jill reflected that the original intention of the BSB programme was to evaluate a universal community based antenatal offer, but this has not been achieved as Welcome to the World which was expected to be delivered by children's centres was unsuccessful in recruiting sufficient women. Gill Hart said this was correct and explained that the programme was based on 'proportional universalism;' improving outcomes for all children in the area, with those with the most needs being more targeted.

Gwen noted the reliance on robust referrals and felt referrals is a weak point and a failure in the system, as is the lack of a data share. This is a big concern and is not addressed in the risk mitigation. Many issues for pregnant women are not being addressed such as confidence and language barriers. Alex said that the intervention itself does not fully address these, but work is going on evidencing some of these vulnerabilities in wider work with statutory partners. The BiBBS cohort data presented to the Partnership Board earlier this year shows high take-up of our interventions. We do not solely rely on midwives and health visitors to make referrals – there is also the project engagement work, the Neighbourhood workers and our FACE team.

Alex observed that there are challenges in the system which we are working on with partners and there is mitigation at a project level.

Josie mentioned the perinatal project administrators who are currently based in Born in Bradford, who are trying to integrate them into community midwife teams. They are part of the NHS and are on the maternity wards and receive details of all pregnant women in the BSB area. They see who is appropriate for our offer and they speak community languages. Josie felt that there may be a risk for the most vulnerable families if Baby Steps goes universal, so there would be a need to work closely with midwives, which the perinatal project administrators would support.

Gwen felt her question had not been fully answered and there is still a big concern. We need to see an outline or evidence of how the risks are addressed and she said that mitigation tends to be put in place after the provision. She wondered if HAPPY had recruited well because it had gone online and this engaged dads and it became a family offer. If her concerns are addressed, Gwen would like to know before there is an issue and not afterwards. Vipin noted that these concerns had been raised at the community prep meeting on Tuesday evening.

Jill said that the current version of HAPPY has not been running long enough for there to be an evaluation. The current referral mechanisms via the perinatal project administrators and midwives will continue, whilst the offer will may be adjusted it is anticipated the current reach will still be accommodated. Things are also happening to integrate further into the wider system in the future, such as the proposed Early Years worker role and the development of the Maternity Support Worker role.

Gwen suggested some simple pre and post questions could be done for HAPPY's service users to find out what is and is not working. There could be some anecdotal evidence, from asking women if they were offered Baby Steps and what would have met their needs better.

Gwen said that we have two projects that are working with good retention rates. We should be confident that either project will enable us to deliver an offer to a significant number of women in the BSB area. It is hard to say what everyone else in the wider district needs and wants.

Josie remarked that HAPPY adapted for Covid and her team did not know how long it would continue at a time when they had lots of other things going on. If it does continue there would be evaluation questions. Ideally HAPPY would be a face-to-face offer too as there is nothing to compare the current virtual offer against and it is hard to understand people who are not there.

Vipin reported concerns raised at the prep meeting about Baby Steps uptake and they thought it might be due to the long gap between referral and attendance. The prep meeting also considered sustainability and which project commissioners might take forward. The Commissioning Advisory Group last week thought that people may sign up for the 12 week Baby Steps course, but then only drop-in to some of the sessions.

Jo observed how much the midwifery team respect Baby Steps, they can promote it and they are confident in its content and understanding. As they trust, respect and understand Baby Steps, midwives are more likely to refer women to it and this will be vital as the perinatal project administrator role is not guaranteed to continue. Josie noted that the perinatal project

administrators now support the Glucose Tolerance Test clinics for pregnant women and her team are trying to make the PPA role more sustainable.

Josie referred to the community prep meeting's concerns about the long gap between referral and attendance. For Baby Steps, the pregnant woman can be referred at book-in (maybe at 10 weeks gestation), but Baby Steps deliberately starts later in pregnancy (25 weeks). The drop-off can be a result of many factors including miscarriage or women moving out of the BSB area, so this data must be viewed with caution.

Josie remarked that both Baby Steps and HAPPY's take-up is phenomenal in the current context, which she feels is exciting. Alex added that Baby Steps do engage pregnant women between the referral and start of the course via visits and calls from family support workers and the women are not just left. She understands that with HAPPY there is also contact between referral and the start of the course.

Gwen asked about the drop-off rates for the two projects. Alex said we do not know the reasons for it and some of the women are uncontactable. Jill noted that we cannot do a like-for-like comparison as the projects have different cohorts of population. HAPPY has a 65 per cent conversion rate but has lower-level needs. Higher-level need women are filtered into Baby Steps which has a 32 per cent conversion rate. Action for Children (who deliver Baby Steps) report they are seeing much more complex families.

Alex commented that the 65 per cent conversion rate for HAPPY is phenomenal and this is not the usual antenatal education participation rate. BSB are having wider conversations in the district about what works.

Jill noted that HAPPY have only run four courses. Baby Steps however has been running for three years and the two projects have different baselines.

Vipin commented that we should be careful about terms like 'there would be no learning' as we are learning all the way through our projects and maybe we should look at the language used. He said there were concerns at the community prep meeting about a universal Baby Steps offer diluting support for the most vulnerable families and thanked Jill for attending the prep meeting for an hour.

**Decision: The Partnership Board decided to choose Option D, to expand Baby Steps to be a universal antenatal offer.**

Josie suggested we have conversations about HAPPY in the wider district and Vipin thought that maybe the Innovation Fund could look at it. Alex confirmed that BSB will be feeding into the Family Hub about Welcome to the World and we will promote discussion and support Barnardo's (who deliver HAPPY) about exploring opportunities going forward. Ruth agreed that early help discussions are going on and we should have these conversations.

Vipin paid thanks to Jill, having now seen three presentations on the antenatal offer from her. It has taken a lot of work to get to this decision.

## **7. Financial update April -June 2021**

Shaista shared her written report from the meeting pack. She explained that this shows the actual spend from April to June 2021 and there was an underspend of £128k for the quarter. Reasons for the underspend are given in the report, Covid restrictions continue to reduce a large number of costs such as conferences and events shifting to online and there being no travel costs. Recruitment was delayed until after the first quarter, and whilst our volunteers have been active, no volunteering expenses were incurred. There was an underspend on licence costs as the NSPCC waived the fee for Baby Steps.

Shaista turned to Projects and most of the underspend was due to the pandemic reducing operational costs. There is an underspend for some projects such as Talking Together due to turnover of staff, and the costs of Better Start Imagine vary as people move in and out of the BSB area. Shaista explained that some variances were as a result of the way some projects' budgets had been forecast following recommissioning or budget increases being agreed by the Partnership Board. Spend was forecast on the assumption that projects' budgets was split equally over their three years, but they reported that their actual spend in e.g. Year 1 was different, though their total over three years was the same.

The perceived underspend for Parents in the Lead is as a result of how the panel is scheduled, Shaista explained that there was a round in March 2021, none in the quarter under review, a further round in July and the next later this month.

Shaista proceeded to the forecast for July 2021 to March 2022. Although we have a budget for the full 12 months, we still do a forecast and have revised the Year 7 budget down to £7.6 million from £7.7 million, a difference of £87k. This is due to a reduction in salary costs due to recruitment being later than originally planned and some staff having left, reduction of conferences and event costs due to the majority of these being moved online and the removal of the NSPCC Baby Steps licence. For Projects, where the forecast is different to the actual budget, this is shown in the report.

A revised budget for Year 7 has been prepared and Shaista has listed the changes in the report. There is an increase of £214k, increasing it from £7.7 million to £7.9 million.

It was noted that these accounts were scrutinised by the Finance & Audit sub-committee at their last meeting and Vipin recorded his thanks to Robert and Raj and the other attendees. They have lots of in-depth questions and do scrutinise the accounts.

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

- **The accounts for the quarter ending 30 June 2021**
- **The forecast for the year ending 31 March 2022**
- **The revised budget for the year ending 31 March 2022**

## **8. Sustainability update and outcome of function review**

Alex shared a presentation and explained that BSB completed a function review to help plan for the next four years, ensure the team is in the right shape to deliver, identify any major gaps, and understand whether we have the necessary skills and abilities. We need to anticipate and avoid future pressures and have better collaboration and working systems.

We looked back to the start of our programme to see what has changed, and considered the impact of the changes on our priorities. We asked what we mean by sustainability and legacy. We want to influence local policy and systems and pass on our learning more widely. We looked at our future, our projects' futures and wider system change and considered exit strategy planning and what resources will be needed. The function review also considered the roles and functions needed and what are our key collaborations.

Alex proceeded to what needs to change and improve. Strategic leadership and influencing needs to be more planned and integrated into programme delivery. There needs to be better use of programme management skills and methodologies and better use of skills and competencies in the staff team. We need less silo working and more collaboration across functions, avoiding unnecessary duplication. There needs to be more SMART working, building on the Covid response, and an improved, consistent and coherent workplan.

Alex moved on to what needs adding and this includes an up to date review of existing policy drivers, local and national, and making sure our programme is aligned to them. A multi-layered plan is needed for sustainability, legacy and exit. We need to record and measure system change and think about what is deemed to be success. An effective strategy is needed for dissemination, sharing of learning and evaluation findings.

Sustainability planning should be at three levels, Strategic (being part of the planning and development of policy), Service planning (design and commissioning of services), and at Practice level (training and knowledge in Bradford and beyond). Building sustainable change needs us to engage hearts and minds, communities and families.

System change is about making it work for families. We continue with the aim to redirect investment to Prevention and Early Help, and to explore opportunities to scale up and replicate of BSB interventions wherever possible. We aim to identify what works and what are the elements of success and as a result support models of delivery incorporating BSB learning.

Other aims are for a system wide focus on the first 1,001 days, service design and integration of evaluations to be adopted into practice, and local and national policy development to be influenced. Alex mentioned opportunities to build on the good practice we have developed in relation to co-production and that there remains a need for very young children's voices to be heard, which we are supporting the UNICEF Child-Friendly City Accreditation and City of Culture bid to include. Learning and development opportunities provided to the workforce should also lead to changes in practice.

BSB now have a revised organisational structure. We have recruited successfully into increasing our capacity in Early Years to help build community capacity and expertise, and we are working with the Early Years Alliance on the District Play and Learn commission.

**Action: Alex confirmed the slides would be circulated.**

In addition to the core programme team there are a number of roles that provide specialist support to the programme including, the MECOSH Champion seconded from the Care Trust, an Urban Ranger line managed by the Better Place Manager at Bradford Council with links to our engagement team and we have been accepted for the next recruitment round of NHS Leadership Fellows with an anticipated start of August 2022. We are also part funding the ACES Co-ordinator within Public Health and a specialist perinatal health practitioner, joint commissioned with Public Health to be delivered by the Care Trust.



Alex also described the investment Better Start Bradford have made to the breastfeeding strategy implementation support and Play and Learn contract which are joint funded by us and Public Health. It is acknowledged that an events and campaign lead is required and are using external consultants for this year's Baby Week to test and learn from this approach.

It was noted that Alex had given an overview of what the function review achieved and our thinking going forwards.

#### **9. Programme monthly report**

Alex spoke to the report, drawing on the key highlight of the completion of a number of the Better Place sites. Gill Hart toured the Better Place sites at the end of last month with two colleagues from the National Lottery Community Fund. The Better Place capital works are in their final stages and are due to complete early next year. They have helped to enhance thinking about play provision for very young children and Alex gave an example of a Bradford councillor who had been persuaded to include natural play in a playground refurbishment having been taken to visit the Horton Park site. There will be an evaluation which will try to capture as much learning as possible. Josie and Jo commented that they would like to tour the Better Place sites.

Alex shared that we continue to seek opportunities for strategic influence and mentioned our recent presentation to the VCS Assembly about our virtual antenatal offer.

We have recruited four new starters, a Senior Data Administrator, two Early Years Facilitators and a FACE team member with an emphasis on male carers. We are recruiting for a further five posts in the next round, partly to replace staff who have left. Adverts will be going out imminently.

Alex noted that Zebunnisa has left to take up a role at NHS Improvements. Vipin, on behalf of the Partnership Board, wished to record our thanks to Zeb for her work and to wish her good luck in the future.

In relation to projects the Personalised Midwifery project is RAG-rated as red due to staffing issues, these are across the whole midwifery service, not just the BSB contracted work. We continue to work closely with midwifery colleagues and mitigations are in place.

#### **10. Any other business**

Vipin asked if everyone had felt they had an opportunity to contribute to this meeting and all agreed that they had. He noted there is a lot of sickness around and asked us all to stay safe.

#### **11. Date of next meeting**

The next meeting is on Thursday 18 November 2021, provisionally via Zoom, starting at 5.30 pm.

The meeting closed at 11.25 am.