

**Better Start Bradford Partnership Board Minutes**  
**Thursday 21 April 2022**  
**Via Zoom**

**Meeting Started:** 09:30

**Meeting Ended:** 10:35

**Present:**

Vipin Joshi	Community Board member (Chair)
Ruth Shaw	Senior Head of Integration and Change (Health and Care) for Women and Children, Bradford District and Craven CCG
Alex Spragg	Programme Director, Better Start Bradford
Sarah Hinton	Board Member, Bradford Trident
Jo Howes	Public Health Specialist, CBMDC
Samina Begum	Community Board member (Vice Chair) (item 8 onwards)
Karen Tetley	Community Board member
Ludmila Novosjolova	Community Board member (item 7 onwards)

**In Attendance**

Hannah Stapley	Funding Officer, National Lottery Community Fund (in place of Gill Hart)
Gill Thornton	Head of Programme, Better Start Bradford
Sara Ahern	Programme Manager, Innovation Hub (in place of Josie Dickerson)
Jill Duffy	Implementation Manager, Better Start Bradford
Heather Fawcett-Jones	Contract and Implementation Officer, Better Start Bradford
Guy Dove	Senior Programme Administrator, Better Start Bradford

**Apologies for Absence:**

Gill Hart	Shaheen Khan	Josie Dickerson	Gwen Balson
Salma Nawaz			

**1. Welcome, Introductions and Apologies**

Vipin welcomed everyone to the meeting and noted the apologies.

Everyone introduced themselves to each other.

The meeting was inquorate and it was agreed to discuss and make recommendations for item 6 which would then be emailed to the whole Partnership Board asking for comments and approval. A deadline for Partnership Board members to respond by will be imposed, with any not responding assumed to agree with the proposed recommendations.

**Action: Alex to send an email to the whole Partnership Board detailing the recommendations from this meeting asking for ratification within a given time.**

**2. Minutes of the Previous Meeting – 17 March 2022**

The minutes were accepted as a true and accurate record.

**3. Matters Arising actions table**

Alex confirmed that the action about re-establishment of the District Reference Group is still pending while changes are going on at our partners. We will be seeking to progress this action later this year.

**4. Declarations of interest**

For item 6, Sarah Hinton will leave the meeting because Bradford Trident have bid for the Better Place contract.

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

This was not covered this month.

**6. Better Place Commissioning**

Jill presented a paper which was not sent out prior to this meeting due to its confidentiality.

Phase 1 of the Better Place project was supporting the development of its capital sites, as these will complete this year we are now moving to Phase 2. This involves providing a central coordinating/project management function, engaging with and developing local communities and leading the strategic development of the project for the future.

The December 2021 Partnership Board agreed the commissioning approach which was to approach Better Start Bradford's partners rather than have an open tendering procedure. If there was more than one bidder, we would have an expressions of interest process.

There were two interested parties, Bradford Trident and Bradford Council's Landscapes, Design and Conservation Department, so expressions of interest were sought. The contract value is £120k per year for 2 years and 6 months. The period for bids ran from 25 February to 18 March and the commissioning panel had a moderation meeting on 8 April.

Jill explained that the expressions of interest had eight questions and the answers from both bidders were scored individually by each panel member from 1 to 10, then the panel met and moderated scores were awarded from 1 to 5. The eight questions were weighted from 1 to 5 according to their importance.

The maximum score was 180 and Bradford Trident scored 143 and Bradford Council scored 122. The panel fed back that both responses were good, with pros and cons to both. The council did well in terms of strategic leadership and project management, but Bradford Trident were viewed to be stronger in relation to community development and their approach being more rooted in the community, which the panel considered very important for sustainability.

The panel asked for feedback to be provided to Bradford Council that their bid was too generic and would have been strengthened by a greater emphasis on community consultation. There was felt to be a distance between them and the communities they represent and the council would benefit by increasing their understanding of them.

The next steps are to advise both parties before entering a ten day standstill period. We will then have an initial contract meeting with the new provider in the week commencing 16 May, with delivery hopefully to start on 1 June 2022.

**Decision: The Partnership Board (subject to the agreement of its members not present) decided to approve the award of the Better Place Phase 2 contract to Bradford Trident.**

## **7. HAPPY completion report**

Jill explained that HAPPY was delivered by Barnardo's and its contract ended on 28 February 2022, as the Partnership Board agreed. It was originally a 12 week programme targeted at pregnant women with a Body Mass Index of over 25, with 6 weeks delivered prenatally, then 6 weeks postnatally. The project struggled to recruit and retain women and due to the pandemic, HAPPY was adapted to become a 6 week universal antenatal only offer. The project was delivered for 4 years and 4 months in total. The budget was £233k and there was a £15k underspend at the end.

Sara Ahern presented the Innovation Hub end of contract report and said HAPPY was a project in the Eat, Live, Love Theme Group and part of BSB's antenatal offer. It was a parenting and healthy lifestyle project aimed at preventing childhood obesity. It is known that if pregnant women are overweight, then their children are likely to be too. The project promotes healthy behaviours and addresses risk factors.

The Covid pandemic meant that pregnant women were not weighed and measured and delivery of HAPPY was paused for some months during 2020. As universal antenatal delivery at the Family Hubs was also paused, HAPPY was amended to become a universal antenatal project, this was originally delivered over 6 weeks, then in June 2021 became 8 weeks so that all its content could be delivered.

Sara noted that in 2013, a feasibility Randomised Control Trial was done which showed that the targeted version of HAPPY was a feasible and acceptable offer. Her team hoped to do an effectiveness evaluation and a Trial Within a Cohort Study but found that recruitment to HAPPY was too low and there could be no randomisation. An implementation evaluation was completed in January 2021.

The changes to HAPPY's model in 2020 also affected the evaluation and Sara's team could not, for example, be sure that the original theory of change was still fully relevant. Also, the programme was shortened to just 6 weeks instead of 12.

Sara advised that Family Links and Born in Bradford own the intellectual property to HAPPY and worked with Barnardo's on its adaptations. They would support Barnardo's if they secured future funding to deliver HAPPY and would aim to do more evaluation.

Sara noted that the project started in April 2018, with delivery starting in May 2018 and her report covers from then up to January 2022.

The project delivered data in line with the Innovation Hub's timeline and worked well with the Innovation Hub's data team. There were some minor data issues and HAPPY is RAG-rated 'Amber' for data.

On Recruitment, 269 women were enrolled onto the project against a target of 400, leading to a score of 67 per cent and a 'Red' rating. 109 women 'completed,' which was 77 per cent of target and rated Amber. Implementation related to the number of sessions delivered and scored 61 per cent, with 234 sessions delivered against a target of 381 which was rated Red. Sara did note a significant improvement in performance over the contract, particularly in the final year of the project.

Sara proceeded to Key Findings and it is clear there are challenges to implementing antenatal projects and recruitment to them in the BSB area. It was hard to retain participants with such small groups and the course cancellation rate was high. When the model was adapted to a universal online one, recruitment and retention improved and it was an acceptable model. Virtual delivery is more convenient and it is a much shorter course than the original project, with the initial version of HAPPY lasting nearly a year. Some targets were exceeded by Year 4.

Recruitment improved from 38 per cent of target in Year 1 to 123 per cent in Year 4, leading to a Green rating for that year. The definition of Completion had to be changed as the model did, from 8 weeks attended out of 12, to 4 from 6 then 6 from 8 weeks. The target was for 70 per cent of service users to complete, and performance rose from 31 per cent in the targeted programme to 99 per cent in the universal one. Implementation (the number of sessions delivered) also had its targets adapted and performance was 110 per cent of target for Year 4.

In the targeted offer, the perinatal project administrators at the BRI made most of the referrals and they did well regarding the data collected. They found that 33 BSB women a month would be eligible of whom 80 per cent were contacted, and a third of these accepted the offer which is 9 women a month. Obviously, more women were eligible for the universal version of HAPPY and it worked out at 52 women per month. 89 per cent of them were contacted and a similar proportion to the targeted offer accepted. Reasons given for declining were that they were not interested, possibly as it was not their first pregnancy, or they were too busy and had no time to attend.

Sara turned to the numbers who progressed from being referrals to enrollees. 535 women were referred, of whom 83 per cent were contacted. 304 women accepted the offer and 269 actually enrolled on to HAPPY. Sara said that the reasons given for drop-offs included time commitments, the women were already enrolled onto another antenatal course, language barriers, ill health and travel difficulties.

Sara moved on to Reach and reported a slight over representation of Asian: Pakistani and Asian: Other women. This may be because there tends to be higher BMI in these ethnicities. There was also a slight over representation of Black women and a slight under representation of White: British and White: Other women.

Participation was defined as attending at least one programme session. The target was amended from 120 women in Years 1 and 2, to 100 women in Year 3 and 60 in Year 4, which Sara noted only lasted for 9 months. Performance rose from 23 per cent in Year 1 to 133 per cent by Year 4, in which 92 per cent of women enrolling went on to participate.

106 women enrolled on to the targeted version of HAPPY, of which 76 attended at least one session. The average number of sessions attended was three, and 22 women completed the targeted programme, with less attendance of the postnatal sessions. In the universal offer, 127 women attended out of 163 enrollees. The average number of sessions attended was again three, but 87 women completed.

Of the non-completers, 76 per cent dropped out and 13 per cent were uncontactable. Reasons given for disengaging included miscarriage, moving away from the BSB area, the baby was ill and in hospital, or the women could not make the time or the venue.

Sara remarked that HAPPY was not delivered as planned. The original aim was for 12 programmes a year to be delivered, but there was a pause due to Covid and then the target was adjusted to 10 programmes in Year 3 and 6 in Year 4, which was a 9 month year.

In the targeted offer, 96 per cent of the antenatal programmes were delivered, but this fell to 35 per cent for the postnatal offer where sessions were cancelled, or the minimum number of attendees was not met. By the end of the postnatal offer, it was being delivered on a 1:1 basis to ensure the remaining women completed the sessions.

100 per cent of the universal programmes were delivered and 11 out of 20 were delivered in full. Sara reiterated that these were all antenatal. 13 sessions were cancelled, one due to Covid, and the others as the minimum attendance requirements were not met.

64 satisfaction questionnaires were completed and Sara remarked that this may seem quite low but compared to other BSB projects it is reasonable. 100 per cent of them scored 4 out of 5 or more, which is the definition of 'satisfaction,' and there were some very nice comments from service users in the free text section.

Sara proceeded to outcomes and explained there was a before and after evaluation, done by issuing questionnaires before and after the women had completed HAPPY. There were questions about lifestyle, diet, screen time and infant feeding intentions.

218 women completed a pre-course questionnaire, but only 91 post-course questionnaires were completed and only 77 women did both. Sara explained that as there was no control group we cannot demonstrate effectiveness and say that any changes were a result of this project. Also, the questions had to change along with the model which makes analysis of and interpreting the answers more difficult.

Sara's team did find for the women's diet that there was more consumption of fruit and vegetables and less of sweets and chocolate after the course had been completed than before it. No change in physical activity levels was found, however Sara noted that you would expect a woman to become less active as her pregnancy advanced. As for infant feeding intentions, (e.g. breastfeeding, formula feeding), only 35 women completed this question on both questionnaires and no difference was found.

Sara then invited questions and Jo wished to comment that Public Health have discussed what should happen next and met with Barnardo's. The new Start for Life offer will have a real emphasis on antenatal education and Public Health will take learning from HAPPY, though the offer will probably be face-to-face. Jo said that it is great that we have this learning and reflected on the importance of the role of the perinatal project administrators as an example of this.

Sarah Hinton observed that antenatal education is difficult to recruit to and implement in the BSB area. It can take years to embed things into communities and she thought that two years is too short for it to become a normal thing to attend.

Alex noted that universal antenatal provision is continuing to be offered by Baby Steps for pregnant women in the BSB area, referrals to this come from the perinatal project administrators at the BRI. Knowledge from HAPPY of what does and does not work will help to shape the District wide Start for Life offer. BSB have been invited to be a key partner in this shaping work and opportunities to use our evidence are developing. Having the BSB portfolio of projects, infrastructure and evidence puts Bradford in a stronger position than many other local authorities who have been awarded the Start for Life funding.

Karen said an important piece of learning would be how we embed antenatal education in the community and make it a normal part of antenatal care. She has found that once women are on such a course and engaged, that they do tend to be retained. Jill remarked for recruitment and retention that we have learned that significant effort has to be put in and it has to be properly resourced. A team is needed to undertake the recruitment work as midwifery teams do not have capacity.

Gill said for an antenatal offer to become a normal thing for pregnant women to attend it needs to be supported by the system. Health visitors and midwives need to be making referrals instead of it being voluntary sector organisations on their own. We have really struggled with getting referrals from health visitors and midwives and Gill gave an example of the situation that Welcome to the World is in. Where the perinatal project administrators fit into the system is an important consideration. BSB will be using our influence at a strategic level.

Jo mentioned that Act as One and Better Births are also working on the antenatal offer. She and Ruth have talked about using learning from BSB. Hopefully the system will work by default and they have noticed that midwives are approaching them for once instead of it being the other way round.

**Decision: The Partnership Board agreed to note the contents of the HAPPY completion report for information.**

## **8. Programme Monthly Report**

Gill wished to apologise that discussion about two Innovation Fund projects (Sharing Voices Resilient Dads and Womenzone) has been delayed due to her being ill, these projects shall now be discussed at our May meeting.

Bradford Council have awarded the contract for district-wide training and workforce development about Adverse Childhood Experiences, Trauma and Resilience to the WAVE Trust and Bradford Trident. Gill observed that this partnership has been developed as a result of BSB's good relations with the WAVE Trust. Although the offer is district-wide the three new staff will be based with BSB. Gill said this is a good example of scaling-up work that we have initiated and developed to become a potential legacy vehicle. The project will develop and deliver trauma informed training to the workforce and develop the use of restorative approaches. Jo added that Public Health are pleased to have awarded this contract and excited to be involved in its development.

The recent A Better Start Annual Conference has generated further opportunities to feedback on key policy areas. It is anticipated that future conferences are also likely to be online as reaching over 600 attendees and participation from such a wide range of organisations and government departments would be difficult to replicate face to face.

We have recently attended the Workforce and Community Community of Practice and Gill mentioned that Abrar, our new Workforce Development Manager, attended it and met colleagues from the other sites.

BSB are continuing to support the work of the Child Friendly District bid team, helping them with their strategy development and ensure the voice of young children is represented. Gill noted that unfortunately their co-ordinator is leaving as Bradford enter the Foundation Year which is key.

Gill moved on to BSB staff recruitment and we were unsuccessful in our latest round. We will better use our existing capacity and readvertise our vacancies, change job descriptions where potential barriers have been identified and hold an information session. We will start using Charity Jobs who will be doing a push on LinkedIn for us, instead of Third Sector Jobs. BSB need help from partners with sharing the vacancies via their networks and social media. Gill noted that there is a national problem with recruitment. We will also need help with recruiting new Community Board Members.

The work on the new Innovation Fund domestic abuse project (HIDVA) has started, though the BRI have also had issues with recruiting the workers and they are on their second recruitment round.

Gill mentioned the recent Community Star Awards and there will be a celebration event on 12 May for the winners and shortlisted nominees. She suggested looking at the video of the event linked to in the report.

Work on the new BSB website is ongoing and Michelle will present about it at a future Partnership Board.

Gill mentioned that the ESOL for Pregnancy project is working particularly well. Also, our Dads work is really taking off and the recent visit to Hesketh Farm is mentioned in the report.

BSB have been attending regional forums on community work and social prescribing. Gill also mentioned our attendance at the recent International Women's Day event.

Vipin said the ABS annual conference was really good with good representation from Bradford. Feedback was given to government advisers attending from CEOs, strategic leads and he felt Bradford were setting standards. He also mentioned that it would be good for members to attend the Community Star celebration event on 12 May.

**Action: Alex will ask Emma to send an invitation to the Partnership Board for the 12 May celebration event.**

## **9. Any other business**

Vipin asked everyone if they had felt able to participate in this meeting and all agreed that they did. He thanked everyone for attending the meeting.

**10. Date of next meeting**

The next meeting is on Thursday 19 May 2022, provisionally via Zoom, starting at 5.30 pm.

The meeting closed at 10.35 am.