

Better Start Bradford Partnership Board Minutes
Thursday 14 September 2023
Via Zoom

Meeting Started: 17:35

Meeting Ended: 19:05

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 Health & Care Partnership (Chair)
Alex Spragg	Programme Director, Better Start Bradford
Sarah Hinton	Board Member, Bradford Trident (item 5 onwards)
Josie Dickerson	Programme Director, Born in Bradford Innovation Hub
Ashraf Miah	Development Officer, Community Action Bradford and District
Sarah Exall	Consultant in Public Health, CBMDC
Gwen Balson	Community Board member (Vice Chair)
Samina Begum	Community Board member (Vice Chair) (item 5 onwards)
Aroosa Meherban	Community Board member
Humera Mahmood	Community Board member
Ishaq Shafiq	Community Board member
Karen Tetley	Community Board member
Ludmila Novosjolova	Community Board member (item 6 onwards)

In Attendance

Gill Hart	Funding Manager, The National Lottery Community Fund
Gill Thornton	Head of Programme, Better Start Bradford
Sola Onifade	Contract & Implementation Manager, Better Start Bradford
Guy Dove	Senior Programme Administrator, Better Start Bradford

Apologies for Absence:

Emma Hamer	Rizwana Jamil	Salma Nawaz	Lisa Brett
Gazala Taj	Carlton Smith		

1. Welcome, Introductions and Apologies

Vipin welcomed everyone to the meeting and noted the apologies.

A round of introductions took place and new Community Board members Aroosa and Humera were welcomed.

2. Minutes of the Previous Meeting – 20 July 2023

The minutes were accepted as a true and accurate record.

3. Matters Arising actions table

Alex confirmed that an email was sent to the whole Partnership Board detailing the recommendations from our July meeting asking for ratification within a given time, because the meeting was inquorate. Alex thanked the people who responded and confirmed that the recommendations were ratified.

Sarah Exall will cover the 'getting to know you' session in item 5.

Alex will discuss potential staff sharing between Better Start Bradford and the Innovation Hub at their strategic meeting in October.

Sarah Exall shared the contact details for Health Education England training.

Action: Alex and Gill Thornton to follow-up the Health Education England training.

4. Declarations of interest

There were no declarations of interest.

5. 'Getting to know you' session

Sarah Exall shared that she grew up in Bradford (in Odsal) and her parents were from Holme Wood. Her first job was as a lifeguard at Richard Dunn's, so her first payslip was from Bradford Council, where she works today as a Public Health Consultant.

She read Medicine at Liverpool University but realised clinical practice was not the right fit for her. Placements that Sarah went on made her think about why people were in hospital, especially paediatrics, and the effect peoples' lives had on outcomes, such as smoking. One woman she spoke to who had a difficult life said smoking 'helped get her through the day.'

She shared that she was always political, being a member of Amnesty International since the age of 12, thinking how to change the world and how to fit it in with medicine. At a session with a Public Health registrar, it all 'clicked' for her, and Sarah went on a Public Health placement in London, and she has worked in Public Health ever since.

Sarah now lives in Hebden Bridge and has two daughters. A hobby of hers is singing and a choir she is in started meeting in a railway tunnel during Covid, where there is good acoustics.

Vipin thanked Sarah Exall for her talk and asked others to please volunteer. Having these sessions makes a big difference, especially as all our meetings are virtual.

Action: Alex to ask other Partnership Board members to do the getting to know you session who have not done it before.

6. Little Minds Matter contract review

Sola explained that we hold end of contract review meetings with projects about six months prior to the actual end date in order to discuss whether the project has met its objectives, the learning from the evaluation and agree any recommendations to be made and where.

Little Minds Matter commenced on 1 April 2017 and the contract end date is 31 March 2024. The total contract value is £2.8 million including an additional £625k funded by Reducing Inequalities in Communities to expand the delivery area. The project was commissioned to support early relationships between babies and their carers. It sought to improve maternal sensitivity and mind-mindedness when the baby is 3-4 months; improve the quality of parent/child interaction by 2 years with the expectation that more toddlers have good social and emotional development with lower level of aggression in pre-schoolers.

The project has four strands of service delivery: community engagement, training, consultation, and direct clinical work. Direct clinical work is delivered as both group and individual interventions to families where there is a concern regarding the parent-infant relationship.

The project training offer includes Infant Mental Health Awareness training focusing on babies' brain development, the importance of parent-infant relationships and how to support bonding and attachment (that Babies are Born Ready to Relate), and how the Little Minds Matter team can support. Infant Mental Health in Action training is offered as a follow on course to practitioners working directly with families to further develop their practice.

The Little Minds Matter consultation strand provides space for colleagues to discuss the challenges they are facing in relation to casework and to support them in holding the baby in mind. Drop in consultation sessions are provided as well as team based sessions.

Community engagement in understanding the importance of infant mental health, practical steps to develop positively and how to access support when needed is delivered in a range of ways. Social media is one key platform for sharing key messages, the project is also active at community events.

Sola proceeded to the project's key successes. Over 700 participants have been trained in Infant Mental Health Awareness and over 140 attended Infant Mental Health in Action training. Bespoke training was delivered to a wide range of practitioners including neonatal ward staff, student midwives, trainee psychologists, medics, interpreters, the Early Years Alliance. Over 600 consultations were offered to professionals, volunteers and students and the feedback is overwhelmingly positive.

Consultation has supported more services including midwives, IAPT (Improving Access to Psychological Therapies) clinicians, and building midwife and social worker roles into the team has enabled more access to the staff within these services. Service delivery has been expanded through RIC and Start for Life funding which have resulted in over 300 referrals to date.

Sola turned to Key Challenges. It was found that collecting feedback about virtually delivered training was difficult. The workforce were unaware of the consultation service that was available district wide. Covid restrictions impacted on direct clinic face-to-face work and meant there was limited ability for direct parent-child observations.

Sola also mentioned the project had been affected by family priorities with the cost of living and housing issues affecting engagement with clinical sessions. It was increasingly difficult for families to attend sessions, and this was the same for some other BSB projects.

Sola said the Little Minds Matter team is fully funded until September 2024. They have Start for Life funding to March 2025 but we are waiting for a decision about further RIC funding beyond September 2024 and this may affect staffing. Sola shared that he hopes the RIC extension is forthcoming.

It is not yet clear whether Start for Life funding will continue beyond March 2025. Discussions will continue with key partners and commissioners about future funding options and BSB are working with Little Minds Matter for it to become embedded within Children's Mental Health Services.

Sola explained that this end of contract report is shared with the Partnership Board for information only – there are no decisions required.

Ruth said that regarding the RIC funding, there was another Integrated Care Board update today but no progress to report. She confirmed that there are still conversations going on around all RIC programmes and the availability of funding and no decisions have been made yet. So, it is not a 'no' and her organisation would like to extend Little Minds Matter funding, but the available monies are reduced, and RIC funding is no longer ringfenced due to the financial position.

Josie confirmed that the Innovation Hub have completed an end of contract report for Little Minds Matter, which will be circulated after this meeting. There is an obvious need for an infant mental health service and there was no evidence base prior to the A Better Start (ABS) programme, so Little Minds Matter is a pioneer. The Innovation Hub are doing a system change evaluation for this project, about how it is integrating with the wider system. Phase 1 of this work, which is interviews, has been completed. There have been challenges identified with the 'fit' of Little Minds Matter with other mental health services.

Josie noted that Little Minds Matter has found it hard to reach 'Green' for some progression criteria, such as training of the 'priority' workforce. The training is very intense, and she suggested adaptations may be helpful going forward.

Gill Thornton said that the conversations referred to include the NHS Care Trust and commissioners and are about how an infant mental health service (which ultimately may not be called Little Minds Matter) can be 'fitted' in the existing system. The evaluation the Innovation Hub are doing will be very helpful. An objective is for infant mental health to 'sit' in the broader service and what we learned is important to service users.

Ludmila stated that as funding had been mentioned, more should go to grassroots organisations that can reach those families in need. Gill Thornton responded that there will always be people with acute needs and a clinical service is needed and it needs to be accessible.

Alex noted the reach of the training not achieving as planned occurred within a context when certain professions had unprecedented recruitment challenges and limited opportunities to be released for training. The Little Minds Matter training is available to the whole workforce, and it is good for grassroots organisations to go to the training and get an understanding of infant mental health and help parents access the service.

Infant mental health was identified as a gap in the BSB area at the bid stage, and the lottery investment has enabled the development of the Little Minds Matter project which has initially been recognised and expanded via RIC and now Start for Life to make it district-wide. The project now has the opportunity to use the learning generated via the BSB evaluation to evolve into what it could be going forward.

Vipin said the end of contract report cannot be the 'end of the story,' as there is a need for the service. The project does make a difference to families and picks up issues early and it is great that infant mental health has become mainstream.

Vipin noted that former members of the BSB staff team have moved to other organisations and have been influential in Little Minds Matters legacy. Ruth said the project is a success story and that the project being picked up by the district is brilliant, especially as the financial situation is worse than when the BSB programme started. The people involved should be congratulated and the roll-out celebrated.

Karen remarked that Little Minds Matter is one of the projects that needs to carry on and the system should not 'lose sight of it.' Karen noted the importance of attachment and early intervention to resolve issues helps later on.

Ashraf said there has been excellent work with the project and he asked about funding going forward. Gill Thornton mentioned the potential of future funding from RIC and Little Minds Matter will be funded by them if the monies are available. There is currently Start for Life funding to March 2025, and we are trying to get Little Minds Matter embedded into the mainstream as it should be a standard service, not extra.

Gill Thornton mentioned the partnership work on Little Minds Matter between Public Health, Children's Services, and the NHS, and that Jo Howes has championed this area of work in all her roles. We should also remember the role of the Innovation Hub and give thanks to all those involved. Vipin recalled meeting the staff team and they were passionate about the project.

7. MECOSH contract review

Sola explained that the Maternal Early Childhood Sustained Health Visiting Programme project started on 1 April 2021 as a pilot for one year, there were two six-month extensions and the pilot completed on 31 March 2023.

The contract value was £163k and the target population was parents/ caregivers and children in the BSB area. The MECOSH model expands traditional health visiting by providing additional home visiting services during and after pregnancy that are designed to enhance maternal and child outcomes.

Sola said that the success of the pilot has led to MECOSH being integrated into the Public Health Nursing contract as the enhanced health visiting approach in the district, of which we should be proud.

MECOSH was developed in Australia as a programme offering sustained support to identified families early (in pregnancy or up to six weeks post birth) as a prevention approach. All health visitors are trained and carry a MECOSH caseload with a strong emphasis on early identification allowing for a prevention-based model which is strengthened by practitioner autonomy in the

support offered. The health visitor service is commissioned by Public Health and is delivered by the Bradford District NHS Care Foundation Trust (BDCFT).

Sola moved on to Key Successes. The MECSH model being adopted district-wide is a success which has come about in response to the positive feedback from staff and clients who have managed to work together for a longer period. The benefits of developing the therapeutic relationship and the client being able to open up more about their issues was very clear. The spill over to wider team members and non-MECSH families was also valued by the team. The pilot and completion of the BSB-funded project where risks, issues and learning were captured has provided much information to learn from and helped to build the roll-out plan for MECSH across the district.

Sola went on to Key Challenges. MECSH training for all eligible health visitors in Bradford East was initially completed by mid-March 2020, but then the Covid pandemic and restrictions halted the roll-out of MECSH. Covid impacted on the staff team themselves with sickness and additional workloads and it was not possible to do home visits to potential MECSH families. The tiered health visitor delivery model which was adopted led to it not being possible to deliver the project as it should have been. This led to low morale in the team, additional caseload pressures and some dissatisfaction from families.

Sola explained that MECSH has already been adopted as the enhanced health visiting model in the district, following its wide acceptability by both health visitors and families. A launch event is taking place next week and BSB recommend that the Partnership Board ratify that this project is officially closed.

Josie pointed out that originally, BSB funded Family Nurse Partnership as the enhanced health visiting approach. This was an evidence-based project developed in the USA aimed at teenage parents. Whilst there was evidence those who participated benefitted from the project there was low uptake in Bradford, and teenage pregnancy was not a significant issue in the BSB area. Innovation Hub colleagues researched alternative enhanced health visiting models and found MECSH was a good fit for the needs of our community. There were a number of challenges with delivery and data that caused difficulty from an evaluation perspective, however the benefits reported by MECSH families and their health visitors and positive feedback from health visitors about the model have provided Public Health and the Care Trust with confidence in the acceptability of the model in Bradford. Josie said MECSH going district-wide is an incredible achievement and it will benefit children and families.

Guy confirmed that the MECSH launch event is on the morning of 22 September and Partnership Board members have been invited.

Sarah Exall said as a Public Health commissioner, it was good to have a new service tested which worked well and is now embedded within the specification. She commented that this is quite rare, and is a brilliant example of the value BSB provides.

Vipin recalled that cost of Family Nurse Partnership was prohibitive as such a small proportion of the population were eligible. MECSH is more cost effective and he said thanks are due to the Partnership Board who agreed to take the risk of piloting MECSH and that we needed to try it. Lots of work went into ensuring MECSH is a good fit for Bradford and the health visiting team and we should not just look at the short-term.

Ishaq asked if there was a document to summarise the MECSH journey and if there could be a cost-benefit analysis, to show the impact the project had and evidence. Alex replied that the local evaluation is not yet available, and the pilot reached a very small number of families whose children are still very young. We can reiterate the evidence from Australia, and we have asked the Care Trust to help write up the lessons learned.

Alex said it was good that we had the funding to pilot the project in this way and the resilience of the team to keep going despite a large number of challenges. There was a strong belief that the model was a good fit but needed the opportunity to be properly tested and a real commitment from the project lead and Health Visitors to achieving this. Staff have reported that MECSH is how they want to deliver services, and this has cascaded to other health visitors in other areas which will benefit future roll out.

Alex explained that it is a bit too early for long-term measurements and this is something the NHS Care Trust are continuing to look at. There was an Insight paper co-authored by Edwina Lintin which she will re-share.

Sarah Hinton remembered our discussions about our risk appetite level. It is important that we were willing to take some risk on MECSH in order to find something that works.

Josie confirmed that the pilot of MECSH was too small for cost-benefit analysis. Now the trial has been done, a cost-benefit analysis could be done for the district-wide version. She reiterated that in selecting projects is not just about it being evidence-based, developing an understanding of place, and what works in different places is equally important.

Ishaq commented we should get the learning from MECSH understood and think about where we take it and capture it. It is hard to secure funding for things and they need to be evidence-based.

Vipin mentioned the passion that Edwina and colleagues showed for the project and he thanked all involved. The learning from the pilot is valuable and it is great that now MECSH is being mainstreamed.

Decision: The Partnership Board ratified that the MECSH project is now closed.

8. 2024 meeting dates

Guy referred to the draft schedule for Partnership Board meetings during 2024 in the meeting pack and confirmed he had tried to avoid religious holidays and school holidays.

Decision: To accept the suggested Partnership Board meeting dates for 2024.

Guy will send out Calendar invitations for the meeting dates, including Zoom links.

9. National Lottery Community Fund annual review

Alex provided a verbal summary of the annual review which took place on 21st July. The programme was asked to share highlights, focussing on where there has been impact and influence of policy.

The highlights shared included Baby Week 2022 where the thematic approach of speech, language and communication worked well and opened opportunities for wider working in the district. The success of the MECOSH pilot resulting in the model being mainstreamed.

Better Place has continued to exert influence in a number of ways, Gill Thornton spoke at the National Trust “Naturally Thriving: Rethinking urban green space” conference about community involvement and coproduction of our Better Place capital work. The project has featured in several local authority bids and reports, including some of the playground sculptures featuring in the City of Culture bid, and along with the local authority Landscapes department and Child Friendly District project, Better Place Project took part in the Urban95 programme looking at the design of the urban landscape for people under 95cm tall.

The HEY! (Happy Early Years) Fund has successfully launched building on the learning from the review of Parents in the Lead. New parents have been recruited to the panel which has undertaken training which has had positive feedback. 23 projects have been supported to date, 3 of which were led by dads. The focus of the projects have included school readiness, pregnancy yoga, , mental health in pregnancy, parent and toddler exercise sessions and increased play and learn opportunities.

HABIT the Innovation Fund oral health project has provided training to health visitors and early years settings and developed resources to use in parents groups and early years settings. We are working with Public Health to develop an oral health pathway.

Better Start Bradford have been key in progressing a district approach to sleep. The Reducing Inequalities Alliance have commissioned a Sleep intervention, and it is thanks partly to some of our research and in particular work from one of our former Leadership Fellows.

The review also focussed on sustainability, impact and legacy, specifically what services will be sustained or adopted at scale, how we have spread ideas and resources so others can draw from them and what relationships and collaborations have been developed to continue with this beyond the end of the programme.

Josie provided an update on the local evaluation and explained where research findings are being shared to influence locally and more widely. There was some discussion about opportunities for an ABS approach to the Early Intervention Foundation regarding a focussed call for evidence and thoughts on how so much information could be shared.

The NLCF shared their strategic refresh and future strategy. One of their themes is improving the lives of children. A Better Start helped to shape that, including our youngest citizens and mention of babies and very small children.

Gill Hart said that our Head of Funding (Scott) is relatively new to the ABS programme, and it was good for him to hear as a whole what the sites have achieved, that they are connected and integrated and about their influence. Scott has worked on other strategic programmes at the NLCF and was highly impressed.

Gill Hart commented that it is sometimes good to have someone new come in and once all the successes of ABS have been pulled together, it should be a massive celebration.

Vipin observed it is good that people are 'all on the same page,' (e.g., partners, commissioners), all working together alongside a community-led organisation. He thanked the NLCF for choosing Bradford, as the programme has enabled us to make a big difference.

10. Programme monthly report

Gill Thornton explained that this report covers two months, August, and September 2023. August was a quiet month except for in the community arena.

Dr Amir Khan will be the keynote speaker for the Baby Week Workforce event and George Webster (CBeebies presenter) will be attending the Baby Week Family event, both are very enthusiastic about their opportunity to get involved.

A Maternity Support Worker with the Clover Team based at Bradford Royal Infirmary has just been awarded Apprentice of the Year at Calderdale College. Gill Thornton noted that BSB have worked to develop the MSW apprenticeships. The role is very important in the Personalised Midwifery project, especially in its RIC element.

Alex spoke at the PEDAL (Play in Education Development and Learning (PEDAL) Play and Mental Health) conference in Cambridge last week. Her presentation was entitled Public Health Campaigns: supporting infant mental health through encouraging playful interactions. It was a prestigious event in terms of attendance by academics and people in practice. It was an opportunity to showcase our work, the Moments that Matter and Big Little Moments campaigns and how families and practitioners helped to shape the content and delivery.

Gill Thornton remarked our most recent recruitment has been successful. A new Activities Fund Co-ordinator and an Early Years Facilitator started at BSB recently and our new Finance Manager starts in post next week. Two Family and Community Engagement Workers are due to start in early October. We have also appointed (subject to references) a Contract & Implementation Officer.

We have some applications for the Workforce and Learning Manager and we hope to interview for the role in the week commencing 25 September. A panel member from the Partnership Board is required and Ishaq agreed to join the interview panel.

Claire Gilbert, Public Health Leadership Fellow has left BSB at the end of her placement year, as has Abrar Hussain, Workforce Development Manager, we wish them both well.

Gill Thornton proceeded to the Innovation Hub section in the report. 5,000 women have now been recruited to the Born in Bradford Better Start cohort study. Josie said the team have been working to achieve this for 7 years and it has been a massive effort, and they are not finishing the recruitment yet. The cohort is representative of the BSB area and Josie suggested it may be the world's most diverse cohort as 50 different languages are spoken.

Josie mentioned that 'retro recruitment' is taking place of families who were eligible to join the BiBBS study but did not do so at an earlier opportunity. She asked all to please share that the recruitment is going on and she will ask projects to do so too.

Gill Thornton mentioned BiBFest which took place in July. Patricia Lucas, Principal Researcher for the Fairer Start Mission at Nesta chaired a session focussed on what we can do to give all children a fair start in life. The panel consisted of Alex, Josie, Samina, Lisa Brett,

and Lydia Hutchings from the Department for Education and how the BSB programme and partnership has contributed to the development of services locally and more widely was shared. The event was very well attended and there were lots of questions.

Gill Thornton turned to BSB's student placements, particularly that all Bradford University first-year midwifery students undertook a short placement showcasing the work of BSB and the importance of prevention and early intervention. This is a really good initiative and a significant development in our relationship with the University.

Several community engagement activities took place over the summer, the report includes photos and Gill Thornton remarked how children love the Pop-Up Farms. As well as the three big family and community events over the summer we supported, BSB funded 13 smaller community events across the BSB area, with up to £200 awarded per event.

Now the Activities Fund Co-ordinator is in post we will be picking up the last round of HEY! Fund applications which were put on hold when her predecessor left BSB.

Gill Thornton mentioned a feature on the BSB website about the role of the perinatal project administrators, this role is hopefully going to be picked up by Start for Life.

There was media coverage about the new 'Maternity Circle' set up in BD4 after Family Action were awarded funding to do so. This has wraparound support for new mums and helps them to access support needed.

Finally, Gill Thornton mentioned an 'Insight' article on the NLCF website (Dads can Cook Too) in which our Dad's Engagement Worker Zafar looked at how 'cook and eat' sessions have proved to be another effective vehicle for dads to learn new skills and bond with their young children.

11. Any other business

Ishaq asked about potential additional funding for grassroots organisations. Alex replied that the next quarterly finance report will be discussed at the next Partnership Board meeting. All our funding is committed but some areas of the programme have underspends – there are potential thoughts about what could happen with it though it will be a relatively small amount. The next Partnership Board shall discuss the accounts from April to June 2023.

Finally, Vipin asked everyone if they had felt able to participate in this meeting and all agreed that they did.

12. Date of next meeting

The next meeting is on Thursday 19 October 2023, via Zoom, starting at 9.30 am.

The meeting closed at 7.05 pm.