

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

Meeting Started: 09:30

Meeting Ended: 11:30

Present:

Vipin Joshi	Community Board member (Chair)
Lisa Brett	Head of Service for Early Help and Prevention, Bradford Children's and Families Trust (item 6 to 9 only)
Alex Spragg	Programme Director, Better Start Bradford
Ashraf Miah	Development Officer, Community Action Bradford and District (items 1 to 9 only)
Sarah Exall	Consultant in Public Health, CBMDC (item 6 onwards)
Sarah Worstead	Senior Manager of Integration and Change (Health and Care) for Women and Children, Bradford District and Craven Health & Care Partnership (in place of Ruth Shaw)
Sara Ahern	Programme Manager, Innovation Hub (in place of Josie Dickerson) (items 1 to 7 only)
Gwen Balson	Community Board member (Vice Chair)
Samina Begum	Community Board member (Vice Chair)
Aroosa Meherban	Community Board member
Humera Mahmood	Community Board member (item 4 onwards)

In Attendance

Gill Hart	Funding Manager, National Lottery Community Fund
Gill Thornton	Head of Programme, Better Start Bradford
Sola Onifade	Contract & Implementation Manager, Better Start Bradford
Justine Bowman	Finance Manager, Better Start Bradford
Riffat Nasser	Programme Co-ordinator, Better Start Bradford
Guy Dove	Senior Programme Administrator, Better Start Bradford

Apologies for Absence:

Ruth Shaw	Ishaq Shafiq	Marium Haque	Carlton Smith
Rizwana Jamil	Karen Tetley	Gazala Taj	Josie Dickerson

1. Welcome, Introductions and Apologies

Vipin welcomed everyone to the meeting and noted the apologies.

The meeting was inquorate, and it was agreed to discuss and make recommendations 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 – 16 November 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 November 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.

Guy said that Heather has advised that the Community Board Member who signed up for Incredible Years but never heard back has now been contacted by the team at Barnardo's.

Heather had also confirmed that Forest Schools are in discussion with the schools they have worked with and regarding National Lottery Community Fund evidence around Play and where they might fit in with this going forward.

Gill Thornton mentioned that she has met Forest Schools about their funding future and suggested they contribute to an internal training event the NLCF were having about Play, although she has been on sick leave for some weeks. Gill Hart advised that this event has now happened, and Forest Schools missed it. However, the NLCF will be continuing the Children & Young People theme and getting more information about early years, and there may be an opportunity for Forest Schools to contribute in the future.

Gill Thornton added that Forest Schools are looking at submitting a bid to the Heritage Lottery Fund in partnership with Better Place. There is also a funding opportunities matrix which Sola's team created which will be available to be used. There is more knowledge of the value of children using green spaces and we are keen to keep the relationship with Forest Schools going.

4. Declarations of interest

There were no declarations of interest.

5. 'Getting to know you' session

Ishaq had agreed to cover this agenda item, but Alex explained that unfortunately, Ishaq had to send his apologies for this meeting. Hopefully, he will give his presentation early in the New Year.

6. Personalised Midwifery contract review

Sola stated that the Personalised Midwifery project started in October 2015 and is due to finish in March 2024. The total project value is £4.9 million including £622k funding from Reducing Inequalities in Communities and £886k from Bradford Teaching Hospitals. It works with expectant and new mothers, babies, fathers / co-parents.

The delivery approach uses a Continuity of Care model, a relationship-based model of midwifery care where a named midwife co-ordinates and delivers most care personally to each woman and her baby during pregnancy, during labour and at the birth, and the early weeks as a new parent. The named midwife is backed up by a 'buddy' midwife or a small team of midwives. The team is also supported by a Maternity Support Worker and Ward Clerk. Support is provided for approximately 40 weeks (including up to 6 weeks postnatally). Enhanced Public Health messaging and targeted parental education opportunities are also delivered.

Sola shared the project's successes which include the target of 80 per cent of antenatal care to be given by the named midwife or 'buddy' was achieved almost every month. The 'did not attend rate' for the Glucose Tolerance Test clinic was much lower for the Clover team (continuity of care team of midwives) clinic than for the general service clinic.

Breastfeeding rates of women supported by the Clover team were much higher at 6-8 weeks after discharge than at birth in two quarters of the most recent contract. This has been attributed to the positive relationship developed between the women and the Clover team staff.

The adapted role of the Clover team MSW has been a particular success and BHTFT has committed to applying this learning across wider practice. Two Clover team midwives have recently been nominated for an internationally recognised Nursing/Midwifery award called the DAISY award.

Sola shared lessons that have been learnt from the project which include, the conclusion that for 24-hour birth availability to be maintained continuously, a minimum of 8 midwives are needed in the team. The role of the MSW in a continuity model is valuable and key in providing early access to healthcare advice and information.

Antenatal continuity matters equally to mothers and midwives and results in a sustained relationship and trust building and ultimately saves time, as the women are not having to repeat their situation to another midwife.

Staff absences and staff turnover can have an impact on the workload of the midwives and has the potential to impact levels of continuity due to a lack of the availability of a buddy system.

In relation to implementation challenges the most significant of these was the availability of suitable workforce. The nationwide shortage of midwives has affected the delivery of this project, it resulted in the temporary cessation of the buddy system when the team was reduced to three midwives as this approach was not practically achievable. The GTT clinics had to be suspended and staff turnover and illness-induced absences, particularly of ward clerks, also affected the project delivery.

The cessation of intrapartum care is a challenge to the evaluation. This was initially proposed as a short-term pause due to Covid-19 and staffing pressures but has become more long-term due to the continued staffing pressures.

The switch to the Cerner IT system from Medway disrupted the workforce and the data quality. The midwives found it harder to capture the same data on Cerner compared to Medway.

Existing national policies do not support the CoC model in a national staffing crisis.

Sola went on to discuss sustainability and next steps. The Midwifery Continuity of Carer national ambition remains in place with modifications of the current model - KPIs and timelines have been removed, and maternity service providers will prioritise vulnerable women for receipt of Continuity Models.

The Clover team aim to continue the team model and recruitment will be ongoing in line with service needs to achieve safe staffing levels, and beyond to enable continuity team development. Further modifications to the team processes, delivery, area, and caseloads will be reviewed in line with other continuity modelling and service needs. These proposed changes will take effect on or after 1 April 2024.

Sola shared that the recommendation to the Partnership Board is that it accepts that the Personalised Midwifery project should cease recruitment into the project on schedule by 31 March 2024.

Sara Ahern shared some highlights from the evaluation report. The evaluation has been through three phases and the current phase builds on existing evidence. There was a standard implementation evaluation, an in-depth qualitative evaluation and now a randomised control trial is underway. Sara said the RCT is an amazing opportunity if successful and will be really beneficial to the evidence levels. Continuity of Care has not been evaluated before on our kind of population and has never included maternal mental health.

Sara noted we are only part way through the RCT – the findings will not be known until after the project has ended.

The evaluation report shows that antenatal continuity is really strong, postnatal continuity is less strong but has improved recently, as discussed intrapartum continuity is the most difficult to implement.

CoC allows trusting relationships to be built between women and their midwives, and Sara suggested this may make the women more likely to disclose mental health issues or even issues such as domestic violence. Midwives had fed back that it is difficult to deliver CoC when there are staff shortages and Sara mentioned the potential of burnout.

Sara explained that her team are waiting for more data before being able to say more. They aim to report further on the qualitative evaluation in April 2024 and the RCT in March 2025, for which they still have to collect data.

Gill Thornton remarked that we have not reported on the RIC element of the project. She made the point at a Reducing Inequalities Alliance meeting that PMP has important learning. They had not expected the project to be mentioned and she will ask Josie and Sara about using the learning from it, and not just the RIC element. Gill Thornton said the project should

be going to decision-makers who commission services because it does reduce inequalities. There will be follow-up evaluation reports for those projects which are finishing.

Action: Gill Thornton to explore further opportunities to cascade the learning from the Personalised Midwifery project.

Alex shared that BSB have held an initial meeting with Midwifery about the next steps. Although the BSB contract will end, Midwifery are committed to delivering the CoC model going forward and retaining the Clover team. A further meeting with them was postponed due to illness, but the Public Health messaging and adapted MSW role are things they are keen to embed. Locality based clinics and facilitating the building of trusted relations between the women and their midwife are also aspects of the BSB project that Maternity are keen to embed more in their wider CoC offer.

Alex observed that it is a success that BSB have supported Midwifery on a journey in challenging times. It was acknowledged by the Head of Midwifery that it was only the external funding of the project that enabled its continuation which has led to significant learning which is informing both local and national practice. The perseverance and support of BSB's Specialist Midwives and Contract & Implementation Officers have also been a huge factor in the project's success.

Lisa asked if CoC will be continued at Bradford Royal Infirmary and Airedale. Alex confirmed that CoC is a national approach implemented by all midwifery teams, however the Clover team is delivered through BRI due to the BSB area being within their catchment. However, it was acknowledged that the project and its evaluation is discussed within the Best 1,001 Days Act as One workstream which has representatives from across the Health and Care Partnership and through the West Yorkshire Local Maternity and Neonatal System partnership, but we should try to share its learning more widely.

Sara mentioned that lots of work was done by Midwifery to support the evaluation. They are still continuing to 'randomise' women and support the process and this is really appreciated.

Humera asked if the project link women with perinatal support postnatally as there is often a need for it. Alex confirmed that midwives and MSWs do refer to other services, as do the perinatal project administrators. CoC leads to increased levels of disclosure and there are multiple referral routes other than midwives and MSWs. The Clover team is based in local community settings and perinatal projects are aligned, including Breastfeeding Support and we have mentioned the rise in breastfeeding rates at 6 to 8 weeks from initiation.

Alex mentioned that this project was highlighted in the recent policy roundtable with the Royal College of Midwives and the other A Better Start sites.

Decision: The Partnership Board (subject to the consent of those members not present) accepts that the Personalised Midwifery project should cease recruitment into the project on schedule by 31 March 2024.

7. Perinatal Peer Support contract review

Sola shared that this project is delivered by Family Action, it started in April 2015 and is due to finish in March 2024. The total contract value is £3.3 million and it targets pregnant women and mothers with babies up to one year old.

The delivery approach is a model of 1-2-1 peer support with a volunteer peer supporter but has been enhanced by group work through Theraplay (My Baby and Me - 5 sessions) and Solihull Approach to support parenting (Laughter, Temper and Tears - 10 sessions). However, the Solihull Approach has been discontinued.

Volunteers are supported into paid employment either within or outside of the service. Over the past 18 months, 3-6 sessions of a short intervention of Recovery Work have also been delivered by Perinatal Co-ordinators.

Sola shared the project's successes. There were supportive statements from mums expressing satisfaction with the services received. The Recovery Model Intervention work has proved to be very popular with clients as an alternative to peer support or as a means into peer support.

The client voice has improved throughout the life of the project – enabling customised services. Staff retention has been relatively good, and both the project and the community have benefitted from their experience, knowledge, skills, and the relationships that they have built with key stakeholders.

Project staff and volunteers can offer support in many other popularly spoken languages within the BSB area removing inequalities due to language barriers. Most importantly, the service is embedded within the Perinatal and Infant Mental Health system and Maternity System in Bradford.

Sola mentioned the project's distributed leadership approach – most staff are leads in part of the project. There is also a dedicated and visible engagement team which helped with reducing the delay between receiving referrals and assessment.

An additional success was Family Action securing the commission for the Community Partnership 5 Maternity Circle as a result of their consistent work with groups for pregnant women and maternity.

Sola moved on to Lessons Learned. Community Engagement is very important and affects every aspect of the service from raising awareness to generating referrals and linking in with wider systems.

The importance of effective signposting, brokerage, and partnership was also identified – there is a need to identify wraparound services for clients needing other services and signpost struggling families to access additional or alternative support.

The Family and Young Person's Information website and building new relationships will be helpful to understand what support and services are available across the Start for Life programme and how families can access them. Services need to be popularised and easy to access.

Sola shared the identified Implementation Challenges. Recruitment and retention of volunteers has become increasingly difficult, which has also been replicated for other projects. The pandemic then the cost-of-living crisis have led to an increase in people needing to access paid work in order to meet the needs of their families.

Family Action were unfortunately unsuccessful in their bid to the NLCF for funding for Theraplay. This may lead to some staff redundancies as not all of them will be able to participate in the Start for Life offer. Sola noted a drop-off at pre-assessment, with fewer women than anticipated continuing through to assessment.

Sola said that the project staff have identified that they are now supporting families with much greater complexity in their lives and securing wraparound services is difficult.

There is a gap between mild to moderate and specialist support and the project sometimes struggles to find a service that sits between mild to moderate mental health support and the Specialist Mother and Baby Mental Health Service (SMABS). The project feels that there is a need to review the threshold for accepting or rejecting a referral to Children's Social Care and Children's Services, which needs to be discussed with them at a leadership level.

Sola proceeded to Sustainability / Next Steps. The project intends to continue to build effective relationships with key partners to embed the service further and develop robust referral routes for service users. It is currently implementing the adapted Start for Life offer across the wider district.

The recommendation to the Partnership Board is that it accepts that the Perinatal Support Services Project should close on schedule by 31 March 2024, and continue with the implementation of the Start for Life Programme until March 2025.

Sara Ahern provided some insights from the evaluation report, starting with the progression criteria. Recruitment relates to the number of women receiving an initial assessment and the project only achieved 50 per cent of its target, 562 women when the target was 1,120. Reach related to the ethnicities of the women recruited and Sara explained this was fairly representative of the BSB population when compared with the population.

Implementation related to the available pool of volunteers. Sara explained that the project did really well against its target in its first contract, then the number of volunteers dropped off over the last three years. The Innovation Hub have not evaluated this, but Sara agreed with the project's anecdotal evidence that this is likely to be due to the cost-of-living crisis and more people needing paid employment.

Sara noted that as the project never received the anticipated number of referrals they were unable to reach their assessment targets for the women. There was a conversion rate of just 57 per cent for referrals resulting in recruited women, against a target of 78 per cent. Sara explained that her team could not be sure why as the data collected does not provide sufficient detail, but over 40 per cent of the referrals were identified as being outside the threshold of this project – the women's mental health needs were either 'severe' or 'minimal / none.' Looking at case closure data, not many women assessed as severe moved to a different service which reiterates the gap identified by the project between their offer and SMABS.

Sara showed a graph displaying volunteer numbers over nine years of the project, and reiterated that performance was good, but then there was the pandemic and the cost-of-living crisis. The volunteers had some diversity in terms of ethnicity and languages spoken. Her team asked about reasons for volunteering and most of them saw it as work experience and many were health students. Data was missing as to why the volunteers left, but over a-third went on to paid employment or full-time education or training. This suggests that volunteering with this project is of value to the volunteers.

Sara proceeded to a flowchart and noted significant losses of women throughout the project. Over a-third of accepted referrals withdrew before assessment. Sara noted that mental health fluctuates and there is a further drop-off between initial assessment and completed assessment. In the service design it says that one conversation about mental health with a helpful professional might be enough. There was insufficient data collected about case closure reasons.

The project has four elements to it and the women mostly received peer support plus another element of the project. Two women received all four elements.

Sara reported high satisfaction scores and high completion rates of the questionnaires by the women. She suggested that this was a positive sign and said that filling in the questionnaires is a proactive act.

Gwen queried Sola's point about the client voice improving the project and asked for an example. Riffat shared that the service proactively listens to the mums and shapes the offer around their needs and the volunteers. An example is developing the community engagement team which helped to reduce waiting lists. There is also providing holistic services and women doing Theraplay going on to receive peer support. The Recovery Model was introduced over the last 18 months, including mindfulness, and has been popular and influenced the rest of the service.

Riffat confirmed, responding to another query from Gwen, that learning from this project has been implemented in the Start for Life model. The model will be a hybrid of paid peer support and volunteers, in order to reach more people and mitigate the current challenges of volunteer recruitment and retention. Alex added that there is more formality about the parent voice in Start for Life, which has a co-production strand running through it.

Gill Thornton observed that from a parent voice perspective, the peer support is all provided by parents who have had perinatal mental health experiences themselves. The engagement work they undertake is a further link with a wide range of parents.

Decision: The Partnership Board (subject to the consent of those members not present) accepts that the Perinatal Support Services Project should close on schedule by 31 March 2024, and continue with the implementation of the Start for Life Programme until March 2025.

8. April to September 2023 accounts, Forecast to 31 March 2024

Justine went through the written report in the meeting pack. The accounts from April to September 2023 show an underspend of nearly £250k, which is 11 per cent of the budget and consistent with previous time periods. The Finance & Audit Sub-Committee discussed the accounts at a meeting on 30 November and full detail of the accounts is in the spreadsheet sent out in the meeting pack.

Justine explained for Management Revenue that variances occur as the budget is set evenly through the year, but actual spend does not follow this and should be corrected later in the year. An example is the Learning Together budget, with a £5k overspend in the last quarter converted to a £7k underspend in the next. There shall be further expense relating to Baby Week in the third quarter.

Underspend on Salaries should reduce due to the new starters on the BSB staff team. Justine remarked that forecasts are only good at the time you do them and there will always be unknowns. An example is the Activities Fund Co-ordinator, who joined in September 2023 then left six weeks later to take up a permanent role in the NHS. This role is not being replaced directly and instead its functions will be shared out among the team.

The Recruitment budget was increased by £10k to reflect the cost of recruiting the Finance Manager. Staff Training is currently showing an overspend due to coaching sessions held early in the financial year. Justine explained that variances showing for Professional, Legal and Consultancy should correct themselves later in the financial year, as should variances for Computers and Software.

There has been no spend on Other Project Costs – Justine explained that this related to the Better Place electric van lease which was cancelled due to the delayed delivery. Instead, the project will hire a van when needed but no costs have been incurred up to 30 September 2023. There has also been no call on the Contingency fund – this includes project redundancy costs and Justine said that these are most likely later this financial year.

Justine moved on to Projects. These are showing the impact of Start for Life spend, which are not yet in budgets as contracts are being finalised. They will show in the next quarter's report. The six BSB projects funded by Start for Life to March 2025 are Baby Steps, Breastfeeding Support, HENRY, Incredible Years, Little Minds Matter and Perinatal Peer Support. Justine confirmed that all their overspend variances will be corrected.

The Personalised Midwifery project shows an underspend of £128k for the period, because their second team of midwives was not able to be set up. Justine confirmed that the extension of Talking Together agreed last month will have a reprofiled budget, shown in the next report. This extension will allow the project to reach more families and submit a funding bid to the Education Endowment Fund.

There are discussions with Little Minds Matter about the budgeting and reprofiling and their overspend caused by Start for Life will be corrected when their revised contract is agreed. The project has recently submitted their first financial return for 12 months.

The Forest Schools project had a £12k underspend at the year end, which has been reprofiled into the 2023/24 budget, eliminating the previous quarter's overspend and producing an underspend of £5.3k in this last quarter. It is expected that all budget for the final year of the project will be spent.

A reprofile of the Cooking for a Better Start budget was approved with an additional £13.8k allocated in the 2023/24 budget primarily from previous period underspend. The project currently has an overspend of £5k but it is anticipated this will be corrected and it will close in March 2024 within budget.

Justine mentioned that Baby Steps have lost two key members of staff, but mitigations have been put in place. This project's budget needs reprofiling, which also applies to Incredible Years and Breastfeeding Support.

The spend on ESOL with Infants reflects the number of courses run. ESOL for Pregnancy ran an extra course reducing the level of underspend for the period. Justine noted that spend on the Innovation Fund projects is also not evenly spread.

There are discussions with the BD4 Neighbourhood project about reducing their budget due to them having fewer staff for the remainder of the contract. There will be an update about this in the next quarter.

We have just had an application round in the Happy Early Years fund, and £10k was committed in November 2023. We are expecting one or two further rounds in 2024.

Vipin thanked Justine for giving her first presentation to the Partnership Board. He noted that the Finance & Audit Sub-Committee do thoroughly scrutinise the accounts before the Partnership Board see them.

Decision: The Partnership Board notes and accepts the management accounts for the period ending 30 September 2023.

9. Project Underspend and Programme Extension Proposal

Alex explained that the paper shared has not been updated since the Finance & Audit Sub-Committee considered it but she will reference the discussion and provide context regarding their recommendation.

It was queried whether there was a potential conflict of interest with the Lottery present, but Alex explained that the discussion would provide useful context and there may be elements that a Lottery perspective was useful for.

Alex explained that Finance and Audit had requested an interrogation of the projected underspend and reassurance that no funding would have to be returned to the National Lottery Community Fund. Alex said that the NLCF are as keen that all the grant to be used for its intended purpose in Bradford.

The paper identifies the anticipated underspend level at March 2025 but Alex noted that there are always some unknowns. BSB have scrutinised the existing underspend and what could be spent by March 2025.

At the Finance & Audit meeting, BSB requested a nine-month extension to the programme, to December 2025. The Partnership Board would have to make a formal request for an extension to the NLCF.

Alex noted that the programme has consistently been underbudget (by 10 per cent) over the last 3 years. Most the underspend has arisen within projects for multiple reasons, we have explored whether there is a legitimate use of it with them and for some it is not possible.

BSB forecast underspend of £1.15 million at 31 March 2025, based on the information available in November 2023.

Alex went through the factors impacting the original end date of March 2025. Start for Life investment is most significant, with six BSB projects to run until March 2025. There is also the 6 months Talking Together extension to 30 November 2024 and two Innovation Fund projects have been extended. This means that nearly 50 per cent of our projects have been extended beyond their original end dates which has significant implications for the team managing these contracts.

We do not anticipate future funding decisions about Start for Life until late 2024. If funding is extended, we would need to manage the handover of the projects to another commissioner. Our project closure dates are now more condensed than originally planned, with more capacity in the team required between September 2024 and March 2025.

An additional and separate NLCF award (Building Capabilities funding) has been agreed to secure a consultant to further explore legacy options for the BSB programme. Alex explained that there has not been the capacity to do this in the internal team.

City of Culture 2025 provides some additional opportunities in relation to legacy work, and they are keen to build on our work and have a lead-in to 2025 to help engage families who would not see themselves as part of a cultural offer and to widen participation.

Alex explained that BSB will need a reduced staff team for six months to manage the closedown of the Start for Life projects after March 2025, then a further programme closedown period of three months. Alex shared that this was challenged at the Finance & Audit meeting, who felt that six months would be sufficient to close down the programme.

Alex said extending the programme would enable BSB to deliver a full Year 10, this will support a number of areas including maximising the opportunity to influence Start for Life locally and more widely, and to share our expertise, learning and effective knowledge dissemination. This will also enable effective sharing of evaluation reports which will not be available until after the end of project contracts. It would also enable community engagement work to be continued and work with City of Culture as part of our legacy work.

Alex said BSB are confident that £1.15 million would cover the cost of a 9-month programme extension. The NLCF have agreed to it in principle but need a formal request from the Partnership Board. Blackpool Better Start have already gone through this process and have had a 2-year extension agreed on a reduced element of their programme. Alex explained that they have significantly more underspend than Bradford.

The Finance & Audit Sub-Committee felt there was not sufficient information to support a programme extension beyond 6 months, though they expressed a wish to ensure there was investment in the community. They have recommended to the Partnership Board that a 6 month extension is requested.

Sarah Exall said she had not realised that a programme extension was an option. She thought that we need a costed time plan to look at, showing the objectives we want to fulfil and a logic model. Alex explained that there are lots of unknowns, like extensions of other funding beyond March 2025, so this has not been done.

Alex said that staffing is the highest cost and we have projected what roles will be needed for the closedown. We will need to closedown all the projects before we closedown the programme. Sarah Exall observed that the process will take time with quarterly meetings, setting up dissemination events and allowing a bigger reach.

Alex noted the alternative 6 months extension, to 30 September 2025, includes the summer holiday period which is not an ideal time for information events. The 9 months option would take us up to the end of 2025, which aligns with the City of Culture year and gives us the autumn term for finalisation. This would be better for our work on legacy.

Lisa felt that more detail is needed to support the extra three months and asked whether a business case could be brought to the next meeting. Gill Thornton suggested we keep some flexibility depending on what happens. We should have a plan and timeline for legacy, and she noted that we hope there will be a Baby Week in November 2025 and we should 'leave the door open.' There may be a new government next year and we would need time to respond to this situation.

Vipin said he did not like overturning the recommendations from our sub-committees. However, he felt as a Community Board member that a further three months would give us more opportunity to look at sustainability.

Gwen remarked that she attended the Finance & Audit meeting, and it is good to hear the wider arguments at this meeting. She suggested we decide on whether to have the six- or nine-months extension later – we are not ignoring Finance & Audit but are leaving our options open.

Gill Hart advised that we cannot make the six- or nine-months extension decision really late – although the NLCF will have someone managing Blackpool they would need to plan for our extension too and for resourcing it. Gwen agreed that planning is important, and we need a plan for six and for nine months.

Alex said we are to produce a 10-year budget (now an 11-year budget) for a Partnership Board in the early spring and proposed that this could be developed based on a 9-month extension but will provide options as to how we could close down earlier with a shortened timescale. She suggested this would be better than budgeting it the other way and would help the NLCF.

Vipin asked when the decision has to be made and come back to the Partnership Board and it would need time to embed. We need to remember the NLCF's processes. Alex replied that BSB will present the 10-year budget in March 2024, with preparation work needing to be done before this. Gill Hart added that the 10-year budget goes to the NLCF in May, with the March Partnership Board reviewing it first.

Action: BSB to present the 10-year (now 11-year) budget to the March 2024 Partnership Board, noting all the comments made above. This budget will be based on a 9-month extension but provide options as to how we could close down earlier with a shortened timescale.

Vipin reiterated that he does not like going against our sub-committees, but leaving the decision to the Partnership Board, we should formally request a nine-month extension, but roll it back to six-months in March 2024 if this is needed.

Alex said today's discussions reflect different insight from partners and have explored the proposal in a wider context than Finance and Audit are able to. She observed that there is always some flexibility in our programme and some BSB projects ended earlier than planned.

Lisa and Ashraf had left the meeting at this point.

Decision: The Partnership Board (subject to the consent of those members not present) make a formal request to the National Lottery Community Fund to extend the programme by nine months. This decision is to be reviewed in March 2024 when the extension request may be amended to six months.

10. Programme Monthly Report

Gill Thornton presented the report. Since the last Partnership Board meeting Baby Week has taken place, a video of its highlights is in the latest monthly newsletter. Baby Week was a huge success and provided much learning for both parents and professionals. The reach of the Baby Week Wiggle demonstrated how the initiative has grown to become a significant district event.

Some of the BSB staff team attended the recent UNICEF Baby Friendly conference at which Contract & Implementation Officer Sophie Eveleigh presented a research poster about how breastfeeding rates improved in our Personalised Midwifery project, which won the prize for best poster. It gave a good summary of research findings and is a good example of our knowledge dissemination work.

Gill Thornton mentioned a recent policy roundtable with the Royal College of Midwives and the other A Better Start sites. We shared learning from PMP, particularly the importance of the wider midwifery team, such as the MSW and PPA roles, and hope that the RCM picks up the learning. A joint Insight paper will be written about this with the other ABS sites.

Gill Thornton mentioned that the NLCF are producing a programme closedown pack which we are waiting for.

BSB presented at an Engaging Dads workshop to the National Association of Family Information Services where our approach to working with Dads and male carers was well received.

The Talking Bradford speech and language pathway has been launched, though Gill Thornton said there remains some work to do bringing services together.

The council's Child Poverty Scrutiny Review visited the Stay and Play session at the Mayfield Centre and talked to local parents about their experience of living in this area and this will be fed into their report. Gill Thornton said they needed to include parents of children in BSB's age group in their work and this is a huge priority for the local authority.

Gill Thornton flagged that within the Project Monitoring and Evaluation section more projects are likely to be rated 'Amber' instead of 'Green,' due to their staff leaving as the projects near their contract end dates.

We have had another round of the HEY! Fund, with support from the staff team and the Neighbourhood project.

Unfortunately, we did not recruit another Community Board member, and the one vacancy will go out again in the new year. We have recruited some Event Volunteers.

The recent International Men's Day had its own event this year with a theme of the role of the father. This was really successful, and links were formed with other groups.

Gill Thornton said there has been much produced by the Comms team, and the Baby Week coverage was extensive including the Family Event being featured on BBC Look North. She mentioned appearances by CBeebies presenter George Webster, Dr Amir Khan and the good feedback received.

Hopefully the Partnership Board are aware that BSB have had to close our app, which has now been replaced by a WhatsApp group.

Gill Thornton went on to mention the outreach work undertaken by BSB's Family and Community Engagement team. They attended the parents evening at Byron Primary School for children in reception, year 1 and year 2 to recruit event volunteers and promote the new WhatsApp group and upcoming events for families such as Baby Week. Many parents engaged with us, some of whom were unaware of Better Start Bradford. Two Festive Fund events have been held during December.

HENRY delivered an understanding children's behaviour workshop for dads at Dixons Marchbank. All 15 dads who attended the session with their children really enjoyed it and fed back that the information was helpful, useful, and informative.

Gill Thornton mentioned an Insight article about joint work with the other A Better Start sites and another about our Breastfeeding Support project, which are live on the NLCF website.

Our Early Years Specialist was invited to share the Talking Bradford pathway work with the Durham Transformation Team who are in the initial stages of developing a similar pathway. Gill Thornton commented that we are getting more requests to advise on things.

11. Any other business

Guy said that only about half the Partnership Board has returned a register of interests form in the last 12 months despite a couple of requests.

Action: Guy to send another reminder around about completing an updated register of interests form to the relevant people.

Vipin wished BSB staff and volunteers a Merry Christmas and a Happy New Year. He thanked the Partnership Board for their time and effort, improving Bradford and the lives of young children.

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 18 January 2024, via Zoom, starting at 5.30 pm.

The meeting closed at 11.30 am.