

**Better Start Bradford Partnership Board Minutes  
Thursday 19 April 2018  
Killinghall Primary School**

**Meeting Started:** 9.30

**Meeting Ended:** 11.35

**Present:**

Vipin Joshi	Community Board member (Chair)
Shirley Brierley	Consultant, Public Health
Sarah Hinton	Board Member, Bradford Trident
Rosie McEachan	Programme Director, Born in Bradford
Ruth Hayward	Head of Commissioning (Women and Children), Bradford & Airedale CCGs
Michaela Howell	Programme Director, Better Start Bradford
Peter Horner	Voluntary Sector Representative, Bradford District Assembly
Sara Keogh	Head of Midwifery, Bradford Teaching Hospitals
Gwen Balson	Community Board member
Nasim Qureshi	Community Board member
Shaheen Khan	Community Board Member
Shaza Omer	Community Board Member

**In Attendance**

Jenny Cryer	Assistant Director (Performance, Commissioning and Partnerships, CBMDC) in place of Michael Jameson (item 6 onwards)
Jill Duffy	Implementation Manager, Better Start Bradford
Guy Dove	Programme Administrator, Better Start Bradford
Sophie Eveleigh	Programme Administrator, Better Start Bradford
Jane Barlow	Professor, Warwick Consortium (item 8 only)

**Apologies for Absence:**

Kev Taylor	Michael Jameson	Sarah Muckle	Christy Bischoff
Rashida Latif	Gill Thornton	Nahed Akhtar	Nasreen Khan
Julia Elliot	Talat Sajawal		

**1. Welcome, Introductions and Apologies**

Vipin welcomed everyone to the meeting. He noted the apologies and thanked Shaheen for hosting us.

Everyone introduced themselves to Sophie who will be taking the minutes at the June meeting.

## **2. Minutes of the Previous Meeting – 22 March 2018**

The minutes were accepted as a true and accurate record.

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

Michaela noted the original data administrator had left but we offered the post to another appointable candidate we had also interviewed and she starts with us on 23 April.

Michaela confirmed she has circulated our draft statement of our approach to social value and definitions of 'small' and 'local' organisations to two Partnership Board members for initial comment. She said these are very difficult to define when looking what other organisations do, especially 'small', but hopefully we can reach a consensus about 'local.' For 'small,' we could consider a statement about its importance and how to capture it.

Breastfeeding Support will be covered under item 7.

## **4. Declarations of Interest**

Michaela said there were potential conflicts of interest for Ruth, Shirley and Sara in item 6 over how Better Start Bradford might respond to developments in their service.

## **5. 'Getting to know you' session – Nasreen Khan**

Vipin noted that unfortunately Nasreen had sent apologies today and he hoped she will be able to cover this at our May meeting.

## **6. BSB and the revised Children's Services context**

Michaela said this paper has been to Strategic Reference Group and they had a really interesting and supportive discussion. The paper covers our response to the reorganisation of Prevention and Early Help, the potential for the Public Health procurement of services for children age 0-19s, and our support for maternity services implementing Better Births.

### **Prevention and Early Help**

The Partnership Board have had a presentation from Mark Anslow and he has also presented to the BSB staff team. The new model has been signed off by the local authority's executive in principle, with some slight changes from the original proposals, including changes in staffing (fewer managers and more junior staff). The model organises services into four areas and Shirley said when designing the Family Hubs in the four areas Mark's team are looking at the whole locality and all community assets there. Michaela noted the terminology has changed for Family Hubs but this does not mean they are all be based in one building in each of the four areas.

Michaela said she wanted to discuss what the changes mean for the voluntary and community sector, with increasing reliance on the sector, a need to use all community assets and to have strong collaboration. BSB need to work closely with the voluntary sector too; there may be less universal provision in the new model and we need to plan how to maintain referrals into the BSB programme. We will need to discuss all this with community partners. The Family Hubs teams will consist of prevention workers and family key workers. We need to decide how in Bradford East we maintain local early childhood expertise and collaboration so

Michaela proposed looking at the BSB staff team and basing some people within the East Family Hub and seeing who could perform that role.

Michaela said she wanted conversations with the community and voluntary sector and ideas to work up a proposal. Sarah said the sector does feel used and it is getting harder to recruit staff as it is mostly the bigger organisations who have the capacity to apply for grants. Although BSB and the local authority can rely on unpaid volunteers, staff are still needed to train and manage those volunteers and Sarah asked what is in it for 'small' organisations. Also, BSB's monitoring requirements are very difficult for small VCS organisations and Sarah said such organisations were set up to get away from all of that. She said very careful discussion is needed and imposition should be avoided but if we do not do this, we will not sustain what we have learned.

Gwen said small VCS organisations were also set up to fill gaps in the mainstream and there is a question of engagement and filling gaps in services.

Nasim referred to the 0-19yrs Public Health market engagement events and said the VCS would be worried after these and he could not see if BSB should focus in Bradford East only or in the whole district. We need this decision to be right because once it is made, that will be the result for four or five years. Shirley said she is involved in the 0-19 Public Health commissioning and noted BSB has always been about learning not just locally and this is an expectation of the Big Lottery Fund. Shirley said feedback from the two market engagement events has been good and will influence the service specification and her team are thinking hard about the right measures. Shirley mentioned Primary Care Hubs, which include groups of GPs signed up to thinking strategically about their community and there are some very significant local VCS assets.

Peter remarked we had moved on from the Prevention and Early Help changes to the Public Health procurement and there is some overlap between the two. Michaela went back to the changes to Children's Services and the expectations of the voluntary sector and would add that BSB would anticipate putting in significant resources into this work. She said volunteering should not be cheap and we have learned lessons about Sarah's point about monitoring requirements. This is just the start of our conversations and Lizzie Hughes will be doing some design work and Michaela urged any community Board members who are interested in taking part to let Michaela know.

Michaela reminded the Board that the BLF have to sign off any new initiatives. There would need to be a business case to involve the whole of Bradford East instead of just the BSB area, and how to roll it out to the district. Shirley and Ruth agreed that those Partnership Board members who work district-wide should make this happen by working as partners. Ruth said there are some good opportunities to embed work into the area and to demonstrate how working with the VCS can enhance provision. BSB does work with the community whereas big strategic organisations do plenty of thinking but not so much doing.

Nasim said lots of VCS organisations may not survive the next two years and statutory organisations also have difficult funding circumstances but there is a need to build capacity and by competing for the same funds as statutory services, competition will be even harder. Fewer voluntary organisations will have capacity (training and input) and BSB, if working with the sector, will need to build capacity. Michaela noted the BLF have said we are not a community development programme so the design of that work is important.

Peter observed he has already been making these arguments and said there will be a small pot of funding to support the VCS sector and small-scale commissioning but BSB funding must be above this pot and he suggested waiting to see what the pot is for each of the four areas. Ruth said the CCGs have invested a lot into working with the VCS although more could have been done, and she is confused about the bidding for the same pots. Peter said he has an example of such a case and a collective response is needed with more co-ordination.

Michaela said all the feedback was really helpful and she would come back to the Partnership Board with ideas about putting more resources into the local VCS. Again she asked Board members to let her know if they are interested in helping to design this. She repeated the caveat that the BLF need to sign off any proposal including its geography and it must be an enhancement and not a replacement. Peter added that the BLF projects are relying on things for delivery that may not be there in the future or be less able to deliver.

### **0-19yrs Public Health**

Michaela said for BSB, health visitors are a key supporter and referrer into our programme and they can help with spreading key messages and getting system change. We have been working with Public Health on designing the new service specification and they have been responsive. BSB have been considering enhancing delivery in Bradford East (perhaps limited to the three BSB wards) by funding MECOSH (Maternal Early Childhood Sustained Home-visiting) in the area. This is much more intensive than the normal service and may provide an alternative to Family Nurse Partnership if the Randomised Control Trial (RCT) of FNP is not favourable when it reports in September. It would reach more families than FNP and is more integrated into mainstream health visiting and more flexible.

Gwen agreed that health visiting should be supported but said MECOSH is untested and asked if we could look at other alternatives. Michaela said an RCT of MECOSH is underway and the preliminary results are favourable. Sarah said this was really interesting and home visits are vital as children's centre staff and support workers decrease. Shirley observed we looked at FNP extensively and MECOSH would reach a wider group than FNP which she would welcome and she noted Public Health had decommissioned FNP. There needs to be an enhanced service and MECOSH has more evidence than its alternatives and will have an RCT. Shirley likes that MECOSH is integrated in the health visiting service and that its practitioners become more skilled.

A report will come to the Partnership Board to discuss further.

### **Better Births**

Michaela said that the Personalised Midwifery project has been piloting continuity of care both ante-natal and post-natal but not during labour. Ruth recalled that this was tried at Airedale but doing so during labour did not work as it was not sustainable and it made recruitment really difficult. Sara said she was at Airedale at the time and if a midwife was called out, it made them too busy and was unsafe with long hours and was an emotional and physical strain. Ruth pointed out a woman could be in labour for 48 hours which would make continuity of care impossible. Michaela agreed this was why labour was omitted from the service specification.

Michaela noted that the Personalised Midwifery contract runs out later this year and will be considered by the June Partnership Board. BSB would like to support Midwifery Services to implement Better Births and achieve 20% continuity of care this year, are looking at a follow on project and will put forward a proposal in June to support this.

We also wish to build on the national award won by the Maternity Support Worker by strengthening the MSW role across the service. We are also exploring setting up a community hub in the BSB area which supports the area-based approach of Prevention and Early Help.

Michaela was asked about the role of Bradford Doulas and confirmed the Personalised Midwifery project works closely with them and Ruth said the CCGs commission Doulas across the district.

## **7. Award of Contracts for Breastfeeding Support**

Jill said the consensus panel met for the second time yesterday, this time including a community Board member and scored the five bids. The top three bidders will be invited to a clarification interview.

Shirley felt that having the clarification interviews was the right decision and we should be able to tell if the bidders have capability and commitment and if they are flexible.

## **8. Warwick Impact & Economic Evaluation & Warwick implementation evaluation**

Michaela introduced Jane Barlow from the Warwick Consortium who has been doing this evaluation and is here to update us. Everyone introduced themselves to Jane.

Jane presented a series of slides which are available on request. She outlined the policy context for A Better Start (ABS) and mentioned a 2009 study by Shonkoff which says severe stress disrupts developing brain architecture and affects physiology, behaviour and learning.

Jane explained the impact and economic evaluation which will involve a very large cohort of families for five years in the five ABS areas who are matched with some comparison sites who are not receiving the intervention. Baseline data was collected in 2017 with 1,701 face to face interviews. Ipsos MORI are doing the data collection and will try to sign up pregnant women at 26 to 36 weeks and hopefully partners as well. The women will need to give consent again for further studies at a later date such as access to school records. Cortisol, a stress hormone, will be measured for 10 per cent of participants by taking a hair sample. There will also be a cheek swab for the child which sees if inherited genes are 'switched on or off' due to the environment and Jane is excited by this as it is cutting-edge and has only been done once before. Child report data used will include their language assessment and attachment.

Implementation is a separate workstream. Jane said this includes profiling of services and how austerity measures have affected people, with baseline profiling undertaken already with annual reprofiling thereafter.

Jane moved on to what we have achieved so far. The baseline survey results are due imminently and Jane said this will show how things are functioning in some very deprived areas and is exciting. Warwick are trying to set up data-sharing agreements and obtaining the NHS number is very important.

Jane then presented a Bradford summary and said we are doing brilliantly regarding recruitment and with the response rates of dads. The concern is reach which is under 50 per cent and Jane said at least two-thirds is needed to be able to show an impact. Another concern is who owns the data which is a national question and consent forms need to be very precise.

She said, in reply to a query from Gwen, that Warwick will be comparing ABS and comparison sites with each other and side-by-side. Gwen then asked how race, ethnicity, language and culture are picked up in the comparators and Jane said Warwick know the ethnic distribution but do not have the power to do sub-group analysis but can build up a picture.

Guy asked about the big recruitment exercise starting in 2019 and if incentives are offered to mums (and dads) and how Warwick deal with women who may not have English as their first language. Jane confirmed Warwick pay for interpreters and offer £10 gift vouchers and send birthday cards and so on.

Ruth said she wished to ask the 'so what' question and Jane said the findings would be in the public domain and online and hopefully would give a positive message, sharing case studies and there will be publications showing 'this makes a difference.' Ruth said strategic partners must plan to take note of the findings.

Peter asked how the Innovation Hub link in with Warwick and avoid duplication. Rosie said there is no overlap and her team help to support recruitment to the national evaluation.

Jill asked if the two-thirds reach target is across the service or the population and Jane said it is two-thirds of the service's eligible population. Rosie confirmed, in response to a query from Nasim, that the Innovation Hub evaluate individual projects. Nasim said that in our diverse population some ethnic groups are concentrated in one area and the baseline will affect the data. If a child aged 2 has just moved from Syria they will be impacted. Jane said the evaluation is not about individual families and Warwick will know across the area what went on before BSB started then there will be cohort data. Rosie said a balance had to be found and qualitative research could be done for more detail.

Vipin thanked Jane for her presentation.

## **9. Programme Monthly Report**

Michaela said that people wishing to become new community Board members still have until 30 April to apply. We have had more applications and promises of applications than there are vacancies and if there are too many appointable candidates than we will have deputies. The deputies would be able to vote at Partnership Board meetings unless all eleven full community Board members attend, though the deputies could still attend as non-voting members.

**Agreed: To appoint deputy community Board members if there are more suitable candidates than vacancies.**

Gwen said lots of issues had been raised about the recruitment process and she would like to discuss these with Michaela outside of this meeting. Gwen said she was unsure the strategy was right and she felt recruitment should be ongoing instead of done in batches.

Vipin noted volunteers are still needed to help roll out the LuCid Stepping Stones project.

Gwen raised SystemOne and Michaela said the ambition for our programme is to have one shared child health record. We want to have all our projects on SystemOne and so the projects can work together (with strict rules over who sees what) and we are working on data sharing agreements. Several BSB projects are already using SystemOne and we have done lots of training and support.

Rosie asked if the new health visiting/school nursing contract would use SystmOne. Shirley said her team had received lots of feedback about this, especially from GPs, and there are many risks about adopting another system. The service specification says what functions are needed and the contract could specify which system to use on it and Shirley's team are working on this. Adult Services and all GPs also use SystmOne. Rosie said the Innovation Hub need to be able to access data and mentioned the strategic direction of shared platforms. Currently all health visitor assessments are recorded on SystmOne and the Innovation Hub will do a briefing on systems.

Public Health have a very formal feedback process and are going through every comment and are looking at a June date for launching the procurement process. Michaela confirmed, in response to a query from Peter, that BSB are involved in designing the service specification. Peter asked if other Partnership Board members could try to influence what is on the 0-19 Public Health contract and using SystmOne and Michaela said that would be helpful.

Michaela said Children's Services will not be on SystmOne as they will be using the same system as for social care and Jenny confirmed they will be tendering for a joint system. Michaela said the NHS number is the basic information we need and if we have that for each child then we can link different systems and she asked for the NHS number requirement to be in the Public Health contract. Jill said the requirement for systems to be able to talk to each other should be in the contract if SystmOne is not used and Ruth said this should be in real time. Shirley confirmed that her colleagues are working on this.

Nasim noted there are only two risks on the programme monthly report and Michaela said there are many more but we only report on new, significant or changed ones in this report.

Vipin said this month's Key Campaign is Grow Your Baby's Future and the first event is this afternoon at the Mayfield Centre.

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

Vipin once again thanked Shaheen and Killinghall Primary School for hosting us.

Finally Vipin asked if everyone had felt they had an opportunity to contribute to this meeting and all agreed that they had.

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

The next meeting is on Thursday 17 May 2018 at the Mayfield Centre starting at 9.30 am.

The meeting closed at 11.35 am.