

Better Start Bradford Partnership Board Minutes
Thursday 13 September 2018
Vine Centre, Parsonage Road, BD4 8PL

Meeting Started: 9.30

Meeting Ended: 11.20

Present:

Vipin Joshi	Community Board member (Chair)
Michaela Howell	Programme Director, Better Start Bradford
Peter Horner	Voluntary Sector Representative, Bradford District Assembly
Gwen Balson	Community Board member
Ludmila Novosjolova	Community Board member
Satnam Singh	Community Board member
Shaza Omer	Community Board member
Yaqoob Ayoob	Community Board member

In Attendance

Alex Horsfall	Health Visiting Service Manager, BDCFT (in place of Julia Elliot)
Caroline Tomes	Acting Consultant in Public Health, CBMDC (in place of Sarah Muckle)
Gill Thornton	Head of Programme, Better Start Bradford
Jo Howes	Integration and Change Manager, Better Start Bradford
Josie Dickerson	Programme Manager, Born in Bradford (in place of Rosie McEachan)
Tabia Afsar	Senior Commissioning Officer, Bradford & Craven CCGs (in place of Ruth Hayward)
Jill Duffy	Implementation Manager, Better Start Bradford
Shaista Ahmed	Finance Manager, Better Start Bradford
Gill Hart	Funding Manager (Investment), Big Lottery Fund
Vicki Smith	Funding Manager (Investment), Big Lottery Fund
Guy Dove	Programme Administrator, Better Start Bradford
Jenny Jowle	Programme Facilitator – Project Implementation, Better Start Bradford
Michelle Everitt	Public Health Registrar, Better Start Bradford

Apologies for Absence:

Shaheen Khan	Michael Jameson	Sarah Muckle	Rosie McEachan
Phillipa Hubbard	Gemma Priestley	Sara Keogh	Julia Elliot
Kev Taylor	Ruth Hayward	Talat Sajawal	

1. Welcome, Introductions and Apologies

Vipin welcomed everyone to the meeting and noted the apologies.

Everyone introduced themselves to each other.

2. Minutes of the Previous Meeting – 19 July 2018

The minutes were accepted as a true and accurate record.

3. Matters Arising actions table

Michaela confirmed that Lizzie is leading on the neighbourhood support work and it will be mentioned in item 8. Any involvement by community board members in developing the work would be welcome.

The presentation from a Parents in the Lead group is scheduled for the December Partnership Board.

Michaela confirmed that for buddying, biographies about each Partnership Board member are being sent to them for approval.

The Innovation Fund workshop is scheduled for next week.

We do not have anyone to do the 'Getting to know you' slot this month. Michaela recalled that this came from Elaine Appelbee's work with us and she would be contacting those Board members who have not presented yet. Shaza agreed to cover October's session and Michaela will do November's.

Gill Thornton mentioned the 23red comms campaign and said she and Michelle Thompson have been on leave but we now have a better understanding of the campaign and there are also some assets and tools to be used locally. The national campaign will have a common launch date but the local one will be from January 2019.

We now have templates for the digital copy and a list of images for the advertisements. Gill Thornton suggested having a 23red comms campaign 'surgery' session for Partnership Board members, similar to the recent finance one.

Action: Gill Thornton or Michelle Thompson to share the list of assets with the Partnership Board before the next meeting. Gill Thornton to speak to Michelle Thompson about having a 23red comms campaign surgery for the Partnership Board.

Michaela said we need to link in with the communications work of our statutory services partners and she will be writing to them. Peter noted that joint communications work is being led by the safeguarding board.

4. Declarations of Interest

There were no new declarations of interest.

5. 'Getting to know you' session

There was no volunteer this month.

6. Universal antenatal education offer

Jill said we have worked over the last 18 months with the children's centres to support the delivery of Welcome to the World. This is antenatal provision designed by Family Links and commissioned by the local authority, with Better Start Bradford just funding the evaluation.

Last week the Commissioning Advisory Group met and recommended options to do with both the design of the model and how to implement it.

The Innovation Hub's report on Welcome to the World was provided in today's meeting papers. The challenges are recruitment, referrals and the reorganisation of children's centres which has led to capacity issues.

Welcome to the World has a very strong logic model and theory of change. After some qualitative work such as interviews with parents we have considered shortening the length of the programme from the current eight weeks and have found that the mums prefer Welcome to the World to be delivered by midwives. This would still support the Baby Friendly Initiative and Better Births.

Jill confirmed the Commissioning Advisory Group recommend the model should be kept, with accommodations such as changes in referral routes, recruitment, timings and venues. She explained all the options as laid out in the options appraisal paper, with advantages and challenges of each option. The Commissioning Advisory Group have recommended we keep the Welcome to the World model but with accommodations, and that we explore options with integration with Personalised Midwifery and the new Family Hubs.

Josie presented the findings from the implementation evaluation and observed that low recruitment into antenatal education is an international problem. Our reach is much better for women from a Pakistani background than for White British and White Other women which is below target. The interviews identify blocks to referrals and recruitment with the course starting at 30 weeks gestation but Josie said now the two perinatal coordinators are in post (based in midwifery) these should improve. People who do attend the eight week course do like it – the problem is that recruitment is too low. Josie stated that starting to develop a completely new universal antenatal education course would be very difficult and the content of Welcome to the World is okay – the project just needs to have accommodations.

Gwen asked if we should consider having an online antenatal education course instead. Josie confirmed Welcome to the World is designed as a group course. We did ask non-attendees if they attended the antenatal course at the BRI and asked 100 mums this four years ago. Only one of them had been to the BRI, so that was why we had Welcome to the World as a project. We wanted to include social support and for attendance to lead to participation in our post-natal projects. We know Leeds have an online course but ours is face-to-face.

Gwen remarked that there are quite a few online antenatal education models including using smartphones. Jo said we only decided to support the Baby Buddy app and we felt Family Links had a good offer. Ludmila said she did not think that online provision would work and Gill Thornton observed there is a digital inclusion issue and we know lots of local women do not have online access. Also, lots of data is needed for the smartphone apps. Welcome to the World was commissioned by the local authority with us funding the evaluation and we need to make it more sustainable. Josie said we could consider an online course as an option, and confirmed, in response to a query from Jenny, that she would ask Tracey Bywater if there

is any evidence that online courses work. Shaza suggested an online course could be done by webcam.

Caroline remarked that the fact that the women who attended Welcome to the World really liked it is very positive and the issues are referrals and recruitment. There may be online routes and things we can do with health professionals and we should keep the model for evaluation purposes.

Michaela noted Welcome to the World is owned by Family Links and asked if we knew their view. Jo said Family Links did some small scale evaluation and found that a start date of 30 weeks gestation is difficult for an 8 week course, so they have designed a 4 week course. This is being trialled in Wales but Jo has not yet heard how this is going.

Michaela said the children's centres are looking to us to make a decision on this before finalising their offer and we need to think about BSB families and what is sustainable. Devising a new intervention is an option but sustainability is an issue. Using the new Family Hubs to help with delivery would make sustainability more likely.

Peter observed he still thought an eight week course was a problem and he would welcome some flexibility around the length of the course. We should look at what else could be done to support women if they do not go on the course. Josie supported an eight week course as it takes a long time to get a behavioural change and she suggested we try all the other accommodations first which have evidence that they work. She noted again that the two perinatal co-ordinators are now in post to help boost referrals.

Alex asked if there is any data on attrition rates and Josie said 110 women were recruited and 64 of them completed the course. Caroline asked if we found out why women did and did not attend and Jo said we have: after the first year we found that people did not know about the course, and more recently that there was no creche, people could not speak sufficient English and she is not confident that the length of the course is a main reason. Jo said health visitors and midwives think eight weeks is too long and pregnant women do not typically see the health visitor until 36 weeks. However, a roll-on, roll-off four week programme would not cover parenting skills and we would get no change in behaviour.

Caroline asked where the recruitment target of 300 women had come from and Jo said we had looked at factors like how many venues and children's centre staff were available. Josie confirmed that for evaluation purposes many more women need to be recruited for meaningful analysis.

Vipin remarked we had discussed Welcome to the World before and now we seem to be back at square one. Jo said we are not quite back at square one as we have learned a lot and done lots of interviews. It has been used as an engagement tool and to lead mums on to post-natal projects. Shaza suggested Welcome to the World might be better for first time mums and Jo said we do have the numbers and the project was promoted more for first time mums.

Gill Thornton said a risk is that a new model would take a year to develop with service design, evaluation plans and an evidence base. We would need to consider the effect on our outcomes and we cannot guarantee midwifery referrals and delivery. Josie said we are learning a lot, we should try some accommodations to the existing model and we do not know if people would be recruited to a new model anyway.

Decision: We keep the Welcome to the World model but try some accommodations, and that we explore options with integration with Personalised Midwifery and the new Family Hubs.

Michaela wished to thank everyone whose hard work had led to us getting to this point and the Partnership Board for their full consideration.

7. Financial update Apr-Jun 2018

Shaista said her spreadsheets show actual expenditure against what was budgeted and they show a £74K underspend in the quarter April to June 2018. The written report highlights major reasons for the underspend including Welcome to the World being taken out. The Finance & Audit sub-committee had met yesterday and had questions and useful suggestions about the financial update and an amended report was sent to the Partnership Board yesterday.

The forecast shows projected expenditure to March 2019. Shaista noted the most significant changes are the Data Sharing budget being increased because the SystemOne Product Specialist's contract has been extended to accommodate the work needed. Also, the Breastfeeding Support project has started delivery late so the spend is less than originally forecast this year, but the contract length and amount will be the same.

Vipin confirmed the Finance & Audit sub-committee had gone through the financial update in detail yesterday. Peter asked if they were recommending we approve the update and Vipin confirmed this.

Decision: To note and accept the accounts for the quarter ending 30 June 2018 and the changes to the budget in the forecast.

Shaista turned to the ten year budgets and confirmed the Big Lottery Fund ask us to reprofile them annually (formerly every six months) and this was done in February. A ten year budget spreadsheet had been emailed round but with no written report and the Finance & Audit sub-committee suggested that in future there should be an accompanying report.

Shaista said in the ten year budget, she has put in actual spend in Years 1, 2 and 3 and it still leads to £49m at the end. Vipin remarked that as we have now completed three years, Year 4 is more predictable and Gill Hart said she appreciates that. Michaela thanked Shaista for running a finance 'surgery' session which looked at the ten year budgets and this could be done again.

Gill Thornton said there should be discussion about flexibility over Years 9 and 10 and Shaista added that from Year 5 the neighbourhoods work will be a new project. Vipin said the sustainability discussion needs to start now and Michaela said there will be a paper to the Partnership Board from the Strategic Reference Group on sustainability.

8. Prevention and Early Help: Family Hubs and health visiting

Michaela recalled that she had done a presentation to the April Partnership Board on the reorganisation of Children's Services. The terminology is perhaps confusing but Prevention and Early Help and Family Hubs are all part of the same work.

The paper today updates the Partnership Board on the situation and Better Start Bradford will be part of the Bradford East restructure and Family Hub. We have concerns over the impact

on provision and prevention work with there being more focus on case workers than prevention workers.

Michaela outlined our suggestions to minimise the risk to our programme which include co-location of BSB staff within the Family Hubs. It was our original intention to have our programme facilitators based part-time in children's centres but this was not done due to the first reorganisation. We now need to be located with all the workers to do some joint delivery, give our messages and support referrals if we are to influence the direction of the Family Hub and messaging.

Michaela said there is a focus from the local authority on the VCS sector to pick up prevention work and we are concerned about the amount of support needed. Another BSB proposal is to add to this support which is the neighbourhoods project Lizzie is working on. This involves helping messaging and supporting the workforce and we would welcome involvement from the community Board members in designing this. We will launch the neighbourhoods project from April next year.

Health visiting is also being recommissioned along with school nursing and oral health. We will need to work with the new provider and look at ways to support health visiting. They see all of our families and it is in the specification for the new provider to focus on our outcomes. Jo introduced MECOSH (Maternal Early Childhood Sustained Home-visiting) and described it as a way of working which strengthens opportunities to support families in need; health visitors would identify Tier 2 and Tier 3 families and offer a more proactive service.

The early evidence shows promise and Michaela said we have discussed a local pilot of MECOSH with the current health visiting provider. Public Health are keen to have more discussions with a view to mainstreaming. Peter asked if there could be a delay if another provider is commissioned and Michaela said there could be a contract variation. Gill Thornton said we need a risk assessment about working with a new provider.

Alex asked for detail about MECOSH being 'a way of working' and Jo said there would be no massive cost implications if there are more home visits because it replaces the current number of additional visits made once need is identified, with a proactive plan of visiting. Health visitors would not do all of the work; Lewisham has trained community nursery nurses and links families into supportive community groups. Josie said MECOSH is about self-help and empowering families. Alex said MECOSH provides a structure and Jo said it is a bedrock for outcomes measuring which is what health visiting needs.

Peter asked for more detail and Jo said there would be a slow-burner approach to gathering families with each health visitor having 5 or 6 MECOSH families out of a caseload of 200. Gill said the strength of MECOSH is that it really uses practitioner skills, giving them more control to do their job and building on the strength of relationships to achieve objectives. Gwen enquired about expenditure and Jo said MECOSH needs a licence and there is the cost of MECOSH trainers, a data team and set-up materials which would be £70K in the first year. There would be an additional cost for the leadership teams in the three BSB health visiting teams of an estimated £124K in the first year (including the initial £70K) then £54K a year afterwards.

Gwen mentioned evaluation and Josie said her team could look at impacts on things such as school readiness. They would need to know the numbers of Tiers 2 and 3 BSB families for the evaluation.

Decision: The Partnership Board agrees the co-location of staff, with clear roles and responsibilities. The neighbourhood support work is noted. The Partnership Board supports continued discussion with Public Health about a MECSH pilot, returning to a future Partnership Board with a proposal.

9. Programme Monthly Report

Gill Thornton raised our Theme Group meetings which we have recently rejigged. Partnership Board members who have a good understanding of or interest in the content are very welcome to join; the meetings are not technical.

Josie noted the high risk rating for Personalised Midwifery who use Medway as their IT system. The IT connectivity problems at Barkerend Children's Centre are still ongoing, hopefully 'M3' will be the answer. The IT problem is more of a Hospital Trust and Family Hubs issue. Alex remarked that IT connectivity is a problem across all local authority buildings and Josie said it would probably be cheaper to procure one IT contract and this needs a push from all partners.

Action: Vipin to raise IT at the upcoming Health and Care development day.

10. Any other business

Michaela asked the Partnership Board to approve the 2019 draft meeting schedule which Guy had sent around. Gwen said there have recently been too many meetings too close together and Michaela confirmed Lizzie is looking at having the community prep meeting the week before Partnership Board instead of two days before. Jill said the Commissioning Advisory Group is usually two weeks before Partnership Board but occasionally (September, December) it is necessary to have it one week before.

Michaela said the new programme co-ordinator will be looking at meeting scheduling.

Decision: To approve the 2019 Partnership Board meeting schedule.

Michaela confirmed that Christy has decided to step down from the Partnership Board as she feels she has served her time. There will be an exit interview and we will look at recruiting a replacement. Michaela said Christy has made a great contribution and will be sorely missed but will still be on the Parents in the Lead panel. Vipin will write to Christy on behalf of the Partnership Board to thank her.

Michaela mentioned our celebration event on the evening of 19 September, all are welcome.

Finally, Vipin asked if everyone had felt they had an opportunity to contribute to this meeting and all agreed that they had. He thanked everyone for attending the meeting.

11. Date of next meeting

The next meeting is on Thursday 18 October 2018 at the Mayfield Centre starting at 5.30 pm.

The meeting closed at 11.20 am.