

**Better Start Bradford Partnership Board Minutes
Thursday 13 December 2018
Mayfield Centre**

Meeting Started: 17.30

Meeting Ended: 19.15

Present:

Vipin Joshi	Community Board member (Chair)
Sarah Muckle	Director of Public Health, CBMDC
Talat Sajawal	Ward Councillor, CBMDC
Julia Elliot	Interim Head of Children's Services, BDCFT
Sarah Hinton	Board Member, Bradford Trident
Rosie McEachan	Programme Director, Born in Bradford
Michaela Howell	Programme Director, Better Start Bradford
Tracey Hogan	Voluntary and Community Sector Representative
Amanda Braithwaite	Community Board member
Ludmila Novosjolova	Community Board member
Satnam Singh	Community Board member
Yaqoob Ayoob	Community Board member
Zuhair Bashar	Community Board member

In Attendance

Lynn Donohue	Strategic Manager, Children's Services, CBMDC (in place of Gladys Rhodes White)
Tabia Afsar	Senior Commissioning Officer, Bradford & Craven CCGs (in place of Ruth Hayward)
Shaista Ahmed	Finance Manager, Better Start Bradford
Jill Duffy	Implementation Manager, Better Start Bradford
Rachel Wild	Specialist Midwife, Better Start Bradford
Zebunnisa Ahmed	Programme Co-ordinator, Better Start Bradford
Michelle Everitt	Public Health Registrar, Better Start Bradford
Guy Dove	Programme Administrator, Better Start Bradford

Apologies for Absence:

Gwen Balson	Shaheen Khan	Gill Thornton	Peter Horner
Ruth Hayward	Kev Taylor	Sara Hollins	Gladys Rhodes White

1. Welcome, Introductions and Apologies

Vipin welcomed everyone to the meeting and noted the apologies.

Michaela explained that Peter Horner has stepped down from the Partnership Board. His replacement as VCS representative is Tracey Hogan who is Director of Operations at the Bridge Project.

2. Minutes of the Previous Meeting – 15 November 2018

The minutes were accepted as a true and accurate record.

3. Matters Arising actions table

Michaela confirmed that she has identified Partnership Board members who are yet to do the 'getting to know you' slot at our meetings.

The Innovation Fund launch was delayed due to Baby Week but is scheduled for next week.

Julia would like to look at co-ordination of funding opportunities and sharing BSB learning with integrated teams in the district. Michaela will ask Lizzie Hughes to write up a couple of case studies for Julia from items at the last Board, and discuss other funding opportunities in the district.

4. Declarations of Interest

There were no new declarations of interest.

It was agreed that Julia would leave the room for the decision-making part of item 6.

5. 'Getting to know you' session – Talat Sajawal

Talat agreed to be recorded for this session.

Talat is ward councillor for Little Horton and has lived in the BD5 postcode since he was six months old. He is married with four children, aged 11, 9, 7 and 4. He was not particularly into education at school but studied Business in the sixth form then started an HND in Business at college. He was working at B&Q when a friend then asked Talat to work in a travel agent but he became fed up of office work and wanted to do something in the community, particularly youth work, and joined West Bowling Youth Initiative. He had to be re-educated to do youth work and volunteered at first for 18 months in the Youth Service and gained a Level 2 youth qualification. He coached a youth cricket team and enjoyed working in the community and seeing a positive impact on children.

When working in a children's centre Talat became a father for the first time and wanted to do dads' work at the children's centre. Talat did dads' work at Woodroyd and Burnett fields children's centres and was offered a full time family support worker role. He carried on with the dads' work and was a family support worker for nine years which he loved doing. Talat said helping people is what he thrives on, watching children develop and helping those with SEND needs. He liked the work children's centres did in the community, making sure hard-to-reach families accessed the right services.

His interest in the community grew and Talat does not describe himself as a politician, he just wants people to access the right services and for services to be delivered properly. He left Woodroyd children's centre a couple of years ago, feeling their work was slowing down and they could not support families in the same way. He was approached by a faith centre which helps families in financial crisis and has worked there for about two years, helping victims of domestic violence and offering immigration and asylum seeker support. Talat started a project from zero which now has 40 different referral agencies into the project and he has built a massive network. Helping people is what Talat enjoys.

The Partnership Board thanked Talat for his presentation.

6. Family Nurse Partnership and MECOSH pilot

The contract for Family Nurse Partnership (FNP) will end on 31 March 2019. The board was asked to consider the recommendations made by the Commissioning Advisory Group.

FNP has been delivered by Better Start Bradford since June 2016. The initial contract was for 2 years which was extended in March 2018 for a further 12 months to enable the findings from a follow up Randomised Control Trial (RCT) and Accelerated Design & Programme Testing (ADAPT) activities to be taken into consideration and to align Better Start Bradford and Public Health commissioning timelines. BSB included FNP as part of the portfolio of projects supporting vulnerable families and the Early Intervention Foundation has rated the programme at evidence level 4. If BSB did not have FNP in the portfolio, consideration has to be given about what would support those vulnerable families. This Partnership Board has previously discussed the MECOSH programme, its evidence and the potential to pilot it, and this would complement the portfolio of projects.

Jill presented the background and options papers. There are four potential options and she went through each one. Option 1 is to continue with FNP which would provide continuity for the existing service users. Option 2 is to decommission FNP but to also pilot MECOSH (Option 2a has a transition period of 3 months and Option 2b is up to two years). Doing FNP and piloting MECOSH at the same time (Option 3) would enable provision for both services within the BSB area. Option 4 is to discontinue FNP and pilot MECOSH with additional intensive support.

The Commissioning Advisory Group met last week and recommended we explore the feasibility of moving towards MECOSH provision but could not recommend an option as we do not know who the health visiting provider will be after March and there is no data yet from the second RCT.

Rosie then presented the Innovation Hub's implementation evaluation of FNP. She noted that her team had to use the service's data instead of the Innovation Hub's due to the lack of a data sharing agreement and consent. The target was 94 women at any one time, but progress was quite slow and the team have recently reached 86 women. The target to have four FNP staff has been maintained throughout. There is a referrals and acceptances issue with only 46 per cent of women being eligible for FNP being offered it. The offer was more likely to be accepted by White British women with much lower acceptance rates for others. Rosie noted that 36 per cent of women who accepted FNP had no recorded vulnerabilities.

The Chair then invited a discussion about the papers and the options. Talat said we had funded FNP for three years and said the outcomes seem minimal. Rosie replied that the

Innovation Hub were never going to do a more detailed evaluation because there was the national RCT study. The first RCT gave outcomes for mums but the second one gives outcomes for children (i.e. what BSB are trying to achieve) but she does not expect the results from the second RCT until March at least. Julia said the outcomes measured by the RCT (such as breastfeeding rates and smoking cessation) do not reflect FNP's greatest impacts (on care leavers, there being fewer child protection cases).

Talat raised concerns about the expense of FNP and said he was thinking of long-term sustainability and questioned whether FNP is a programme for the future or is just being funded because we have the money.

Sarah Muckle remarked that the future of FNP seems uncertain with other districts decommissioning it after the first RCT and it is now only offered in the BSB area of Bradford. She would be keen to try something else in the BSB area and to test if it is better for the service and for families with a view to embedding across the district if feasible.

Sarah Hinton observed that health visitors are under a lot of stress and uncertainty and asked if staff would be retained if introducing something else to pilot. Julia said the new health visiting contract will have higher caseloads and a reduced budget and asked how long contact times and home visits are in MECSH. Michelle replied that any pilot would be co-designed with the service whilst maintaining the integrity of the programme.

Julia mentioned timescales and noted that it is unlikely we will have much more information about the new health visiting provider by our January meeting. Sarah said there will be a whole new model of health visiting in Bradford but the actual service specification is not likely to change. She observed that involving health visitors in the service design of something else might be difficult due to their current situation. Tracey asked if the staff would be TUPE'd over to the provider and Sarah explained that her team are exploring options and the situation would be clearer by the end of March.

Vipin stressed that we are not looking to undermine the recommendation from the Commissioning Advisory Group but we need to make a decision as we have already extended this contract once, due to the external environment primarily, and the situation now is equally uncertain.

Vipin mentioned sustainability and that lots of places have decommissioned FNP and Talat noted we have already extended their contract and given them an opportunity to improve performance. Julia said though this is a different scenario and we do not know what the health visitor workforce will look like after March. She would not mind exploring a pilot of MECSH but cannot guarantee health visiting capacity and this is a unique situation with much uncertainty. Sarah Muckle agreed but remarked that she would be happy to start the process.

Rosie remarked that service design and developing the detail of MECSH, which is a really interesting opportunity, would take time but we could start this process. She observed that if we decided to continue with FNP, we would have to address referrals and recruitment.

Sarah said any further extension of FNP would involve paying another licence fee which she would prefer not to do and Michaela confirmed we need to negotiate with the national unit about the way forward and their requirements.

Julia left the meeting for the remainder of this item.

Sarah Muckle said, as in option 2, she would be happy to work up the MECSH model, sensibly and flexibly with all parties. Jill said that service design would take three to six months and we would need to make sure there is no break in service for the vulnerable women so would need to extend FNP for safe transition. Michelle confirmed that FNP can transition straight on to MECSH, as it has in other areas.

Talat noted that Bradford Council decommissioned FNP some time ago and asked what replaced it outside the BSB area and Sarah Muckle replied that health visiting are doing more home visits but that BSB has more support in the programme.

Vipin asked Board members to go through the other options. He observed that there didn't seem to be an appetite for Option 1 round the table. It was noted that some districts such as Essex do both FNP and MECSH (Option 3), but Sarah remarked that this could be confusing and Tabia thought it may create a two-tier service.

Rosie expressed concern that Option 4 would be mixing up two different ways of working, could be tricky to evaluate and would have additional cost.

Sarah observed that it would be good for the whole 0-19 service to see if MECSH works. Michaela said that, if the BLF agrees, it would make sense to be piloted across Bradford East and not just in the BSB area, the only additional cost would be more staff training.

Michaela observed that, if deciding option 2, we would need to manage communications carefully locally and nationally.

Decision: After some discussion the Partnership Board resolved to proceed with Option 2a - discontinue FNP and to pilot MECSH (Rapid Transition).

Michaela said we would start conversations with the service in the New Year and we update the Partnership Board at the March meeting, but report any major obstacles before then.

7. Update on Personalised Midwifery Care

Rachel recalled that the June 2018 Partnership Board had decided to extend this project and it is now going through service redesign. The current version of the project does not give care during labour and birth, but 'Phase 2' will do so. To have this we need to build in flexibility and out-of-hours care with a 24/7 service. For BSB families, continuity of care is currently very low and there is a government agenda to have a national 20 per cent continuity of care target which the Partnership Board will try to support. There will also be a 'cascade' design to Phase 2, sharing good practice with standard care midwifery teams.

Rachel moved on to financial matters and mentioned how maternity care is funded via a tariff which recognises complex cases. We pay as though we are funding an activity via an external model and so we are double-funding the service along with the CCGs but we do not know the extent of this and want to find it out.

We will be funding a small team of six to eight midwives working together using a caseloading model which is intensive, flexible and personalised. The team will decide matters like shifts and night cover and will offer flexible benefits for families and people covering for each other in a way which works well. Maternity services are engaged with co-design.

Rachel then raised the 25 per cent management charge we currently pay to the Hospital Trust and our efforts to reduce this. This has proved difficult but we are supported by the CCGs. Michaela noted that a reduction in the management charge was a condition of us extending the project so that more money goes into delivery and the matter is going to the hospital Trust's executive team for resolution next week.

Rachel said there is enough time to transition to the new project which will begin on 1 March. The cascade model is now clearer and we have found that support workers could be used a bit better based on the needs of the families, so midwives could do more front-line care and there would be better engagement with families. We have also involved service users with the co-design with a meeting earlier this week.

Rosie remarked that this was really helpful and wondered how many women would get the 20 per cent continuity of care from 1 March with this target not being achieved for the entire Trust. Rachel confirmed that we are involved in a West Yorkshire and Harrogate continuity of care approach and Bradford is not far behind the other districts.

Talat mentioned the lower caseloads in the previous model and asked if the target was achievable, but Rachel said there was delivery to more families than was envisaged. There is national guidance for continuity of care and caseloads and she thinks the target is achievable. Talat then asked if Personalised Midwifery Care might be adopted nationally. Rachel replied that instead of changing existing caseloads in the same structure there is a national effort to reorganise the structure.

Michaela mentioned that this is a 'nudge' piece of work and the evaluation will be focused on implementation. Rachel confirmed that we are helping the NHS to bring in a national policy and seeing how it works in this area may mean it is done in other areas. Rosie said a process and implementation evaluation will be really helpful. She would have been hopeful to have proceeded to an effectiveness evaluation, but the project in its current form is due to end on 1 March.

8. April to September 2018 accounts, revised Year 4 budget

Shaista presented the management accounts to 30 September 2018 which show actual spend versus budgeted spend and any variance. There was an underspend to 30 September of £149K. Explanations for this are in each line of the accounts and in the accompanying report. The Innovation Fund has not been launched yet and there is a £24K underspend. Parents in the Lead has a £9K underspend but we have just had a new round of applications and we should break even by the end of the financial year. Community Support Engagement is also underspent but we have just held three Festive Fun events.

Marketing and Communications activity has picked up since 30 September and there is now a lot happening with the 23Red launch due early in 2019. Projects have a £68K underspend but are now starting to deliver. They send Shaista quarterly financial returns and we always ask for explanations for underspend such as low recruitment and referrals, delivery venues being offered for free and lower travel expenses. The £149K underspend is therefore a mixture of projects and management revenue.

Talat asked about the Better Place project manager not being replaced (which has led to another underspend) and Shaista explained that we are waiting for the result of the ESIF bid. If the ESIF bid is successful the Better Place project manager would be a joint post with BSB

and the local authority. Their job would be overseeing the capital improvements process and not revenue funding projects. They would need connectivity with the council which is why the project manager would not be employed by Groundwork.

Action: Vipin to ask Gill Thornton to write to Talat with a full description of the Better Place project manager's role.

Decision: The Partnership Board notes and accepts the accounts to 30 September 2018.

Shaista moved on to the revised budget for 2018/19 and said she had looked at the last six months' actual expenditure and made the forecasts more realistic. The Innovation Fund budget has been reduced. The total predicted underspend for the year of £317K is less than the original. The community support budget has been increased by £3K to take account of the neighbourhood project and next year it will be counted as a project on its own.

Michaela confirmed that an Area Wellbeing Survey was done at the bid stage and we always intended to repeat that and a PhD student has been recruited to do a similar exercise. Rosie added that this person will be assessing community readiness to help recruitment and helping us to better understand the BSB area.

Decision: The Partnership Board notes and accepts the revised budget for 2018/19.

9. Programme Monthly Report

Michaela said this report is for information only but the column of the first page relating to 'Context' is particularly to note.

Vipin remarked that Baby Week had gone really well. Michaela said that Baby Week Yorkshire has been proposed for next year. Rosie asked for feedback on the speakers and Michaela replied that this was not requested but Zakra may have some informal information. There was lots of good social media coverage.

10. Any other business

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 and wished everyone a Merry Christmas.

11. Date of next meeting

The next meeting is on Thursday 17 January 2019 at Bowling Park Lodge, Bowling Hall Road, BD4 7TL starting at 9.30 am.

The meeting closed at 7.15 pm.