

**Better Start Bradford Partnership Board Minutes
Thursday 14 March 2019
Bowling Park Lodge, Bowling Hall Road, BD4 7TL**

Meeting Started: 9.35

Meeting Ended: 11.20

Present:

Vipin Joshi	Community Board member (Chair)
Julia Elliot	Head of Children's Services, BDCT
Talat Sajawal	Ward Councillor, CBMDC (items 1 to 7 only)
Ruth Hayward	Head of Commissioning (Women and Children), Bradford & Craven CCGs
Michaela Howell	Programme Director, Better Start Bradford
Tracey Hogan	Voluntary and Community Sector Representative
Ludmila Novosjolova	Community Board member
Satnam Singh	Community Board member
Yaqoob Ayoob	Community Board member

In Attendance

Gill Hart	Funding Manager (Investment), The National Lottery Community Fund
Gill Thornton	Head of Programme, Better Start Bradford
Phillippa Degnan	Early Years Officer, CBMDC (in place of Gladys Rhodes White)
Carlton Smith	CEO, Bradford Trident (in place of Sarah Hinton)
Josie Dickerson	Programme Manager, Born in Bradford (in place of Rosie McEachan)
Shaista Ahmed	Finance Manager, Better Start Bradford
Zebunnisa Ahmed	Programme Co-ordinator, Better Start Bradford
Michelle Everitt	Paediatric Registrar, Better Start Bradford
Sarah Burn	Paediatric Registrar, Better Start Bradford
Guy Dove	Programme Administrator, Better Start Bradford

Apologies for Absence:

Kev Taylor	Shaheen Khan	Marium Haque	Gemma Priestley
Sarah Muckle	Sarah Hinton	Gwen Balson	Gladys Rhodes White
Rosie McEachan			

1. Welcome, Introductions and Apologies

Vipin welcomed everyone to the meeting, asked everyone to introduce themselves to each other and noted the apologies.

2. Minutes of the Previous Meeting – 14 February 2019

The minutes were accepted as a true and accurate record.

However, Vipin had some feedback from Shaheen to pass on about Pre-Schoolers in the Playground which was mentioned in item 10 in last month's meeting. She said that Better Start Bradford staff Ruby and Ian had been most helpful and the project at Killinghall Primary School has registered 15 families of whom 8 to 10 had completed the course. The course followed the manual with the children leading the play and the project at Killinghall did deliver its objectives.

3. Matters Arising actions table

Julia is looking at sharing Better Start Bradford learning with integrated teams in the district. Following discussions with the local authority they are going to look at the Parents in the Lead model.

The action for Gill Thornton to write to Talat with a description of the Better Place project manager's role is complete.

Jill confirmed she has done a timeline for Action for Children about their contract dispute over Baby Steps and given them two weeks to respond.

Josie will chase Rosie about changing the model of Pre-Schoolers in the Playground. It was noted that the feedback from Shaheen is different from the other school delivering the project and this will be picked up at the forthcoming project annual review.

4. Declarations of Interest

Julia declared a conflict of interest in item 6 (MECSH & decommissioning of FNP update). It was agreed that Julia would leave the room for the decision making part of the discussion.

5. 'Getting to know you' session – Gwen Balson

Unfortunately Gwen had sent apologies and so this will be deferred to a future meeting.

6. MECSH & decommissioning of FNP update

Michelle confirmed that in future we will deal with MECSH (Maternal Early Childhood Sustained Health Visiting) and FNP (Family Nurse Partnership) separately.

Michelle gave a presentation in which she said that we need to decide the amount of the additional funding to establish MECSH and what to do about the FNP transition. At the December 2018 meeting the Partnership Board decided to decommission FNP and to pilot MECSH. This will involve changing practice for some vulnerable families. Michelle read out the goals of MECSH which are in line with BSB's values.

MECSH involves 25 home visits which become more spaced out as the family becomes more independent. Not all the home visits will be made by health visitors once the baby is six months old. The eligibility for MECSH is wider than for FNP e.g. FNP is restricted to young first-time mums. Carlton asked how vulnerability is worked out and Michelle replied that the

criteria is set at service design and the health visitor makes the decision that the family is eligible but elsewhere nationally midwifery would refer.

The December 2018 Partnership Board had agreed a budget for MECSH implementation of £140,000 over three years, including the payment of a one-off licence fee of £70,000 and funding of a champion role and health visitor supervision. Carlton asked for more specifics about the licence and it was confirmed that it is Bradford-wide but we will just be rolling MECSH out in Bradford East. The licence will be jointly held with other partners such as Public Health.

Michelle said MECSH service design will start imminently and we have had conversations with their National team. She acknowledged that health visiting is facing a challenging time in Bradford, having only recently won the re-contracting and with reduced funding, workforce and moving to a different model with staff having to cover new geographic areas. However Michelle noted that MECSH should not increase the health visiting workload so additional resources should not ultimately be needed but this is a challenging time with an increase in child protection cases as well.

Michelle turned to the additional funding needed as MECSH needs embedding and there may be temporary capacity issues in health visiting. To work out the figure we have taken the maximum theoretical additional workload in Year 1 which replaces what would be done to help more vulnerable families (which is hard to calculate). The additional funding is non-recurrent and Bradford District Care Trust will monitor activity so we can assess how MECSH affects capacity. The additional funding is £141K, making £281K in total.

For FNP, the December 2018 Partnership Board agreed a budget of £107K for interim provision and a three month extension to 30 June 2019. We are in the process of decommissioning FNP but 53 service users will not have finished FNP by 30 June 2019. There are three options. Option 1 is to transfer them to standard care but this would be inadequate for their needs although the additional cost would be zero. Michelle said risks with doing this include ethics and reputational damage involved by reducing support to very vulnerable women with very high needs and this would lead to poorer outcomes.

Michelle mentioned that a new Vulnerable Care team is to be set up in the new health visiting model but we could only transition the women to this if we provide additional funding until July 2021. Option 2 involves enrolling a number of FNP clients into the MECSH programme and funding the transfer of the rest to the Vulnerable Care team. The cost of this would be an additional £44K. Option 3 is transferring all the FNP women to the Vulnerable Care team. The approximate cost of this would be an additional £93.5K.

Option 3 takes out any risks from transferring women to MECSH but is more expensive. For Option 2, the intention is that MECSH will be set up in time.

Josie remarked that the cost-effectiveness of MECSH would be affected with more funding as would its sustainability if it is more expensive than FNP. Currently there are wide variations in the vulnerabilities of the service users.

Talat asked why women are still in FNP and Michelle explained that it lasts for two years and we did not stop recruiting to it. There was also a tail-off with the FNP that Public Health funded after they decommissioned it. Julia noted that health visiting are facing some significant challenges and it would be hard for them to pick up an additional 53 vulnerable women.

Julia confirmed, in reply to a query from Talat, that she is really enthusiastic about MECSH and for it to be embedded into the service. This would need additional funding and she confirmed that health visiting will help with the evaluation of MECSH once it starts. Talat asked about the women left in FNP and Julia said Option 3 would be a blended approach and support for MECSH would depend on how the service can deliver.

Michaela commented that Talat was right in that we need to question more often the exchange when one project ends and another one starts. The changing context has meant that BSB have had to amend our programme and the additional funding is a response to this. Our programme is 'test-and-learn' and we will ask the NHS District Care Foundation Trust that if MECSH works in Bradford East, that they roll it out to the district.

Carlton stated that Option 1 would be a dereliction of duty to existing FNP women by abandoning them but we need to know what we are buying with the additional funding. Julia said we would be funding additional capacity and evaluation and we want MECSH to work as best we can so we can fully understand its impact. She noted that health visiting in the district will be losing at least 30 staff and the service has lost 43 per cent of its funding over the last three years.

Michelle confirmed, in response to a query from Carlton, that unlike FNP, MECSH has universal home visits and is offered within health visiting and FNP is more of an opt-in service. All health visitors will be trained in MECSH and have some MECSH families on their caseloads. Julia said she likes how MECSH is 'salutogenic' i.e. it helps families to help themselves by upskilling them and doing some social bridging.

Michaela observed that MECSH also fits our ethos better. Far more people will benefit and more knowledge will be transferred to families and services. Ruth said support will continue for existing MECSH families and we need to be clear about the additionality of MECSH – it is not filling a hole and the Trust will need to be clear about its reporting. Josie remarked that she is really excited about the evaluation and it could be the UK's first effectiveness evaluation of MECSH.

Tracey asked what would happen if only a small number of the 53 women opt in which would be a waste of money. Michelle said that health visiting will aim to take on those women who would be on MECSH the longest and the others will transfer to the Vulnerable Care team.

Decision: The Partnership Board resolved to accept Option 2 - to provide ongoing care and enrol a number of FNP clients into the MECSH programme. This includes funding ongoing care for the remainder of clients from the health visiting Vulnerable Care team.

7. Accounts to 31 December 2018 and Year 5 Budget

Shaista confirmed the accounts are for the nine month period to 31 December 2018. These, with the Year 5 budget and the forecast for rest of 2018/19, have already been reviewed by the Finance & Audit sub-committee two weeks ago.

There was an underspend of £203K at 31 December 2018 of which £130K relates to projects. The forecast spreadsheet shows the variances between the original and the revised budget. The underspend for all of 2018/19 is looking like being £213K and the reasons for this are in the written report. The Innovation Fund is starting late, with 16 applications being received by

the 28 February 2019 closing date, and no awards shall be paid out until the new financial year.

Talat asked how much of our funding is left and Shaista confirmed that at our next meeting we will review the 10 year budget and this will show how much has been spent so far though she could email Talat the figures later today. The anticipated £213K underspend for 2019/20 is in the forecast for next year.

Shaista confirmed that our projects have quarterly monitoring meetings in which we discuss their use of underspend and why they have one. Gill Thornton noted that we set the initial budget for Personalised Midwifery and adjusted it later as staff were employed on lower salaries than originally thought. Shaista confirmed that if variances are over 10 per cent we look at re-budgeting.

Talat asked about using underspend in capital projects but Vipin said we cannot do any more capital projects. At the Finance & Audit meeting they asked for a list of projects with ongoing underspends and the unspent money goes into the Innovation Fund. Building works could only be done at the start of our programme. Gill Hart clarified that underspend has to be used on age 0-3s and fit our objectives and if we stepped outside these constraints the Nation Lottery Community Fund could consider clawback of funding awarded.

Decision: The Partnership Board resolved to note and accept the accounts for the nine month period ending 31 December 2018.

Decision: After some discussion, the Partnership Board agreed the Year 5 Budget for 2019/20.

Finally, Michaela encouraged more Community Board members to join the Finance & Audit sub-committee.

8. Preventonomics update

Gill Thornton said Preventonomics is a tool to demonstrate cost effectiveness. There have been problems with using this tool at other A Better Start sites. Gill Hart confirmed that other ABS sites have trialled the tool or are about to. Lambeth have trialled it and Southend have a workshop coming up.

Preventonomics was designed by the London School of Economics for the ABS programme and BSB passed it to the Innovation Hub who could not get it to work. Andrew O'Shaughnessy at the local authority got it to work but without unit costs. Now a Health Economics group at York University have been trying to unpick the tool and have identified the problems with it. A difficulty is that Preventonomics is the LSE's intellectual property and can only be redesigned with their agreement (although the tool is free to use). It works with different unit costs (health professionals and social workers) but not those which we would need to use.

Josie confirmed she has contacted the LSE and hopes that they will resolve the glitch. Gill Hart said we need to be further on in our services to fully use the tool though Josie noted that the group at York are looking at assumptions and should have valuable findings by the end of March.

Gill Thornton said the health economics group at York are also looking at other methods to include social value. She will update the Partnership Board again in September and hopefully demonstrate the Preventonomics tool working. There is a need to convince commissioners that the tool delivers. Josie commented that the group at York are very good.

9. Adverse Childhood Experiences update

Michelle noted that the 'Resilience' documentary screening is to follow this meeting. She said that ACEs are associated with poor long term mental and physical health as adults. If the stress hormone is triggered too much in children it affects their body. Research has shown that children need at least one caring and supporting adult relationship. Toxic stress leads to brain and body changes which cause poor health outcomes.

There was an ACEs workshop in May which led to a desire to do something about them which was taken to the Children's TIG which covers the whole district. There was a second workshop involving services to decide what to do but this did not lead to much consensus. As a result, a smaller working group was formed and although an initial strategy has yet to be formed all the services are signed up to it.

Michelle said that BSB are also trying to raise awareness of ACEs by staging three screenings of the 'Resilience' documentary during Baby Week last November then holding discussions between a panel and the audience. We detected a huge enthusiasm to do something about ACEs in Bradford. We now have our own licence to show the 'Resilience' documentary and will hold showings and panel discussions among the schools' workforce, the NHS Care Trust, hospitals and also a community showing in the BSB area in late April/early May. We are also aiming to set up a community steering group. Phillippa remarked that Early Years would be interested in seeing the film as well.

Michaela said we knew Bradford was discussing ACEs and it is good that Michelle has joined us. Vipin asked if the proposed 20 screenings a year is enough and it was confirmed that we could do more but there is a cost of £50 per screening. Ruth remarked that the rest of the Partnership should share this cost though Michelle noted the film can only be shown twice to the same organisation.

Michelle confirmed, in response to a query from Julia, that the ACEs strategy group is still in its early stages and it proved difficult to get everyone together. Their views are that ACEs should be prevented in the first place, we should promote resilience so that people can cope with stress and services should act in a trauma-informed way. Michaela observed that trauma-informed teachers talk about this being a distressed and not a challenging area. Julia said a fourth view would be to suggest the district's response to adults who have experienced ACEs and Michelle confirmed she is already working on this.

Tracey remarked that 80 per cent of the service users at the Bridge Project have ACEs and they have adopted a trauma-informed approach, leading to changes in terminology and physical changes to venues where they deliver things. She suggested there be an interaction with the VCS learning programme.

Josie asked about MECOSH and Michelle confirmed it has a trauma-informed approach and fits the ACEs work really well.

10. Programme Monthly Report

Gill Thornton confirmed there have been 16 Innovation Fund applications, which is more than we expected, and the Commissioning Advisory Group will be the decision panel. The 7 March Commissioning Advisory Group was cancelled and now it will take place on 21 March and she encouraged community Board members to join.

The proposals have a range in budgets from £11,000 to £200,000 and cover a wide range of ideas. We had encouraged proposals to do with oral health and dads and a couple of them do so, but three-quarters of the bidders are not in the BSB area, and/or do not deliver here and have no track record.

Michaela asked if we are applying our small and local policy and Gill Thornton confirmed that we are looking to award to the VCS in the Bradford area. She will do a check against the criteria and a commentary for the 21 March meeting. She has responded to all of the proposals and noted that some of them do not fit Innovation but do fit other things on the BSB agenda and she has suggested links with other projects or Parents in the Lead. Lots of the proposals include things that we are doing already.

For item 3.1.2, Strategic Influence, Michaela advised that Bradford City CCGs are considering scaling-up some BSB projects using some additional funding they have been awarded for inequalities. We have put in a proposal including wrapping around our approach and this is a vote of confidence in us. Ruth said there are weekly meetings but no timescales yet for decisions. The extra money, some of which is for Maternity and Early Years, is available from 1 April and is recurrent. There is now a debate about working more closely together and avoiding duplication and this is still in its early stages.

Michaela observed we are now in Year 5 and with no impact evaluations yet it is good that we are being asked things like this. Michaela said we will present a paper about the scaling up in April. Josie noted that some impacts could be shown from BSB. Gill Thornton said we need Public Health to confirm the number of children aged 0-4 in the area, then we can work out costs and look at infrastructure.

Ludmila queried the low referrals into Family Action Perinatal Support in item 3.2.2 and Gill Thornton replied that there are families who need the service and there have been lots of changes in the referrers.

Julia said the community conference at Blackpool Better Start next week sounds exciting. Gill Thornton said we will provide feedback from that event and we are trying to take some parents.

11. Any other business

Vipin confirmed this is Michaela's last meeting and said how sorry he is that she is leaving BSB. He wished to record the Partnership Board's profound gratitude for all Michaela's hard work and for where she has brought us to. Working with Michaela has involved some great times and Vipin thanked her for her valuable contribution and leadership and wished her good luck in her new job.

Michaela said that partnership working is underestimated and made a plea for us all to stay with it and although it will be rocky at times it will be worth it.

12. Date of next meeting

The next meeting is on Thursday 11 April 2019 at the Mayfield Centre, starting at 5.30 pm.

The meeting closed at 11.20 am.