

Report of the Strategic Director of Children's Services to the meeting of the Children's Services Overview & Scrutiny Committee to be held on 14th February 2017.

AH**Subject:****Better Start Bradford Programme Update****Summary statement:**

An update on early implementation of the Better Start Bradford programme and implications for Bradford district.

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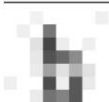
1. Summary

- 1.1 Better Start Bradford (BSB) is an opportunity for Bradford to test out and add to the evidence base of 'what works' in improving child health and development outcomes in the early years, improving maternal and child health and school readiness.
- 1.2 It also provides an opportunity to test innovative approaches to changing the way our systems work together as we are using the Better Start Bradford partnership programme as a vehicle for reform across the district in early years and child health. Learning from developing the BSB programme has been instrumental in supporting the development of the district's Integrated Early Years Strategy and the plans for transforming early years and early help.
- 1.3 This report outlines the background to the programme, the key principles of the approach and reports on the progress in implementation and key aspects of evaluation and learning across the district.



2. Background

- 2.1 The Better Start Bradford programme is the result of a successful £49 million Big Lottery Fund bid led by Bradford Trident, for a 10 year early intervention and prevention programme. We are currently in year 2.
- 2.2 Bradford was one of only five areas nationally to be awarded funding from the Big Lottery Fund's *A Better Start* programme, following intensive partnership work between Bradford Trident, Children's Services and Public Health in the Council, the Police, Clinical Commissioning Groups (CCGs), NHS providers, Voluntary and Community Sector organisations, elected members and families.
- 2.3 Better Start Bradford is a 'test and learn' programme which is being used as a vehicle for reform across the district in early years and has already informed the development of the Integrated Early Years Strategy and the work to transform early

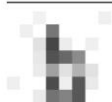


years early help (Early Intervention and Prevention). 'Test and learn' means that we have a heavy focus on evaluation, leaving a legacy of learning what successfully improves outcomes for children in Bradford.

- 2.4 It is being delivered in 3 disadvantaged wards (Bowling and Barkerend, Bradford Moor and Little Horton) but aims to embed what works across the district. For example, specific attachment training for our early years workforce (including volunteers) is being rolled out and the Baby Buddy phone app is now used across the district to provide information to mums-to-be and encourage use of mainstream services.
- 2.5 Focussed on improving maternal and child health and school readiness, the programme's primary outcomes are to improve communication and language development, social and emotional development and nutrition in children aged 0-3 years.
- 2.6 During pregnancy a woman's' mental and physical health, behaviour, relationships and environment all influence the developing foetus and can have a significant impact on the baby's wellbeing and long term outcomes. Pre-conception, pregnancy and the early years are an ideal opportunity to target interventions as this is when extensive brain development occurs and any new experience, both positive and negative, can have short and long term impacts. Therefore the programme is entirely focused on pregnant women and young children aged 0-3 years.
- 2.7 From a cost benefit point of view, research tells us that the best time to invest in evidence based prevention and early intervention is in pre-conception, pregnancy and first three years of life, as it is this time when the improvement in outcomes is greatest.

3. Key principles of the BSB approach

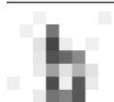
- 3.1 *Know what you want to change:* A clear focus on outcomes for children, with a framework detailing the measures to be used to measure change against short, medium and long term outcomes.
- 3.2 *Use what works and create local evidence:* Early intervention and prevention interventions rooted in the best available evidence and science, alongside detailed evaluation of their implementation and effectiveness, led by Born in Bradford.
- 3.3 *Joint accountability:* A Partnership Board made up of communities and local public services. The Partnership Board includes representation from the Director of Children's Services, the Director of Public Health and local parents who jointly oversee the programme and the budget. (See appendix 1) Joint accountability is also demonstrated through public sector organisations contributing leverage funding alongside the Big Lottery Fund grant.



- 3.4 *Cost benefit analysis:* The London School of Economics is working with Better Start Bradford to develop a tool to identify unit costs and potential savings from successful interventions. This will inform future commissioning plans for the district and is currently being tested before full integration into the programme.
- 3.5 *Community involvement:* A focus on working with our communities as an equal partner in planning and delivering projects and in ensuring that our key messages are embedded into families and parenting so that we achieve a real sustainable change in outcomes for children.
- 3.6 *Improve how systems work together:* A focus on strengthening integration will provide more consistent support for families by implementing common pathways, a joint training programme and a shared data system.

4. Progress with implementation

- 4.1 Big Lottery Fund requirements were that we take a staged approach to starting and rolling out the programme of activities. Therefore the first year was a 'set-up' year. Better Start Bradford is now well established with strong partnership commitment, community and workforce engagement and involvement and a unique partnership to create a monitoring and evaluation platform with Born in Bradford. It is well placed locally to influence strategic developments to improve outcomes for young children and is working collaboratively with other A Better Start sites across the country.
- 4.2 Ten of the twenty two planned projects are now up and running in the Better Start area, see appendix 2 for details of their intended outcomes, delivery partners and contract details.
- 4.3 Currently, four of the projects are also being delivered across the district:
- The Baby Buddy phone app, supporting women during pregnancy has already been rolled out across the district due to support from the CCGs and partners via the Maternity Network.
 - The HENRY project (Health Exercise Nutrition for the Really Young), which focuses on improving nutrition and exercise in the really young, is being delivered in partnership with Public Health to ensure that what is proven to work can be embedded into district wide provision and sustainable. (see appendix 3 for HENRY and Me blog)
 - Family Nurse Partnership, an intensive home visiting service for vulnerable families, is jointly commissioned with Public Health with additional evaluation in the BSB area to understand its impact.
 - Family Links Antenatal course (Welcome to the World) has been introduced across the district and the Better Start Bradford area delivery is providing additional support with redesign (see below) training, co-ordination and evaluation.



4.4 Service Design

As part of our systems change agenda, each Better Start Bradford project is subject to a robust design process before implementation. This gives us the opportunity to bring communities, academics and frontline staff together to discuss the evidence behind the effectiveness of the proposed project, what it should achieve, how it can be implemented to ensure it reaches everyone eligible and how it will be monitored for effectiveness.

This new approach to considered design of a service before implementation is going to support new approaches to commissioning. The district's Perinatal Mental Health Group has jointly designed Better Start Bradford's new perinatal mental health service to ensure that sustainability is embedded into planning. Also, the Family Links Antenatal Programme has struggled to gain momentum in parts of the district so has been jointly redesigned using BSB process improve its delivery.

4.5 Commissioning

Better Start Bradford is committed to commissioning our projects from partners and local organisations. We also seek to influence others' commissioning by raising the importance of pregnancy and the first years in improving children's outcomes and sharing our robust design process to ensure a clear specification for potential providers.

We have aligned our commissioning of Family Nurse Partnership and perinatal mental health service with the public sector, and have had similar conversations regarding future alignment of breastfeeding commissioning.

4.6 Workforce development

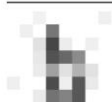
Learning Together is the training and development programme for everyone working with pregnant women and young families in the Better Start Bradford area, offering a range of expert sessions, workshops and events bringing leading professionals to Bradford to lead discussions in the latest thinking in the field.

We have supported the introduction of free evidence based bonding and attachment training for all early years staff across the district, and training to deliver the HENRY programme is regularly available to a wide range of practitioners.

4.7 Data sharing and systems

We are using SystmOne to capture the data on individual beneficiaries and work is progressing to address technical issues. SystmOne is used in primary care and by Health Visitors, who see every child, and we have developed a unit that will be used by every project and will support far better data sharing for practitioners. Shared data across health and early years is essential in ensuring efficient recording without duplication and effective family support.

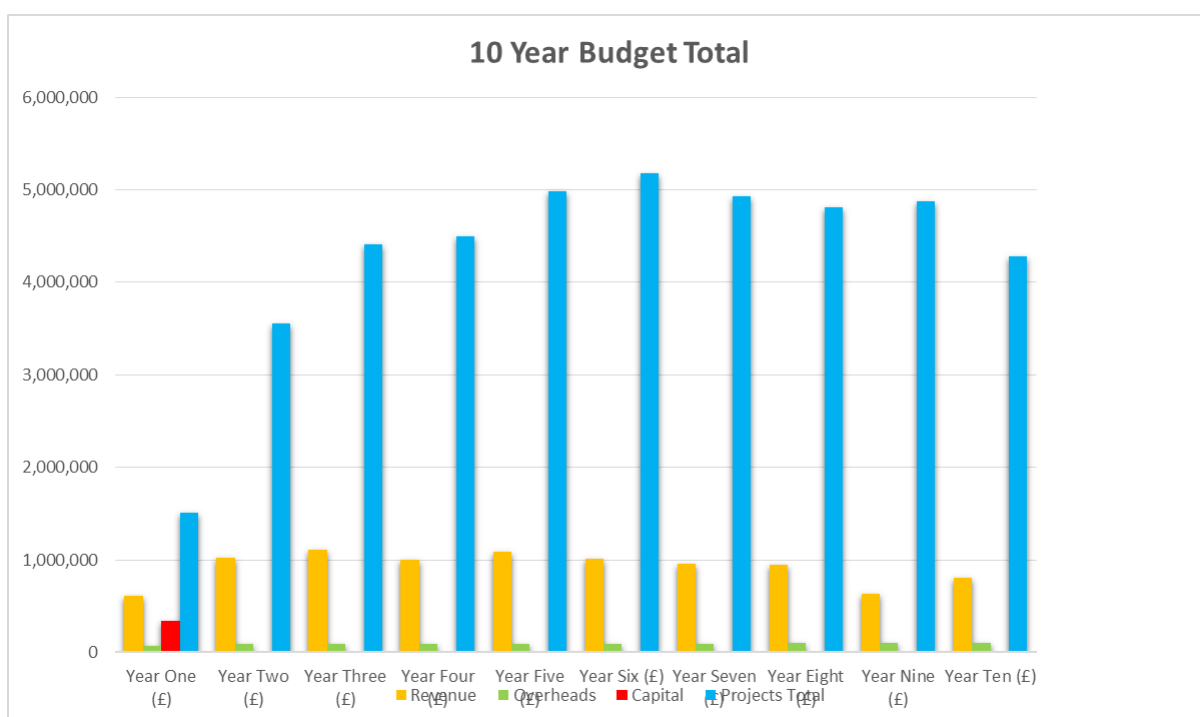
Our ambition is for one single child health record and overcome the data sharing obstacles that currently exist across early years and partners. The first step has been a recent acknowledgement across the district that every data system should use the NHS number as the unique identifier so children can be effectively tracked.



4.8 Finance and budgeting

As we had a 'set-up' stage and a staggered approach to implementing the projects, this means that our 10 year budget is not an even distribution across the life of the programme but reflects the build-up of activity over the first few years and then the tapering off of activity as projects are either sustained or decommissioned. The table below shows the split between budget spent of project delivery and that spent on programme management, including a workforce development programme, community involvement and evaluation.

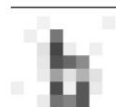
	Year One (£)	Year Two (£)	Year Three (£)	Year Four (£)	Year Five (£)	Year Six (£)	Year Seven (£)	Year Eight (£)	Year Nine (£)	Year Ten (£)	
Revenue	613,632	1,021,649	1,107,450	1,000,295	1,083,407	1,009,112	960,241	949,804	634,173	807,828	
Overheads	68,840	87,017	88,757	90,532	92,343	94,190	96,074	97,995	99,955	101,954	
Capital	340,273	0	0	0	0	0	0	0	0	0	
Projects Total	1,508,959	3,557,933	4,406,020	4,491,962	4,988,761	5,182,003	4,930,281	4,816,180	4,878,899	4,275,742	
Totals	2,531,704	4,666,599	5,602,227	5,582,789	6,164,511	6,285,305	5,986,596	5,863,979	5,613,027	5,185,524	53,482,261



5. Learning and evaluation

5.1 Better Start Bradford has access to the latest international research, science and experts, which we bring to our Learning Together events, and have learned a lot about children's developmental outcomes and how to design a programme of activity to work with partners and families to improve them. Through our work, Bradford is a founding partner of the Global Compact on Early Child Development which shares excellence in the field and the national A Better Start programme is seen internationally as being at the cutting edge of thinking.

5.2 Learning what works in Bradford from the BSB projects



The BSB partnership with Born in Bradford (the Innovation Hub) will monitor the implementation of each project delivered as part of Better Start Bradford. Even the most robustly evidence based services and projects will fail if they are implemented poorly. Numerous studies have shown that an effective programme implemented poorly will get the same results as an ineffective programme implemented well - neither will have much, if any, benefit for children and families. We are therefore evaluating the implementation as well as the impact of our projects.

The Innovation Hub are recruiting a cohort of approximately 5000 babies over the first 5 years of the programme in order to measure the impact of each project. We currently have over 700 families recruited. Full results for the projects will be available via cohort data from 2021, although some preliminary findings will be available depending on the outcomes and measures, after 2-3 years of the project starting.

5.3 Learning about service/programme design and development:

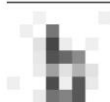
Key principles have emerged from our work that are transferable to other services/programmes:

- Focus on outcomes. There is not always a common understanding about what outcomes mean. We need to focus on what needs to change and how we can measure it.
- Deliver tailored activities/services with a theory of change underpinning them. The Theory of Change gives a comprehensive description of how and why a desired change is expected to happen; mapping out what an activity or intervention does and how it leads to desired goals being achieved.
- Use evidence of 'what works' for children to determine which activities/services and build in evaluation of whether it works in the local area. Various guides are available e.g. <http://guidebook.eif.org.uk/> ; <http://www.dartington.org.uk/inc/uploads/What%20works%20%20Overview.pdf>
- Facilitate local communities and agencies to work together in an integrated way at different levels.
- Measure progress rigorously through monitoring and evaluation.

5.4 Evaluation at a national level

As we are part of a national programme, the Big Lottery Fund are working with a consortium led by Warwick University to evaluate the programme. They are undertaking an impact and economic evaluation with the following research questions:

- How effective is A Better Start in improving children's socio-emotional functioning, nutrition and language?
- How cost-effective is ABS?
- How quickly do we find improvements in outcomes, and how sustainable are these over time?

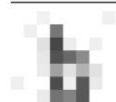


- How does this compare with families in other areas not supported by Big Lottery Fund's investment?
- Is the programme investment worthwhile?
- How much does it cost to run the programme, including the initial set-up, and over time?
- How cost-effective are different approaches in terms of the outcomes achieved?

5.5 Partners have identified the following as key areas at district wide level which have been informed and influenced by the learning from the BSB programme:

- Implementation and further development of the Integrated Care Pathway between midwives, health visitors and children centre staff.
- Contributing to the development of a transformation plan for Early Years/Early Help (Early Intervention and Prevention) services to ensure the evidence for ways of working in early years is robust and outcome focused
- Informing plans and delivery of new approaches to integration and delivery in the new cluster model for children's centres and the Health Visiting Services.
- Joint multi-disciplinary training for early years staff including e learning on bonding and attachment, HENRY (healthy eating and nutrition in the really young) training and district wide approach to Antenatal classes Family Links Antenatal (FLAN) programme.
- Working closely in partnership with Public Health, Children's Services, CCGs, NHS providers and VCS to effectively implement the Integrated Early Years Strategy for children 0-7 years and that this uses an evidence based approach based on improving outcomes children across both BSB and district wide services
- Development and piloting of new initiatives such as the integrated 2-year review undertaken by childcare providers and Health Visitors, the targeted Early Help pilot, and for the 2-year-old + tracking project which aims to track the achievement, progress and attainment of eligible children from the age of 2 years-old.
- Joint approach to commissioning Family Nurse Partnership (FNP) for vulnerable mothers under 20 years of age (under 24 years in BSB area) and working with partners in Public Health to develop a new FNP Adapt model together with the national FNP team
- Close working with CCG led Perinatal mental health group and all key partners informed by robust service design process of the BSB Babies and Bonding service to ensure both BSB and district wide mental health services for mothers and their infants are significantly improving
- Drive to bring data systems together to enable effective tracking of children's engagement with services and effective evaluation of activities.
- Working with the CCGs to support the development of a Maternity Programme Board to oversee the implementation of Better Births, the five year forward view for maternity services
- Sharing our learning with the CCG led district wide Children's Network

6. Options



6.1 Not applicable; this is an update for information.

7. Contribution to Corporate Priorities

7.1 The BSB Programme contributes to the priorities within the Bradford District Health and Wellbeing Strategy and the associated Health Inequalities Action Plan (HIAP). HIAP Priorities 1-6 of the 18 priorities are focused on child poverty, infant mortality, parenting and early years, ensuring children are well prepared for adulthood. It is also included as part of the Council's priority 'A great start in life for all our children and good schools' and to the Children, Young People and Families Plan. BSB is a key member of the Integrated Early Years Strategy group and many other key children's groups and networks across the district, sharing learning and providing opportunities to pilot new approaches.

8. Recommendations

8.1 Committee members are asked to consider and to note the information provided in this report and the high commitment within the District to improving outcomes and reducing inequalities for all young children through evidence based early intervention and prevention to ensure all children reach their potential.

9. Background Documents

97.1 Our Children's Future: Better Start Bradford families share their vision: June 2016

<https://www.youtube.com/watch?v=4wmn4urDgKk>

9.2 How Brains are Built: The Core Story of Brain Development: Alberta Family Wellness October 2013.

<https://www.youtube.com/watch?v=LmVWOe1ky8s&list=PLPy5ZtNQuZCyKWCKuO0w5YQVhEPUAucJ4>

9.3 Fair Society Healthy Lives The Marmot Review UCL Institute of Health Equity (2010)

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

9.4 Conception to age 2 - the age of opportunity The Wave Trust (2013)

<http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity>

9.5 Integrated Early Years Strategy 0-7 years

http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/earlyyears.

10. Not for Publication documents

10.1 None.

11. Appendices

11.1 Partnership Board structure and membership

11.2 Projects and outcomes

11.3 HENRY case study

