

Report of the Strategic Director of Children's Services to the joint meeting of the Children's Services and Health & Social Care Overview & Scrutiny Committees to be held on 28 November 2017

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Subject:

Better Start Bradford Programme Update

Summary statement:

An update on the progress 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 to improve the outcomes for children in some of our most deprived wards and 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. The intention is to scale up what works in improving outcomes across Bradford for all our young children.



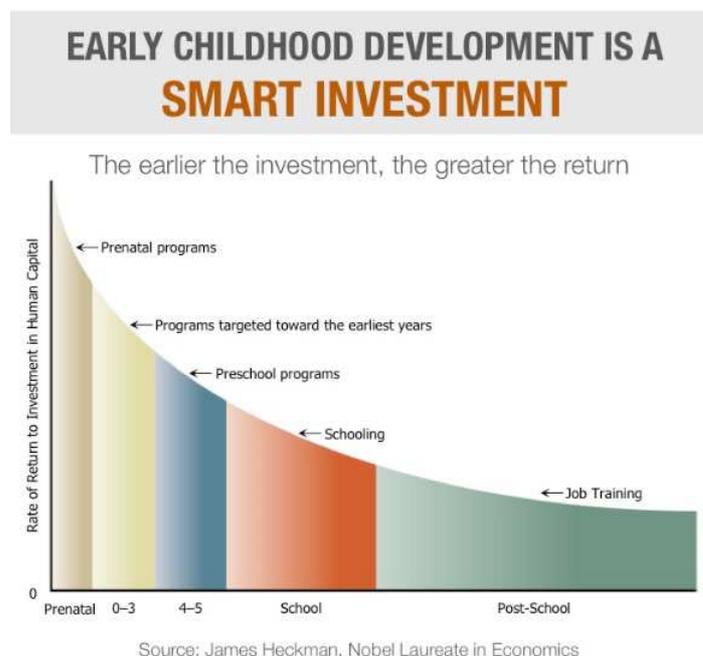
- 1.2 This report outlines the background to the programme, the key principles of the approach, reports on the progress in implementation and key aspects of evaluation and learning across the district.

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 3.
- 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, Born in Bradford, 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 Prevention and Early Help programme. It is being 'tested' in 3 wards (Bowling and Barkerend, Bradford Moor and Little Horton) and the 'learning' about what successfully improves outcomes for Bradford's children will be integrated throughout the district.
- 2.4 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.

- 2.5 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. 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.
- 2.6 From a value for money point of view, research tells us that the best time to invest scarce resources to improve children's outcomes is in pre-conception, pregnancy and the first three years of life, as it is this time when the improvement in outcomes is greatest.

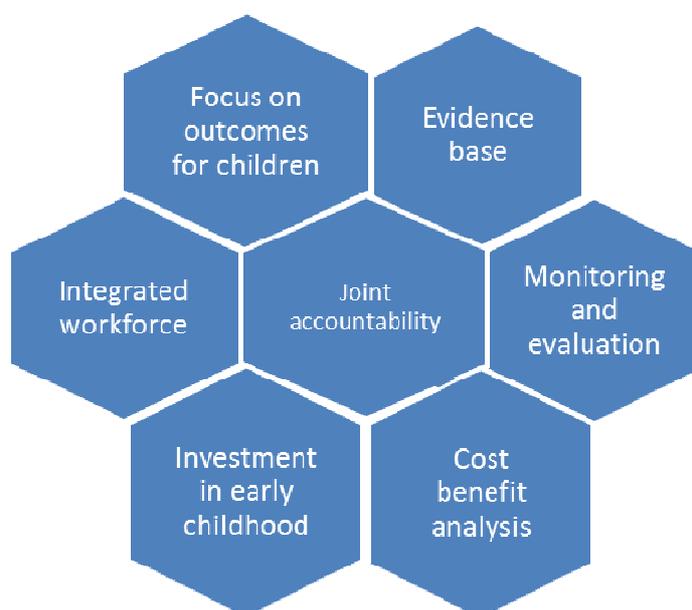


3. Key principles of the BSB approach

- 3.1 *Know what it is that 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:* Prevention and early intervention 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 (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.



4.0 Progress with implementation

- 4.1 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 also working collaboratively with other A Better Start sites across the country.
- 4.2 Eleven of the planned projects are now up and running in the Better Start area, four are in a 'set up' phase and six more are being commissioned. 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.
- Welcome to the World has been introduced across the district and the Better Start Bradford area delivery is providing additional support with training, co-ordination and evaluation. (see appendix 3 for Welcome to the World news)
- BSB is working with the South Bradford Children's Centre cluster to embed some of the learning around language development as a result of reviewing the delivery of the Healthy Child programme and in response to a particular need there.

4.4 Service Design

As part of our systems change agenda, each Better Start Bradford project has been 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, how it can be implemented to ensure it reaches everyone eligible and how it will be monitored for effectiveness. We have produced and shared our first guide in this field: A guide for designing, implementing and evaluating projects

<https://betterstartbradford.org.uk/learning-resources/research-and-evidence/>

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.

Details and presentations can be found here. <https://betterstartbradford.org.uk/learning-resources/past-events/>

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

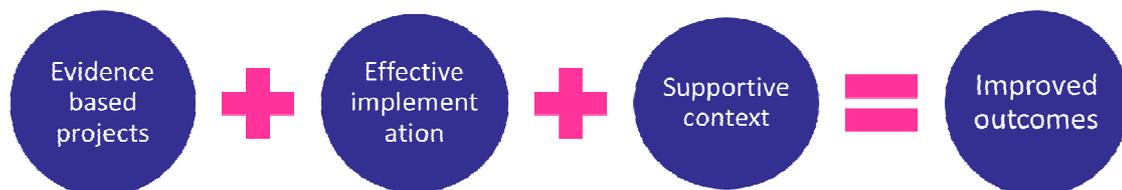
data across health and early years is essential in ensuring efficient recording without duplication and effective family support.

Our ambition is for one single child health record and to 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. We are also developing a shared approach to obtaining consent from participants for their data to be shared.

5.0 Learning and evaluation

5.1 Learning what works in Bradford from the BSB projects

The BSB partnership with Born in Bradford (the BSB Innovation Hub) is monitoring 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 1206 mums and 122 partners 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.

5.2 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. This evaluation involves three strands of work:

- The implementation evaluation will be conducted in two phases looking at both the early years of set up to maximise the effectiveness of the programme in subsequent years and the remaining years will look at the different models of working adopted by the five areas.
- The impact of the national programme will be measured by tracking a group of families from the areas in addition to a comparable group of similar families living in carefully selected comparison areas. Individual level data and administrative data will be brought together to provide a robust

assessment of the programme and what it is achieving. This will then also be looked at in terms of cost-effectiveness of the programme, both overall and for each area.

- A programme of activities will also be delivered to ensure outcomes and learning from this vital programme evaluation are promoted and shared

5.3 Partners have identified the following as key areas which have been influenced by the learning from the BSB programme to date:

- Implementation and further development of the Integrated Care Pathway between midwives, health visitors and children centre staff, including supporting the integration of Health Visiting and Children's Centres delivery.
- Development of the Prevention and Early Help programme in Children's Services to ensure an evidence and outcome focused approach.
- Joint multi-disciplinary training for early years staff including eLearning on bonding and attachment, HENRY (healthy eating and nutrition in the really young) training and district wide approach to community based antenatal classes.
- Supporting the effective implement the Integrated Early Years Strategy for children 0-7 years, especially around obesity and mental health.
- Working with the CCGs to support the development of a maternity transformation plan and Maternity Programme Board to oversee the implementation of Better Births.
- Development of a project to improve communication and language development in Bradford South Children's Centre cluster area.
- Development and piloting of new initiatives such as the Maternal Postnatal Attachment Scale (MPAS) for measuring attachment, integrated 2-year review undertaken by childcare providers and Health Visitors, the targeted Early Help pilot.
- 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 model.
- Close working with CCG led perinatal mental health group to ensure both BSB and district wide mental health services for mothers and their infants are significantly improving, including supporting accessing NHS England funding.

5.4 Better Start Bradford has access to the latest international research, science and experts, which we share via our Learning Together events and our website.

www.betterstartbradford.org.uk

5.5 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.

6. Contribution to Corporate Priorities

6.1 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 'Great start, good schools' and to the Children, Young People and Families Plan.

BSB is a key member of the Children's Trust Board, 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.

7. Recommendations

- 7.1 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.

8. Background Documents

- 8.1 www.betterstartbradford.org.uk
- 8.2 How Brains are Built: The Core Story of Brain Development: Alberta Family Wellness October 2013.
<https://www.youtube.com/watch?v=LmVWOe1ky8s&list=PLPy5ZtNQuZCyKWCkuO0w5YQVhEPUAucJ4>
- 8.3 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>
- 8.4 Integrated Early Years Strategy 0-7 years
http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/earlyyears.

9. Not for Publication documents

- 9.1 None.

10. Appendices

- 10.1 Partnership Board structure and membership
- 10.2 Projects and outcomes
- 10.3 HENRY case study & Welcome to the World news.