**Health and Wellbeing Forum 29th October 2018**

**An update from Better Start Bradford**

Better Start Bradford is a 10 year Big Lottery Funded partnership programme of evidence and science based projects aiming to improve outcomes for children. It works with expectant families and those with children under 4 as the evidence is clear that this is the best time to invest, as it is the time when the improvement in outcomes is greatest. Funded projects are delivered in Bradford Moor, Bowling and Barkerend and Little Horton but we are using the learning about what works in improving outcomes and how best to design, implement and evaluate services across the district.

Our vision: Children across our part of Bradford and beyond have the best possible start in life, in terms of their health, wellbeing and life chances, forming the cornerstone of strong, happy communities.

**What is going well?**

1. **Performance:** We are now in full delivery of the planned programme of projects, see <https://betterstartbradford.org.uk/> for details of the projects. Our annual performance review with the funder assessed BSB performance as good, with further work required on our reach, our capital programme of environmental improvements and sustainability – which is to be expected at this point in the programme. It was a very complimentary report with strengths in partnership commitment, community engagement and involvement, research and evaluation input, collaborative working with other better start sites and the use of data to inform decision making.
2. **Co-production**: Stakeholder involvement in designing each of the projects we are commissioning is strong and our toolkit for designing, implementing and evaluating interventions in the early years is published here

 <https://borninbradford.nhs.uk/what-we-do/pregnancy-early-years/toolkit/>

1. **Joint accountability**: Involvement of parents and communities in our governing body, making decisions about contracts, commissioning and planning for sustainability. We recently recruited 6 more parents with young children to the Partnership Board.
2. **Engagement**: Despite an extremely difficult context, partners continue to give time, ideas and activities on our behalf, demonstrating an ongoing commitment to our vision. Our community engagement is strengthened by recruiting community champions to help spread the messages and connect families to the programme.
3. **Embedding across the District**: We are moving beyond embedding our knowledge, general approaches and workforce development opportunities and starting to roll out project delivery beyond our direct area of benefit. For example, some of our work in communication and language development has been adapted by the Bradford South Children’s Centre cluster (and will continue in Family Hub) and we continue to support its delivery and evaluation. In addition, Public Health are negotiating the delivery of our HAPPY project, working with pregnant women with a high BMI, in Holmewood.
4. **Using evaluation for contract review and commissioning**: Whilst it is too early for effectiveness evaluations, the BSB Innovation Hub have produced implementation evaluations for our early starter projects which have been used in the decision-making process in re-contracting or decommissioning. The evaluation reports include project performance (using co-produced success criteria), evaluation findings and caveats to them, any alternative projects that may be viable in addressing needs and their view regarding the potential for future evaluation.

**What could be ‘even better if…’**

1. **Data for evaluation:** Delivery partners struggle to capture, record and report the data required for robust evaluation. We have invested in amending their systems (eg flag on the medway system for midwifery) and we are supporting VCS delivery partners to use the SystmOne system. This has affected the quality of the evidence that can be produced for a robust evaluation.
2. **VCS delivery:** BSB is a ‘test and learn’ programme and we are tasked with generating evidence to inform what is known about improving outcomes for children. As such our projects require not only rigorous monitoring to support the evaluation, but also adherence to the designed model; any adaptations or flexibilities will have an impact on the evaluation. For some VCS organisations, this stretches their capacity or doesn’t fit alongside their flexible, responsive and creative norms for delivery. We have developed an Innovation Fund to be able to support organisations in delivering activity to address our gaps or emerging need but which might not have the rigour of our planned portfolio of projects. We are also developing a programme of neighbourhood support, working with VCS organisations to design it.
3. **Reach**: We are not reaching all the families who we feel would benefit from our projects.

When we design a project, we calculate the number of beneficiaries eligible for the service and agree the numbers we think will actually participate. These targets will reflect both need and capacity of the project. We are finding that some projects are not reaching their participation targets. Strategies to improve this are being put into place by the individual project delivery partner and by the BSB programme team, particularly addressing the fact that approx. one third of women from the BSB area who have babies at BRI have no or poor English skills.

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