

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	10 th June 2026
	LEAD OFFICER	Alex Hawley
	TITLE:	Best Start Local Plan and Best Start and Beyond Framework.

Background

1.1	<p>There are several purposes of this report:</p> <ul style="list-style-type: none"> • To update the Board on the considerable number of recent national policy initiatives or guidance changes from both the DHSC and the DfE that impinge on our work to improve the health and wellbeing of our babies, children, young people and families. • To provide a specific update in respect of the new requirement for a Best Start Local Plan (for children aged 0-5), and to invite the Board to endorse Rotherham’s recently published plan. • To ask the Board to approve a revised version of Rotherham’s Best Start and Beyond Framework (for children of all ages 0-19 or 25 with SEND). • To seek guidance from the Board on frequency of future updates it receives within this area, based on a proposal of a broad annual integrated update, rather than disparate project-based updates.
1.2	<p>Key policy and guidance updates</p>
1.3	<p>National target for Good Level of Development In July 2025 the Government published ‘Giving every child the best start in life’, its strategy for improving child development, and for meeting its new ambition for 75% of children at the end of Foundation Stage (age 5) to be achieving a good level of development (GLD) by 2028, as a measure of their readiness to begin formal school-based education.</p>
1.4	<p>Local GLD targets and Best Start Local Plans A key part of this strategy was the allocation of local authority targets for proportion of children achieving GLD, including targets for those children eligible for free school meals to ensure that inequalities in outcomes do not increase. Each local authority was asked to publish a Best Start Local Plan by the end of March 2026 to set out how they would achieve these ambitious local targets.</p>
1.5	<p>The DfE has stated that it will seek to pull out themes and good practice from its reading of all the published Best Start local plans. The way that the good level of development ambition is described, addressed and measured will inform the department’s own strategic thinking and how it tailors its ongoing support to local places for realising this ambition through its regional liaison offer.</p>
1.6	<p>Best Start Family Hubs and Healthy Babies programme A large part of the government’s delivery model to underpin its strategy is the adoption and evolution of the previously targeted Family Hubs and Start for Life programme into the now universal and rebranded ‘Best Start Family Hubs and Healthy Babies’ programme, backed up with a three-year allocation of funds to every local authority (albeit with supplementary funding specific to the Healthy Babies component only for the</p>

original targeted 75 local authorities). The intention for this was outlined in the summer last year, with preparatory guidance issued in December, and a readiness survey circulated in January 2026. The programme came into force as of 1st April 2026, but final guidance was not published until 30th March 2026. Further detailed guidance on developing an associated delivery plan is expected before the end of April, and it is anticipated that the local delivery plans will be requested for first submission to the DfE by June.

1.6 Healthy Child Programme revised guidance

Revised guidance for the provision of the Healthy Child Programme, a mandated duty of the Director of Public Health, was published in February. The revised guidance seeks to provide greater clarity on the roles, responsibilities and purposes of the 0-19s public health nursing services, to ensure greater consistency of service quality nationwide. Best practice expectations include the primacy of the role of Health Visitors in carrying out the key health reviews, and the expectation that the early checks be conducted face-to-face at home. Alongside these guidance changes are a new annual audit of 0-19 service workforce make-up (numbers and skill mix), and an expectation of enhanced assurance processes nationally.

1.7 SEND reforms and SEND Reform Local Plan

The government published its White Paper for reforming the SEND system in April, with its aim to create an inclusive mainstream education system, with professional support for children and young people that need it via a new 'Experts at Hand' model (EAH). In association with this the government asked the partners in each place, including health, education and childcare settings, to work together to design and deliver a Local SEND Reform Plan, under the local authority's leadership. This is expected to be submitted to the DfE and NHS England by 19th June. Local authority funding allocations to support the local SEND transformation and the development of the EAH offer are also expected to be received in June.

1.8 Families First Partnership

As part of its children's social care reforms, the DfE has published its Families First Partnership (FFP) programme guide in March 2025, and published the Year 2 guide in March 2026. It aims to keep families together, reduce care numbers, and improve safety by focusing on early intervention, family support, and multi-agency child protection.

1.9 NHS 10-year plan and Neighbourhood Health Framework

'Fit for the Future', the ten year health plan for England was published in July 2025, setting out an ambition to achieve three radical shifts in how the NHS operates:

- hospital to community
- analogue to digital
- sickness to prevention

Alignment with the aspirations of this all-age health plan is explicitly sought throughout many of these policy interventions for children and young people. In particular, the imperative to deliver health services within the community and at an earlier stage of developing need accords strongly with the aims of the Healthy Child Programme, the Best Start Family Hubs and Healthy Babies programme and the Families First Partnership, for example.

In March this year, the government published its Neighbourhood Health Framework. Within the national NHS goals, objectives and metrics for neighbourhood health services, children and young people are identified as a priority cohort. With respect to broader neighbourhood health ambitions for prevention and delivering additional benefits, best start considerations are not mandated, but alignment with other initiatives including Best Start Local Plans and Best Start Family Hubs and Healthy Babies are explicitly encouraged. Every place – ICBs and local authorities working through Health

and Wellbeing Boards - is expected to produce an associated Neighbourhood Health Plan by April 2027.

- 1.10 Changes to 'best start' advisory arrangements between DfE and local authorities**
Changes within how the DfE organises its regional liaison offer is taking place to bring together interactions relating to Early Years education and sufficiency and the Best Start Family Hubs and Healthy Babies programme, in order to move toward a more integrated and holistic 'best start' support offer.
- 1.11 Rotherham's Best Start Local Plan**
The government agreed local targets for proportion of children achieving GLD by the end of academic year 2027/28, and asked each local authority to publish a Best Start Local Plan to set out how it intends to meet the target. Rotherham received final confirmation of its targets in November 2025.
- 1.12** The target proportion of children in Rotherham Metropolitan Borough Council achieving a Good Level of Development at the end of the 2027/28 academic year is now set at a minimum of 73.3%. The target will only be met if it is also the case that the proportion of children eligible for Free School Meals (FSM) and achieving a Good Level of Development at the end of the 2027/28 academic year is at least 56.6%.
- 1.13** In order to meet the end of March publication deadline for the Best Start Local Plan, a summit was held at the beginning of December, led by Rotherham Council and bringing together multi-agency partners, aiming to foster collaborative discussion and actionable strategies for improving early years development outcomes. Presentations provided a comprehensive needs analysis with a range of quantitative and qualitative information, including feedback from children and families, delivered by Children and Young People's Services, Early Years Education and 0-19 Public Health.
- 1.14** Participants engaged in two workshops: the first focusing on current practices and the second on generating ideas for doing things differently. The summit concluded by agreeing the appropriate next steps, informing the development of the Best Start Local Plan. The Summit captured examples of current activity evidencing delivery of a comprehensive early years support system through integrated health checks, family engagement, robust multi-agency delivery including a vibrant voluntary and community sector and workforce development. Collectively, these actions aim to improve school readiness, reduce inequalities, and foster strong home learning environments.
- 1.15** The plan adopts the 'Four Cornerstones' of the Rotherham Charter as its key guiding principles: 1. Welcome and Care 2. Value and Include 3. Communicate 4. Work in Partnership. Informed by these principles, the outcomes of the partnership summit and the analysis of local need, six shared priorities were agreed as the core ambitions of the plan.
- Strengthening early communication, language, and literacy for all children
 - Increasing early education access for disadvantaged children
 - Improving the quality of early years provision, including Reception, for all children
 - Identifying needs early and supporting children with SEND and vulnerable families
 - Providing joined-up family support through our Family Hubs
 - Tackling inequalities across the 0–5 system
- 1.16** The plan was approved by RMBC Cabinet on 16th March and was formally published on the Council's website on 26th March, at this URL address:
<https://www.rotherham.gov.uk/homepage/508/the-best-start-in-life>

1.17	<p>Rotherham’s Best Start and Beyond Framework</p> <p>The Health and Wellbeing Board approved the Best Start and Beyond Framework in June 2022. The framework sets out four key phases within the start to life (up to transition to adulthood), six key underlying principles for ways of working, and five key lenses for examining the system around babies, children, young people and families. It is intended to set the context for how the Best Start and Beyond Steering Group examines, assures and improves the conditions and services that affect the health and wellbeing of Rotherham children, with its central purpose being the achievement of Aim 1 in the Health and Wellbeing Strategy.</p>
1.18	<p>In the summer of 2025, the Best Start and Beyond Steering Group agreed a refresh of the framework, for which formal approval from the Health and Wellbeing Board is now sought. The changes proposed are not substantial:</p> <ul style="list-style-type: none"> • the updated version of Aim 1 of the Health and Wellbeing Strategy is now included • there has been a modification to the five lenses in the framework, which are now set as: 1) Vulnerability; 2) Family System; 3) Transitions; 4) Health, including physical and mental health; 5) Accessibility • a helpful ‘framework on a page’ summary is now included at the front of the document
1.19	<p>The four key life stages included in the plan are: the first 1001 days; the early pre-school years; school years (primary and secondary); and transition to adulthood. Given the ongoing emphasis of the Best Start Family Hubs and Healthy Babies programme and the Best Start Local Plan on the start to life up to commencement of formal education, the Framework serves an important purpose to ensure that the whole scope of the Health and Wellbeing strategy remains in focus.</p>

Key Issues

2.1	<p>As is set out in the document itself, the Best Start Local Plan is not starting from scratch, but sits alongside other key extant local strategies including the Early Years Education & Childcare Strategy, the Early Help Strategy, the Child Poverty Strategy (‘No Family Left Behind’), the Rotherham SEND Strategy, and of course the Health and Wellbeing Strategy. Added to this are all the new parallel policies and programmes described above, including the Best Start Family Hubs and Healthy Babies programme, the Families First Partnership programme, the SEND Reform Local Plan, the revisions to the Healthy Child Programme, and the Neighbourhood Health Framework.</p>
2.2	<p>In view of this complexity, the plan itself is intentionally pitched at a high level, given that much of the detailed actions that underpin its ambitions sit elsewhere. The included governance structure is also intended to simplify the picture somewhat. However, this is not to underplay the scale of the challenge to implement the plan in a way that maintains a clear line of sight, avoids mere repetition of other plans, and does risk “hitting the target but missing the point”. In reality, there is a huge partnership effort already taking place to achieve outcomes of value to Rotherham children. The keys to implementing the plan lie in identifying opportunities for innovation that address unmet needs or add value to existing effort, and in how we choose to measure success.</p>
2.3	<p>With this in mind the next steps proposed for implementing the plan are to produce and publish (as a technical appendix) a more in-depth needs assessment; to develop and agree a theory of change logic model for how proximal and distal activities within the system are expected contribute to GLD and related outcomes; to agree a set of metrics to measure change and progress towards the desired outcomes; to map existing</p>

operational or planned activities within related programmes, and existing related working groups; to identify gaps and opportunities for enhanced effectiveness; to determine lead officers for agreed new activity and the need for any new operational or task and finish groups.

2.4 The governance described in the plan gives the main oversight role for the Best Start Local Plan to the existing Best Start and Beyond Steering Group, with a reporting line directly to the Health and Wellbeing Board. This fits with this group's existing responsibility for reporting into the Board on key activity in relation to Aim 1 of its strategy. The broader scope of the Best Start and Beyond Framework should ensure that all ages of children are within the remit of this group, notwithstanding the pre-school focus of the Best Start Local Plan.

2.5 Guidance is sought from the Board on how frequently it should receive updates from this group, and whether these updates should cover the whole of the concerns of Aim 1, or should be focused on specific outcomes or programmes. For example, this same session of the Board will be receiving a separate update on activity associated with its Breastfeeding Friendly Borough. In reality, much of the activity in this area takes place through the Infant Feeding workstream of the Best Start Family Hubs and Healthy Babies programme, which in turn form a key part of the delivery of the Best Start Local Plan.

2.6 With respect to the Best Start and Beyond Framework, the main issue to bring to the Board's attention is that of capacity to give commensurate consideration to the health and wellbeing needs of school-age children, given the early age focus of the Best Start Local Plan and the pre-eminence of the GLD targets. Teenagers experience very different needs as a result of important biological and social changes that occur at this age. Furthermore, the impacts of the SEND reforms are most likely to be felt by children of this age, with as yet unclear implications of how the 'Experts at Hand' model might impinge on the health sector.

2.7 Another point for the Board to be aware of in this respect is that while the revised Healthy Child Programme (HCP) does provide much improved clarity about the role of School Nurses within a revised set of four 'high-impact areas', it nevertheless remains an unmandated part of the HCP, perhaps putting School Nursing at a disadvantage in competing for resources to discharge the mandated responsibilities of the guidance and recommended quality standards of Health Visiting in respect of the first 1001 days.

2.8 The government published its Neighbourhood Health Framework in March 2026, setting out guidance for how neighbourhood health supports the three shifts detailed in the 10 year Health Plan (Hospital to Community; Sickness to Prevention; Analogue to Digital). With respect to NHS goals, objectives and metrics, this includes identifying children and young people as a priority cohort. Additionally, Best Start Local Plans, Best Start Family Hubs, SEND reforms and Families First Partnership are all mentioned in the context of how ICBs and local authorities can seek to enable neighbourhood health to deliver additional benefits. Whilst these are not mandated as expected inclusions within Neighbourhood Health Plans, Health and Wellbeing Boards are "encouraged to ensure alignment between neighbourhood health and Best Start local plans". Exactly what this would look like in practice probably needs further exploration, and the DHSC Early Years Strategy Team has indicated that they are working on this and may provide some further guidance in due course. It is clear, however, that although Best Start Family Hubs clearly do co-locate and co-deliver health and other services in a community setting, they are not seen as constituting Neighbourhood Health Centres as described by the framework, but rather as a complementary offer.

Key Actions and Relevant Timelines

3.1	<ul style="list-style-type: none"> • To produce and publish a more in-depth needs assessment as a technical appendix to the Best Start Local Plan (a first draft needs assessment is appended). • To develop and agree a theory of change logic model for how proximal and distal activities within the system are expected contribute to GLD and related outcomes (a first draft indicative example has been included as an appendix to this briefing). • To agree a set of metrics to measure change and progress towards the desired outcomes. • to map existing operational or planned activities within related programmes, and existing related working groups. • To identify gaps and opportunities for enhanced effectiveness. • To determine lead officers for agreed new activity and the need for any new operational or task and finish groups. • Develop a high-level implementation plan for the Best Start Local Plan including summary actions from other plans, and newly identified actions to address gaps in provision or opportunities to add value to existing activity. • To agree a key topic focus for applying the Best Start and Beyond Framework within school-age cohort. • To agree a forward plan of reporting into the Health and Wellbeing Board for progress against Best Start Local Plan outcomes and wider actions and outcomes within Aim 1 of the Health and Wellbeing Strategy. Proposal to replace disparate updates (e.g. Family Hubs, Breastfeeding Declaration, etc.) with an annual overview update. This could be supplemented by an additional briefing during the year, picking out and focusing on an identified topic of interest (e.g. teenage health, neighbourhood health, etc.)
Implications for Health Inequalities	
4.1	The local target for achieving a Good Level of Development seeks to achieve at least equal benefit for children disadvantaged by their socioeconomic background (based on eligibility for free school meals).
4.2	Reducing health inequalities is also an underpinning principle of the Best Start & Beyond Framework.
4.3	The revised guidance for the Healthy Child Programme, and the guidance for the SEND reforms espouse universal, targeted and specialist services that are commensurate to different levels of need.
Recommendations	
5.1	<ul style="list-style-type: none"> • That the Health and Wellbeing Board endorse the published Best Start Local Plan (appended to this briefing) • That the Health and Wellbeing Board approve the refreshed version of the Best Start and Beyond Framework (appended to this briefing) • That the Health and Wellbeing Board note the range of policy updates reported in this briefing and the concomitant local system response. • That the Board consider and approve a reporting pattern for Best Start Local Plan and wider Aim 1 progress, based one overview report, and one more focused topic-based report during the course of the year