

HEALTH & WELLBEING BOARD

Subject Heading:

Best Start in Life Plan

Board Lead:

Report Author and contact details:

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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

<input checked="" type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system. 										
<input checked="" type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings 										
<input checked="" type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem. 										
<input checked="" type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level. 										
<input checked="" type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <table border="0"> <tr> <td>• Older people and frailty and end of life</td><td>Cancer</td></tr> <tr> <td>• Long term conditions</td><td>Primary Care</td></tr> <tr> <td>• Children and young people</td><td>Accident and Emergency Delivery Board</td></tr> <tr> <td>• Mental health</td><td>Transforming Care Programme Board</td></tr> <tr> <td>• Planned Care</td><td></td></tr> </table>	• Older people and frailty and end of life	Cancer	• Long term conditions	Primary Care	• Children and young people	Accident and Emergency Delivery Board	• Mental health	Transforming Care Programme Board	• Planned Care	
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SUMMARY

Havering's ambition is to ensure every child has the best start in life, with families able to access integrated support early, high-quality early education, and excellent practice from birth through Reception.

The Department for Education (DfE) has published their strategy for giving every child the best start in life, and underlines the government's commitment to improving outcomes for children in their earliest years. The strategy highlights the critical importance of the first 1,001 days - from conception to age two - in shaping lifelong health, wellbeing, and educational attainment.

It sets out a vision for integrated, accessible, and high-quality early years services, with a strong focus on:

- Family Hubs: Creating welcoming, multi-agency spaces where families can access health, education, Special Education Needs and/or Disabilities (SEND), and parenting support.
- Early Identification and Intervention: Ensuring that children and families receive timely support, particularly those at risk of disadvantage.
- Workforce Development: Building a skilled, confident workforce across early years, health, and social care.
- Reducing Inequalities: Targeting support to close gaps in outcomes for disadvantaged children, those with SEND, and children from minority backgrounds.
- Evidence-Based Practice: Embedding proven models and continuous improvement in service delivery.

By the end of March 2026, every Local Authority must publish a Best Start in Life local plan which sets out its approach to improving early child development and health outcomes locally, including achieving and measuring progress towards its Good Level of Development 2028 target and beyond. Plans should be ambitious, reflecting the needs of children and families locally, and in the spirit of mission-led government.

Best Start local plans should demonstrate how local areas will build capacity by creating strong networks of partner organisations working towards a common goal, harnessing innovation and building sustainability.

Plans should build on the great work happening across local areas and should;

- Set a bold vision for improving child development and health outcomes with local delivery partners across all sectors.
- Identify the local needs of babies, children and families, and set out plans to address gaps in provision.
- Describe how delivery will be carried out in partnership, tracked and tailored to continually drive progress.

- Scale innovative practice.

Once published, the DfE expect that plans will be a live document which local authorities will keep iterating and reviewing as delivery progresses and new data becomes available to achieve the 2028 target, as well as longer-term improvements to early child development.

RECOMMENDATIONS

The Board should note the content of the presentation, and make recommendations regarding the priority areas and actions, including opportunities for multi-agency working. The draft plan will be consulted upon more widely with a range of stakeholders, including education and early years settings, voluntary sector, police, and health partners.

REPORT DETAIL

See attached presentation.

IMPLICATIONS AND RISKS

Implications;

1. System-wide integration and governance

Delivering BSIL requires deep integration across Education, Early Help, Public Health, SEND, NHS partners and community providers. The Family Hubs model and the new national requirements (e.g., evidence-based HLE/parenting programmes) mean greater shared accountability, aligned KPIs, and cross-departmental working, as emphasised in the Family Hub Community of Practice updates. This will require significant cultural and operational shifts for teams that have traditionally worked in silos.

2. Increased demand for workforce capacity & capability

Workforce development is central to BSIL delivery. Expansion of Family Hubs, evidence-based interventions and enhanced QA activities increases pressure on staffing, training and recruitment. National guidance emphasises readiness checks and evidence-based delivery expectations from April 2026. Workforce shortages in Early Years, SEND, and health visiting could delay delivery or reduce quality.

3. Financial pressures and sustainability

Although some activities draw on external grants (e.g. existing Family Hubs/HLE funding) many BSIL elements require new or sustained investment. The Council's Finance Oversight & Assurance Board repeatedly highlights oversight of cost pressures, slippage, and savings delivery risks. If funding streams are time-limited,

discontinuous or insufficient, the borough risks “cliff-edge” effects and inability to sustain services.

4. Increased statutory scrutiny

BSIL aligns with DfE statutory expectations around GLD improvement, HLE delivery, and timely SEND/EHCP actions. Readiness checks will identify gaps, risks and compliance issues. Failure to meet these expectations could expose the Council to compliance, assurance and regulatory risks.

5. Data and digital integration requirements

Delivery requires integrated dashboards for sufficiency, targeted outreach, and performance monitoring. Significant demands on data engineering, IG compliance (reinforced by DPIA activity across programmes), and cross-system interoperability.

Key Risks;

1. Financial Risk

Uncertainty around future government funding for Family Hubs/HLE programmes beyond current allocations. Rising operational costs (estate, workforce, SEND demand). Risk of under-delivery of savings or cost avoidance in related strategies (e.g. SEND, early help).

2. Workforce Capacity & Skills Risk

Shortages of qualified Early Years staff, QTs for Reception improvement, and specialist SEND roles (noted across BSIL actions). Increased training burden for evidence-based interventions (Talk Boost, NELI, HLE parenting).

3. Delivery & Implementation Risk

Complex multi-agency coordination increases risk of duplication, gaps and variable practice—highlighted in governance reflections from Family Hub networks. Risk of delays locating/establishing Family Hub sites.

4. Data, Information Governance & Compliance Risk

DPIAs show ongoing IG challenges and need for clear data flows, lawful basis and consent handling.

5. Equality & Inclusion Risk

Cabinet briefing stresses need to fully assess equalities and health impacts early to avoid discriminatory access or disproportionate negative impacts on protected groups. Risk that outreach does not sufficiently engage global majority communities, EAL families, or hidden SEND groups.

6. Stakeholder & Community Engagement Risk

Requires strong, ongoing co-production with parents, providers, health colleagues and communities. Risk of overlapping initiatives (FFPP, SEND, EYQA), leading to confusion and disengagement among providers and partners.

7. Performance & Outcome Risk

GLD improvement targets are ambitious (75.8% by 2028). Risk that interventions are not implemented with consistency or fidelity. Risk of insufficient monitoring or lack of capacity to respond to performance intelligence.

Opportunities;

Despite these implications and risks, the plan has strong alignment to national policy, increasing chances of external funding and support. There is the potential for improved system coherence across Family Hubs, Early Help, SEND and Public Health. There is the potential for increased use of data dashboards to support proactive intervention, as well as strengthened place-based working and community trust.

BACKGROUND PAPERS

[Giving every child the best start in life - GOV.UK](#)

[Best Start Family Hubs and Healthy Babies – Preparing for implementation April 2026](#)