

# Notice of Meeting

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## Health and Wellbeing Board

**Thursday 7 May 2026 at 9.30 am**  
in Council Chamber Council Offices  
Market Street Newbury

This meeting can be viewed online at: [www.westberks.gov.uk/hwbblive](http://www.westberks.gov.uk/hwbblive)

**Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.**

Date of despatch of Agenda: Tuesday 28 April 2026

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486  
e-mail: [gordon.oliver1@westberks.gov.uk](mailto:gordon.oliver1@westberks.gov.uk)

Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk).



## Agenda - Health and Wellbeing Board to be held on Thursday 7 May 2026 (continued)

**To:** Councillor Nigel Foot, Councillor Jeff Brooks, Councillor Patrick Clark, Councillor Heather Codling, Councillor David Marsh, Councillor Joanne Stewart, Paul Coe (Executive Director - Adult Social Care), AnnMarie Dodds (Executive Director - Children's Services), Clare Lawrence (Executive Director - Place), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Rebecca Morgan (Sovereign Network Group), Gail Muirhead (Royal Berkshire Fire & Rescue Service), C/Supt Felicity Parker (Thames Valley Police), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), Rachel Peters (Voluntary Sector Representative), Helen Williamson (Berkshire Healthcare NHS Foundation Trust) and Fiona Worby (Healthwatch West Berkshire)

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# Agenda

## Part I

		<b>Page No.</b>
1	<b>Election of Chairman</b> To elect the Chairman of the Health and Wellbeing Board for the 2026/27 municipal year.	5 - 6
2	<b>Election of Vice Chairman</b> To elect the Vice-Chairman of the Health and Wellbeing Board for the 2026/27 municipal year.	7 - 8
3	<b>Apologies for Absence</b> To receive apologies for inability to attend the meeting (if any).	9 - 10
4	<b>Minutes</b> To approve as a correct record the Minutes of the meeting of the Board held on 29 January 2026.	11 - 14
5	<b>Actions arising from previous meeting(s)</b> To consider outstanding actions from previous meeting(s).	15 - 16
6	<b>Declarations of Interest</b> To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' <a href="#">Code of Conduct</a> .  The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings:	17 - 18



## Agenda - Health and Wellbeing Board to be held on Thursday 7 May 2026 (continued)

- Councillor Patrick Clark – Governor of Royal Berkshire Hospital NHS Foundation Trust, Governor of Berkshire Healthcare NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership; and
  - Councillor Jo Stewart – works for the Royal Berks Charity which is part of the Royal Berkshire NHS Foundation Trust, and spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.
- 7     **Public Questions**     19 - 20  
Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Meeting Rules contained in the Council's Constitution.  
*(Note: There were no questions submitted relating to items not included on this Agenda.)*
- 8     **Petitions**     21 - 22  
Councillors or Members of the public may present any petition which they have received.
- 9     **Health and Wellbeing Board Membership**     23 - 24  
Purpose: To agree any changes to Health and Wellbeing Board membership.
- 10    **West Berkshire Best Start Local Strategic Plan 2026-2028**     25 - 74  
To provide the Health and Wellbeing Board oversight of the Best Start Local Strategic Plan 2026–2028 which sets out the West Berkshire approach to improving early childhood outcomes from pregnancy to age five.
- 11    **Members' Question(s)**     75 - 76  
Members of the Health and Wellbeing Board to answer questions submitted by Councillors in accordance with the Meeting Rules contained in the Council's Constitution.  
*(Note: There were no questions submitted relating to items not included on this Agenda.)*
- 12    **Health and Wellbeing Board Forward Plan**     77 - 78  
An opportunity for Members of the Health and Wellbeing Board to suggest items to go on to the Forward Plan.



**Agenda - Health and Wellbeing Board to be held on Thursday 7 May 2026** *(continued)*

Sarah Clarke.

Sarah Clarke  
Executive Director: - Resources

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Gordon Oliver on telephone (01635) 519486.



West Berkshire  
C O U N C I L

Health & Wellbeing Board - 7 May 2026

## **Item 1 – Election of Chairman**

Verbal Item

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Health & Wellbeing Board - 7 May 2026

## **Item 2 – Election of Vice-Chairman**

Verbal Item

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Health & Wellbeing Board – 7 May 2026

## **Item 3 – Apologies**

Verbal Item

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## DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

### HEALTH AND WELLBEING BOARD

### MINUTES OF THE MEETING HELD ON THURSDAY 29 JANUARY 2026

**Present:** Councillor Nigel Foot (Chairman), Councillor David Marsh, Paul Coe, AnnMarie Dodds, Matt Pearce, Helen Williamson, Fiona Worby, Helen Clark (Substitute) (in place of Dr Ben Riley), Hannah Hollis (Substitute) (in place of Dr Janet Lippett) and Bernie Prizeman (Substitute) (in place of Rachel Peters)

**Also Present:** Gordon Oliver (Principal Policy Officer), Tracia Cudjoe (Berkshire Healthcare NHS Foundation Trust) and Dr Ellora Evans

**Apologies for inability to attend the meeting:** Dr Ben Riley, Councillor Jeff Brooks, Councillor Patrick Clark, Councillor Heather Codling, Councillor Joanne Stewart, Dr Janet Lippett, Gail Muirhead, C/Supt Felicity Parker and Rachel Peters

**Absent:** Clare Lawrence and Rebecca Morgan

#### PART I

#### 96 Minutes

The Minutes of the meeting held on 24 September 2025 were approved as a true and correct record and signed by the Chairman.

#### 97 Actions arising from previous meeting(s)

Members reviewed the updates on actions from the previous meetings:

- **25-01:** It was noted that at least one Integrated Care Board (ICB) representative was required for meetings to be quorate, and it was confirmed that ICB representation would be revisited once the new Thames Valley ICB had been formed.

#### 98 Declarations of Interest

No further declarations of interest were received beyond those standing declarations given in the agenda papers.

#### 99 Public Questions

There were no public questions submitted to this meeting.

#### 100 Petitions

There were no petitions presented to the Board.

#### 101 Health and Wellbeing Board Membership

The following changes to the Board's membership were noted:

- Hannah Hollis added as a substitute for Dr Janet Lippett
- Ian Patterson added as a substitute for Rebecca Morgan

## HEALTH AND WELLBEING BOARD - 29 JANUARY 2026 - MINUTES

It was noted that a GP representative for the Board was being sought, but Dr Ellora Evans was attending until a permanent representative could be found. Also, Tracia Cudjoe was attending from Berkshire Healthcare NHS Foundation Trust.

The Board resolved to suspend standing orders to allow the above to speak at the meeting.

### 102 Ratification of Health and Wellbeing Board Priorities

Dr Matt Pearce (Director of Public Health) introduced the report on Ratification of the Health and Wellbeing Board Priorities (Agenda Item 8).

The following points were discussed:

- The report proposed to have formal sponsors for each priority. AnnMarie Dodds had agreed to be the sponsor for the Best Start in Life priority, but it was highlighted that further conversations were needed to identify named sponsors for the other two priorities.
- This was seen as a good opportunity to dovetail NHS and Council operations for the benefit of local residents. This was seen as particularly important given the current, challenging financial position.

#### **RESOLVED:**

To agree that the priorities for the Health and Wellbeing Board for the medium term should be:

- 1) Best Start in Life
- 2) Children and Young People and Adult Mental Health
- 3) Healthy Neighbourhoods

To agree that:

- 1) Delivery plans be developed for all three priorities, with the Local Neighbourhood Health Plan and Best Start in Life Delivery Plan being prioritised to meet timescales specified by central government.
- 2) To support each delivery plan, outcomes frameworks will be developed that include intermediary input and output metrics that will look to shift outcomes.

To agree that AnnMarie Dodds (Executive Director – Children’s Services) be nominated as the Health and Wellbeing Board’s sponsor for the Best Start in Life Priority, with sponsors to be identified for the Children and Young People and Adult Mental Health and Healthy Neighbourhoods priorities.

### 103 West Berkshire Health and Wellbeing Board Compact

Dr Matt Pearce presented the report on the Health and Wellbeing Board Compact (Agenda Item 9).

The following points were discussed:

- It was felt that the Compact set out why the Board was in existence and that it built on existing relationships that had been developed.
- If adopted, the Compact would be a useful point of reference to guide future joint working.

**RESOLVED** to approve and adopt the West Berkshire Health and Wellbeing Board Compact as set out in Appendix 1 of the report, and to agree to adhere to the principles and ways of working set out within it.

**HEALTH AND WELLBEING BOARD - 29 JANUARY 2026 - MINUTES**

**104 Members' Question(s)**

There were no Member questions submitted to the meeting.

**105 Health and Wellbeing Board Forward Plan**

The Board considered the Health and Wellbeing Board Forward Plan (Agenda Item 11).

Following the Local Government Association review of the Health and Wellbeing Board, it had been agreed to move to three formal meetings per year – these were proposed for January, May and September, with informal meetings / workshops in between.

It was proposed to have an additional meeting to endorse the Best Start in Life Plan and approve the Neighbourhood Health Plan, both of which had to be approved by the end of March. However, it was noted that government guidance on the latter was still awaited, so the meeting was subject to confirmation.

No other items were added to the Forward Plan.

Some errors were highlighted with the dates in the Forward Plan.

**Action: Date errors to be corrected.**

**RESOLVED** to note the Health and Wellbeing Board Forward Plan.

**106 Future Health and Wellbeing Board Meetings**

The dates of future meetings were noted

*(The meeting commenced at 9.31 am and closed at 9.59 am)*

**CHAIRMAN** .....

**Date of Signature** .....

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Ref	Meeting	Agenda item	Action	Action Lead	Agency	Status	Comment
264	02/05/2024	Berkshire Suicide Prevention Strategy	Update the Suicide Prevention Strategy Action Plan in consultation with SPAG and bring this back to a future meeting for approval.	Steven Bow	WBC	In progress	A workshop was held on 5 November with partners to design the Action Plan. This links to the Mental Health priority for the Health and Wellbeing Board.
24-2	11/07/2024	Health and Wellbeing Board Annual Report 2023/24	Include a table of priorities for the coming year on the website	Steven Bow	WBC	In progress	The Board agreed its three priorities at its meeting on 29 January 2026. Text will be drafted and added to the HWB page on the WBC website shortly. This will be updated as delivery plans are developed.
24-7	12/09/2024	BOB ICB Annual Report and Joint Capital Resource Use Plan 2024-25	Provide an opportunity for the Board to provide feedback on how the new operating model is working	Helen Clark	ICB	Complete	
25-01	06/03/2025	Health and Wellbeing Board Membership	Review ICB representation in consultation with the Council's monitoring officer.	Cllr Nigel Foot Dr Ben Riley	WBC ICB	Complete	The Monitoring Officer has confirmed that membership (outside of statutory requirements) and quorum conditions are for the HWB to determine.
25-02	06/03/2025	Health Protection Annual Report	Review comms re vaccination messaging	Dr Matt Pearce Steven Bow	WBC	On hold	This will be revisited in the autumn after recruitment to vacancies in the public health team, as the health protection specialist post has become vacant. In the meantime we will continue to support national messaging campaigns encouraging vaccination, with local tailoring where applicable.
25-04	24/09/2025	DPH Annual Report	Bring a report on a 'child-friendly district' to a future Executive Briefing.	Dr Matt Pearce	WBC	In progress	This action will be progressed as part of the development of the 'Best Start in Life Delivery Plan' and raised as part of the New Children Strategic Board. The Board has yet to meet, but once established, a proposal will come to the Health and Wellbeing Board.
25-05	24/09/2025	DPH Annual Report	Board Members to commit to implementing the recommendations outlined in the report.	All	All	Complete	Actions are being considered by members of the Health and Wellbeing board and their respective organisations
25-06	24/09/2025	DPH Annual Report	Bring a report back to a future HWB meeting to update the Board on progress.	Dr Matt Pearce	WBC	Programmed	Progress report to be produced late 2026.
26-01	29/01/2026	Forward Plan	Correct the dates	Gordon Oliver	WBC	Complete	Dates corrected to 2026

28 April 2026

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Health & Wellbeing Board – 7 May 2026

## **Item 6 – Declarations of Interest**

Verbal Item

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Health & Wellbeing Board – 7 May 2026

## **Item 7 – Public Questions**

Verbal Item

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Health & Wellbeing Board – 7 May 2026

## **Item 8 – Petitions**

Verbal Item

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Name	Role/Organisation	Substitute
Cllr Jeff Brooks	Leader of the Council, Executive Portfolio Holder: Strategy and Communications	Cllr Vicky Poole
Cllr Patrick Clark	Executive Portfolio Holder: Adult Social Care and Public Health	
Cllr Heather Codling	Executive Portfolio Holder: Children and Family Services	
<b>Cllr Nigel Foot (Chairman)</b>	<b>Executive Portfolio Holder: Culture, Leisure, Sport and Countryside</b>	
Cllr Jo Stewart	Conservative Group Spokesperson for Health and Wellbeing	Cllr Dominic Boeck
Cllr David Marsh	Green Group Spokesperson for Health and Wellbeing	Cllr Carolyne Culver
Paul Coe	WBC Executive Director - Adult Social Care	Melanie O'Rourke
AnnMarie Dodds	WBC Executive Director – Children's Services	Rebecca Wilshire Ashley Milum
Clare Lawrence	WBC Executive Director – Place	Sean Murphy April Peberdy
Dr Matt Pearce	Director of Public Health (WBC & RBC)	Steven Bow
Helen Williamson	Berkshire Healthcare NHS Foundation Trust	
<b>Dr Ben Riley (Vice Chairman)</b>	<b>Thames Valley Integrated Care Board</b>	<b>Helen Clark Dr Abid Irfan</b>
TBC	GP representative	TBC
Fiona Worby	Healthwatch West Berkshire	Jamie Evans/ Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Stephen Leonard Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	Rebecca Cullen Hannah Hollis William Orr Andrew Statham
Rebecca Morgan	Sovereign Network Group	Ian Patterson
C/Supt Felicity Parker	Thames Valley Police	
Rachel Peters	Voluntary Sector Representative	Bernie Prizeman

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## West Berkshire Best Start Local Strategic Plan 2026-2028

**Report being considered by:** Health and Wellbeing Board  
**On:** 7 May 2026  
**Report Author:** Dave Wraight  
**Report Sponsor:** Councillor Heather Codling



### Executive Summary

The Best Start Local Strategic Plan 2026–2028 provides a comprehensive, evidence-based framework for improving early childhood outcomes across West Berkshire. It aligns with national expectations, addresses local inequalities and responds to the voices of families and professionals. Through strengthened Family Hubs, integrated pathways, targeted interventions, digital innovation and robust performance monitoring, the plan seeks to ensure that every child in West Berkshire has the best possible start in life.

### 1. Purpose of the Report

To provide the Health and Wellbeing Board oversight of the Best Start Local Strategic Plan 2026–2028 which sets out the West Berkshire approach to improving early childhood outcomes from pregnancy to age five. Drawing on a local needs assessment, collaboration with families and professionals, and the national Giving Every Child the Best Start in Life Strategy (2025), the plan provides a framework for reducing inequalities, strengthening family resilience and improving goal levels of development and health outcomes across the district.

### 2. Recommendation(s)

The Health and Wellbeing Board are requested to note the Best Start Local Strategic Plan 2026–2028 recognising the shared endeavour across the partnership.

### 3. Implications

Implication	Commentary
Financial:	Predominantly this will be funded via the new “Best Start Grant” (See table below).

Table 1: Distribution of your funding allocation across the relevant programme strands for financial years 2026-27, 2027-28 and 2028-29.

Strand	% <sup>1</sup>	2026-27 Allocation <sup>2</sup>	2027-28 Allocation	2028-29 Allocation
Best Start Family Hubs delivery grant - programme	50%	£321,600	£263,000	£270,100
Best Start Family Hubs delivery grant - capital	12%	£64,300	£65,600	£66,900
Parenting support	17%	£92,500	£93,700	£97,800
Home learning environment support	21%	£119,000	£120,500	£125,800
Total		£597,500	£542,700	£560,500

However, there will be a revenue requirement due to how the Family Hub budgets are currently made up.

There are large income targets within the Family Hub which under the Best Life family Hub Programme will no longer be 100% achievable.

Current targets.

Cost Centre	Income Target
90840	-72,670
90845	<u>-11,810</u>
	<u>-84,480</u>

Proposed reformed targets.

Cost Centre	Income Target
90840	-40,000
90845	<u>-4,000</u>
	<u>-44,000</u>

Pressure of £40,480.

These services have only recently moved over to Children's Social Care, from Education services. So, CSC finance has not yet been able to identify how this will be funded.

There are also elements within the Family Hub budgets which are incorrectly funded by the DSG (£50k). These will initial be picked up by the grant, until corrected through the 2027/28 Budget build process.

Jon Beadle

Senior Accountant CSC

**Human Resource:**

There are no current defined staffing changes being requested as part of this proposal. As such there is no requirement for HR

	advice at this time. Should that position change going forward then further advice will need to be sought at that time from HR.			
	Paula Goodwin			
<b>Legal:</b>	As a Council, having strategic arrangements in place for children's wellbeing, early years and help represent best practice and provide assurance that our duties around improving these aspects alongside reducing inequalities and sufficient childcare are being effectively delivered.			
	Nicola Thomas			
<b>Risk Management:</b>	There is a section of the Best Start Local Strategic Plan that highlights the risks to delivery of the plan and consequent mitigations.			
<b>Property:</b>	The Family Hubs are based in four locations across the district, there are plans in place to further develop and enhance the different hubs so they can fulfil the needs and expectations of a Best Start Family Hub.			
<b>Policy:</b>	<a href="#">'Giving Every Child the Best Start in Life'</a> strategy, July 2025 Director of Public Health Annual Report 2025 <a href="#">Setting the foundations for lifelong health</a> <a href="#">West Berkshire State of the District Joint Strategic Needs Assessment (JSNA) Report</a>			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			The plan's emphasis on targeted outreach, co-design, flexible delivery, and enhanced support for disadvantaged groups provides strong opportunities to reduce inequality if implemented consistently. Ensuring that services remain accessible in multiple formats online, in-person, and through outreach alongside culturally responsive practice and data-driven targeting, will be essential to preventing differential access and ensuring that the plan actively narrows existing inequalities.

<p><b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?</p>	X		<p>The plan explicitly prioritises reducing inequalities and improving outcomes for families who may face additional barriers, such as those from minoritised ethnic backgrounds, families experiencing socioeconomic disadvantage, parents with disabilities or long-term health conditions, and children with SEND. It also commits to developing an inclusive, culturally responsive workforce and creating accessible services through Family Hubs, outreach, and digital pathways. By strengthening early identification and removing access barriers the approach is designed to promote equity, reduce discrimination, and ensure that children, parents, carers, and staff with protected characteristics experience fairer and more responsive support.</p>
<p><b>Environmental Impact:</b></p>		X	<p>No specific environmental impact</p>
<p><b>Health Impact:</b></p>	X		<p>Improving health in the earliest years has a profound and lasting impact on children’s development, wellbeing, and life chances. This system-wide action not only improves outcomes in childhood but also helps prevent long-term conditions, reduces future health costs, and promotes a healthier population over the life course.</p>
<p><b>ICT Impact:</b></p>	X		<p>ICT support underpins system integration through shared data systems, dashboards, and improved information-sharing pathways across health, education, early years and the voluntary sector, enabling more responsive, joined-up support and reducing duplication – this is an aspiration from Government with further guidance awaited.</p>
<p><b>Digital Services Impact:</b></p>	X		<p>The plan sets out the development of a digital front door, including improved online booking, AI-supported signposting, and accessible information for families, alongside enhancements to digital access for rural and digitally disadvantaged communities.</p>

<b>Council Strategy Priorities:</b>	X			The Best Start Local Strategic Plan supports two of the Councils strategic priorities: A fairer West Berkshire with opportunities for all and Thriving communities with a strong local voice.
<b>Core Business:</b>	X			The Local Authority already runs Family Hubs, the additional attention and focus from central Government on the Best Start in Life will enhance and further develop the existing core business of family Hubs
<b>Data Impact:</b>	X			The Best Start Local Strategic Plan places effective use of data as high importance enabling West Berkshire to target resources where they will make the greatest difference and to track improvements in outcomes over time.
<b>Consultation and Engagement:</b>	<p>Families and carers – including 69 participants in formal consultation and 220 respondents to the 2025 Family Hub survey.</p> <p>Practitioners – Early Help staff and Family Hub teams.</p> <p>Key partners – Public Health, Health Services, Schools, Early Year Settings, Voluntary and Community organisations, Statutory Services, and the Parent Carer Forum.</p> <p>Multi-agency professional events – Total Place event, and four themed workshops</p>			

## 4. Supporting Information

### Introduction

- 4.1 The purpose of this report is to present the West Berkshire Best Start Local Strategic Plan 2026–2028 for approval. The plan sets out how partners across Family Hubs, health, education, early years and the voluntary and community sector will work together to deliver the national Best Start in Life reforms and ensure that all children in West Berkshire enter school healthy, safe, curious and ready to learn.

### Background

- 4.2 Early childhood is a critical period for development, with long-term implications for health, wellbeing and educational attainment. While West Berkshire performs above national averages on many indicators, significant inequalities persist, particularly in early communication, maternal health, access to early education, and outcomes for children in disadvantaged communities.

- 4.3 The Director of Public Health Annual Report 2025 and the Joint Strategic Needs Assessment highlight widening gaps between the most and least deprived families and emphasise the need for early identification, preventative support and integrated delivery models. The national Best Start in Life Strategy places responsibility on local authorities to coordinate early years systems and to achieve challenging targets by 2028, including increasing GLD results and improving family access to Family Hubs and funded early education.
- 4.4 In 2024–2026, extensive consultation and collaboration was undertaken with families, early years providers, health partners and the voluntary sector. Feedback consistently stressed the need for more coordinated pathways, improved access in rural areas, enhanced parenting support, stronger SEND pathways and a clearer, more visible early years offer.
- 4.5 The Best Start Local Strategic Plan is West Berkshire’s response to this evidence.

## 5. Proposal(s)

- 5.1 The Plan proposes the development of an integrated Best Start system built around five strategic priorities:
- 5.2 Improve child development outcomes
- Deliver targeted early language, communication and social-emotional interventions.
  - Strengthen inclusive practice and SEND early identification.
  - Expand evidence-based parenting and home-learning programmes.
- 5.3 Improve health outcomes and reduce inequalities
- Strengthen perinatal mental health pathways and infant feeding support.
  - Enhance oral health, immunisation and healthy lifestyle programmes.
  - Address maternal and infant health inequalities in deprived communities.
- 5.4 Increase uptake of high-quality early education
- Promote funded entitlements and support sufficiency planning.
  - Improve recruitment, retention and skills in the early years workforce.
  - Embed inclusive practice across early years settings.
- 5.5 Strengthen family resilience
- Expand integrated Family Hub delivery with co-located multi-agency teams.
  - Improve referral pathways, shared assessment approaches and outcomes-based accountability.
  - Increase family access to universal and targeted programmes.

## 5.6 Strengthen children and family voice

- Establish parent panels, digital engagement platforms and regular feedback loops.
- Embed co-design in service development and evaluation.
- Use family insight to shape targeted offers, especially for equalities groups.

5.7 Delivery Approach: A multi-agency delivery group will lead implementation, reporting to the Children & Families Strategic Group and the Health & Wellbeing Board. The plan includes a detailed three-phase timeline (2026–2028) and a KPI framework covering child development, inequalities, health, early education and engagement outcomes. Best Start funding (£1.7m over 2026–2029) will support Family Hub expansion, workforce development, digital systems, parenting interventions and rural outreach.

## 6. Options Considered

- 6.1 Several alternative approaches were considered and rejected as they do not meet the criteria as set out in the Governments 'Giving Every Child the Best Start in Life' Strategy and would therefore forfeit the grant funding:
- 6.2 Maintaining the current model without the Best Start Grant: Rejected because existing services, although established, are not sufficiently resourced to address persistent inequalities, workforce pressures, rural access barriers or rising complexity of family need.
- 6.3 Focusing resources solely on targeted families rather than a universal-plus model: Rejected because evidence shows that universal early years offers create visibility, reduce stigma and provide broad prevention benefits. A universal-plus model ensures equity and early identification while still directing intensive support where need is greatest.

## 7. Conclusion(s)

The Best Start Local Strategic Plan 2026–2028 provides a comprehensive, evidence-based framework for improving early childhood outcomes across West Berkshire. It aligns with national expectations, addresses local inequalities and responds to the voices of families and professionals. Through strengthened Family Hubs, integrated pathways, targeted interventions, digital innovation and robust performance monitoring, the plan seeks to ensure that every child in West Berkshire has the best possible start in life. The plan will enable the partnership to mobilise delivery, secure funding, and progress system changes that will deliver measurable improvements for children, families and communities.

## 8. Appendices

Appendix A – West Berkshire Best Start Local Strategic Plan

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### Background Papers:

None

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### **Joint Health and Wellbeing Strategy Priorities Supported:**

The proposals will support the following priorities:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help families and young children in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by improving child development outcomes by delivering targeted early language, communication and social-emotional interventions; strengthening inclusive practice and SEND early identification; expanding evidence-based parenting and home-learning programmes. Improving health outcomes and reduce inequalities by strengthening perinatal mental health pathways and infant feeding support; enhancing oral health, immunisation and healthy lifestyle programmes and addressing maternal and infant health inequalities in deprived communities.

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# West Berkshire Council Equity Impact Assessment

TEMPLATE

March 2023

## Contents

Section 1: Summary details.....

Section 2: Detail of proposal .....

Section 3: Impact Assessment - Protected Characteristics .....

Section 3: Impact Assessment - Additional Community Impacts.....

Section 4: Review.....

Section 1: Summary details

<p><b>Directorate and Service Area</b></p>	<p>Children’s Services, Family Hubs</p>
<p><b>What is being assessed</b> (e.g. name of policy, procedure, project, service or proposed service change).</p>	<p>West Berkshire Best Start Local Strategic Plan 2026–2028</p>
<p><b>Is this a new or existing function or policy?</b></p>	<p>New Plan</p>
<p><b>Summary of assessment</b> Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community? (following completion of the assessment).</p>	<p>The West Berkshire Best Start Local Strategic Plan sets out a whole-system, multi-agency approach to improving outcomes for children from conception to age five.</p> <p>Summary of Possible Impacts:</p> <p>Reduced inequalities for priority groups: The plan directs resources to families facing socioeconomic disadvantage, rural isolation, minoritised communities, children with SEND, and those requiring perinatal or emotional support. Targeting is based on local deprivation data, developmental vulnerability, rurality, and access gaps.</p> <p>Improved access to early education and childcare: Promotion of funded entitlements, workforce development, and strengthened inclusion practices aim to increase uptake, especially among disadvantaged two-year-olds and children with SEND.</p> <p>Improved health outcomes: Support for perinatal mental health, infant feeding, immunisation outreach, and oral health programmes directly benefit populations experiencing health inequalities.</p> <p>Stronger support for families with additional barriers: Flexible delivery (digital, in-person, outreach) and improved scheduling aim to improve access for working parents, rural families, fathers, young parents, and families with multiple children.</p> <p>Enhanced inclusivity and cultural responsiveness: Targeted activity for minoritised ethnic communities, SEND-informed practice, and trauma-informed training help ensure equitable access and culturally competent services.</p>

**Equity Impact Assessment**

	<p>Does the proposal bias, discriminate, or unfairly disadvantage individuals or groups? No – the proposal is designed to reduce, not reinforce, inequality. Based on the content of the plan, there is no evidence of discriminatory intent or likely discriminatory impact. The plan explicitly prioritises groups at risk of poorer outcomes, including minoritised communities, low-income families, SEND families, young parents, working parents, fathers, families experiencing domestic abuse, and rural households. Invests in accessibility, including outreach models, flexible scheduling, digital and non-digital access routes, and culturally responsive approaches. Promotes inclusive practice across early years settings, Family Hubs, and health services, supported by workforce training in trauma-informed, SEND-informed, and inclusive communication practices.</p> <p>The strategic direction is strongly aligned with principles of equity, inclusion, early intervention, and targeted support. When implemented as designed, the plan should improve fairness and reduce structural inequalities faced by several protected or disadvantaged groups.</p>
<b>Completed By</b>	Dave Wraight
<b>Authorised By</b>	Rebecca Wilshire
<b>Date of Assessment</b>	04/02/2026

Section 2: Detail of proposal

<p><b>Context / Background</b> Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.</p>	<p>The West Berkshire Best Start Local Strategic Plan (2026–2028) has been developed in response to new national guidance, updated local need, and extensive co-production with families and professionals. New national policy requirements. The 2025 national strategy Giving Every Child the Best Start in Life sets new expectations for local authorities, including GLD attainment targets, expanded childcare entitlements, strengthened perinatal support, and greater use of Family Hubs. Local areas must now produce a formal Best Start plan and align with national funding requirements. The plan builds on the strengths of established Family Hubs in West Berkshire but responds to updated needs, national expectations and the voices of families. It sets a clearer, more integrated and outcomes-driven blueprint for the next three years. Core themes include good levels of development, early language, perinatal wellbeing, early education access, reducing inequalities, and strengthening family resilience—all framed within a whole-system partnership model.</p>
<p><b>Proposals</b> Explain the detail of the proposals, including why this has been decided as the best course of action.</p>	<p>The Plan proposes the development of an integrated Best Start system built around five strategic priorities:</p> <p>Improve child development outcomes</p> <ul style="list-style-type: none"> <li>• Deliver targeted early language, communication and social-emotional interventions.</li> <li>• Strengthen inclusive practice and SEND early identification.</li> <li>• Expand evidence-based parenting and home-learning programmes.</li> </ul> <p>Improve health outcomes and reduce inequalities</p> <ul style="list-style-type: none"> <li>• Strengthen perinatal mental health pathways and infant feeding support.</li> <li>• Enhance oral health, immunisation and healthy lifestyle programmes.</li> <li>• Address maternal and infant health inequalities in deprived communities.</li> </ul> <p>Increase uptake of high-quality early education</p> <ul style="list-style-type: none"> <li>• Promote funded entitlements and support sufficiency planning.</li> </ul>

**Equity Impact Assessment**

	<ul style="list-style-type: none"> <li>• Improve recruitment, retention and skills in the early years workforce.</li> <li>• Embed inclusive practice across early years settings.</li> </ul> <p>Strengthen family resilience</p> <ul style="list-style-type: none"> <li>• Expand integrated Family Hub delivery with co-located multi-agency teams.</li> <li>• Improve referral pathways, shared assessment approaches and outcomes-based accountability.</li> <li>• Increase family access to universal and targeted programmes.</li> </ul> <p>Strengthen children and family voice</p> <ul style="list-style-type: none"> <li>• Establish parent panels, digital engagement platforms and regular feedback loops.</li> <li>• Embed co-design in service development and evaluation.</li> <li>• Use family insight to shape targeted offers, especially for equalities groups.</li> </ul>
<p><b>Evidence / Intelligence</b> List and explain any data, consultation outcomes, research findings, feedback from service users and stakeholders etc, that supports your proposals and can help to inform the judgements you make about potential impact on different individuals, communities or groups and our ability to deliver our climate commitments.</p>	<p>1. Quantitative Data Sources These datasets provide the analytical foundation for identifying priority groups, inequalities, and required interventions.</p> <p>a. JSNA (2025): Growing inequalities between communities. Pockets of child poverty in otherwise affluent areas. Rurality-related access barriers. Variation masked by good population averages.</p> <p>b. West Berkshire Director of Public Health Annual Report (2025) Inequalities across maternal health, infant wellbeing, obesity, oral health. Persisting gaps between most and least deprived communities. Significance of the first 1,001 days.</p> <p>c. EYFSP Outcomes / Early Years Foundation Stage Profile data: Local GLD (72.1%) Significant gaps for children eligible for FSM (44.7%).</p> <p>d. Childcare Sufficiency Data &amp; Local Deprivation Indices: Uneven take up of high-quality early education. Workforce shortages and provider stability concerns.</p> <p>e. Health Visitor ASQ-3 and screening data: Identifiable delays in communication, physical development, and social–emotional skills.</p>

	<p>2. Service-User and Stakeholder Consultation: The plan contains rich consultation information from families, practitioners and partners.</p> <p>a. 2025 Formal Co-Production Process (69 professionals and families): What families/practitioners said: Family Hubs are warm, safe and trusted. Strong multi-agency collaboration already exists. Challenges: duplicated assessments, gaps in parenting support, rural access issues, inconsistent pathways.</p> <p>b. October 2025 Family Hub Survey (220 parents): Families value the emotional wellbeing benefits (reduced isolation, better mental health, confidence). Ask for: more baby groups, dad-friendly sessions, more sensory sessions, afternoon/evening availability.</p> <p>c. Total Place Event (January 2026) Need for shared facilities and co-location. Desire for consistent communication channels. Stronger referral pathways. Clearer local offer and shared intelligence. Workforce development and joined-up training.</p> <p>3. Evidence Supporting the Ability to Deliver Climate Commitments: While the plan is not primarily climate-focused, several elements impact the climate and environment agenda:</p> <p>a. Place-based and rural outreach model: Reduces unnecessary family travel. Encourages delivery in community venues (lower carbon footprint). Supports 15-minute-neighbourhood and active travel principles.</p> <p>b. Digital front door and hybrid delivery: Reduces travel emissions. Supports digital inclusion while maintaining options for those who cannot access tech.</p> <p>c. Co-location of services: Cuts down on both practitioner and family travel. Enables efficient estate use, reducing duplicated room/energy use.</p>
<p><b>Alternatives considered / rejected</b></p> <p>Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.</p>	<p>Several alternative approaches were considered and rejected as they do not meet the criteria as set out in the Governments ‘Giving Every Child the Best Start in Life’ Strategy and would therefore forfeit the grant funding:</p> <p>Maintaining the current model without the Best Start Grant: Rejected because existing services, although established, are not sufficiently resourced to address persistent inequalities, workforce pressures, rural access barriers or rising complexity of family need.</p> <p>Focusing resources solely on targeted families rather than a universal-plus model: Rejected because evidence shows that universal early years offers create visibility, reduce stigma and provide broad prevention benefits. A universal-plus model ensures equity and early identification while still directing intensive support where need is greatest.</p>



Equity Impact Assessment

Protected Characteristic	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The plan significantly improves outcomes for babies, young children, and young or first-time parents through strengthened early development, health, and parenting support.			
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The plan enhances early identification, inclusive practice, and coordinated SEND support, improving outcomes and reducing barriers for children with disabilities.			
Gender Reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Marriage & Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Equity Impact Assessment**

<b>Pregnancy &amp; Maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The plan improves perinatal wellbeing, infant feeding, and emotional support, giving pregnant women and new mothers stronger, earlier, and more accessible help.			
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The plan reduces racial inequalities through culturally responsive, targeted support and improved access for minoritised families.			
<b>Sex</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Sexual Orientation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Religion or Belief</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Section 3: Impact Assessment - Additional Community Impacts**

<b>Additional community impacts</b>	<b>No Impact</b>	<b>Positive</b>	<b>Negative</b>	<b>Description of impact</b>	<b>Any actions or mitigation to reduce negative impacts</b>	<b>Action owner (*Job Title, Organisation)</b>	<b>Timescale and monitoring arrangements</b>
<b>Rural communities</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The plan improves equity for rural families by expanding outreach, mobile delivery, and			

**Equity Impact Assessment**

<b>Additional community impacts</b>	<b>No Impact</b>	<b>Positive</b>	<b>Negative</b>	<b>Description of impact</b>	<b>Any actions or mitigation to reduce negative impacts</b>	<b>Action owner (*Job Title, Organisation)</b>	<b>Timescale and monitoring arrangements</b>
				digital access to services.			
<b>Areas of deprivation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The plan reduces socio-economic inequalities by prioritising deprived communities for targeted early development, health, and family support.			
<b>Displaced communities</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Care experienced people</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>The Armed Forces Community</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Section 4: Review**

Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.

<b>Review Date</b>	
<b>Person Responsible for Review</b>	
<b>Authorised By</b>	

# West Berkshire Council Best Start Local Strategic Plan 2026–2028 and Beyond





## Contents

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Foreword	3
Executive Summary	4
West Berkshire Best Start in Life - Vision and Ambition	6
Local Needs Assessment	7
Co Design and Family Voice	11
Strategic Objectives	14
Mobilising Delivery	17
Measuring Progress	23
Governance & Partnership	26
Risk and Mitigation	27
Implementation	29

# Foreword

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The earliest years of a child's life shape their future more profoundly than any other stage. From brain development and emotional wellbeing to communication skills and school readiness, the foundations built before age five can influence health, opportunity and life chances for decades to come, as highlighted in the Director of Public Health's Report 2025 .

In West Berkshire, we are committed to giving every child - in every community - the best possible start in life. Our families tell us that they want services that are easy to access, joined up, welcoming and responsive to their needs. Practitioners and partners tell us they want to work in a system that supports collaboration, reduces duplication and enables early help to reach families when it matters most.

This Best Start in Life Local Plan is our shared response. It sets out a bold and practical roadmap for strengthening our Family Hubs, improving health and early education outcomes, and ensuring that our most disadvantaged children receive the targeted support they need. It builds on the dedication of our workforce, health partners, schools, and voluntary and community organisations — all of whom play a vital role in shaping a strong Best Start offer.

We recognise the challenges we face: the rising complexity of need, inequalities between communities, pressures on childcare availability, and the realities of rural access. But we also recognise our collective strengths. This plan brings together data, partnership insight, family voice and national evidence to chart a path forward.

## **Our ambition is simple but powerful:**

Every child in West Berkshire should enter school happy, healthy, curious and ready to learn — with the foundations in place for a bright future.

We extend our thanks to the families, practitioners and partners who have contributed to this plan. We look forward to continuing this journey together, delivering meaningful improvements for our youngest children and their families.



**Cllr. Heather Codling**

*Portfolio Holder – Children, Education and Young People's Services*



**AnnMarie Dodds**

*Executive Director  
(People - Children's Services)*

# Executive Summary

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The early years of a child's life lay the foundations for lifelong health, learning and wellbeing. The West Berkshire Best Start in Life Local Plan (2026–2028) sets out a clear, ambitious and evidence informed blueprint for how we will ensure every child - regardless of background - is supported to thrive from pregnancy through to age five and beyond.

West Berkshire is already home to strong early years provision and long established Family Hubs. However, our JSNA and local 0-19's needs assessment highlights persistent inequalities in early development, health outcomes, access to early education, and support for families experiencing disadvantage or living in rural communities. The plan responds to these challenges through a place based, integrated Best Start system, delivered in partnership with families and communities.

## Our vision

By 2028, West Berkshire will provide a seamless and inclusive Best Start offer that strengthens family resilience, improves child development and health outcomes, reduces inequalities, and ensures children arrive at school ready to learn and ready to thrive.

## Our goals

- Improving early development outcomes, particularly in communication, language and personal social skills.
- Reducing health inequalities, and strengthening perinatal and infant wellbeing.
- Improving health and wellbeing outcomes for parents and children
- Increasing uptake of high quality early education and childcare.
- Strengthening family resilience through integrated support.

## Our approach

The plan commits to:

- Working corroboratively with system partners to deliver improved outcomes for children
- Expanding and enhancing Best Start Family Hubs across the district.
- Promoting the Stronger Practice Hub alongside local Early Years programmes and expertise in order to raise early years quality and inclusion
- Scaling evidence based parenting and Home Learning Environment programmes.
- Driving innovation through digital tools, co production and test and learn models.
- Using data driven targeting to allocate resources to areas of highest need
- Ensuring children's and families' voices shape all stages of design and delivery.

## What success will look like by 2028

- Increased proportion of children achieving a Good Level of Development, with a specific focus on improving GLD for children eligible for Free School Meals.
- Strengthened perinatal wellbeing and infant feeding outcomes.
- Increased uptake of early education entitlements.
- Significantly increased family engagement with Best Start Family Hubs.

This plan represents a collective commitment across West Berkshire Council, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (Thames Valley Integrated Care Board from April 2026), health partners, early years settings, schools, and the voluntary and community sector. Together, we will deliver a stronger, more equitable start for every child.

## Giving Every Child the Best Start in Life Strategy - July 2025

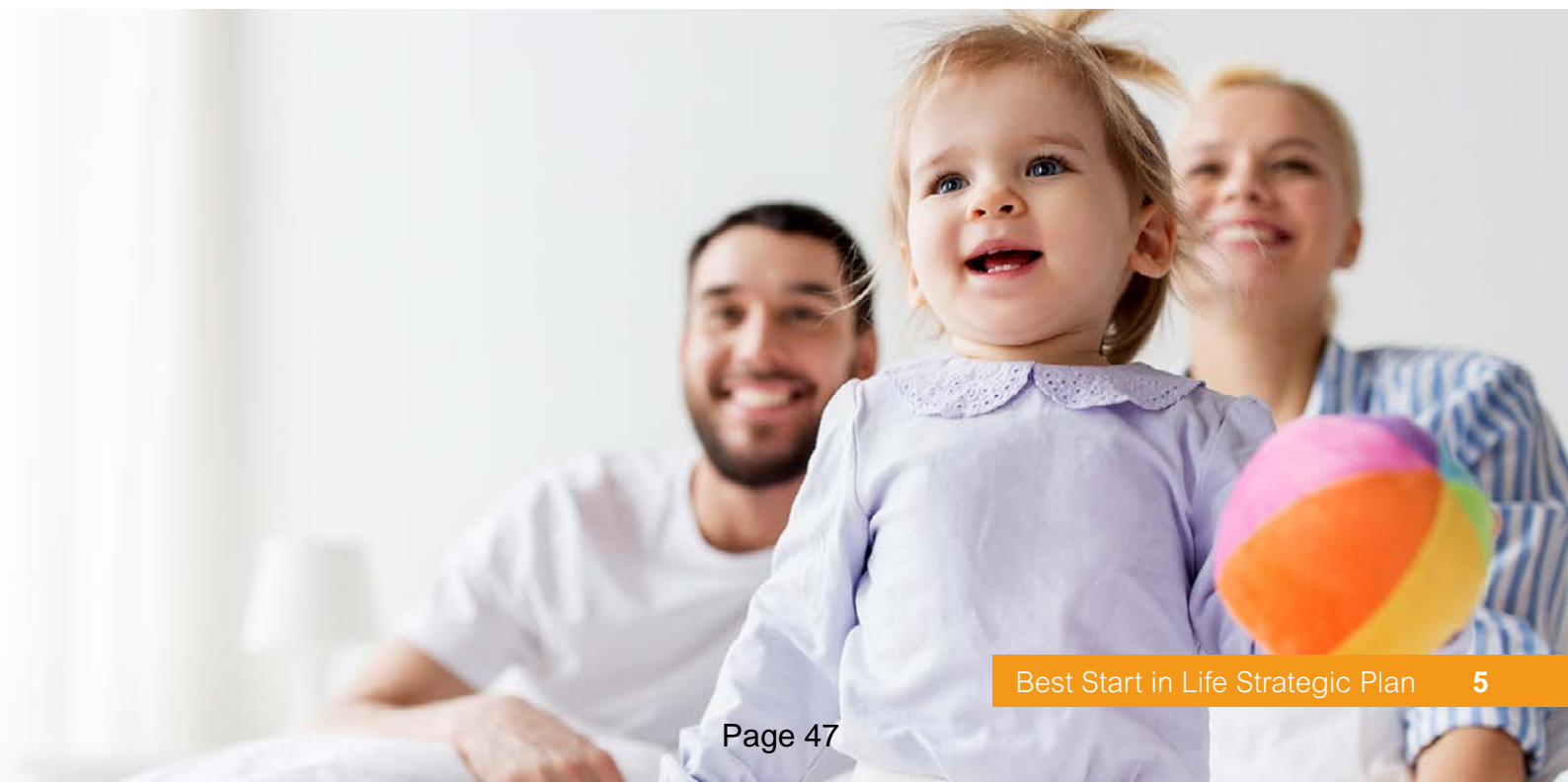
The 'Giving Every Child the Best Start in Life' strategy, published in July 2025 by the Department for Education and supported by the Department of Health and Social Care, addresses persistent gaps in early childhood development and aims to ensure that 75% of five year olds achieve a Good Level of Development (GLD) by 2028. It responds to evidence linking early years experiences to lifelong outcomes and seeks to reduce inequalities by investing in family services, expanding funded childcare, and improving workforce quality. The strategy emphasises integrated support through Family Hubs and national investment to give every child the best possible start.

Local authorities are entrusted as delivery leaders of this strategy because they hold essential local insights and can coordinate health, education, and family support effectively.

Through the implementation of the Best Start in Life Strategy, Local Authorities are responsible for creating tailored local plans, meeting GLD targets, and using dedicated funding to close developmental gaps. Councils are tasked with integrating services through Family Hubs, collaborating with health partners, and ensuring quality standards are achieved,

supported by national guidance and robust national and local performance monitoring frameworks.

This plan sets out how West Berkshire can work together across services, families and communities to give every child the best start in life.



# West Berkshire Best Start in Life

## - Vision and Ambition

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Our vision is that every child in West Berkshire grows up healthy, happy, curious and ready to learn, with the foundations for lifelong success firmly in place from the very start. We are committed to creating a Best Start system that is inclusive, ambitious, and transformative, ensuring that no child is left behind regardless of background or circumstance.

Our approach will focus on quality, accessibility, and collaboration. We will expand access to high quality early education and childcare, invest in workforce development to attract and retain skilled practitioners, and embed evidence based parenting and health interventions.

By 2028, West Berkshire will deliver a seamless, integrated Best Start system that empowers families, reduces inequalities, and enables children to enter school ready to thrive.

Our vision will be achieved through enhanced Best Start Family Hubs, offering a comprehensive local core offer that brings together health, education, and community support. All families will benefit from high quality early education, accessible digital services, and joined-up pathways from pregnancy through to age five and beyond (0-19 and up to 25 years with SEND), ensuring consistent, personalised support at every stage.

Building on our strong foundation of Family Hubs in Thatcham, Calcot, Newbury, and Hungerford, we will expand and innovate, focusing on underserved communities and embedding evidence based practice.

Our ambition is to create a collaborative system where professionals, families, and communities work together, guided by data and driven by the shared goal of giving every child the best possible start in life.

Early childhood development is shaped by health, education, family support, and community factors. No single service or agency is able to meet the complex needs of children and families alone.

By aligning local delivery with the national Best Start in Life strategy, our integrated approach will ensure that resources are used effectively and that all agencies are working together via shared principles.

Implementation of this plan across our multi agency partnership creates joint accountability and a common vision, ensuring that families will experience a seamless system rather than disjointed services that are difficult to navigate.

### Key Principles:

- **Equity:** Prioritising families facing disadvantage and children with emerging or additional needs.
- **Integration:** Providing a joined up offer across health, education, family services, and community support.
- **Innovation:** Embedding evidence based and test and learn approaches to accelerate impact.
- **Voice:** Ensuring children and family voices shape design and delivery.

Committing to integrating our approach across West Berkshire reduces duplication, closes gaps in provision, and maximises our resources, leading to better outcomes for children and families.

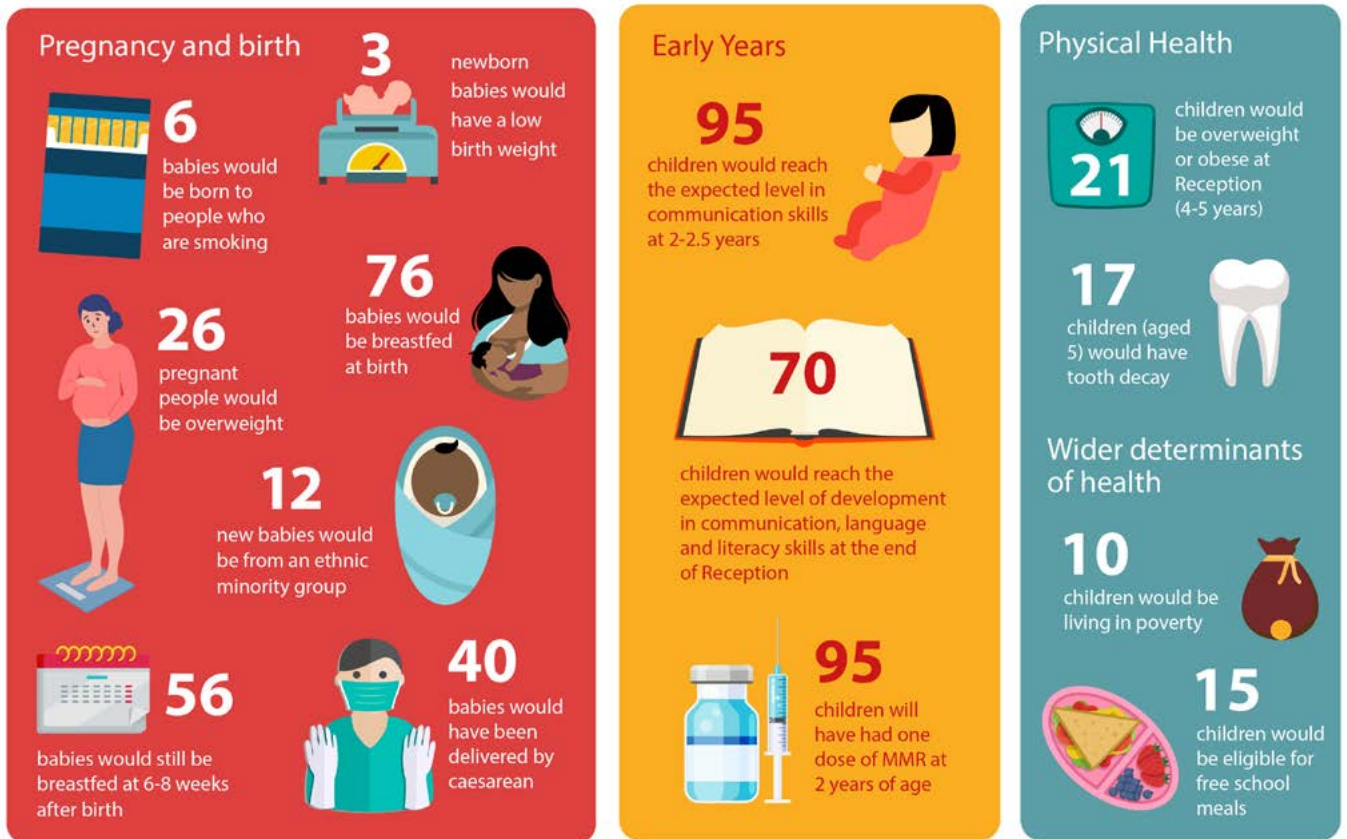
# Local Needs Assessment

West Berkshire is home to around 165,000 residents, including approximately 10,000 children under five. The 2025 JSNA highlights an ageing population, growing inequalities across several communities, and pockets of child poverty. These factors create a clear imperative for targeted early years support, robust early identification pathways, and preventative services.

The importance of the first 1,001 days of life, from conception to age two, is highlighted in the 2025 West Berkshire Director of Public Health Annual Report. Overall, health, wellbeing and development outcomes for children and young people are better in West Berkshire than the national average. However, there are clear health inequalities

linked to geography, deprivation and specific vulnerabilities. These inequalities are the avoidable, unfair and systematic differences in health between groups. The report sets out notable gaps between the most and least deprived communities (see Figure X below) and shows that some inequalities are persistent or worsening. It also emphasises that population averages can mask important variation within West Berkshire and hide underlying inequality. The report calls for stronger collaborative action and continued investment in early years services, ensuring that every child, regardless of background, has the opportunity to thrive. This underpins our shared commitment that all children in West Berkshire should start school happy, healthy, curious and ready to learn.

## If West Berkshire were a town of 100 children:



Taken from: West Berkshire State of the District [Joint Strategic Needs Assessment \(JSNA\) Report](#)

## Differences in health outcomes and risk factors between the least and most deprived areas in West Berkshire



### Most Deprived

Life Expectancy at birth (females) **83.6 years**    Life Expectancy at birth (males) **78.6 years**    Infant Mortality (Deaths per 1,000 live births)\* **5.5 per 1,000**    Maternal mortality rate\* **18.7 per 100,000**

Maternal Obesity\* **32.4%**    Low birth weight babies\* **8.4%**    Breastfeeding at 6-8 weeks\* **51%**    Women attending 1st Antenatal appointment\* **56.9%**    Child Obesity (Reception) **32.7%**

Under 18's Conception Rate\* **17.8 per 1,000**    Babies whose first feed was breast milk\* **59.1%**    Women taking Folic Acid Supplements\* **10.1%**    Tooth Decay in 5 years olds\* **35.1%**    Good level development in Reception age **40.5%**



### Least Deprived

Life Expectancy at birth (females) **89.3 years**    Life Expectancy at birth (males) **83.3 years**    Infant Mortality (Deaths per 1,000 live births)\* **2.5 per 1,000**    Maternal mortality rate\* **9.79 per 100,000**

Maternal Obesity\* **19.8%**    Low birth weight babies\* **6.3%**    Breastfeeding at 6-8 weeks\* **62%**    Women attending 1st Antenatal appointment\* **69.6%**    Child Obesity (Reception) **18.8%**

Under 18's Conception Rate\* **7.7 per 1,000**    Babies whose first feed was breast milk\* **81.3%**    Women taking Folic Acid Supplements\* **27.9%**    Tooth Decay in 5 years olds\* **12.8%**    Good level development in Reception age **66.8%**

Sources: Child and Infant Mortality and in England and Wales 2021; National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022; Fingertips; Maternal mortality 2021-2023; Child and maternal health profiles

\*Denotes national data for illustrative purposes only



## Current Challenges and importance of action:

Like many Local Authorities, West Berkshire faces significant challenges in ensuring every child has the best start in life. Developmental gaps between children from disadvantaged backgrounds and their peers remain persistent, with some children entering school without the language, social, and emotional skills they need to thrive. Families can struggle to access timely, coordinated support, particularly in rural and underserved areas of our district, and rising demand for childcare and health services places pressure on existing provision. Workforce shortages and recruitment difficulties further impact the quality and consistency of early years education and family support. These challenges risk widening inequalities and limiting opportunities for children during the most critical stages of their development.

Addressing these challenges is essential to improving outcomes for children and families in West Berkshire. By taking a whole system approach—bringing together primary care, maternity services, education, children’s services, and community health services to provide integrated support through Best Start Family Hubs—while also expanding access to affordable, high quality childcare, strengthening early years education, and enhancing health and parenting support, we can ensure every child receives the right help at the right time.

Tackling inequalities early will lead to better school readiness, improved health and wellbeing, and stronger family resilience. Investing now in Best Start services will not only transform life chances for children but also reduce long term costs to education, health, and social care, building a stronger, fairer future for West Berkshire.

The link between good health for children and good levels of development is clear;

### Brain & cognitive development

- Proper nutrition, sleep, and physical health support brain growth.
- Chronic illness, malnutrition, or frequent infections can affect memory, attention, and learning.
- Early health problems can have long-term effects on school performance.

### Physical development

- Good health allows children to grow at a normal rate and build strength and coordination.
- Illness or poor nutrition can delay motor skills like walking, running, or fine hand movements.

### Emotional & social development

- Healthy children tend to have more energy to explore, play, and interact—key ways kids learn social skills.
- Poor health can lead to stress, irritability, anxiety, or social withdrawal.
- Mental health is part of health: supportive, low-stress environments matter a lot.

### Immune system & resilience

- Children in good health miss fewer school days and have more consistent learning experiences.
- Feeling physically well helps kids cope better with challenges and transitions.



## Current Challenges –

- Gaps in early language and communication development, particularly for children living in deprived areas and those eligible for free school meals.
- Unequal accessibility to high quality early education and childcare.
- Rising demand for SEND support and early intervention.
- Significant health inequalities, affecting maternal health, infant feeding, early child wellbeing and childhood obesity

## Data Sources:

- EYFSP (Early Years Foundation Stage Profile) outcomes
- Health visitor checks and ASQ-3 developmental screening
- Local deprivation indices
- West Berkshire Director of Public Health Annual Report
- West Berkshire JSNA
- Feedback from families and practitioners

# Co Design and Family Voice

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Our Best Start approach is grounded in genuine collaboration with families, practitioners, and partners. Throughout 2025, West Berkshire undertook extensive engagement activity that has shaped both the priorities and delivery model of this plan.

This included a formal consultation process involving 69 professionals and families using Early Help services, alongside meetings and interviews with schools, voluntary sector partners, statutory partners, and the Parent Carer Forum, all of whom contributed rich insight into what is working and what needs to change across early years and family support.

This collaborative work highlighted significant strengths - particularly the quality of multi-agency collaboration, the approachability of staff, and the fact that Family Hubs are already experienced as welcoming, flexible and trusted spaces. At the same time, partners identified key system challenges, including duplicated assessments, gaps in early years parenting support, inconsistent access in rural areas, and inadequate coordination across agencies, all of which now directly inform the improvement priorities within this plan.

Family voice has been central to shaping the Best Start offer. In October 2025, a dedicated Family Hub user survey captured feedback from 220 parents and carers, providing a detailed understanding of family experience. Families consistently described hubs as warm, welcoming, and non judgemental, with staff frequently going “above and beyond” during times of difficulty. Families valued the safe, inclusive environment, the high quality of activities, and the strong focus on child development, social connection and emotional wellbeing. Many reported reduced isolation and improved mental health as a direct result

of attending hubs, with first time parents in particular highlighting increased confidence and reassurance. Families also shared clear priorities for development, including more baby groups, sensory sessions, support for dads, afternoon options for working parents, and an improved booking system.

Our approach was further strengthened through the multi agency Total Place event in January 2026, which brought together a wide range of partners to explore what they need in order to fully engage in a joined up Best Start system. The session generated a rich picture of the conditions required for meaningful collaboration and the collective ambitions partners hold for families across West Berkshire.

Across the event, partners consistently emphasised the importance of strong infrastructure, including access to shared facilities, consistent communication channels, clear referral pathways, and reliable data on activity and outcomes. Participants stressed that to collaborate effectively, they require clarity on the local offer, trusted relationships, and mechanisms to share intelligence, reduce duplication, and maintain consistent practice across the system. They highlighted that colocation, keyworker approaches, and shared training would significantly improve professional coordination and enable earlier, more responsive support.

The event also revealed a collective desire for a more connected network of organisations -one where partners know who to contact, understand each other’s roles, and have access to centralised, regularly updated information. This included suggestions for advisory panels, better networking opportunities, community champions, and digital or face

to face structures that strengthen trust, transparency and joined up working.

There was agreement that the voices of families and communities must be heard directly -through face to face engagement, listening exercises, simple digital tools, and accessible feedback mechanisms.

Partners shared a clear, unified vision of what success should look like:

- a system where families no longer have to repeat their stories;
- a focus on prevention and early intervention
- professionals working together more efficiently and consistently;
- reduced referrals;
- improved information sharing; better attendance and developmental outcomes for children;
- a motivated and confident workforce supported by training, shared tools, and a strong collaborative culture.

The Total Place event reinforced and deepened the themes that emerged from our family and practitioner led work throughout 2025. Demonstrating a shared commitment across agencies to creating a streamlined, relationship based, community informed Best Start system, grounded in collaboration, transparency and shared responsibility.

The insights we have gained in this process directly shape the ambitions and delivery model set out in this plan, they are reflected in our service design commitments, and support identification of our priority groups - helping us to target Best Start support where it will have the greatest impact.

## Target Groups

Analysis from national research, JSNA, consultation work and Family Hub user engagement highlights clear groups who face additional barriers or disproportionately require early intervention. These findings directly inform our targeted approach.

### Families Facing Socioeconomic Disadvantage

The workshops identified persistent inequalities and noted that some families struggle to access consistent help until concerns escalate. Families facing poverty, unstable housing, or financial hardship were more likely to require practical support such as advice on housing, benefits, and essential resources.

### Rural and Geographically Isolated Families

Both professionals and parents highlighted inconsistent service access in rural areas, with travel distance and limited sessions acting as barriers to engagement. This group requires enhanced outreach, digital delivery, transport sensitive delivery and flexible access models.

### Families from minoritised communities

National research clearly identifies that children and families from ethnic minorities tend to face significant disadvantage where it comes to maternity and early year services.

### Families of Children with SEND or Emerging Needs

Parents repeatedly emphasised the value of specialised information, behaviour support, and neurodiversity informed parenting programmes, noting gaps in early years SEND support. Families of children with emerging or additional needs also reported a dependence on staff who act as “lifelines” during crisis or complexity.

## Pregnant Women and Families Needing Perinatal or Emotional Support

Survey findings show high demand for breastfeeding support, maternal mental health support, and help during difficult transitions such as postnatal depression, grief, or domestic abuse. These families benefit from responsive, safe and relationship based support, already praised within hubs.

## First Time Parents and Families Seeking Confidence Building Support

Many first time parents and young parents described Family Hubs as essential spaces for increasing their parenting confidence, reducing anxiety, and receiving reassurance from skilled staff. This group values structured programmes, guidance, and learning opportunities.

## Working Parents

Families asked for more afternoon sessions, indicating that traditional scheduling limits access for those balancing employment. This group requires flexible, extended and hybrid delivery models.

## Fathers and Male Carers

Parents called for “more dad focused groups” and more inclusive session design. Dad specific engagement is a known gap and is therefore included as a priority target group within this plan.

## Families with Older Siblings or Wider Age Ranges

Some families noted a need for groups for older siblings or multi child households. This informs our commitment to developing inclusive, whole family session models.

This plan embeds the insights we have gathered and sets the intention and commitment to create continuous co production opportunities as part of our Best Start future.



# Strategic Objectives

Our plan focuses on progressing five key strategic priorities – these priorities, shaped by our co production activity - align with the Giving Every Child the Best Start in Life Strategy’s action areas - such as expanding access to childcare, early years education, strengthening health interventions, and improving workforce quality. Whilst also responding to our shared principles and our local realities and challenges, such as improving outcomes for children eligible for free school meals, prioritising our underserved communities and the need for improved streamlining of service pathways for families;

Our logic models below set out how we are going to deliver our strategic priorities and the outcomes we wish to achieve

**Safeguarding and Family Help alignment**

Our plan for implementation of our Best Start system is aligned with Family First Partnership reforms pathways by

- Ensuring early identification of emerging needs through health visiting, early years settings, and Family Hubs.
- Providing whole family support that prevents escalation into statutory services.
- Integrating referral routes across Family Hubs, Triage, and Family Help and safeguarding teams.
- Embedding trauma informed practice across practitioners.
- Increasing shared case discussion opportunities and aligning multi agency Family Help plans.
- Reducing duplication through clearer pathways and shared assessment frameworks.

	Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Improve Child Development Outcomes	Best Start Family Hubs, early years workforce training, Health visitors, CYPIT Speech and Language Therapy (SLT) Service, targeted interventions for FSM and SEND, evidence based language and communication programmes and the successful local programmes ECAT.	Deliver speech and language support, signpost the SLT Early Years Enquiries Line, embed inclusive practice, provide targeted home learning resources, support play and early years physical activity, run parenting programmes. Deliver developmental reviews, health promotion and early identification of developmental delays.	Increased access to early language interventions, more families engaged in home learning, improved SEND support pathways.	Improved early communication and social emotional skills, increased parental confidence.	Higher proportion of children achieving GLD by 2028, narrowed attainment gap for FSM children, better school readiness.

	Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Improves Health and Reduce health inequalities	Health visitors, perinatal mental health specialists, oral health programs, vaccination campaigns, Public Health Grant	Holistic assessment of the family's health needs as undertaken by Health Visitors. Expand perinatal mental health pathways, deliver breastfeeding and infant feeding support, run oral health, immunisation outreach and healthy lifestyle programmes for children	Better access to health services, improved parent-infant bonding, higher vaccination rates for disadvantaged communities, reductions in hospital admissions related to tooth decay, reductions in admissions for non-intentional injury	Better maternal and paternal mental health, improved feeding practices, reduced dental decay.	Reduced health inequalities across different health outcomes, improved physical and emotional wellbeing for children and families, reductions in infant mortality reduced obesity prevalence at age 4/5 years between the most and least deprived communities,
Increase uptake of high quality early education	DfE Funding for 15 - and 30 hour entitlements, workforce development programs, inclusive practice training.	Promote funded childcare/early years education offers, recruit and retain skilled practitioners, embed SEND inclusion in settings.	Higher uptake of funded places, improved workforce quality, increased capacity in early years settings.	More children accessing high quality provision, improved inclusive practice, improved transitions for children with emerging SEND needs.	Better educational outcomes, reduced attainment gaps, better transitions from one phase of education to another, stronger foundations for lifelong learning.
Strengthen family resilience	Integrated family help teams, shared data systems, Best Start Family Hubs.	Deliver whole family interventions, embed outcomes based accountability, improve service coordination.	More families accessing integrated support, improved data sharing across agencies.	Increased family stability, improved parental confidence and coping strategies.	Reduced demand for crisis interventions, stronger family networks, improved child wellbeing.

	Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Strengthen Children and Family Voice	Parent panels, co design workshops, digital engagement platforms.	Engage families in service design, run feedback sessions, use digital tools for outreach.	Increased family participation in planning, improved responsiveness of services, community ownership recognising 'it takes a village to raise a child'	Families feel heard and valued, services better tailored to needs.	Sustained engagement, improved trust in local services, stronger community partnerships.

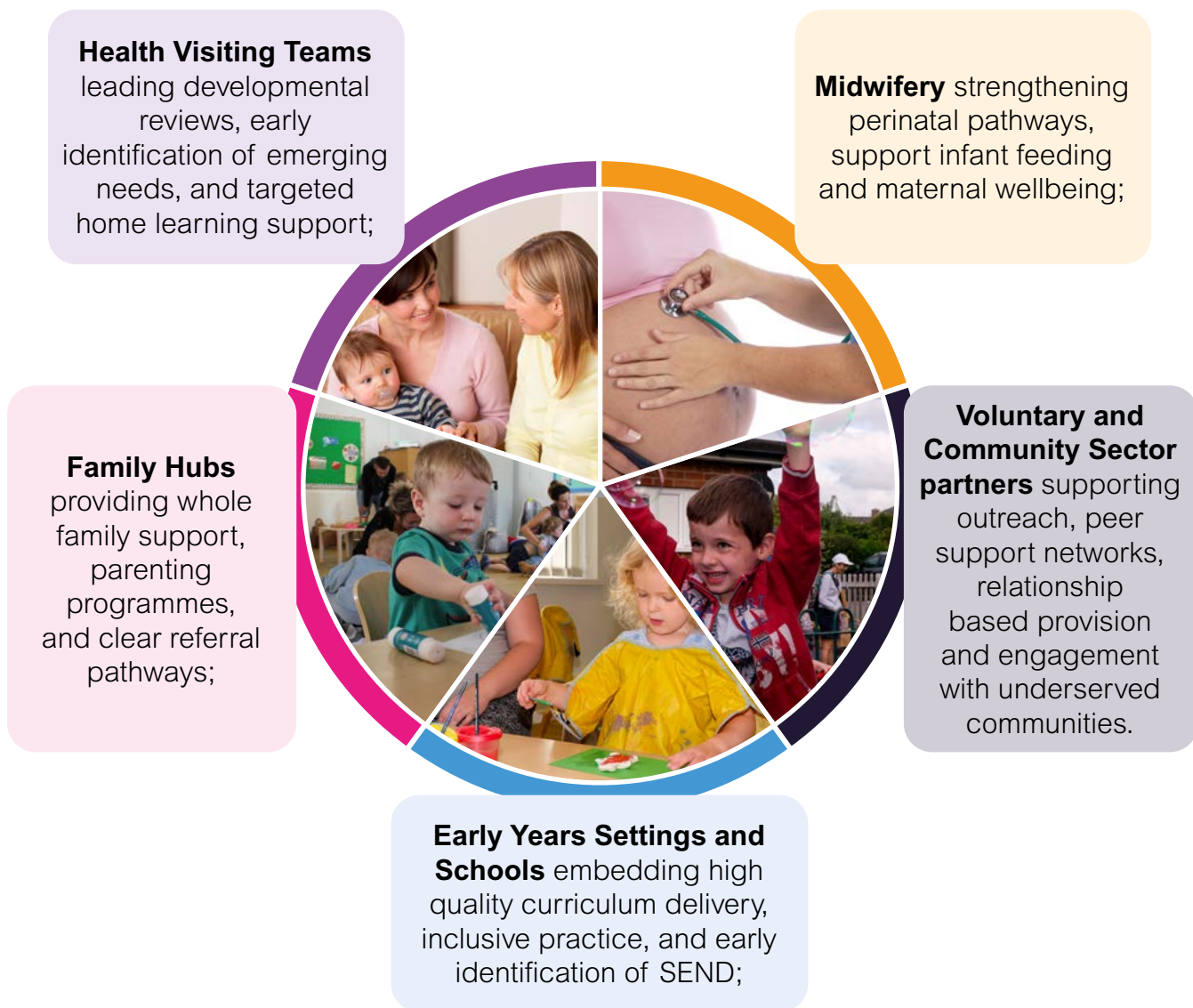


# Mobilising Delivery

We will mobilise delivery of the Best Start Plan objectives by establishing a coordinated, whole system approach that brings together early years education, health, family support, Family Hubs and community partners under a shared set of priorities. Embedding a strong partnership approach will ensure that each organisation

plays a clearly defined role in improving outcomes.

Continued momentum and mobilisation of multi agency roles and responsibilities will support this plan to be embedded across our West Berkshire partnership successfully.



A multi agency delivery group will work to convert high level aims and strategy priorities into measurable action, using shared training, joint decision making, and integrated pathways that increase consistency for families. This unified model ensures consistent, systemic progress in

early language, GLD attainment, perinatal support, and timely access to health and family services.

To ensure rapid and sustained implementation, we will combine strong operational leadership with a partnership

driven approach that uses shared data, collective intelligence and family voice to guide decision making.

Our partnership model enables data sharing, joint analysis and delivery, for example;

- Public Health will provide population level insights on oral health, immunisation, inequalities and infant mortality;
- Primary Care data will highlight local trends in infant wellbeing and maternal health needs;
- SEND services and Educational Psychology will guide early intervention, training and case planning;

and Community Health, such as Speech and Language Therapy, will co deliver targeted language programmes back into early years settings.

Workforce development will also be delivered collaboratively: early years educators, health visitors, midwives and voluntary sector practitioners will take part in joint training, strengthening consistency in quality and inclusive practice across the system. Through co design with parents and aligned governance across all partners, this model ensures implementation remains agile and responsive, driving continuous improvement and maximising impact for children and families.

## Partnership Model:

- **Core Partners:** Health (Health Visitors, midwives, primary care), Children and Family Services, Education, Childcare Providers, Stronger Practice Hubs, Schools, Voluntary sector, Community groups.
- **Extended Network:** Local businesses, libraries, leisure services.
- **Governance:** Best Start Partnership Board reporting to Children & Families Strategic Group and Health and Well Being Board.

## Our Core Best Start Offer:

Our Core Best Start Offer brings together the core elements of early years education, health and family support into a single, consistent package for families across the district

Parenting programmes and Home Learning Environment (HLE) support:

This includes a strong focus on parenting programmes and the Home Learning Environment, with tailored support for ages 0 - 4, and additional targeted offer for 3 – 4 year olds to support school readiness. Families will benefit from consistent access to universal parenting groups, targeted courses, developmental play sessions, literacy and language initiatives, and practical home learning guidance.

Healthy Babies: Healthy Babies pathway strengthens perinatal mental health support, infant feeding, and parent infant relationships, ensuring that the earliest months are protected and nurtured through an integrated health visiting and maternity partnership.

Support for children with additional needs: Support for children with additional needs is central to our core offer. Family Hubs will host SEND trained early years professionals who can guide families through early identification, referral pathways, and best practice inclusion strategies.

Broader 0–5 services: Wider 0–5 services including early education, public health offers, safeguarding pathways and voluntary sector support - will be delivered onsite from Family Hubs, digitally and through community outreach. This blended approach ensures that support is consistent, visible and adaptable to different levels of need, helping us to reduce inequalities and improve child development outcomes at population scale.

To ensure continued co production and inclusion of families lived experience in our Best Start system, we will implement a structured Family Voice and Co Design Framework that includes:

- Parent Panels for each Family Hub locality.
- Regular feedback cycles incorporating surveys, focus groups, and digital channels.
- A digital engagement Family Hub offer, including improved booking systems and AI supported signposting and information for families.
- Co production of targeted offers, especially relating to equalities, rural access, and SEND.
- Direct involvement of families in evaluating service impact, including dashboard reviews and annual partnership summits.

## Place: Location and Access

West Berkshire families are currently served by four Family Hub locations:

Thatcham – Thatcham and neighbouring areas sit in an overall low deprivation part of the district, however pockets of concentrated higher deprivation are situated next to the Family Hub location, with further localities also showing higher child poverty rates. Indicating potential unmet need and priority families within reach of the Family Hub. Families here benefit from the largest Family Hub building offering established co located services with Health and VCS partners at the Hub as well as outreach into surrounding villages.

Newbury - Newbury concentrates a higher share of the district's population growth and contains denser, mixed income neighbourhoods. Some Newbury wards such as Greenham historically show higher deprivation and need than more rural parts of West Berkshire served by the other Hubs. Families here should benefit from

a new prominent Family Hub site at The Phoenix Centre with better transport links, a larger catchment area for universal and targeted Best Start services for previously underserved families.

Calcot and surrounding area – Calcot Family Hub sits in an overall lower deprivation part of the district. Due to the Hub reach area bordering Reading, which has significantly higher deprivation than West Berkshire, Families living near the local authority boundary may experience spill over pressures (housing density, cost of living, transport to work/childcare) creating a mixed need audience for universal and targeted support. Families here benefit from the Hub being co located within the grounds of a large and diverse infant and junior school community, as well as offering outreach into surrounding villages.

Hungerford and surrounding areas – Hungerford operates a full community outreach offer due to the absence of a dedicated Hub building. Hungerford Family Hub model relies on a strong local presence and relationships with community organisations to utilise outreach venues trusted by local families. Hungerford is the most deprivation sensitive area of the four due to the combination of pockets of higher child poverty and rural deprivation – creating additional access barriers for families (transport, digital connectivity). With 40%+ of the district defined as rural, distance to services and cost/time of travel can suppress uptake of early intervention services. Families here benefit from the Family Hub staff team's co location within Hungerford Nursery School community and an agile flexible outreach Family Hub offer.

Our Best Start place based approach is directly informed by what families and partners told us via our 2025 consultation work with them and insights gathered via operational delivery across four current

Family Hub sites. Neighbourhood Health approach has a synergy and overlap with the Best Start place based approach and will generate mutual benefit

Parents highlighted that access varies significantly across West Berkshire, with rural communities, working parents and families with young babies facing the greatest barriers. They also emphasised that Family Hubs provide safe, welcoming spaces that reduce isolation and strengthen community connection, but that more flexible timings and outreach are needed to reach every family.

In response, our focus on location prioritises hub activity in our most disadvantaged areas, while expanding mobile, pop up and village based delivery to ensure families in more isolated communities have equitable access. By grounding our decisions in the lived experiences of families, we are creating a Best Start system that is not only geographically well placed but genuinely shaped by the people who use it.

Location ambition: Our strategic approach to place ensures that the Best Start offer reaches the families who need it most, while maintaining a universal and inclusive model of support. Our ambition is that 70% of Family Hub provision is located within the most deprived 30% of communities, tackling inequalities where they are most evident and creating visible, trusted points of support for families. At the same time, we will ensure continuity of support for existing families and develop accessible provision for rural and semi rural communities, recognising that geographical isolation can be a significant barrier to early years engagement.

Outreach: To strengthen accessibility further, we will implement an outreach programme, bringing mobile Family Hub sessions, early education, health partner

clinics, and targeted family support directly into villages, estates, and community venues.

Digital access: Digital access will be enhanced through promotion of the national Best Start digital hub and the development of a local digital offer that supports booking, signposting and information access for parenting and HLE sessions.

This mixed delivery model ensures that families can access help in person, online, or within their own community - reducing barriers and improving take up of key Best Start interventions.

## Local System Integration

Achieving the ambitions of the Best Start in Life strategy requires seamless integration across health, education, early years, family help and the voluntary and community sector.

Working closely with health partners such as the Thames Valley ICB and Berkshire West services, we will align Family Hub offers with the development of the Integrated Neighbourhood Teams and Universal Healthy Child Programme and ChatHealth service, ensuring that health and family support pathways are closely coordinated.

Family Hubs will act as the bridge between early years services, health professionals and parents - reducing duplication and creating smooth referral journeys for families. Alignment with primary care via co located sessions and signposting for connected health initiatives will ensure that support remains responsive to evolving local need and informed by real time feedback. Integration with Family Help and Safeguarding pathways will ensure that universal and targeted support sits seamlessly alongside statutory services.

Data, insight and governance will form the backbone of system integration. We will formalise shared outcomes, joint pathways and data sharing agreements across all agencies to ensure families experience a single coherent system.

- Integrated partnership working
- Data, insight and governance
- Responding to local service gaps and needs

## Workforce Development

A high-quality, stable, and confident Best Start workforce is essential to achieving our Best Start objectives. Best Start in Life guidance highlights workforce capacity, recruitment and retention, and SEND capability as critical challenges in delivering the Best Start in Life reforms. In West Berkshire, we will implement a multi-agency workforce development plan that builds on existing skills while addressing known gaps across health, early years, education, family support, and the voluntary sector.

### Our workforce plan will include:

Joint training across agencies, using Family Hub co location to deliver CPD on trauma informed practice, inclusive communication, emerging SEND needs, perinatal and parent infant wellbeing, and developmental screening.

Regular reflective practice, supervision, and shared learning sessions to create a consistent culture across hubs and partner organisations.

SEND capability development, including building on national investment in early years SEND training and increasing local workforce confidence to identify needs early.

Strengthening recruitment and retention by promoting career pathways across early years settings, hubs, health, and community partners.

Use of Stronger Practice Hub to disseminate evidence based practice and support childcare settings to improve quality and inclusion.

Early Years team to continue to develop the expertise and knowledge of the local workforce in order to improve children's GLD outcomes.

Peer and volunteer roles, building community capacity by increasing recruitment and training and widening the early years workforce, including father focused support and parent champions.

## Targeting and Resource Allocation

Our approach to targeting is rooted in evidence, ensuring resources are directed where they will achieve the greatest impact. Using local data on deprivation, SEND prevalence, health inequalities, early language vulnerability, and EYFS outcomes, we will identify priority neighbourhoods, early years feeder settings, and communities at heightened risk of poor outcomes. This will enable us to layer Family Hub universal services with targeted interventions, ensuring that the intensity of support matches the level of need. Through continuous monitoring of take up, outcomes and service reach, we will refine where and how resources are deployed to maximise effectiveness.

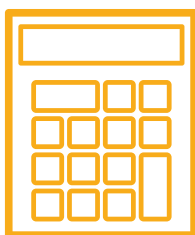
To sustain delivery, we will align our funding streams - including Best Start DfE allocation Family Hubs, the public health grant, Reducing Parental Conflict grant within a coordinated financial plan. This alignment will enable greater stability, reduce duplication, and support investment in community led initiatives that extend reach into groups less likely to access statutory services. Opportunities to commission community organisations will also allow us to diversify our engagement methods, enhance cultural relevance, and create alternative entry points for families who face barriers to traditional

services. This strategic approach to resource allocation will ensure long term sustainability and measurable improvements in outcomes for children and families.

- Data driven targeting to focus resources
- Alignment of funding streams for maximum impact
- Opportunities to extend impact via innovation and partnerships

West Berkshire has received a provisional £1,700,700 Best Start funding allocation for 2026–2029.

### **DfE Best Start Funding expectations:**



**Programme delivery - 50%**

**Capital - 12%**

**Parenting support 17%**

**Home Learning**

**Environment support - 21%**

### **Best Start Funding will support:**

Family Hub refurbishment and expansion, supporting the development of new and existing hub sites to meet national Best Start in Life guidance.

Expansion of parenting programmes, including evidence based interventions for 0 - 4s and targeted offers for families requiring additional support.

Home Learning Environment initiatives designed to improve early communication, literacy and readiness for school.

Creation and maintenance of the digital front door, enabling families to access information, booking systems and signposting through a single

online platform with support for digitally disadvantaged families to access it.

Investment in improved digital and data systems to allow for efficient monitoring, reporting and partnership intelligence sharing.

Workforce development, including multi agency training across health, early years and family support, with a focus on SEND inclusion and early identification.

Rural outreach expansion, including pop up services and flexible programme delivery in isolated communities.

Commissioning voluntary and community sector (VCS) partners to co deliver parenting, early years, health and community support offers.

Strengthening early years uptake work to improve access to high quality early education and childcare across the district.



## Measuring Progress

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Measuring progress in our Best Start Local Plan is essential to ensuring that the commitments made through the national Best Start in Life Strategy translate into meaningful improvements for children and families in West Berkshire.

We will adopt a clear, outcomes driven approach that tracks both population level change - such as improvements in EYFSP,

and service level indicators, including family engagement, uptake of funded childcare, and perinatal mental health support.

Through quarterly dashboards, mid year reviews, case studies and annual partnership reports, we will maintain visibility, identify trends early, and adapt delivery where needed.

## Delivery Timeline & Key Milestones

Our phased delivery timeline moves from system building to full implementation and long term sustainability.

- Phase 1 -** establishes core foundations: reporting to the Partnership Board, needs assessment, digital family hub pilots, and integrated data dashboards.
- Phase 2 -** focuses on rolling out early language programmes, parenting interventions, workforce development and Stronger Practice Hubs.
- Phase 3 -** scale successful innovations and strengthen home learning initiatives.
- Beyond 2028,** we will focus on sustaining an integrated system and sharing best practice regionally.

Phase	Timeline	Key Actions
<b>Phase 1: Foundations</b>	Q2 2026 – Q4 2026	<ul style="list-style-type: none"> <li>- Establish Best Start Partnership Board</li> <li>- Complete local needs assessment</li> <li>- Mobilise Family Hub expansion plan</li> <li>- Pilot digital front door for families</li> <li>- Develop integrated data dashboard</li> <li>- Roll out targeted early language programmes</li> <li>- Establish child and family voice</li> <li>- Commission evidence based parenting interventions</li> </ul>
<b>Phase 2: Implementation</b>	Q1 2027 – Q4 2027	<ul style="list-style-type: none"> <li>- Workforce development programme</li> <li>- Promote learning from Stronger Practice Hubs in childcare settings</li> <li>- Commission community-led projects</li> <li>- Expand home learning environment and parenting initiatives</li> </ul>
<b>Phase 3: Scaling &amp; Innovation</b>	Q1 2028 – Q4 2028	<ul style="list-style-type: none"> <li>- Scale successful pilots</li> <li>- Annual review and refresh delivery plan</li> <li>- Sustain integrated early years system</li> <li>- Partnership agreed - Child friendly district</li> </ul>
<b>Beyond 2028</b>	2029 onwards	<ul style="list-style-type: none"> <li>- Embed continuous improvement cycles</li> <li>- Share best practice regionally</li> </ul>

## KPIs and Metrics

Our KPIs align local priorities with national Best Start in Life ambitions. Indicators track child development, inequalities, family engagement, early education access, maternal mental health, breastfeeding, health visiting, access to togetherness and parent/carer voice.

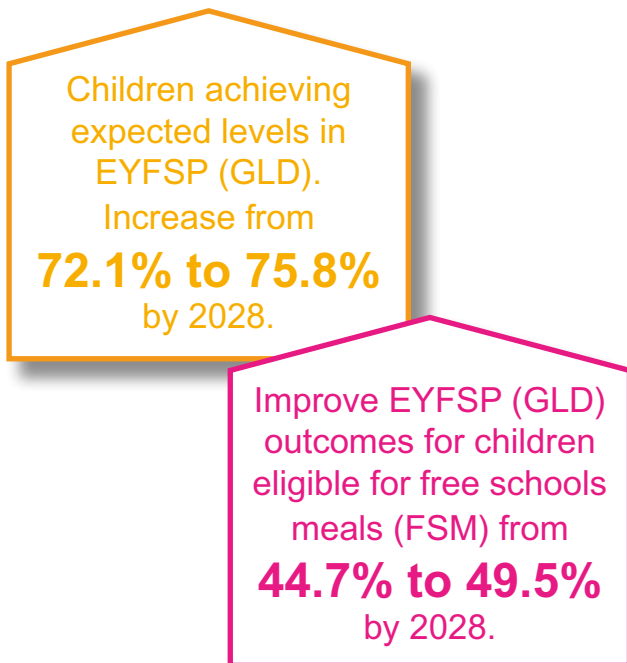
Ambitious 2028 targets - including raising GLD to 75.8% and funded 2 year old uptake to 85% - provide measurable points of progress.

Baselines give a clear starting point, ensuring our data led approach drives targeted improvement.

Objective	KPI	Baseline (2025)	Target (2028)
Improve child development	% children achieving expected EYFSP levels	72.1%	75.8%
Reduce inequalities	% children eligible for free school meals achieving expected EYFSP levels	44.7%	49.5%
Maternal mental health	% mothers accessing perinatal mental health support	45%	70%
Access to early education	% eligible 2-year-olds in funded childcare	68%	85%
Family engagement	% families using Family Hub services	40%	75%

## 2028 Targets:

The targets that we have been set locally reflect the national ambition to transform early outcomes and the distance we need to make locally for children, particularly those who are most disadvantaged. It is of note that some of the foundations laid during the early years will see benefit and outcomes over their whole life course.



Achieving these results requires strong multi agency delivery, targeted intervention and early identification.

## Tracking Metrics & Milestones:

Quarterly dashboards will monitor developmental outcomes, service access and engagement so the partnership can respond quickly to emerging needs. We will also seek to capture softer changes that make a real difference for families, for example, increased confidence, reduced social isolation and stronger parent-child relationships. Introducing a mid point review in 2027 will refine approaches, scale successful pilots and adjust underperforming interventions. Annual public reports will ensure transparency, accountability and continuous learning.

- Quarterly dashboard tracking developmental outcomes, service uptake, and family satisfaction.
- Annual review with partners and families to adjust strategy.
- Mid point review in 2027
- Annual public report

# Governance & Partnership

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Our governance model ensures strong leadership across health, education, early years, family help and the voluntary sector – shaping, delivering and overseeing the system. West Berkshire Health and Wellbeing Board has identified Best Start in Life as one of its three priorities, committing to working together as system partners to improve health outcomes for children and families. The Children’s Strategic Multi-Agency Partnership will provide strategic oversight supported by the Health and Wellbeing Board and related subgroups covering health, community engagement, SEND, early intervention and Families First pathways. Quarterly Best Start multi agency working group meetings strengthen accountability and alignment with national Best Start priorities.

- Childrens Strategic Multi Agency Partnership
- Subgroups: Health & Wellbeing, Community Engagement SEND Priority 1 Early Years delivery Group, SEND Priority 2 early Intervention Delivery Group, Family First Partnership Delivery group
- Quarterly Best Start multi agency working group meetings
- Annual stakeholder summit.

## Scaling Innovation

Innovation underpins our transformation approach. Using test and learn cycles, we will trial digital Family Hub tools, AI supported information services, and integrated health/early years outreach models. Stronger Practice Hubs will support us to adopt evidence based practice at pace. Successful innovations will be embedded into core services, ensuring sustainability and long term impact.

- Test and learn cycles
- Sharing best practice
- Building sustainability

## Sustainability

We will embed effective interventions into core delivery, strengthen the early years workforce, and build community capacity through peer led programmes. Integrated data systems will ensure shared understanding of need and progress. Aligning multiple funding streams including Best Start, Family Hubs and public health will create financial resilience and support long term system transformation.

- Test and learn pilots for digital tools and voluntary and community sector engagement in delivery.
- Embed successful interventions into core services.
- Workforce development: training in evidence based early years practice across multi agency partnership.
- Build community capacity through peer led programmes.
- Maintain integrated data and information sharing systems for continuous improvement.
- Community capacity: Support voluntary and peer led initiatives to sustain impact beyond 2028.

# Risk and Mitigation

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Identifying and engaging with potential risks, whilst proactively understanding how we can mitigate them will allow us to create a Best Start delivery system that is resilient, equitable and capable of meeting the national mission.

## Workforce Capacity and Skills

**Risk:** Demand for early years, health and family support services continues to rise, placing pressure on an already stretched workforce. Recruitment and retention challenges, particularly in early years and SEND roles, may limit the scale or quality of delivery.

**Mitigation:** Implement the multi agency workforce development plan including joint CPD, early identification and SEND training, strengthened career pathways, and collaboration with Stronger Practice Hubs. Expand use of peer supporters and voluntary sector partners to increase capacity.

## Childcare Sufficiency and Provider Stability

**Risk:** Providers may struggle to meet demand created by expanded childcare entitlements or may experience financial instability, limiting access to high quality early education.

**Mitigation:** Strengthen sufficiency planning with providers, use capital investment to increase capacity, support workforce recruitment, and create localised incentives for settings in high need areas.

## Digital Exclusion and Barriers to Access

**Risk:** The digital Family Hub and online systems may not reach all families,

especially those without digital confidence or consistent internet access.

**Mitigation:** Maintain hybrid access options including telephone, in person and outreach support. Provide assisted digital help through hubs, libraries, community venues and utilising 'Let's Talk' to support access. Ensure all digital tools are simple, mobile friendly and accessible.

## Rising Complexity of Family Need

**Risk:** Increasing complexity - particularly around neurodiversity, mental health, domestic abuse and financial hardship - may increase demand beyond service capacity.

**Mitigation:** Strengthen early identification pathways, embed multi agency planning, expand targeted parenting offers, and ensure staff are trained in trauma informed and inclusive practice.

## Rural Access Inequalities

**Risk:** Families living in rural or transport limited areas may not be able to access consistent early years or family support.

**Mitigation:** Expand mobile delivery, pop up sessions and village based activity. Partner with local community organisations and schools to host provision. Ensure enhanced digital and telephone access complements face to face delivery.

## Financial Pressures and Sustainability

**Risk:** Pressures on public sector budgets may affect long term delivery and the ability to scale successful models.

Mitigation: Align multiple funding streams including Best Start, Family Hubs, Public Health and external grants. Commission VCS partners to diversify delivery. Embed evaluation to demonstrate impact and inform future investment decisions.

## Data Sharing and Information Governance

Risk: Fragmented data systems and inconsistent information sharing may limit the effectiveness of early identification and joint planning.

Mitigation: Strengthen outcomes based accountability, introduce shared dashboards, improve consent and referral pathways, and explore solutions to enable safe, efficient information flow.

## Cross cutting system risk

Individual mitigations may be less effective if system partners do not adopt a shared, collaborative approach to delivery. Without consistent commitment across health, education, family hubs, early years and the VCS, some risks - such as workforce capacity, rural accessibility and rising complexity - may increase or shift between agencies rather than being reduced.

To mitigate this, strong governance and monitoring of the progress of this Best Start strategic local plan, including a risk management plan, shared ownership of KPIs, regular joint planning cycles and clear escalation routes, can ensure risks are managed collectively rather than in isolation.

# Implementation

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The Best Start Local Strategic Plan will be implemented through a detailed Best Start Delivery Plan, which translates our strategic ambitions into clear, actionable programmes of work across the partnership. While the Local Plan sets the vision, priorities and long term outcomes aligned to the national Best Start in Life Strategy, the Delivery Plan operationalises these commitments by specifying the actions, timelines, leads and resources required to achieve them.

It will organise delivery into phased milestones, outline measurable performance indicators, and set out the responsibilities of each partner - health, family hubs, early years, education, family help, and the voluntary and community sector - to ensure coordinated implementation. The Delivery Plan will also provide the mechanism for monitoring progress through quarterly dashboards and governance cycles, enabling the partnership to adapt approaches based on real time data, emerging needs and feedback from families. In doing so, it ensures that the high level ambitions of the Best Start Local Plan are embedded in day to day practice, driving consistent improvement and meaningful impact for children and families.

## Equalities Impact Statement

This plan prioritises families most at risk of poorer outcomes, including those experiencing socioeconomic inequality, rural isolation, and health disparities. We recognise that children with SEND, families from minoritised ethnic backgrounds, young parents, care experienced parents, and families facing domestic abuse may require targeted support. Our interventions, workforce development, and resource allocation model ensure that provision is inclusive, accessible, and culturally responsive.

Family voice and co production will continue to inform equality actions across the plan.



# Appendix : Best Start Delivery Plan 2026-2028

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We are committed to being accessible to everyone. If you require this document in an alternative format or translation, please call Children and Family Services on Telephone 01635 551111.

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WBC/C&FS/DW/0226

Health & Wellbeing Board – 7 May 2026

## **Item 11 – Members’ Questions**

Verbal Item

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## Health and Wellbeing Board Forward Plan

Item	Purpose	Action Required	Agenda Published	Lead Officer(s)	To be consulted
<b>Neighbourhood Health Workshop - June 2026 (Date TBC)</b>					
<b>24 September 2026 - Board Meeting</b>					
Mental Health Delivery Plan	To approve the Mental Health Plan for West Berkshire	For decision	16/09/2026	Theresa Wyles	WBC Corporate Board
Better Care Fund Plan 2026-27	To approve the Better Care Fund Plan for 2026-27	For decision	16/09/2026	Paul Coe	WBC Corporate Board
Director of Public Health Annual Report 2026	To share the Director of Public Health (DPH) Annual Report 2026 with the Health and Wellbeing Board.	For information	16/09/2026	Dr Matt Pearce	WBC Corporate Board
Updated on Implementation of the recommendations of the Director of Public Health Annual Report 2025	To update the Board on progress in implementing the recommendations from the Director of Public Health Annual Report 2025, which focused on 'Setting the Foundations for Lifelong Health'.	For information	16/09/2026	Dr Matt Pearce	WBC Corporate Board
<b>Workshop - Topic and Date TBC</b>					
<b>21 January 2027 - Board Meeting</b>					
Neighbourhood Health Plan	To approve the Neighbourhood Health Plan for West Berkshire	For decision	13/01/2026	Dr Matt Pearce	WBC Corporate Board
<b>Workshop - Topic and Date TBC</b>					

Updated: 24 April 2026

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