Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 3 December 2026

2.00 pm

Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Democratic Services:	**Ashley Hickman/ Alfie Rees-Glinos**	**01952 382589 / 01952 380354**
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Committee Members: **A J Burford (Co-Chair), V Whatley (Co-Chair), K Middleton, S J Reynolds, P Thomas, K L Tomlinson, P Watling, J Britton, N Carr, E Hancox, N Lee, N Pay, F Mercer, H Onions, J Suckling, J Williams, Millar and C Hall-Salter**

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HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 17 September 2026 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Cllr A J Burford (Co-Chair), V Whatley (Co-Chair), Cllr K Middleton, Cllr S J Reynolds, Cllr P Thomas, R Bailey, N Lee, H Onions, C Hall-Salter and P Smith

In Attendance: S Durkin-Jones (Environmental Health Officer), L Gordon **(**Mayor & Member Support Officer), A Hickman (Democracy Officer), S Lavelle **(**Medical Director for Integrated Care at HealthHero), O Nicholas (Managing Solicitor: Children and Adults), A Rees-Glinos (Democracy Officer), D Tomlin (Director of Operations at HealthHero).

Apologies: Cllr K L Tomlinson, Cllr P Watling, E Hancox, N Pay, J Britton, F Mercer, L Millar, J Suckling and J Williams

HWB11 Declarations of Interest

None.

HWB12 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 18 June 2026 be confirmed as a correct record and signed by the Chair.

HWB13 Public Speaking

No requests for public speaking had been received in advance.

HWB14 Terms of Reference 2026/27

The Mayor & Member Support Officer presented the Health & Wellbeing Board Terms of Reference for 2026/27. Members were advised that at the Annual Council meeting in May 2026 delegated authority had been granted to each Committee to review their Terms of Reference. This delegation ensured the Board can maintain effective governance arrangements that reflected evolving system priorities and statutory responsibilities.

The Board noted that amendments had been made to organisational titles within the Terms of Reference 2026/27 to ensure they reflected current organisational structures and recent changes across partner organisations.

During discussion, members indicated that there may be opportunities to review and expand the Terms of Reference in the future.

RESOLVED - that the Terms of Reference for 2026/27 be approved.

HWB15 Health & Wellbeing Board Quarterly Strategy Progress Report

The Public Health Commissioner presented the Quarterly Strategy Progress Report to the Board highlighting the positive progress in priority areas in the borough. Key highlights included the growing uptake of prevention services across the borough, alongside the continued development of neighbourhood health and the Live Well Hub. It was noted that these initiatives supported the promotion of healthier lifestyles and sought to address health inequalities and deprivation.

A milestone had also been achieved through the approval of the Violence Against Women & Girls Strategy (VAWG) and the council had been awarded a contract for a new specialist domestic abuse service. Positive progress had continued in relation to mental health support for children and young people and work had also progressed towards delivering neighbourhood-based mental health support to improve access for those requiring assistance. Ongoing activity relating to suicide prevention was highlighted, including the work of review panels to identify emerging themes from individual cases and inform preventative action. It was noted that local partners such as Telford Mind had contributed. To mark Suicide Prevention Day, held on 10 September, there had been contributions from individuals with lived experience to raise awareness of suicide and understand risks.

In relation to alcohol and drugs, it was reported that treatment outcomes remained above the national average and the Recovery Charter website continued to promote recovery and provide access to wider support services.

The Board heard that positive progress had also been made in relation to homelessness. The Rough Sleeper Emergency Accommodation scheme had been established and homelessness prevention continued to improve, enabling more residents to receive support before reaching a crisis point.

The Public Health Commissioner also outlined a number of risks and challenges. These included sustaining prevention funding beyond current allocations and responding to increasing demand for community-based interventions. Challenges remained in implementing the new Domestic Abuse and VAWG Strategy and increasing referrals for perpetrators behaviour change programme. It was added that significant workforce challenges within the CAMHS service had also impacted on access to the service.

Increasing demand relating to alcohol and drug services, together with the continued threat posed by synthetic opioids and the growing complexity of need was also noted by the Board.

Members of the Board welcomed the collaborative working arrangements that enabled services to better support residents. Examples highlighted included the Healthy Lifestyles Team, mental health support services, and partnership working with homelessness and housing services. Board members heard that this work continued to develop and was crucial throughout the Council's services, recognising the importance of both physical and mental wellbeing.

Members also raised concerns regarding the shortage of accommodation available for residents within Telford and Wrekin, particularly in light of an influx of individuals from outside the borough. Concerns were expressed regarding how available accommodation could be prioritised for local residents. Officers acknowledged the concerns raised and agreed to refer the matter back to the lead officer for further consideration and response.

The Board noted that housing and homelessness continued to present significant challenges; however, the Co-Chair highlighted that substantial progress had been made in addressing homelessness and supporting vulnerable residents across the borough.

The Board noted the report.

HWB16 Neighbourhood Health Update

The Chief Officer: System Development & Integration, Shropshire, Telford & Wrekin ICB presented the update report which outlined developments of the Neighbourhood Health Outcomes Framework Strategy.

The Board heard that the strategy was aimed to strengthen collaborative work between partners to provide delivery of care within communities and supporting individuals of all ages to live healthy, active and independent lives for as long as possible. It was reported that the Government's neighbourhood health approach sought to better connect and optimise health and care resources through key system-wide shifts, with neighbourhoods becoming the primary delivery footprint for prevention, proactive care and alternatives to hospital-based services.

It was noted that five national goals had been established and would provide the organisational framework for programme planning and delivery. These included the improvement of health outcomes, access to general practices, experience of planned care, urgent and emergency care and enhancing patient and staff satisfaction.

Members were informed that, during the first year of implementation, the Integrated Care Board (ICB) would focus on improving outcomes for residents within the priority cohorts of frailty and cardiovascular, renal and metabolic (CVRM) conditions, whilst reducing variation in access, experience and outcomes. It was noted that this aligned with the Shropshire, Telford and Wrekin Prevention Framework, the Ageing Well Programme and the CVRM Strategy. Members further noted that Children and Young People and Mental Health were expected to become areas of focus during 2027/28.

The Chief Officer: Systems Development and Integration highlighted that the Outcomes Framework placed a strong emphasis on prevention, early identification, proactive management and timely intervention with the intention of shifting care upstream to optimise care and avoid admissions. The Board noted that Integrated Neighbourhood Teams took a four-stage Population Health Management (PHM) population segmentation approach to proactively identify complex patients.

The Board was advised that neighbourhood funding would be distributed through designated anchor institutions, namely Midlands Partnership NHS Foundation Trust for Staffordshire and Stoke-on-Trent and Shropshire Community Health NHS Trust for Shropshire, Telford and Wrekin. It was added that these anchor institutions would act as system integrators, deploying neighbourhood funding and commissioning services in partnership with General Practice, Primary Care Networks, and Voluntary, Community and Social Enterprise organisations and more. It was noted that Place Boards would provide oversight of delivery arrangements.

The Board noted that a core set of system outcomes were introduced to help measure the effectiveness of the neighbourhood investment which included, reducing demand on urgent and emergency care services, improving hospital flow and reducing lengths of stay, shifting activity from acute to community settings, reducing reliance on services by high-intensity users, improving outcomes for priority population groups and supporting delivery of financial and operational sustainability plans.

The Board further noted that Integrated Neighbourhood Teams would maintain validated risk-stratified registers of the highest-risk residents and progressively increase the proportion of those residents receiving active management throughout the year. It was also reported that the majority of actively managed patients would be expected to have agreed care plans and medication reviews in place, alongside achieving measurable reductions in non-elective admissions and emergency bed usage amongst the target cohort.

The Board welcomed the positive progress being made and acknowledged the significant advances delivered through the Telford and Wrekin Integrated

Place Partnership (TWIPP). However, the Board raised concerns regarding the perceived role of TWIPP within the emerging arrangements. Members queried whether TWIPP would remain a key driver of preventative and community-based initiatives rather than solely providing oversight.

In response, the Board heard that TWIPP remained the central partnership mechanism, bringing together organisations and partners to deliver shared priorities. It was acknowledged that changes to NHS commissioning routes and contracting arrangements were taking place; however, these changes were not expected to alter the fundamental role of TWIPP, which continued to be at the heart of partnership working and service delivery.

Members heard that partner organisations were required to continue operating within NHS Standard Contract requirements. It was explained that the decision to work through Shropshire Community Health Trust had been made for formal and legal reasons, although the work would continue to be developed and delivered through TWIPP and wider partnership arrangements. The Trust was expected to undertake an integrator role within the partnership, supporting the development of solutions and coordinating delivery across organisations.

Further discussion focused on the national target for 85% of urgent and emergency care patients to be treated within four hours. Members noted the significant gap between current performance and the target and questioned the timescales for delivery. Officers explained that current performance remained in the mid-60% range, although improvements had been achieved. It was acknowledged that the target represented a substantial challenge and would require improvements across the entire urgent care pathway, including ensuring residents accessed the right services, strengthening assessment processes and improving the availability of diagnostics and community support.

The Board noted the report

HWB17 Annual Report of the Director of Public Health 2026: Healthy Neighbourhoods Prevention First

The Director of Public Health presented the annual report which focused on prevention and communities. The Board noted that a series of case studies were used to demonstrate the benefits of partnership working and integration across organisations. It was noted that careful consideration had been given to achieving an appropriate balance of case studies, including examples relating to frailty and ageing well, children and young people, adults, and mental health. The report was structured around a prevention framework and examined supporting data including: rationale for each case study, the impact achieved, and opportunities for future development.

The Director of Public Health highlighted the positive outcomes that had resulted from integrated working and sought the Board's support for progressing the neighbourhood health programme. The Board was advised that four key recommendations were included within the report, centred on strengthening prevention, supporting the shift from hospital-based treatment towards community-based care, scaling up prevention programmes, adopting a "test and learn" approach and further investing in Voluntary Community and Social Enterprise Organisations to ensure their long-term sustainability.

In discussion, members welcomed the report and commended the way it brought together examples of preventative work. The Board noted that many of the initiatives highlighted were now playing an important role in prevention work and improving outcomes.

The Board recognised the importance of neighbourhood health and emphasised that creating healthy communities extended beyond healthcare services alone. Members noted the need to consider the environments in which people live, work and socialise, including access to good-quality housing, attractive streets, green spaces, reliable public transport, and safe, connected communities. Members also highlighted the importance of measuring and demonstrating the impact of this work to ensure that meaningful improvements were being achieved.

RESULVED – that the Board endorses and supports continued partnership work with NHS Integrated Care Board and Telford & Wrekin Integrated Place Partnership (TWIPP) on the neighbourhood health agenda and the following implementation plan:

a) Ensures prevention work becomes centre stage, alongside the shift of treatment and care out of hospital into community and primary care in neighbourhood;

b) Scales up prevention programmes in an equitable way, with a focus on those who need it most;

c) Adopts learning from pilot projects and continues and expands the initiative which are delivering obvious outcomes; and

d) Support further investment in Voluntary Community and Social Enterprise organisation allowing prevention programmes to become sustainable.

HWB18 Smoke-free Delivery Plan

The Environmental Health Officer presented the Smoke-free Delivery Plan report to the Board, outlining the strategy's four key themes: prevent, protect, support and enforce. It was noted that the plan aimed to reduce nicotine dependency and contribute towards creating a smoke-free generation.

Members heard that a multi-agency workshop held in April 2026 had brought together a range of partners, including the Fire and Rescue Service. Progress included the appointment of five new Stop Smoking Advisors, the expansion of stop smoking support across 12 face-to-face clinic locations, over 1,000 referrals through the Lung Cancer Screening Programme with a 50% uptake rate, and continued engagement through the Crush the Habit campaign.
Members noted that smoking prevalence in Telford and Wrekin had continued to decline and that the stop smoking service remained on track to support delivery of the national Smokefree 2030 ambition.

Members were advised that activity to reduce smoking-related harm had included joint working between Trading Standards and the Police to tackle the supply of illicit tobacco and nicotine products. This work had resulted in the detection of four underage sales, the seizure of 16,820 illicit cigarettes and 11.5kg of illicit hand-rolling tobacco, alongside action to prevent suppliers from relocating following enforcement activity.

The Committee also considered the increasing prevalence of vaping among young people. Members noted that vaping was considered less harmful than smoking but was not risk-free, and concerns were raised regarding its appeal to children and young people. Crucial Crew reached 1383 children during the Summer of 2026 through life skills & vaping awareness sessions. Vaping awareness was also introduced into the school curriculum.

Members were informed that work was underway to update the Telford & Wrekin Children and Young People's Vaping Statement to reflect the Tobacco & Vapes Act 2026 and the ASH Smokefree GB Youth Survey 2026. Funding had also been allocated to undertake further research into youth vaping and to deliver a vaping cessation workshop for children and young people.

During a discussion, Members welcomed the positive progress being made and commended the work undertaken with schools, young people and local communities. It was recognised that the programme was delivering wider public health benefits across all stages of life, including reductions in smoking during pregnancy. Whilst concerns were expressed regarding increasing levels of youth vaping and reports of cannabis use among younger children, Members acknowledged the work already underway through school nursing services and substance misuse support teams.

RESULVED – that the Board endorses and supports the Smokefree Telford & Wrekin Delivery Plan produced following recommendations of the 2025 Annual Report of the Director of Public Health.

HWB19 GP Out of Hours

The Board received a presentation from the Medical Director for Integrated Care at HealthHero and the Director of Operations at HealthHero, providing an update on the delivery and performance of the GP Out of Hours (OOH) Service across the Borough.

The Medical Director for Integrated Care at HealthHero outlined HealthHero's background, noting that the organisation originated as a GP co-operative in 2004 and had entered the local area under challenging circumstances. She emphasised that the organisation maintained a strong patient-centred approach, with senior leaders being current or former healthcare practitioners, and worked closely with local GPs, Primary Care Networks and system partners. She highlighted HealthHero's ambition to improve data integration across the health system to facilitate greater information sharing, streamline processes and support more informed clinical decision-making, whilst maintaining the importance of personal patient interactions.

The Board heard that the majority of referrals were received via NHS 111. HealthHero undertook a secondary clinical triage process and was able to resolve approximately 70-80% of cases through telephone or digital consultations, reserving face-to-face appointments for those patients who required them. Members were advised that direct access arrangements existed for carers, families of patients receiving palliative care, and paramedics attending incidents. It was further noted that the organisation used robust predictive modelling to forecast demand and ensure sufficient capacity was available during periods of increased activity. HealthHero also worked closely with ambulance services and other partners, particularly in supporting patients nearing the end of life whose preference was to remain at home.

The Director of Operations of HealthHero advised that the service had gone live on 1 October 2025 and that a key priority during the initial period had been stabilising staffing levels ahead of winter pressures. He reported that the service had launched safely and had demonstrated rapid improvements against key performance indicators within the first weeks of operation. Whilst acknowledging that challenges had been encountered, including public perception of the change in provider, workforce recruitment and arrangements relating to hospital bed bureau access, significant progress had been made in each area. The Board noted that access to the bed bureau was now managed by the Shrewsbury and Telford Hospital NHS Trust following HealthHero's support in establishing arrangements.

Members were informed that over 89,000 consultations had been delivered since the commencement of the contract and that 87% of telephone contacts had been dealt with within the required response times. The presentation also highlighted close working with West Midlands Ambulance Service through the CAD portal, through which 2,255 ambulance-related cases had been managed. HealthHero reported that it had received only 41 formal complaints from 89,065 consultations, representing approximately 0.046% of all patient contacts.

The Board received an overview of patient experience arrangements. Feedback was collected through a range of channels including SMS surveys, QR codes, website links and comment cards. HealthHero maintained robust complaint-handling and learning processes and was undertaking work to further increase patient feedback levels. Patient survey results demonstrated high levels of satisfaction, with 97% of respondents indicating that they would recommend the service to friends and family.

During questions and discussion Members acknowledged the challenging circumstances surrounding the contract mobilisation and commented that they were not aware of any complaints from residents regarding the service.

The Board questioned levels of GP workforce retention from the previous provider. The Medical Director for Integrated Care at HealthHero advised that approximately two-thirds of GPs who had previously worked within the service had been retained.

Members further enquired about partnership working and relationships across the local health system. The Medical Director for Integrated Care for HealthHero reported that collaborative working arrangements with response teams, GP practices and wider partners were progressing well. Whilst the absence of a 24-hour district nursing service had required adaptation, HealthHero had worked closely with community teams to develop effective local arrangements.

In response to Members concerns regarding risk aversion within the NHS 111 system, the Medical Director for Integrated Care at HealthHero explained that HealthHero was distinct from NHS 111 and received referrals from the service. Where concerns were identified regarding onward referral decisions, feedback was provided. Members heard that HealthHero had established robust clinical oversight and escalation arrangements, including experienced operational team leaders who could raise concerns with clinicians when required. The Group Chief Strategy and Integration Officer for Shropshire, Telford & Wrekin Community and Hospitals NHS Group welcomed HealthHero's contribution to discussions regarding service pressures and

capacity and commented positively on the organisation's ability to identify emerging gaps within the system.

Members highlighted HealthHero's wider contribution to the health and care system, including support during infectious disease incidents, the provision of prophylactic care, and partnership work to review end-of-life pathways for children and young people. The Medical Director for Integrated Care for HealthHero agreed that care coordination was a vital aspect of the service and welcomed the recognition of this work.

The Board noted that concerns expressed by some stakeholders at the commencement of the contract had been significantly alleviated by the service's performance and requested that HealthHero provide a further update to the Board in approximately 12 months' time.

RESOLVED – that the update on the GP Out of Hours Service be noted.

The meeting ended at 4.04 pm

Chairman: .....

Date: Thursday 3 December 2026

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Cabinet

Thursday 3 December 2026

Best Start in Life Plan 2026-2028

Cabinet Member:	Cllr Shirley Reynolds - Children, Young People, Education, Employment and Skills	
Lead Director:	Helen Onions, Director of Public Health Darren Knibbs, Director: Children's Safeguarding & Family Support, Rebecca Carey, Director: Education & Skills	
Service Area:	Children Services and Public Health	
Report Author:	Helen Onions, Director of Public Health	
Officer Contact Details:	**Tel:** 01953 381366	**Officer Contact Details:** helen.onions@telford.gov.uk
Wards Affected:	All Wards	
Key Decision:	Key Decision	
Forward Plan:	14.05.2026	
Report considered by:	SMT 16.06.2026 Cabinet 16.07.2026	

1.0 Recommendation

1.1 HWB is requested to endorse the Telford & Wrekin Best Start in Life Plan 2026-2028, noting: the recent progress on partnership delivery and improvement in outcomes, and the next steps for implementation.

2.0 Purpose of Report

2.1 The purpose of this report is to introduce the Best Start in Life Plan, which all LAs were expected to publish for the first time in 2026. Our partnership plan has been developed across council teams, local NHS organisations and voluntary and community sector (VCSE) partners.

3.0 Background

3.1 The Department for Education published the new strategy Giving every child the best start in life in July 2025, as part of the Government's Opportunity Mission. Local Best Start Delivery Plans are expected to build on existing local Children & Young People's strategies, and should:

- Set a bold vision for improving child development and health outcomes with local delivery across partners, including: children's services, nurseries, childminders, schools, health services, local voluntary and community groups;
- Identify the local needs of babies, children and families, set out plans to address gaps in provision and scale innovative practice.

The DfE expects local plans to describe how delivery actions will be: carried out in partnership, tracked and tailored to local needs to continually drive progress.

3.2 The Council Plan and Health & Wellbeing Strategy both highlight the importance of all Telford & Wrekin children getting the best start in life, to ensure they have maximum opportunities throughout their lives. Our Children and Young People's Strategy aims to ensure that all our children and young people - *start well, stay well, keep safe, and enjoy and achieve*. Becoming a Child Friendly Borough, a key part of the strategy commitments, is strengthened by this focus on the best start in life.

3.3 Healthy pregnancy, support for families in the early years and early years education are all fundamental building blocks to ensuring our children experience the best physical, cognitive and emotional development possible. Certain parents and children face disadvantage for different reasons, including; experience of care, poverty, having global majority ethnic backgrounds, and being affected by drugs and alcohol and domestic abuse. Children with special educational needs and disabilities (SEND) often require focussed attention to ensure they reach their full potential.

3.4 Good Level of Development (GLD) is a measure used to determine whether children are working at the expected level for their age by the end of the Early Years Foundation Stage (Reception year). Children's development at the end of Reception Year, is measured in school through 12 Early Learning Goals in the following 5 areas:

- **Communication and Language**: Listening, Attention and Understanding, Speaking;
- **Physical Development**: Gross Motor Skills and Fine Motor Skills;
- **Personal, Social and Emotional Development**: Self-Regulation, Managing Self, Building Relationships;
- **Literacy**: Comprehension, Word Reading, Writing;
- **Mathematics**: Numbers, Numerical Patterns.

3.5 The Government's ambition is that 75% of 5-year-olds in England will have a good level of development by 2028. Improving Good Level of Development is also a key regional Department of Health and Social Care priority, and is included in the Midlands Director of Public Health's *Critical Six for 2026*. In August 2025 all local authorities were allocated individual targets by the Department for Education (DfE) to improve good level of development outcomes in 5-year-olds by 2028.

3.6 The National Centre for Family Hubs, hosted and delivered by the Local Government Association, has offered support to local authorities to develop their best start plans in collaboration with Nesta, the UK innovation agency for social good.

4.0 Summary of main proposals

4.1 The Good Level of Development outcome in 5-year-olds is part of the Council's performance monitoring process and is also incorporated in the Health & Wellbeing Board and Children & Young People's Strategy outcomes frameworks. The GLD measure is included in the newly published Local Outcomes Framework.

4.2 In 2024/25 67.3% of 5-year-olds in Telford & Wrekin achieved a good level of development, and the DfE have assigned an overall local target of 78% for 2027/28. This local target increase expected for Telford & Wrekin is 11% over the next three years on the 2024/25 baseline figure. This stretch target is higher than the average across all local authorities, which is 7% increase. Our target translates into an additional 235 5-year-olds expected to achieve a good level of development in 2027/28.

4.3 Data profiling work on Telford & Wrekin 5 year olds achieving a good level of development in 2024/25, indicated that our target groups of children who are less likely to achieve a good level of development are: boys, children born in the summer and those from disadvantaged backgrounds, for example children receiving free school meals.

4.4 The DfE has also set local authorities an inequalities target for pupils receiving Free School Meal (FSMs). In 2024/25 50.6% of Telford & Wrekin 5-year-olds receiving FSMs achieved a good level of development, and our target for 2027/28 is 64.6%. This translates into an additional 62 5-year-olds receiving Free School Meals achieving a good level of development in 2027/28.

4.5 The Telford & Wrekin CYP Strategy, approved by Cabinet in February 2025, provides the local strategic context for our best start in life plan. Given the broad scope and context of achieving a good level of development, the partnership and ownership for the agenda spreads across the council and beyond. Work on the best start in life agenda with the NHS, through; health visiting, school nursing, dental health, speech and language therapy and SEND, strongly aligns with the neighbourhood health shift, which is part of the delivery of the NHS 10-year plan.

4.6 The national SEND reforms, set out in the Thrive and Achieve White Paper, will be progressively implemented in Telford & Wrekin ensuring the sharing of

commitments for both agendas. Within the Best Start in Life Plan, the alignment with SEND Reform is being delivered through shared actions across education and health and care partners. This should ensure an integrated early years approach is embedded, which prioritises early identification, provides a consistent graduated response and timely access to specialist support for children who need it.

4.7 Healthy Babies and Best Start Family Hubs services are funded by the Government as part of the best start in life priority. Telford & Wrekin Safeguarding Children & Family Support Team deliver Family Hubs (FHs) services in the borough. All Family Hubs are expected to include the following core “strands” as part of the service offer, which is tightly defined by the DfE:

- Perinatal Mental Health and Parent–Infant Relationships
- Infant Feeding Support – from Health Visiting and community peer supporters
- Parenting Support - antenatal education and targeted support
- Home Learning Environment – support for pre-schoolers
- Healthy Babies Offer publication for families covering first 1,001 days families
- Parent & Carer Panels – to ensure family voices shape service design
- Wider Services – VCSE, reducing parental conflict, domestic abuse etc.
- Children with additional needs (a new strand from 2026)

4.8 The parenting support, home learning environment and new children with additional needs Family Hubs strands are the elements of the overall offer which most closely support children to achieve good level of development. The DfE specifies which evidence-based interventions can be funded through the local authority Family Hubs grant for these strands. The DfE expects local authorities to submit costed delivery plans across the stands.

4.9 The Council’s Early Years and Childcare Team delivers the Family Hubs home learning environment strand as part of their role, which includes: managing childcare sufficiency, delivery of Wrap Around and Healthy Active Holidays programmes, and support, advice and guidance to Early Years Foundation Stage settings.

4.10 The interventions currently delivered in Telford & Wrekin across Family Hubs and Early Years settings, which are specified DfE Evidence-Based Interventions are for:

- Parenting: Triple P Group Work, Stepping Stones. Triple P for Baby Online
- Home Learning Environment: Early Talk Boost, Making it REAL, Triple P – Stepping Stones.

4.11 The Telford & Wrekin best start in life working group, established in September 2025 developed the delivery plan using DfE and Nesta guidance and support resources. The working group, which continues to oversee the Plan’s implementation, includes: colleagues from public health, education, family hubs and Health Visiting and Speech and Language leads from Shropshire Community Health NHS Trust.

4.12 Our Best Start in Life Plan framework is shown below, and the plan includes a series of detailed actions owned across partners. The partnership, engagement and co-production pillar is being expanded to include our family outreach work.



4.13 Given the wide partnership collaboration and ownership required on this agenda, the governance and reporting of this Best Start in Life plan includes: SMT and Cabinet, Safeguarding Children Board, Health & Wellbeing Board and Telford & Wrekin Integrated Place Partnership and the Education Strategic Partnership.

4.14 The first iteration of the best start in life plan was published on 31 March 2026, which was a DfE requirement. The plan has since been updated and refreshed and many actions are now being delivered, key examples of progress across the plan's framework headings include:

- **Building on community strengths through Family Hubs:** Strengthening Families Team has been re-modelled into Family Hubs, introducing community practitioner roles, including Youth and Community Practitioners. Expanded drop-ins and community activities sit alongside targeted Family Help, providing earlier and more accessible opportunities for families to seek support and build connections.
- **Extending accessible support and community reach:** The first Family Hub Shop in Wellington launched in November, opened by Sue Robb OBE, alongside continued development of community-based and outreach approaches. The activity figures demonstrate strong engagement with families on the family hubs service offer.
- **Bringing together expertise to support inclusion:** The new Best Start Inclusion Practitioner and Experts at Hand multi-disciplinary team model across

the BSIL and SEND agendas, strengthens the approach to early identification and support for children with emerging additional needs. Recent recruitment secured 5.6 full-time equivalent Best Start Inclusion Practitioner posts, combining expertise in early years, SEND, communication and health nursery nursing. Alongside Experts at Hand specialist capacity, the model will provide family-facing, locality-based support, strengthen the home learning environment and improve access to appropriate early years provision.

- **Building communication skills and practitioner confidence:** Early Talk Boost has trained 107 practitioners and delivered 302 groups. Further funding has been secured to continue the programme, providing a foundation for continued speech, language and communication support.
- **Making developmental support easier to access:** Text reminders to parents for the 2 to 2½ year and 9 to 12-month Health Visitor reviews, together with four open well-baby clinics in Dawley, Donnington, Woodside and Sutton Hill, support access to early developmental checks. Improved guidance and reporting arrangements support consistency. Nesta is also exploring Telford's use of data, reminders and targeting around the 2 to 2½ year review as potential peer learning.
- **Supporting participation for children with SEND:** Work to identify children approaching school who are not accessing early education is helping link families with appropriate provision and support. The developing inclusion model will connect families with Family Hubs, Health Visiting, therapies and settings, with a focus on enabling children to participate and develop their strengths.
- **Learning with parents through Stronger Together:** The Stronger Together SEND parenting offer combines Stepping Stones Triple P and Making it REAL with PODS. In Q2, eight parents joined the programme and six remained engaged. Parental feedback is shaping the next programme in Sutton Hill, and learning has been shared through the Nesta evaluation. This provides an opportunity to build on parents' experience and strengthen the offer.
- **Building shared confidence in early years assessment:** Professional dialogue with EYFS teachers is supporting greater consistency and accuracy in the assessment and reporting of Good Level of Development, strengthening the evidence available to guide support.
- **Using evidence to make support more targeted and responsive:** Detailed analysis of 2025 assessment outcomes by deprivation, SEND, gender, ethnicity, birth month and school provides a stronger basis for understanding differences in children's outcomes. This is informing targeted support which will contribute towards the 2027/28 Good Level of Development targets and ambition.
- **Building everyday independence and school readiness:** Selection for the Kindred Squared toileting initiative provides an opportunity to support children's independence through a consistent approach across Family Hubs, Health

Visiting, early years settings and schools. Baseline information will be followed by shared resources, campaigns and support for families and practitioners.

- **Connecting families with early support:** Since November 2025, 201 Early Help Assessments have been completed for children aged 0–5. This provides a foundation for understanding families' strengths and support needs and strengthening connections with the Best Start in Life offer.

4.15 The priorities for the next six months of BSIL plan implementation include:

- **Building children's independence through Kindred Squared**: establishing a baseline for toileting independence and introduce consistent resources and support across Family Hubs, Health Visiting, early years settings and schools. Implement and evaluate the school-readiness work, and progress the proposed 0 to 2 preventative pilot to support earlier conversations with families about independence and school readiness.
- **Embedding an integrated inclusion offer**: bring Best Start Inclusion Practitioners and Experts at Hand into a shared early intervention approach across Family Hubs, SEND, Health Visiting, early years settings and specialist services. Introduce a shared outcomes framework covering reach, family experience, developmental outcomes and evidence of reduced escalation.
- **Building trusted relationships through Parenting Circle:** pilot the approach through Family Hubs and selected schools, initially focusing on transition into Reception and primary-to-secondary transition. Use trusted community settings to build connections with families and schools, ensuring the approach is accessible to SEND parents and families who may face barriers to traditional school-based offers.
- **Develop Stronger Together with parents:** use learning and parental feedback from the initial cohort to deliver the next programme in Sutton Hill. Strengthen connections between evidence-based parenting support, home learning, Family Hubs and SEND pathways, building on families' knowledge and experience.
- **Build on Early Help Assessments and Family Hub pathways:** strengthen the connection with Best Start in Life by using assessments to recognise families' strengths, identify support needs early and connect families with community and universal help wherever possible.
- **Use data and evaluation to guide the next phase:** bring together Good Level of Development, developmental review, SEND, Family Hub and intervention data to identify where additional support is needed. Evaluate reach and outcomes to understand which approaches are helping children and families and whether interventions are narrowing inequalities.
- **Maintain shared oversight of the 2027/2028 ambition**: report regularly through BSIL governance on delivery, reach, outcomes and inequalities. Building on approaches that show promise and adapt activity where evidence indicates that

a different response is needed. Linking to the neighbourhood health programme and the children and young people's priority will be crucial going forward.

4.16 Improving Outcomes

The figures for GLD levels in 4-5 year olds at the end of reception year measured in the Summer Term 2026 have recently been released. There has been impressive progress towards meeting our DfE targets, alongside a narrowing the gap during the past year:

- 71.8% (1,481 of 2,063[1]) of 4-5 year olds met the GLD threshold in 2025/26, compared to 67.3% in 2024/25. An additional 129 children need to meet GLD to meet the 2027/28 target.
- 57.5% of 4-5 year olds who are eligible for Free School Meals (FSM) met the GLD threshold in 2025/26, compared to 50.6% in 2024/25. An additional 27 children eligible for FSM need to meet GLD to meet the 2027/28 target.

5.0 Alternative Options

5.1 None, the DfE expects all local authorities to work in partnership to develop best start in life delivery plans in order to deliver the local targets which have been nationally set.

6.0 Key Risks

6.1 Improving childhood development has lifetime health and social economic benefits. Family Hubs and Health Visiting are funded through local authority grants from Government and the best start in life offer being developed would be at risk without these vital funding streams.

7.0 Council Priorities

7.1 Every child, young person and adult lives well in their community.

8.0 Financial Implications

8.1 The Best Start in Life Plan will be delivered primarily through a combination of existing base budget and external funding streams, including Government grant funding for Family Hubs and the Healthy Child Programme (HCP).

8.2 The Healthy Child Programme has an ongoing budget allocation of £3.3m per annum, funded through the Public Health Grant.

8.3 Family Hubs grant funding from the Department for Education commenced in 2022/23, with Telford & Wrekin receiving £4.2m up to and including the 2025/26 financial year. Further funding through the Best Start Family Hubs and

[1] There was a 140 reduction in the number of 4-5 year olds in reception in 2025/26 compared to 2025/26

Healthy Babies programme has been confirmed for the period 2026/27 to 2028/29, with a maximum allocation of £5.33m over the three years. This is supplemented by an annual Council contribution of £0.7m to support delivery.

8.4 The Council remains reliant on these external funding streams to sustain delivery of the programme. Should the grant funding referenced in sections 8.2 and 8.3 reduce or cease, the Council would need to review the scope and affordability of the Best Start in Life offer, as the current delivery model would not be sustainable without this funding.

9.0 Legal and HR Implications

9.1 Following the policy paper 'Giving Every Child the Best Start in Life' the Best Start in Life Plan follows the requirement for Children and Young People's strategies under the Children Act 1989 (as amended) and the Children and Young Persons Act 2008. SEND provision is addressed in the SEND Code of Practice (January 2015) and Children and Families Act 2014 with health responsibilities under the NHS Act 2006 and joint commissioning under the Health and Care Act 2022. Education duties are addressed under the Education Act 1996 and with additional regard to the EYFS Statutory Framework. Overarching consideration should be given to the Best Start Family Hubs and Health Baby Guidance (2025-26) on implementation.

10.0 Ward Implications

10.1 Borough-wide impact, but particularly wards with highest levels socio-economic deprivation.

11.0 Health, Social and Economic Implications

11.1 Children's early years are crucial to their development, health and life chances. Starting Well is a Health & Wellbeing Strategy priority and taking a life course approach is also critical for tackling inequalities. Improving good level of development at the end of reception is a key local and national goal, for health but also for social and economic reasons given its relationship to educational attainment, employment and economic opportunity. The national and local GLD targets are part of Government's Opportunity Mission.

12.0 Equality and Diversity Implications

12.1 National research shows there are obvious variations in the Good Level of Development in children at 2-2.5 years in children across protected characteristics, such as gender and ethnicity, and these inequalities are know to persist at age 5 and beyond for future educational attainment.

13.0 Climate Change, Biodiversity and Environmental Implications

13.1 None

14.0 Background Papers

None

15.0 Appendices

Appendix 1 Telford & Wrekin Best Start in Life Plan 2026 -2028 (July 2026)

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	09/06/2026	03/06/2026	HO
Legal	09/06/2026	16/06/2026	ON
Finance	09/06/2026	18/06/2026	PT

BEST START IN LIFE

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Telford and Wrekin

Best Start in Life Plan

2026-2028

Ofsted Outstanding Provider

Child Friendly Telford and Wrekin

Telford and Wrekin FAMILY HUBS

5BY5









Foreword

Our Children & Young People's Strategy, published in February 2025, brought together public health, education and safeguarding agendas under one umbrella, setting clear aims that our children and young people will: **start well, stay well, keep safe and enjoy and achieve.** The vision of the strategy is that **our Borough is home to healthy, safe children who achieve their potential,** and we are on a journey to becoming a Child Friendly Borough. Our commitments include celebrating diversity and being inclusive, taking a whole-child approach to maximise life chances and outcomes for all children, alongside a focus on narrowing the gap for those who are disadvantaged, for whatever reason.

The key areas of focus during 2025/26 were: the implementation of the Families First Partnership and expansion of Family Hubs aligned to the Neighbourhood Health agenda, the development of this best start in life plan and preparation for the SEND reforms. Strong partnership working between the local authority, NHS, education, the community and voluntary sector and police are underpinning these priority programmes. Engagement, participation and co-production with children, young people, parents, carers, families and communities is evolving and is increasingly informing everything we do.

Good Level of Development (GLD) measures were key outcomes set out in our CYP Strategy, and the national Giving every child the best in life strategy published in July 2025, provided the springboard for local planning, partnership working and service transformation. The targets set by the Department of Education for Telford & Wrekin children are challenging and higher than those set for most local authorities. We know that reasons for children that are not reaching their early learning and development goals are varied and include; having special educational needs and disabilities, living in low income families, English being an additional language and being born in the Summer. In 2024/25 67% of our children overall achieved GLD at the end of reception, and the target expected for 2027/28 is 78%, an increase of 11%. This plan sets out clear intelligence-led, partnership action to ensure **all** children get the best start in life, the change needs to be transformational and delivered at pace. Beyond the targets we want to set the aspiration that **"every 5 year old child reaches their development potential"** and we are exploring ways to demonstrate that every child gets the best start giving them every opportunity in their future lives.

'A strong start in life isn't just about learning early – it's about feeling ready, supported and confident. As an apprentice, I see how much easier it is for young people to grow, achieve and believe in themselves when that foundation is there from the beginning'

Liam Bradley
Young People's Voice Apprentice



Jo Britton
Executive Director, Children's Services and Public Health



Councillor Shirley Reynolds
Children, Young People, Education, Employment and Skills

Beyond the targets, we want to set the aspiration that every 5 year old child reaches their development potential.

Partnership Vision – our borough is home to healthy, safe children who achieve their potential

Children live in families, families make communities and communities build our borough



Child Friendly Telford and Wrekin

CULTURE

Listening to children and young people through co-production and engagement.

Empowering and supporting using asset-based community approach.

Celebrating diversity and being inclusive.

FOCUS

Improving experience and outcomes for all.

Maximising opportunities, aspirations and life chances.

Whole child approach – physical, emotional, social and academic wellbeing.

Narrowing the gap – for children who are marginalised, living in poverty, with disabilities, SEND, care experience and trauma.

Our partners

These people and services work together as part of our Family Hubs networks across Telford and Wrekin. The Family Hub networks bring together the organisations and services that support families, creating a joined up, 'one stop' approach to accessing help. They provide support from pregnancy, through a child's early years, later childhood, and into young adulthood.

- Parents, carers and family members
- Early Years and Childcare providers
- School and nursery settings
- Early Years and Childcare team
- Live Well Telford
- Family Hubs services
- The Breastfeeding Network
- Shropshire Community Health NHS Trust including Health Visiting, School Nursing and Family Nurse Partnership, Children's Therapies and the Child Development Centre
- Maternity – Shropshire and Telford Hospitals Trust
- Healthy Smile team at Shropshire Community Health Trust
- Telford Mind
- Families in Telford
- Talking – Early years and Childcare
- SEND Local Offer
- Home Start
- PODS – Parents Opening Doors
- Telford and Wrekin Libraries
- Triple P for baby
- Triple P Setting Stones
- Dandelions Group
- Integrated care system - ICB
- 5 by 5
- Healthy Telford
- Cranstoun domestic abuse
- Business Intelligence Teams
- Eatwell
- Citizens Advice

Developing our best start in life plan

From September 2025 a working group-led by the Director of Public Health, in collaboration with the Director of Children's Safeguarding and Director of Education and Skills has shaped the development of this best start in life plan. Leads from the following Council Teams are core members of the working group: Family Hubs, Early Years and Childcare, Insight, public health commissioning, alongside the NHS Public Health Nursing Service Manager and Clinical Services Manager Children's Therapies and Child Development Centres. Other partners have supported the process, including Home Start Telford & Wrekin and Families in Telford, and Dandelion Parents.

The development of our Family Hubs offer is progressing well, linking tightly to the Family First Partnership. **We are aligning the Families First Partnership with the Family Hubs model to provide coordinated, early support for families, strengthening pathways that help children achieve a good level of development.** Family Hubs transformation is also a key part of the evolution of Neighbourhood Health, which is being steered by Telford & Wrekin Integrated Place Partnership (TWIPP). Improving GLD has been incorporated into the local Integrated Care Board Population Health Improvement Plan.







Part of our already strong universal offer, the highly successful local 5 by 5 programme, established in May 2025, is creating the foundations to help all children be happy, healthy and ready to start school by trying a list of adventures by their 5th birthday. Being part of the Sport England Place Partnership programme means that Family Hubs, community organisations and education settings are coming together with a clear system leadership focus to increase physical activity.

Maximising the impact of the 2-2.5 year checks offered by our Health Visiting Service is a regional workstream being led by the Midlands Director of Public of Health. The regional thematic improvement plan structure is being used to define the proposed action in this plan.

Borough-wide engagement and participation activities with children and families, being drawn together and expanded as part of becoming a Child Friendly borough, this includes co-production with our Dandelion Parents, Lived Experience Apprentices and parents and carers using Family Hubs.

SEND Reforms, driven through the Thrive and Achieve White Paper, will evolve in alignment with this plan over time, with clear shared actions for children to reach their potential on early learning goals.

> *"The national SEND reforms, as set out in the Thrive and Achieve White Paper, will be progressively implemented in Telford and Wrekin ensuring alignment of commitments for both agendas. Within the Best Start in Life Plan, this alignment will be delivered through shared actions across education and health and care partners, embedding an integrated early years approach that prioritises early identification, consistent graduated response and timely access to specialist support for children who need it."*
>
> **Abi Martin**
> **Strategic Lead SEND/AP Reform**

Children and Young People's Strategy 2025-2028 Start Well Objectives

1. Enabling children to get the best start in life through universal prenatal, antenatal, postnatal and health visiting services and community based early help services.
2. Empowering parents and carers to care for and nurture their children, with early/family help to avoid issues escalating.
3. Supporting all children to be ready for school, achieving a good level of development on their language and communication, problem solving and personal-social skills, at home and in early years and community settings.



What does ‘Good Level of Development’ (GLD) mean?

A **Good Level of Development (GLD)** means that a child is working at the **expected level for their age** by the end of the Early Years Foundation Stage (Reception year).

When a child achieves GLD, it shows they have a **secure understanding and skills** in the areas that are most important for early learning and for starting Year 1. This includes being able to:

- **communicate and listen** confidently, following instructions and expressing their ideas
- **manage their feelings and behaviour,** work independently, and build positive relationships
- **use language, early reading and writing skills,** such as recognising sounds, forming letters, and using simple sentences
- **use numbers and simple maths,** including counting, recognising numbers, and solving basic problems

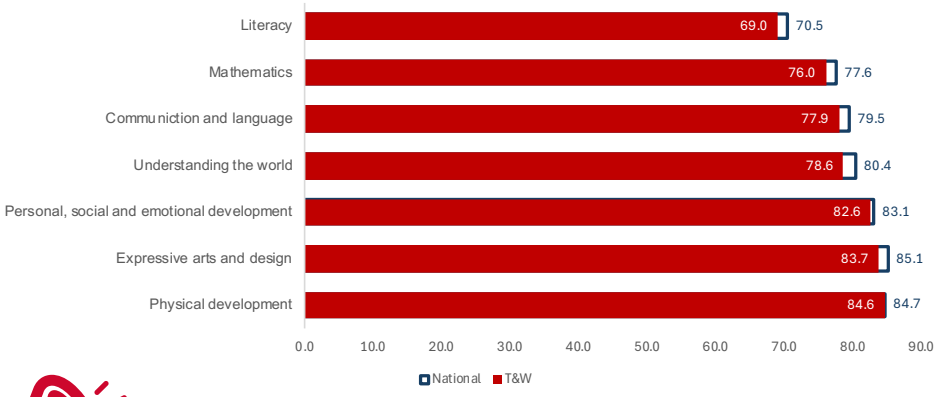
Reaching GLD means your child is developing well and has a **strong foundation for future learning,** though every child continues to grow and learn in their own time.

GLD targets and outcome indicators

Telford & Wrekin Targets for 5 year olds (end of academic year 2027/28)

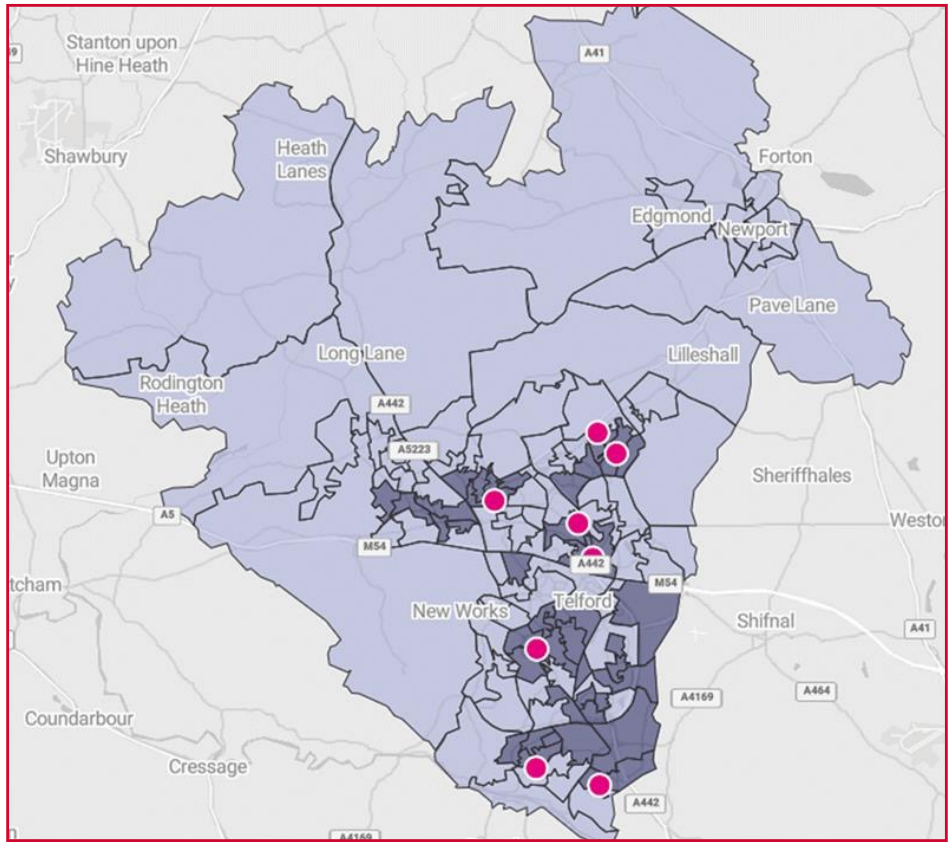
- % of children achieving a Good Level of Development is at least 78%
- % of children eligible for Free School Meals and achieving a Good Level of Development is at least 64.6%

% of children achieving GLD across each area of learning, 2024-25



Beyond the targets, we want to set the aspiration that every 5 year old child reaches their development potential.

Our best start Family Hubs



The dark shading is showing communities that are in the 30% most deprived nationally (using the 2025 Index of Deprivation) and the red dots show the current locations of the Family Hubs.

Our Family Hub locations

Oak Family Hub Theatre Square, Oakengates

Silver Birch Family Hub 103 Southgate, Sutton Hill

Walnut Family Hub Park lane, Woodside

Cherry Blossom Family Hub Hawksworth Rd, Telford

Hazel Family Hub Waterloo Road, Hadley

Evergreen Family Hub 35 High Street, Dawley

Damson Family Hub Lawndale, Wellington Road, Donnington

Damson Family Hub St Matthews Road, Donnington

Wellington (opening Autumn 2026)

www.telfordfamilyhubs.co.uk

Our local picture – GLD focus

Five year old profile, 2024/25

There are on average 2,200 children in Reception class each year, of which approximately:

- 390 have English as an additional language
- 100 have an Education Health & Care Plan
- 270 have Special Educational Needs support
- 440 are eligible for Free School Meals
- 25% are from Black and Minority Ethnic Groups

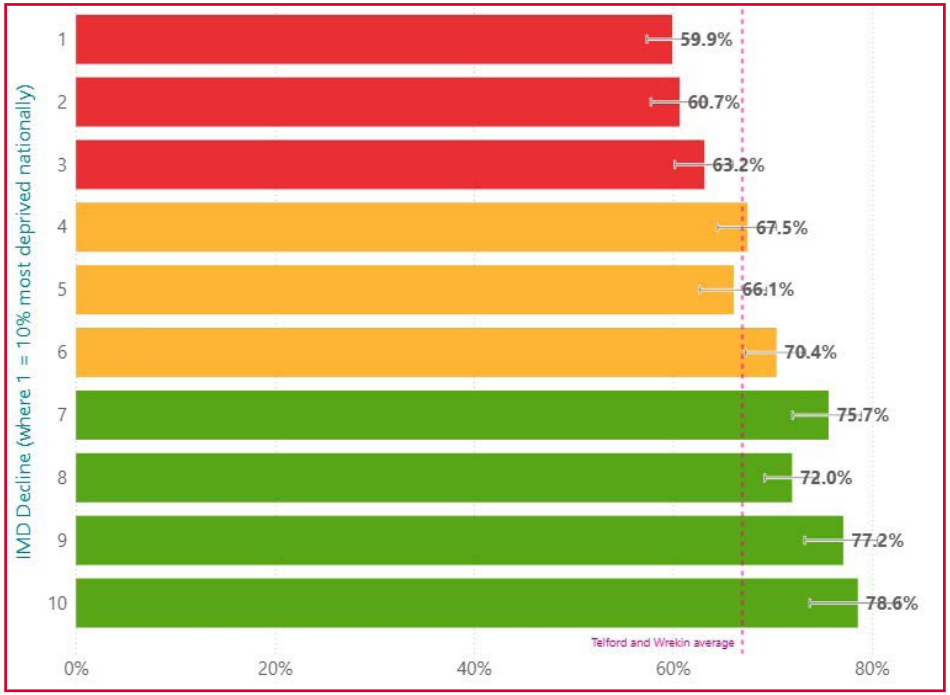
Achieving a Good Level of Development at age 5:

- 1,480 children achieved a good level of development in 2025 (67.3% of children)
- Around 235 additional children need to achieve a good level of development to reach our target of 78%

Our target groups:

- Children Receiving Free School Meals (FSM) – 50.6% of children eligible for FSM in 2024/25 achieve a good level of development. Around 60 additional children eligible for FSM would need to achieve GLD to meet our target of 64.6% in 2027/28
- Children living in more deprived areas of the Borough – there is an 18.7 percentage point gap between GLD achievement in the 10% most deprived communities, compared to the 10% least deprived (see chart opposite)
- Boys – around 60.6% of boys achieve a good level of development, compare to 74.4% of girls in 2024/25
- Summer Born Children – there is a 20.2 percentage point gap between GLD achievement for boys born in September (70.1%), compared to those born in August (49.9%), 2023-25

Achievement of GLD across deprivation groups (Source: GLD performance 2023-2025, by Index of Multiple Deprivation decile of child's home address)



Our local picture – Best Start in Life

13,200 children aged 0-5 in the borough, 2024.

27.1% of children living in relative low income (under 16s) (England 22.1%), in 2023/24.

45.1% of women have early access to maternity care (in 10 weeks) (England 63.5%), in 2023/24.

Birth rate for under 18s of 5.6, higher than England 3.0, 2023.

82.5% children receiving 12 month health visitor review (England 88.4%), in 2024/25.

86.2% of 2-2.5 year olds receiving health visitor review (England 93.9%), in 2024/25.

25.3% Overweight and obesity at the end of reception (England 23.5%), in 2024/25.

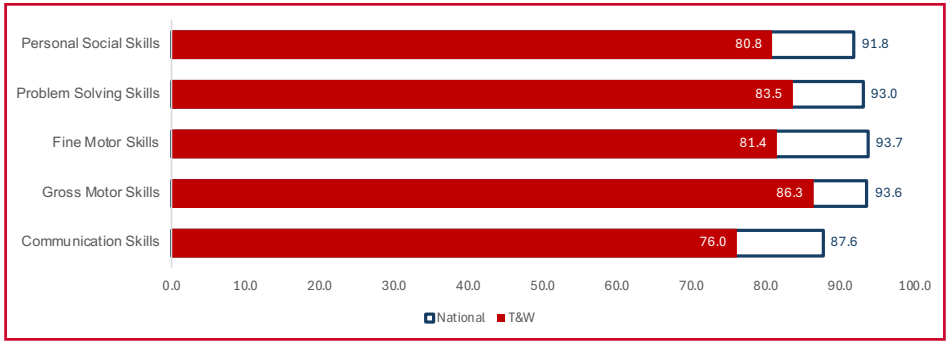
Oral health – 27.0% of five year olds experience visually obvious dental decay at age 5 years. 155 children aged 0-5 were admitted to hospital for dental caries in 3 years (21/22-23/24).

2,785 children aged 0-4 had Emergency hospital admissions (in 2024/25).

87.9% Vaccination coverage MMR 2 dose (England 83.7%), in 2024/25.

94.5% vaccination coverage at age 2 for Dtap IPV Hib HepB (England 92.5%), in 2024/25.

Child Development: % of children achieving the expected level at age 2 to 2 and a half, 2024-25





Overview of our Best Start in Life Plan

Partnership, engagement and co-production
Children, parents, carers, partners and settings

Maximise the impact of 2-2.5 year checks

Develop and raise awareness of our universal offer

Expand targeted support

Speech language and communication

Become data and intelligence led

Priorities for 2026/27

1. Develop pathways of support for children who are not meeting their milestones.
2. Establish an innovative multi-disciplinary team to provide tailored support for those who need it most.
3. Communicate our universal and target offers clearly to parents and partners to ensure maximum uptake.

Partnership, engagement and co-production

Priority action	Measures of impact	Lead organisation/group	June 2026
Engagement and co-production with parents			
Strengthen parental engagement and embed co-production across Family Hubs and the Families First Partnership to support children's early development and improve the proportion achieving a Good Level of Development (GLD).	Demonstrable improvements in parents' confidence and ability to support early learning at home, measured through pre- and post-engagement questionnaires, feedback tools, and Family Hub evaluation data.	LA – Family Hubs	The BSFH delivery grant continues to fund the Parent Carer Co-production post in the Voice and Influence Team and supports the budget to enable co-produced work to take place. These targets have been incorporated into their work plan, and they will be able to demonstrate both activity and impact.
Co-producing school-readiness pathways, home-learning resources, and targeted interventions that address local developmental needs.	Increased numbers of parents taking part in co-produced school-readiness activities, workshops, and planning groups, with attendance data and engagement rates monitored quarterly.	LA – Family Hubs	The BSFH delivery grant continues to fund the Parent Carer Co-production post in the Voice and Influence Team and supports the budget to enable co-produced work to take place. These targets have been incorporated into their work plan, and they will be able to demonstrate both activity and impact.
Making it Real Home learning intervention training for all settings, schools and parent events.	Attendance at training. Parents voice captured via pre and post questionnaire and engagement events.	LA – Early Years	Awaiting revised roll out for the Autumn term
Training for partners			
Deliver DfE EYFSP support package to all EYFS teachers 1 per term starting summer 2026: Professional conversations. Formative assessment, Summative assessment.	Increased attendance of schools at training leading to more accurate assessment when submitting GLD.	LA - Early Years and Childcare Team Leader	EYFSP support session delivered Professional Dialouges: 19 schools and 32 EYFS teachers attended
Early Years talk boost training and resources are available termly to support children's speech and language communication.	Number of staff trained. Number of setting delivering targeted intervention. Impact of intervention.	LA - Early Years and Childcare Team Leader	107 individuals trained/302 groups run Impact on slides provided

Partnership, engagement and co-production *continued*

Priority action	Measures of impact	Lead organisation/group	June 2026
Develop and rollout Early Years and Schools Professionals Training/ Webinar Series. to upskill early years and schools professionals on eatwell guide, active learning, talking to young people about weight.	Number of professionals attended training.	Senior Health Improvement Practitioner (Healthy Weight)	Schools webinar series launched September 2025. 30 minute online learning sessions put on for school staff and partners to attend. Eight topics have so far been delivered including Eatwell Plate, Sugar Awareness, Active Breaks, Talking about Weight. 75 attendees have taken part in the webinar series so far. A similar early years programme is in development in partnership with family hubs and early years practitioners hoping to launch late 2026.
Coproduction with SEND parent carer forums and groups is developed through Working together for Parent Participation.	Number of Parent carer groups and reps meeting to work on development of SEND Local Offer and development of communication.	SEND	Participation at monthly SEND Parent carer forum. Including parent carer involvement from EYs Sensory Inclusion Groups,PODs, Dandilions, Challenging perceptions group. SEND coproduction embedded into the SEND Reform planning for role out in September 2026.
SEND Working Together Charter (Coproduction) used with partners and settings through the PINS programme and SEND Experts at Hand offer.	Settings and schools signed up to the working together charter, Settings accessing the PODs support through the PINS model and EAH.	SEND/PCF	Coproduction charter has been implemented in 6 primary schools as part of the PINS programme. With parent carers and schools working with PODS on the Coproduction charter 4 key principles. The WTC is a key part of the SEND reform plan and the principles will underpin the work with settings, partners and families.

Maximise the impact of 2-2.5 year checks

Priority action	Measures of impact	Lead organisation/group	June 2026
Analyse and identify gaps in take up of the 2-2.5 year development review to inform targeting	Increase uptake by supporting families attendance and reduce the number of missed appointments.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Template improvement plan document being used to analyse and identify gaps in take up of the 2-2.5 year development review.
Communication and engagement: Implement text messsaging reminder service for families for the 12 month and 2-2.5 year development reviews.	Increase in attendance at 2-2.5 year development review. Increase percentage of 2-2.5 year development reviews taken place within timeframe.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Text messaging reminder service implemented for both development reviews (2-2.5 year review – 13 Feb 26, 9-12 month review – 6 March).
Communication and engagement: Proactive engagement with families regarding well baby clinics	Increase in attendance at 2-2.5 year development review. Increase percentage of 2-2.5 year development reviews taken place within timeframe.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Since Feb '26 there are now four well baby clinics (open clinics) being delivered in Dawley, Donningon, Woodside and Sutton Hill.
Communication and engagement: Proactive engagement with families regarding development clinics	Increase in attendance at 2-2.5 year development review. Increase percentage of 2-2.5 year development reviews taken place within timeframe.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Synertec to send out appointment letters for development reviews.
Communication and engagement: Scope out a self booking facility for parents to book the 2-2.5 year development review.	Increase in attendance at 2-2.5 year development review. Increase percentage of 2-2.5 year development reviews taken place within timeframe	LA – PH Commissioner SCHT – PH Nursing Service Manager	To liaise with other services to look at and review self booking facility options.
Improve the quality of the 2-2.5 year development review: Development of Nursery Nurse guidance for completing the 2-2.5 year development review, including guidance for completing Rio for reporting.	Ensure consistent offer to families and families receiving the right support at the right time. Accurate reporting.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Nursery Nurses deliver universal 2-2.5 year development reviews. Health Visitors deliver targeted and specialist 2-2.5 year development reviews. Nursery Nurse engagament has taken place and guidance is being developed for Nursery Nurses.
Improve the quality of the 2-2.5 year development review: Training needs analysis for Nursery Nurses.	Training to meet the needs of staff and ensure a high standard, consistent offer to families.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Training needs analysis to be undertaken.
Improve the quality of the 2-2.5 year development review: Health Visitor guidance for completing the 2-2.5 year development review, including guidance for Rio reporting	Ensure consistent offer to families and families receiving the right support at the right time. Accurate reporting.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Health Visitors deliver targeted and specalist 2-2.5 year development reviews. Health Visitor engagament to take place and guidance developed for Health Visitors.

Maximise the impact of 2-2.5 year checks *continued*

Priority action	Measures of impact	Lead organisation/group	June 2026
Improve the quality of the 2-2.5 year development review: Training needs analysis for Health Visitors.	Training to meet the needs of staff and ensure a high standard, consistent offer to families.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Training needs analysis to be undertaken.
Support and empower families – distribute or signpost to the ERIC potty training leaflet at development reviews, and promote at the well baby clinics.	Myth busting with parents on potty training and consistent advice to all families.	LA – PH Commissioner SCHT - PH Nursing Service Manager	The ERIC potty training leaflet is to be introduced at the 12 month development review, and covered again at the 2-2.5 year development review with families.
Support and empower families – explore opportunities to further share public health messages as part of development reviews.	Accurate and consistent advice to all families.	LA – PH Commissioner SCHT - PH Nursing Service Manager	To explore with partners (for example, Education and Family Hubs) opportunities to share public health messages possible platforms or Padlett's to share information with families.
Support and empower families – distribution of Brushing for Life packs (toothbrush, toothpaste and health promotion leaflet) during 2-2.5 year development check.	Accurate and consistent advice to all families. Number of packs distributed.	LA – PH Commissioner SCHT - PH Nursing Service Manager	Ensuring practitioners give the packs out to families.
Develop clear system pathway of support for children and families following the 2-2.5 year review outcome.	Provide key development messages to families and systematically offer earlier intervention and signposting to approved interventions.	LA – PH Commissioner SCHT - PH Nursing Service Manager	Reviewing pathways across all three LA's, but need to create a pathway working with local partners, based on exisitng child development pathways and local services.

Develop and raise awareness of our universal offer – GLD focus

Priority action	Measures of impact	Lead organisation/group	June 2026
Continuation of the Family Hub Parenting Together which focuses on attachment, communication and reciprocity to support development of early language .	Number of families completing Parenting together.	LA – Family Hubs Group Manager	Over the 12-month period, 276 referrals were received, evidencing strong and consistent demand for services that support children and families to achieve the best start in life. The highest proportion of referrals was within the 6-11 age group (42%), followed closely by 0-5 years (38%), with 12-18 year olds (20%) making up a smaller but important cohort. This reflects a clear focus on early intervention and support during critical developmental stages, particularly across early years and primary age children. Session time preferences were well distributed: • Afternoons (34%) • Mornings (32%) • Evenings (27%) • No preference (7%) This demonstrates the importance of a flexible and accessible offer, ensuring families can engage at times that suit their routines. The strong demand across mornings and afternoons supports delivery aimed at younger children and families, while evening provision enables access for working parents, ensuring no barriers to early help. Summer Term 2025/26 (to date) shows a notable increase in both morning (37) and afternoon (36) attendance, alongside continued high evening engagement (32). This suggests improved reach, increased confidence in services, and strengthening relationships with families.

Develop and raise awareness of our universal offer – GLD focus *continued*

Priority action	Measures of impact	Lead organisation/group	June 2026
Development of Wellington Family Hub and outreach post at Newport to provide a local partnership building for delivery of GLD activities including talking to your baby and the new BSIL DfE activities.	Expansion of offer to more parents. Increase in family Hub users from those with English as an additional Language.	LA – Family Hubs Group Manager	Wellington Best Start Family Hub has progresed and capital programme development has now started – antiicipated opening late Sept 2026.
Family Hubs campaign in Telford Town Centre and Social Media promoting the services available for parents.	Increase in Reach and awareness of Family Hubs.	LA – Family Hubs Group Manager	Quotes are being sought for sponsored social media and Electronic screens in Town Centre. The communications Plan has been scheduled into Graphic Design and three Public Health themes selected – Oral Health, Screen Time and Immunisations alongside the Community Based Early Help Offer.
Expansion of Health Visitor Drop-in clinics across Telford and Wrekin, and at Family Hub Events.	Increase the reach of universal Health Visitor contact. Increase in ASQ completion.	SCHT – PH Nursing Service Manager	There are Health Visitor baby weigh drop- in clinics across Telford & Wrekin and appointed clinics for families to access.
Deliver Making it Real home learning intervention training for all settings and schools.	Attendance at training parents voice captured via pre and post questionnaire.	LA – Early Years and Childcare Team Leader	Adapting session to become more accessible for settings in line with NCB guidance, Autumn term new approach will be delivered.
GLD universal offer will ensure children and families receive the right support at the right time. This includes the involvement of SEND Best Start Inclusion Practitioners, who will provide timely, responsive support and adapt interventions quickly as needs change.	Recruitment of SEND Family Hub Practitioners. Number of children and families seen by Family Hubs especially those with emerging SEND needs	FH	Best Start Family Hubs Delivery Grant has been passed by Director for Public Health and is being signed off by Jo Britton on 5th June for timely submission. Any new projects including BSIPs are waiting for approval by DfE and the Start for Life Govenement unit. 4.5 posts have been written in, 1.4 per loclaity or 20 hours per hub.

Develop and raise awareness of our universal offer – wider prevention

Priority action	Measures of impact	Lead organisation/group	June 2026
Building on the success of the TWIPP Healthy Conversations campaign and branding launch, continue to raise awareness for 0-5s and older children (who may have younger siblings too young to have been vaccinated), continue to support EYS and schools both proactively and reactively on infectious disease control.	Increase overall coverage childhood routine and seasonal immunisations in vaccination schedule, particularly MMR.	LA - Health Protection Hub	Regular vaccine educator attendance at Family Hubs and similar community groups to discuss MMRV and other vaccine/health issues. Provison of accesible MMR clinics in the community at convenient times/places including education settings. Clinics preceded by information materials and offers of discussion and support for parents/carers. Promotion of vaccinations through social media and information to parents/carers via schools and EYS. Working with South East Telford Primary Care Network to help them with their project to increase vaccine uptake in 0-5 year olds. Support for EYS with outbreaks and cases of infectious disease to minimise the impact, severity of illness, further disruptions to education and help protect vulnerable children. Proactive provision of information and resources to help settings and parents/carers prevent infectious disease. Production of a bespoke H&S guide for EYS to help them manage H&S effectively and reduce accidents and ill-health. Training session for EYS on H&S. H&S inspections of EYS.
Expand the Brilliant Brushers (Supervised toothbrushing) scheme.	Increase in the number of early years settings participating in the scheme. Increase in the number of children participating in the Brilliant Brushers supervised toothbrushing scheme.	Clare Williams (Public Health Commissioner) Healthy Smile Team, Shropshire Community Health Trust	Currently 33 early years settings participating in the Brilliant Brushers supervised toothbrushing scheme and 2000 children toothbrushing daily.

Develop and raise awareness of our universal offer – wider prevention *continued*

Priority action	Measures of impact	Lead organisation/group	June 2026
Promote the Early Years and Schools Health and Wellbeing Toolkit to provide signposting to information and resources that encourage physical activity and healthy eating.	Toolkit Early Years and Schools Health and Wellbeing usage e.g. number of clicks, % engagement. Case Studies provided.	Senior Health Improvement Practitioner (Healthy Weight)	Early years resources have been added to the Schools Health and Wellbeing Toolkit – an online platform packed with information and resources that professionals working with children and young people can use: Health and Wellbeing Toolkit The most downloaded resource currently is the School Food Standard Early Years Checklist
5 by 5 – Continue to promote and embed the 5 by 5 programme across Family Hubs, libraries, parks and early years settings	Website usage (unique visits, page views) and Adventure Card downloads. Survey responses and social engagement. Attendance at 5 by 5-badged sessions. % parents reporting their child has tried adventures.	Telford & Wrekin Council (Education and Family Hubs) with partners: Libraries, Parks, Early Years providers, Health Visiting, Community & Voluntary sector	Programme live, providing families with simple, low/no-cost activities to support school readiness. Focus on five themes (development, communication, friendships, curiosity, and connections). Strong partnership delivery with early years settings, schools, family hubs and community organisations. Next Steps Increase parent/carer engagement and uptake. Embed delivery across all early years providers and partners. Strengthen links to the 10by10 programme. Monitor impact and refine offer.
Telford and Wrekin to collaborate in a 12-month pilot to co-develop a nurse led pre-conception education programme, training the workforce to enhance reproductive health and reduce disparities across Shropshire, Telford and Wrekin.	Increased levels of participation within the local community.	ICB Women's Commissioner	A Burdett-funded preconception pilot is training nurses as professional educators to raise the importance of preconception, further recruitment of nurses will take place in Telford and Wrekin

Develop and raise awareness of our universal offer – wider prevention *continued*

Priority action	Measures of impact	Lead organisation/group	June 2026
Bounce and Rhyme – We are increasing the number of sessions taking place across the borough particularly in the south. This will be a mix of staff and volunteer led sessions. National Year of Reading – We are focussing on using this year to increase membership and usage of libraries particularly across target groups of under 1s, boys and disadvantaged families. This includes a Summer Reading Challenge.	Increased levels of participation within the local community.	Library Services – Amy Jones	Postcodes for sessions to be added in. Number of sessions. New session in march 26 in Stirchley, possibility of external sessions from autumn onwards (FH funding). predom south Telford. Southwater and Wellington x2 and Stirchley current sessions. Newport. National year of reading – summer event. Linking the website content to other areas (FH)
Continuation of the school nursing service, supporting children and young people with physical and emotional well-being, and delivering the National Child Measurement Programme (NCMP), school drop-in services, and transition support into educational settings.	Continuation of the universal school nurse contract.	LA – PH Commissioner SCHT – PH Nursing Service Manager	The universal offer by the school nursing service is ongoing.

Expand Targeted Support

Priority action	Measures of impact	Lead organisation/group	June 2026
Triple P Stepping Stones to be offered at Cherry Blosom Family Hub.	Number of parents who complete Triple P Stepping Stones training.	LA – Family Hubs Group Manager	Parenting for SEND: Stronger together (Triple P Stepping Stones/Making it Real) in partnership with PODS. This is currently running with good attendance and feedback from Parents. We are working with Nesta (Research and Innovation Foundation) to strengthen Parental engagement and adherehence to maximise impact.
Identification and Support of SEND children not accessing childcare places.	Reduction in children who arrive at school without having attended nursery.	LA – Early Years and Childcare Team Leader and SEND Project Lead	Children entering school September 2026 have been identified and support has been put in place. Team are now working with 40 children due to start school in September 2027 to find a childcare place and/or support needs of child and family.
Develop clear pathways of referral support for different groups not reaching their milestones.	Increase the number of children receiving tailored support.	Family Hubs/Integrated Neighbourhood team	Pathways work will be developed by the new integrated neighbourhood team.
Continue the vaccination inequalities programme to target the work of the Vaccine Educator in education settings to improve health literacy and run accessible vaccination clinics in community, school and Early Years settings.	Increase number of children and parents receiving vaccine education session. Increase the number of accessible pop up and catch up clinics in community, EY and education sessions in low uptake areas.	Health Protection Hub, Community Pharmacists	Work to increase health literacy around HPV and MMR vaccinations has been ongoing with both children (HPV) and parents/carers (MMR), focussed on areas with low uptake and multiple deprivation. Contractual arrangements have been put in place to allow the Council to employ pharmcists to run clinics in the community. Accessible MMR clinics have been held in schools and nurseries to offer a convenient route for parents to get children vaccinated.
Establish innovative multi-disciplinary team (MDT).	Number of children supported by the MDT.	LA – Family Hubs Group Manager	School Readiness MDT/Neighbourhood Health has been written into the SEND strand of the Best Start Family Hub Delivery Plan and work has been progresse with Helath and SEND colleagues to ensure alignment and fidelity to best practice and Experts at Hand model.
Health Notifications, utilised effectively to identify where children are not accessing EY provision. Target to enable early intervention and to get the right support at the right time for reception.	Data capture number of children and outcome of interventions.	LA – Early Years and Childcare Team Leader	Health notifcations have been updated and now provide better information to target needs. This links to row three.

Expand Targeted Support *continued*

Priority action	Measures of impact	Lead organisation/group	June 2026
EYFSP data used effectively to identify schools and linked settings where children have low GLD. Identify Early Learning Goals to target schools/settings to offer support and focused CPD	Increased numbers of children achieving GLD in specific areas. Numbers of schools/settings accessing GLD.	LA – Early Years and Childcare Team and Insight Team	EYFSP data to be returned by schools and data assessed and compared to 2025 data to support intervention.
Early Years and Schools Health and Wellbeing Programme implementation (settings will receive support to complete a self-assessment audit, staff workshop, and action plan).	Number of targeted early years and school settings signed up to the programme. Reduction in overweight and obesity prevalence of Reception aged pupils.	Senior Health Improvement Practitioner (Healthy Weight)	Seven schools and one specialist education college have signed up to the targeted programme. Six have completed a self-assessment audit, four have taken part in a staff workshop. This is to be rolled out to early years settings late 2026. Three early years settings will be identified and targeted using GLD, obesity and deprivation data.
Healthy Families Programme. Provide targeted support to children, and their families, whose BMI centile is above a healthy weight through a 12-week behaviour change programme to embed healthy habits.	Reduction in overweight and obesity prevalence of Reception aged pupils, Number of children and families signed up to the programme. Number of families achieved goals set.	Senior Health Improvement Practitioner (Healthy Weight)	73 families accessed the 12 week Healthy Families programme in 2025/26. The Healthy Families team have supported the Schools Health and Wellbeing Programme and delivered a pilot peer support programme in a targeted school – equipping selected peer champions with knowledge and skills to improve healthy eating and physical activity among their peers.
Take up of Free Education and Childcare for 2 year olds if you get Extra Support. (Talking 2s in Telford).	DfE measure is met 74% expectation or exceeded. Report cards issued.	LA – Early Years and Childcare Team Leader	Awaiting latest score card from DfE lastscore 71%.
HAHH (HAF) to develop programme across each school holiday period and to bring together Wrap Around and HAF DfE programmes together to develop extended childcare offer for all children.	Number of children attending HHAH provision. Number of settings offering extended childcare across the LA.	LA – Early Years and Childcare Team Leader	Summer programme is about to be launched across the year we have 70 HHAH providers operating. We will start to offer October and February provision alongside Summer, Christmas and Easter Delivery. WA, HHAH, Breakfast Club and Youth provision are now working alongside each other to support Extended childcare of a high quality and where children and young people are safeguarded effectively.
Bookstart Age under 2 and 3s.		Lisa Seymour	Packs delivered to registery office for new borns. Toddler and pre-school packs are distributed to setting sbased upon area of disadvantage.
Increase the uptake of the Healthy Start scheme.	Increasing the uptake of the Healthy Start scheme amongst eligible families.	LA – PH Commissioner SCHT – PH Nursing Service Manager	Review of current Healthy Start scheme offer and pathways.

Speech Language and Communication (SLCN)

Priority action	Measures of impact	Lead organisation/group	June 2026
Early Years talk boost training and resources are available each year to support children's speech and language communication.	Number of staff trained. Number of setting delivering targeted intervention. Impact of intervention.	LA – Early Years and Childcare Team Leader	107 individuals trained/302 groups run Impact on slides provided.
Work up the proposal for 2-year continuation of ELSEC model including support for Early Years Settings to deliver Universal, Targeted and Targeted + interventions including Communication Audits, TalkBoost, Concept Cat, BEST and Early Narrative.	Number of staff trained. Number of setting delivering targeted intervention. % rates of referrals to SLT reduce for this age group/by population. Impact of intervention.	LA – SEND Support Service. ICB. ELSEC Team within the LA/SCHT	10 SLCN Practitioners within Telford and Shropshire, delivering to 14 settings in Wave w and 13 settings in Wave 2. Data collated between LA/Health. SEND Reform plan for TW includes continuation of ELSEC through a locality model of work. Will be rolled out from Sept 26.
Making SLT more accessible: improving referral form, providing advice line and reducing waiting times.	Number of children in EY referred to SLT. Number of children's referrals to SLT rejected as not appropriate. Waiting times and trends for childrens SLT. Number of children referred to SLT Advice line. Feedback about the quality of Advice	Children's SLT and Early Years settings	Kirsty English (Sally Newton). A similified more accessible referral form has been developed with feedback from referrers and triaging and SLTs providing assessment. An MS Teams version of the referral form is being considered alongside systems which will speak directly to the child's electronic patient record (EPR). A decision about those options is expected summer 26. Go live with amended referral form following feedback for Sept 26 and move to full digital referal system which speaks to EPR from Jan 27 following approval and procurement. Numbers of referrals to children's SLT all ages 2025/26: 2000 (STW data) Numbers of referrals rejected by children's SLT all ages 2025/26: 180 (STW data) Number of referrals to Children's SLT Advice Line all ages 2025/26: 592 (STW data) Numbers of EY (0-48 mths) children referred to children's SLT 2025/26: 1056 (STW data) Waiting times: Longest wait June 26: 48 weeks (Telford)

Speech Language and Communication (SLCN) *continued*

Priority action	Measures of impact	Lead organisation/group	June 2026
Integrating 'how to…' advice given across the system to parents and early years settings re SLCN goal setting and early intervention for children with complex or additional needs.	Completion of an extended early years 'Blue Book' of advice and 'how to…' guidance. Early Year setting satisfaction and confidence in using this tool.	SLCN system workstream	The links are Sally Newton, SLT Advanced Practitioner and Lisa Seymour Telford LA Early Years. Aiming for staggard launch and roll out. Schedule TBC following a series of meetings to moderate the evidence base of the content, use of Neuro affirming language and accessibilityof the resources currently identifed (>400) summer 26. Piloting with stakeholders of first moderated resources, including parents and early years settings from Sept 26. Amendements to resources that have not met agreed crieteria from Jan 27. Gap analysis of areas of development and function where there are insufficent resources for parents and settings and a plan to develop these March 27.
Align Best Start Family Hubs messaging about SLCN across all service commissioners and providers.	Number of public health campaigns , Feedback about the campaign impact.	Family Hubs	SLCN Messaging, including screentime has been included in the year long Best Start Family Hub campaign. Quotes are being sought for sponsored social media and Electronic screens in Town Centre. The communications Plan has been scheduled into Graphic Design and three Public Health themes are currently selected – Oral Health, Screen Time and Immunisations alongside the Community Based Early Help Offer.

Becoming Data and Intelligence-led

Priority action	Measures of impact	Lead organisation/group	June 2026
Create a headline GLD report to describe out local picture.	Ensure starting position is clearly understood and all plans refer to the same data.	LA – Insight Team	Completed and headlines included in Best Start in Life plan.
Undertake detailed multi-variate analysis of GLD data – birth month, ethnicity, school, deprivation, gender, SEND needs.	Targeted interventions can be evidence based, ensuring children get the best support based on their needs.	LA – Insight Team	Completed for 2025 academic year data and findings shared with BSIL Board. Analysis will be undertaken again following the collection of 2026 GLD assessments during the summer.
Bring together wider data and intelligence to inform a Best Start in Life JSNA product.	A clear understanding of all data and intelligence.	LA – Insight Team	Best Start in Life already a chapter of our JSNA products – this will be expanded to cover the wider requriements and aligned to the BSIL Plan measures.
Explore options to have a detailed analysis of 2-2.5 year checks or linkage of child-level data.	Better understanding of circumstances affecting a child's outcomes enables evidence based interventions.	LA – Insight Team and PH Commissioner	Working group in place to explore the options for legally sharing child-level data to enable detailed analysis. Further options to undertake separate analysis of different cohorts of children also being explored if child-level linkage is not possible.
Continue to use data to target wider prevention/ public health interventions – vaccination coverage and NCMP.	Target vaccine educator and pop up vaccine clinics in low uptake areas. Target health families team interventions to settings with highest prevalence of excess weight.	Senior Health Improvement Practitioner (Healthy Weight) LA – Health Protection Hub	HPH – data is continually used to inform education and clinic provision around vaccinations, for example for winter vaccinations fortnightly updates were provided by ICB analysts which guided where we focussed our work. NCMP – 221 families of reception aged children who are above healthy weight contacted via phone/ email/ text and offered Healthy Families programme. Only 8 families engaged with the programme. 541 families of year six aged children who are above healthy weight contact commenced February 2026. 13 families so far engaged with the programme.

Monitoring and tracking progress

We will monitor the successful delivery of this plan primarily using the indicators below. This performance framework will form part of our wider monitoring of outcomes for all children and young people in the borough, including monitoring of the Health & Wellbeing Board strategy, the Children & Young People's Strategy, detailed outcome monitoring to a number of partnership boards, as well as through the Local Outcomes Framework and delivery of the Council's Priorities.

Indicator	Year	Latest value	National average
% achieving GLD at age 5 – First Language is not English	2024/25	60.3%	
Achievement across EYFSP area of learning – physical development	2024/25	84.6%	84.7%
Achievement across EYFSP area of learning – expressive arts and design	2024/25	83.7%	85.1%
Achievement across EYFSP area of learning – personal, social and emotional development	2024/25	82.6%	83.1%
Achievement across EYFSP area of learning – understanding the world	2024/25	78.6%	80.4%
Achievement across EYFSP area of learning – communication and language	2024/25	77.9%	79.5%
Achievement across EYFSP area of learning – mathematics	2024/25	76.0%	77.6%
Achievement across EYFSP area of learning – literacy	2024/25	69.0%	70.5%
ASQ-3 at the 2-2.5-year health review: % achieving expected level of development – communication	2024/25	76.0	87.6
ASQ-3 at the 2-2.5-year health review: % achieving expected level of development – gross motor	2024/25	86.3	93.6
ASQ-3 at the 2-2.5-year health review: % achieving expected level of development – fine motor	2024/25	81.4	93.7
ASQ-3 at the 2-2.5-year health review: % achieving expected level of development – problem solving	2024/25	83.5	93.0
ASQ-3 at the 2-2.5-year health review: % achieving expected level of development – personal-social	2024/25	80.8	91.8
Percentage of children with a good level of development at 5 years old (LOF)	2024/25	67.3%	68.3%
Percentage point difference between the proportion of children eligible or not eligible for free school meals achieving a good level of development (LOF)	2024/25	21.1	21.3
Percentage of children achieving good level of development at 2-2.5 year review (LOF)	2024/25	64.3	81.4
Take up rate of 2-year-old disadvantage childcare offer (LOF)	2024/25	69.8	66.6
Take up rate of the 3-4 year-old 15 hour childcare offer (LOF)	2024/25	95.5	92.9

Monitoring and tracking progress *continued*

Indicator	Year	Latest value	National average
% achieving GLD at age 5 – gender	2024/25	Girls 74.4% Boys 60.6%	
% achieving GLD at age 5 – FSM	2024/25	50.6%	51.3%
% achieving GLD at age 5 – SEN without Statement/EHCP	2024/25	29.1%	26.4%
% achieving GLD at age 5 – Ethnicity	2024/25	White 68.9% Mixed 68.6% Asian 56.5% Black 64.4% Chinese 87.5% Other Ethnic 66.7%	White 69.7% Mixed 69.9% Asian 67.7% Black 62.9% Chinese 78.8% Other Ethnic 60.0%
% achieving GLD at age 5 – term of birth	2024/25	Autumn 75.5% Spring 71.0% Summer 58.5%	

Views from our Best Start In Life Partners

From a social work perspective, supporting children to achieve a Good Level of Development means understanding the whole child within their family, culture and community. A best start in life recognises that children thrive when early support is inclusive, culturally responsive and built on strong, respectful relationships with children and their families. This includes ensuring access to early, coordinated support that recognises individual needs and is responsive in creating the best opportunities for children to grow, develop and reach their potential.

Louise Spragg
Principal Social Worker,
Head of Service for Practice

Maternity and Neonatal Voices Partnership (MNVP) are important for good level of development because they ensure families receive safe, responsive, and culturally sensitive care from the very start of life. When women, birthing people, partners, and neonatal families are listened to their lived experiences shape service improvement, local systems are better able to meet needs early, reduce inequalities and strengthen the foundations that support healthy child development. MNVP's are the 'boots on the ground' feedback loops that ensure this foundation is solid.

Maria Howe
Maternity and Neonatal Voices Partnership (MNVP) Strategic Lead

Childminders are important for Good Level of Development (GLD)because they provide consistent, nurturing early learning experiences that support children's social, emotional, language, and cognitive development, helping to build the strong foundations needed for school readiness; their smaller group sizes also allow more individual attention, which can be particularly beneficial for children with SEND, enabling more tailored support and responsive care.

Cindy Hayden
CallumBear Childminding

At our school, we focus on developing great communicators, with a strong GLD outcome in Reception, we are building the foundations for lifelong success.

Mrs E Solomon
Head teacher
Wombridge Primary School

Good oral health contributes to a child being able to reach a Good Level of Development at the end of Reception. Dental Pain and untreated tooth decay can affect a child's ability to eat, sleep, concentrate, speak and socialise with confidence, all of which are essential for learning and engagement in Nursery and Reception. Children who are free from dental pain are able to participate fully in activities, communicate effectively, develop social skills and establish routines. By providing professionals and families with evidence-based, up-to-date advice and support from infancy, we help prevent pain and reduce health inequalities, ensuring every child is ready to grow, learn, and thrive as part of a strong, shared Best Start in Life.

Jill
Oral Health Improvement Service Lead,
Healthy Smile Team
Tom
Clinical Director, Community Dental Service

Nurseries support children to transition to school by developing happy, kind, confident, all-rounded children who are eager to learn.

Theresa Ewin
Playdays Childcare Newport

Views from our Best Start In Life Partners *continued*

At Home-Start Telford & Wrekin, we see every day how early support within the home environment, and through our groups, can transform a child's start in life. By strengthening family wellbeing, and encouraging positive and nurturing routines, we support the development of secure foundations children need to achieve GLD and flourish within their Early Years.

Amy Moss
Scheme Co-Manager

The Health Visiting, School Nursing and Family Nurse Partnership service play a vital role in supporting a good level of development by delivering the universal Healthy Child Programme, focusing on early intervention to prevent, identify, and address developmental or health concerns.

Sam Garratt
Public Health Nursing Service Manager
Telford & Wrekin

In our school, GLD represents the point at which children have developed strong foundations that prepare them confidently for the next stage of their education. GLD provides essential data because it reflects children's communication, social, emotional and physical readiness, alongside their early knowledge acquisition, which forms the basis for assessing progress from Year 1 onwards. Without these wider elements, children would not be fully prepared to access the national curriculum.

Carol McQuiggin
Headteacher
Lawley Primary School

Dental pain and untreated tooth decay can affect a child's ability to eat, sleep, concentrate, speak and socialise with confidence, all of which are essential for learning and engagement in Nursery and Reception. Children who are free from dental pain are able to participate fully in activities, communicate effectively, develop social skills and establish routines. By providing professionals and families with evidence-based, up-to-date advice and support from infancy, we help prevent pain and reduce health inequalities, ensuring every child is ready to grow, learn, and thrive as part of a strong, shared Best Start in Life.

Jill
Oral Health Improvement Service Lead
Healthy Smile Team
Tom
Clinical Director
Community Dental Service

PODS (Parents Opening Doors) are important for GLD because Special Educational Needs and Disabilities make it harder for a child to learn or access education compared to their peers of the same age. The GLD for children with SEND is based on a "graduated approach" tailored to specific needs with our support, mainstream schools and other professional involved in a multidisciplinary health team.

Kelly Lord
Perinatal & Infant Support
Co-Ordinator PODS
(Parents Opening Doors)

Views from our Best Start In Life Partners *continued*

As a Systemic Practice Team our work supports by strengthening relationships, improving emotional wellbeing, and supporting secure attachments within families. By helping families understand patterns of interaction, repair relationships, and create safer, more nurturing environments, we contribute to the foundations children need to develop emotionally, socially, and physically, supporting their readiness to learn and thrive as they grow.

Daniel Machin
Clinical Lead and Systemic Team Manager

Having GLD in SLCN means children have a solid start in life. Being able to communicate is one of the fundamental principles that underpin early child development, with children's back-and –forth interactions from an early age forming the foundations for language and cognitive development. This begins in the home as a baby and continues throughout life as we grow and develop into adulthood. Achieving GLD in Communication and Language, one of the prime areas of learning, unlocks the potential to learn successfully alongside peers, supports the development of friendships and relationships and improves life outcomes. For example, research tells us that children with poor vocabularies at 5 years of age had worse outcomes than typically developing peers at 34 across a range of life measures including education, employment and mental health.

Joanne Preston
ELSEC: Advanced Practitioner for Education

Tracking GLD for Reception children in school is important as it ensures that staff are able to articulate those children who have mastered the essential foundational skills for future learning, and quickly identify those who require additional support to fully thrive in school. Working in this way nurtures the habits, skills, and mindsets that enable all learners to thrive as lifelong learners.

Jo Duncombe
Headteacher
Woodlands Primary School