

## Cabinet

<b>Report Title</b>	Re-procurement of 0-19 Healthy Child Programme services
<b>Date of Meeting</b>	Wednesday, 11 March 2026
<b>Report Author</b>	Dr Anna Blennerhassett, Consultant in Public Health
<b>Lead Officer</b>	Dr Frances Howie, Interim Director Public Health
<b>Lead Cabinet Member(s)</b>	Cabinet Member for Adult Social Care Services, Health & Well-being
<b>Why is this a key decision?</b>	1. Expenditure over £1 Million+: Yes. 2. Significant impact on 2 or more wards: Yes
<b>Wards Affected</b>	(All Wards);
<b>Identify exempt information and exemption category</b>	Open
<b>Is the report urgent?</b>	No
<b>Reasons for urgency (only where applicable)</b>	N/a
<b>Appendices (if any)</b>	1. Equality Impact Assessment

### 1. Executive Summary

- 1.1 The Health and Social Care Act 2012 sets out the local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years (and to 25 years old for those with SEND). This includes the Healthy Child Programme, launched in 2009, which delivers an evidence-based, programme for prevention and support. Health Visiting, School Nursing and Child Vision Screening services are part of the Healthy Child Programme and are commissioned for children and young people aged 0-5, 5-19 and 4-5 years old, respectively. This report seeks approval to undertake a competitive procurement process and award contracts for the re-provision of the 0-19 Healthy Child Programme in Sandwell.

## **2. Recommendations**

For the reasons set out in the report, it is recommended that:-

- 2.1 The Director of Public Health be authorised to undertake a competitive procurement for the provision of the 0-19 Healthy Child Programme service including: Health Visiting, School Nursing and Child Vision Screening to start on 1<sup>st</sup> April 2027 for a 3-year period to 31<sup>st</sup> March 2030. The maximum budget for the initial 3-year contract term will be £31,749,300 followed by a maximum optional extension budget for up to 2-years of £23,339,300.
- 2.2 An exemption be authorised under rule 8.8, 8.10 and 8.11 of the Procurement and Contract Procedure Rules 2024 to allow a contract to be awarded to the successful tenderer in the event that the required number of tenders are not received as we will be advertising widely to the market and it is reasonable to assume all interested parties will have the opportunity to bid.
- 2.3 The Director of Public Health be authorised to award and enter into a contract with the successful bidder, on terms to be agreed with the Interim Director of Public Health and the Monitoring Officer, Service Director - Governance for the provision of the 0-19 Healthy Child Programme for a period of three years with an option for the Council to extend for a further period of up to two years (total) until 31<sup>st</sup> March 2032.
- 2.4 Delegated authority be granted to the Executive Director for Finance and Transformation (S.151 Officer) in consultation with the Interim Director of Public Health, Monitoring Officer and Service Director – Governance and the Cabinet Member for Adult Services, Health and Well-being to approve any necessary financial variations to the Contract should they be required in accordance with the requirements of Councils Contract Procedure Rules and The Health Care Services (Provider Selection Regime) Regulations 2023.
- 2.5 The Monitoring Officer, Service Director - Governance be authorised to take all actions necessary to give effect to the proposals in recommendation 2.1, 2.2 and 2.3 for the provision of the 0-19 Healthy Child Programme.
- 2.6 The Director of Public Health be authorised in conjunction with the Monitoring Officer, Service Director - Governance to develop and sign a lease agreement to occupy the second floor of Jack Judge House as a base for delivery of the 0-19 Healthy Child Programme.

## **3. Proposals – Reasons for the recommendations**

### **National drivers and local context**

- 3.1 National regulation and mandating for local authorities in this area of practice is unchanged. A recent announcement of the local government settlement has maintained the ring-fence on the Public Health Grant given to local authorities. For the first time, this grant allocation has been announced for three years, rather than annually.
- 3.2 The Family Hubs and Start for Life Programme: In April 2022, SMBC was pre-selected for the programme with the aim of joining up and enhancing services

delivered through Family Hubs. The programme identified key workstreams for reducing health inequalities, which will continue to be funded until 2029 in Sandwell, these are:

- 3.2.1 Parenting support.
  - 3.2.2 Parent-infant relationships and perinatal mental health support.
  - 3.2.3 Infant feeding support services.
  - 3.2.4 Enhancing the home learning environment (HLE).
  - 3.2.5 Healthy babies offers and Parent and Carer Panels.
- 3.3 Health Visitors work in close partnership with Family Hubs to provide integrated support for families. They deliver essential early years health services within a wider network that brings together midwives, early help teams, mental health practitioners, and youth services. This collaborative approach ensures seamless, holistic support for families, focusing on early intervention, reducing health inequalities, and strengthening community resilience. In addition, they participate in Family Hub governance and operational groups, ensuring alignment and integration of Start for Life priorities within the Family Hub offer.
- 3.4 In Sandwell, the Health Visiting Service, School Nursing Service and Childhood Vision Service, are all currently delivered by Sandwell and West Birmingham Hospital NHS Trust (SWBHT). From 2016 the Health Visiting Service was delivered under the Collaborative Working Agreement with SWBHT. That written contract expired on 30 September 2024, which resulted in both parties entering into a Common Law Contract. The services are now delivered under a new contract dated 1st January 2026 to 31st March 2027.
- 3.5 On the 24 May 2021 Cabinet approved the decision to procure a School Health Nursing Service. Following a competitive process, a contract was awarded to SWBHT for 3 +2 Years. The contract extension from 01 April 2025 to 31 March 2027 was then approved by cabinet in January 2025.

### **Outcomes and objectives**

- 3.6 Health outcomes of the Sandwell 0-19 years population are poor, with worse outcomes compared to England averages, and evidence of widening health inequalities linked to deprivation and ethnicity. Key public health outcomes data in Sandwell include:
- 3.6.1 Smoking status at time of delivery is 7.1% in Sandwell in comparison to the 6.1% England average.
  - 3.6.2 Stillbirth rates in Sandwell are 6.9 per 1,000 in comparison to 3.9 per 1,000 nationally.
  - 3.6.3 The proportion of low birth weight of all babies (below 2.5kg) is 9.6% in Sandwell in comparison to the 7.4% England average.
  - 3.6.4 The infant mortality rate in Sandwell is higher than the national average, with 7.4 deaths per 1,000 live births compared with the 4.2 per 1,000 England average.
  - 3.6.5 Sandwell's under-18 conception rates have fallen significantly from 38.5 per 1,000 in 2012 to 17 per 1,000 in 2022. The West Midlands and England saw similar decreases for the same period but remain higher in Sandwell.
  - 3.6.6 The rate of emergency hospital admissions for injuries among children under four is higher in Sandwell (945 per 1000) than the England average (750.7 per 1000).

- 3.6.7 The percentage of 5 year olds with visually obvious dental decay is 28.9% in Sandwell, higher than the percentage (22.4%) nationally.
- 3.6.8 In 24/25, the proportion of overweight including obesity in Sandwell was 24.6% at Reception compared to 45.6% at Year 6. The general trend is increasing over time, in 2022/23 - 24/25, the proportion of obesity including severe obesity in Sandwell was 12.8% at Reception compared to 30.7% at Year 6.
- 3.6.9 Mental health-related hospital admissions have decreased, however there continues to be unmet need and pressure on early intervention services.

### **Proposals and delivery**

- 3.7 The Healthy Child Programme offers every family an evidence-based programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. It also outlines all services that children and families need to receive if they are to achieve their optimum health and wellbeing. The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years.
- 3.8 The DHSC recently published the Giving Every Child the Best Start in Life Strategy which sets out the ambition that 75% of 5-year-olds in England have a good level of development by 2028. The content of the specification will follow the OHID national commissioning and service delivery guidance for the Healthy Child Programme and take into consideration strategies including the NHS 10-year plan and the Best Start in Life Strategy.
- 3.9 The first stage of the recommissioning was to complete a comprehensive health needs assessment, much of which has been done already. Key findings will be presented at a market engagement event where potential providers will be invited to for feedback to inform the design and specification of the service. The assessment reviews local, regional and national data to identify areas where the burden of child ill health is greatest, as well as highlighting vulnerable populations, ensuring that the service is tailored to meet local needs effectively.
  - 3.9.1 Consultation was sought from key stakeholders to ensure the service specification reflects current needs and priorities.
  - 3.9.2 The service will deliver outputs and outcomes to improve child health in the local population and use local needs assessments to respond to children and families' needs over time. Work with local partners, including Children's and Education Directorate, to plan services using a needs-led approach.
  - 3.9.3 Services must be trauma-informed, inclusive, equitable, and sensitive to the needs of all people, including those from areas of high deprivation, Black, Asian and minority ethnic communities, and inclusion health groups.
  - 3.9.4 Services should demonstrate that user and public involvement will be fundamental to service development, provision, monitoring and evaluation of the service and improvement, including taking into account local safeguarding policies.
  - 3.9.5 Providers of the 0-19 Healthy Child Programme are expected to operate in line with the most recent guidance and established clinical

practice. Workforce standards for public health nurses are set out by the Office for Health Improvement and Disparities (OHID). Statutory guidance set out by DHSC for Health Visiting and School Nursing will be adhered to and follow NICE guidance. Clinical governance arrangements will be in accordance with Care Quality Commission (CQC) registration.

- 3.9.6 The proposed procurement will be undertaken in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) to procure the new contract using a competitive process.
- 3.9.7 The contract period will be for 3 years with an option to extend by up to 2 years. The anticipated contract start date is 1 April 2027.

### **Regional benchmarking**

- 3.10 Data from Wolverhampton, Dudley, Walsall and Birmingham shows that each local authority spends approximately 30% of their total public health ring-fenced grant allocation on the Healthy Child Programme. The average cost per head of the 0-19 years population is £94 and ranges from £75 to £109. Sandwell's current expenditure is £100 per head, and approximately 33% of its total public health grant.

### **Health Visiting**

- 3.11 Five mandated contacts are designed to support the health and development of children and families. Health Visitors lead on the antenatal, newborn and 6–8-week check and nursery nurses conduct the two development checks at 12 months and 2-2.5 years.
- 3.12 The service performance is high overall, with a 95% completion rate for most reviews, and families seen in a timely manner. However, in the past three years staffing challenges have impacted on service delivery. This means that mandated contacts are prioritised, and the timeframe for the newborn review and the 6–8-week contact have been extended.
- 3.13 In these 3 years, KPIs have been maintained above the national average for 3/5 mandated contacts but the new birth visit has been impacted with only 60% completed within 14 days, although 95% are completed within 21 days, the extended timeframe.

### **Breastfeeding prevalence at 6-8 weeks**

- 3.14 Sandwell rates have increased from 44% to 55% (24/25) in the last 3 years and are now consistent with the national average. The Health Visiting service manages a sub-contract with Breastfeeding Network Sandwell to deliver a peer support programme which supports this good performance.

### **School nursing and national child measurement programme**

- 3.15 The school nursing service is based on the national guidance focussing on 6 school age high impact areas:
  - 3.15.1 supporting resilience and wellbeing;
  - 3.15.2 improving health behaviours and reducing risk taking;
  - 3.15.3 supporting healthy lifestyles;
  - 3.15.4 supporting vulnerable young people and improving health inequalities;
  - 3.15.5 supporting complex and additional health and wellbeing needs; and
  - 3.15.6 promoting self-care and improving health literacy.

- 3.16 The School Nursing team deliver the National Child Measurement Programme (NCMP) which weighs and measures children in Reception and Year 6. In 24/5, 92% of all eligible children participated.

### **Proposed procurement strategy**

- 3.17 It is proposed that a single provider model is sought for delivery of the 0-19 Healthy Child Programme Service. The service specification will require an equitable and inclusive offer to meet the needs of the diverse Sandwell population and the service model to be based on four levels of service depending on individual and family needs: community, universal, targeted and specialist. This will include the core public health service drawn from national requirements and guidance:
- 3.17.1 child health surveillance and development reviews;
  - 3.17.2 child health protection and screening;
  - 3.17.3 information, advice and support for children, young people and families or carers;
  - 3.17.4 early identification, intervention and targeted support for families with additional needs;
  - 3.17.5 health promotion and prevention by the multi-disciplinary team;
  - 3.17.6 defined support in early years and education settings for children with additional and complex health needs; and
  - 3.17.7 additional or targeted public health nursing support as identified in the Joint Strategic Needs Assessment, for example, support for children in care and young carers.
- 3.18 A bidder has an opportunity in the procurement process to advise if they propose any subcontracting arrangements, and that any bid will be evaluated in line with the evaluation methodology described in the procurement paperwork.
- 3.19 The service specification will be outcome focussed and include national statutory and mandated requirements, clinical guidance, and local need. There will be an emphasis on narrowing health inequalities at every stage of a child's life.

## **4. Alternative Options Considered**

- 4.1 The following alternative options have been considered –
- 4.1.1 **Option 1. Do nothing.** This option was not chosen as the Council is required to deliver statutory duties for children, young people and families through the 0-19 Healthy Child Programme service. The current contracts for school nursing, health visiting and child vision screening are due to end on 31<sup>st</sup> March 2027.
  - 4.1.2 **Option 2. Undertake a competitive procurement process and the award separate contracts for each service.** This option is not recommended as this does not change the way we work currently and will not achieve expected efficiencies in commissioning and delivering the service as one.

## 5. Consultation

- 5.1 In October and November 2025, two stakeholder consultations took place as part of the health needs assessment to inform commissioning the 0-19 Healthy Child Programme. Stakeholders included primary, secondary, and SEND schools, NHS, Youth Services, Inclusion Support Services, Children's and Education Directorate representatives, school nurses, health visitors and midwifery.
- 5.2 The main health needs identified for children in Sandwell were mental health, parental support, health promotion and SEND. Consultation with the health visiting service identified 3 top factors impacting on the health of families in Sandwell: (1) poverty, finance and housing, (2) adult mental health and parenting capacity and (3) health promotion for early years. The main health needs identified were mental health, obesity, and dental health.

## 6. Financial Implications

- 6.1 Expenditure relating to the contract for the 0-19 Healthy Child Programme is funded by the Public Health ring-fenced Grant (PHRG). In 2026, the national government started to release indicative multi-year allocations to give local government more certainty for future planning. The PHRG allocation for the financial years 2026/27, 2027/28 and 2028/29 has been confirmed. In the event of any change in the Public Health Budget, a review of the contract values may be required to ensure that the costs of the service are able to be met from the Public Health Budget allocation.
- 6.2 We propose that the maximum budget for the initial 3-year contract term will be £31,749,300, representing 31.1% of the total Public Health grant annually. Followed by a maximum budget for up to the 2 year option to extend of £23,339,300, representing approximately 32.8% of the total Public Health grant, modelled based on assumed annual increase of 1.9%.

<b>Contract period</b>	<b>Contract year</b>	<b>Maximum budget</b>
<b>Year 1</b>	2027/28	£31,749,300
<b>Year 2</b>	2028/29	
<b>Year 3</b>	2029/30	
<b>Option to extend period:</b>		
<b>Year 4</b>	2030/31	£23,339,300
<b>Year 5</b>	2031/32	
<b>TOTAL</b>	2027/32	£55,088,600

- 6.3 The location of the current School Health Nursing service is at the Blackheath Library Building and operates under a licence from the Council. The location of the current Health Visiting Service is at the Lyng Centre for Health and Social Care with delivery at a range of NHS and Family Hubs estates, and Child Vision Screening is at the Birmingham and Midland Eye Centre. The Council is responsible for providing accommodation for the School Nursing service, and this will be proposed for the new 0-19 Healthy Child Programme service. A new licence granting access and use of Council property will be agreed as part of any new contract, which will run until the service contract ends or is terminated.

- 6.4 The accommodation costs will be retained separately from the contract's budget and paid directly by Public Health. The cost will be £157,314.30 annually or £471,942.90 over the initial three-year commission period. The accommodation costs for year 4 and 5 are not yet confirmed, however these costs and any subsequent cost increase due to inflation would be met by the Public Health Budget. Based on 2026/27 annual accommodation costs this highlights a proposed annual saving of £818,413.

<b>Contract period</b>	<b>Contract year</b>	<b>Accommodation cost</b>
<b>Year 1</b>	2027/28	£157,314
<b>Year 2</b>	2028/29	£157,314
<b>Year 3</b>	2029/30	£157,314
<b>Option to extend period:</b>		
<b>Year 4</b>	2030/31	tbc
<b>Year 5</b>	2031/32	tbc

## **7. Legal and Governance Implications**

- 7.1 The 0-19 Healthy Child Programme service, including the School Nursing Service and delivery of the National Child Measurement programme are healthcare services. The contract therefore falls within the scope of the Health Care Services (Provider Selection Regime) Regulations 2023 (the PSR Regulations).
- 7.2 The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR Regulations) permit the Council (as a Relevant Authority) to procure "Health Care Services" as defined in Schedule 1 of the PSR using one of the stated procurement routes. The Council's chosen procurement process under the Regulations requires the Council to comply with the specific requirements set out in the Regulations.
- 7.3 In addition to the Healthy Child Programme, the School Nursing Service delivers the National Child Measurement Programme which is a mandated requirement under Regulation 3 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 7.4 The Council's Procurement and Contract Procedure Rules must also be complied with. It requires that contracts with a total contract value of £250,001 or above must be in writing and executed under seal by the Monitoring Officer or other authorised officers.

## **8. Risks**

- 8.1 The corporate risk management strategy has been complied with to identify and assess the risks associated with cabinet decision approval. This has concluded that the following significant risks have been identified. For the risks identified, suitable measures will be in place to mitigate the risk to an acceptable level.
- 8.2 Uncertainty about future financial resources and increased demand (see 6.1) - Mitigation would be to conduct contract variations as required to reduce services or service elements. If a service becomes unaffordable, we will have

the option to terminate that service or the contract, re-model and re-procure with a reduced financial envelope.

- 8.3 Risk that the minimum number of bids as per the Council's procurement rules have not been received - Mitigation would be to seek approval for an exemption under rule 8.8, 8.10 and 8.11 of the Procurement and Contract Procedure Rules 2024 to allow a contract to be awarded to a successful tenderer if fewer than three tenders are received (Report Recommendation 2.6.)
- 8.4 Risk of nil submissions – Mitigation is to widely advertise Invitation to Tender, including market engagement events, notify potential bidders including current provider, and if necessary, review the service specification and re-advertise.
- 8.5 Workforce capacity of the future provider- Mitigation will be to request evidence of a robust workforce strategy for recruitment and retention from potential providers as part of the submission to the Invitation to Tender. This strategy will be monitored as part of contract management.

## **9. Equality and Diversity Implications (including the public sector equality duty)**

- 9.1 A equality impact assessment (EIA) has been completed, based on a recent children and young people health needs assessment and positive impacts have been identified for most protected groups if the recommendation is approved. The impact of the service on equality, diversity and inclusion will be monitored and evaluated using the Health Equity Assessment Tool (HEAT) and a health inequalities dashboard as part of routine service monitoring.

## **10. Other Relevant Implications**

- 10.1 **Health and Wellbeing:** The proposals will have a direct positive impact on population health outcomes through:
- Delivery of mandated Healthy Child Programme 0-19 (Health Visiting and School Nursing)
  - Delivers preventative services critical to reducing future demand on NHS and Council services.
- 10.2 **Social Value:** The proposals will:
- Supports local NHS workforce, including apprenticeships, clinical placements, and employment stability.
  - Delivers wider system benefits through early intervention, reducing reliance on higher-cost acute services.
  - Indirectly contributes to local economy through continued NHS service provision in Sandwell, supporting families, supporting children and building a more integrated service going forward.
- 10.3 **Corporate Parenting:** The 0-19 Healthy Child Programme Service plays a critical role in safeguarding children, identifying vulnerabilities, and supporting families in care proceedings. Continuity of service ensures the Council meets its Corporate Parenting responsibilities through effective safeguarding and early help pathways.

## 11. Background Documents

### 11.1 National Commissioning Guidance

<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

## 12. How does this deliver the objectives of the Strategic Themes?

### 12.1 The proposals set out in this report will help support delivery against the following strategic objectives:

12.1.1 **Growing Up in Sandwell:** The services commissioned will support the delivery of the 0-19 Healthy Child Programme. In particular, the service is essential for giving children the best start in life. Early identification of developmental and safeguarding needs helps reduce long-term health inequalities and supports school readiness, ensuring every child has a strong foundation for reaching a good level of development.

12.1.2 **Healthy in Sandwell:** Through the delivery of statutory public health services, the service will contribute directly to improved health outcomes and reduced inequalities. It enables early intervention, prevention of long-term chronic conditions, and ongoing support tailored to local needs. These services are integral to the Sandwell Story ambition - to celebrate, champion and bring people together in making Sandwell a great place to live, learn, work and visit.