LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Cabinet

Date: 14/07/2025

Subject: Procurement strategy for the recommissioning of H&F 0–19(25) Public Health Nursing Services and a new Maternity in the Community Service

Report of: Councillor Alex Sanderson, Deputy Leader

Report author: Dr Nicola Lang, Director of Public Health

Responsible Director: Jacqui McShannon, Executive Director of People

---

SUMMARY

Local authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of health visiting and school nursing services to the whole of their child population. Giving every child the best start in life is crucial to reducing health inequalities across the life course. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement, and economic status.

This report seeks approval of a procurement strategy to tender for a provider(s) to deliver high-quality 0-19(25) Public Health Nursing services and a new Maternity in the Community Service in Hammersmith & Fulham (H&F) from 1 January 2027.

RECOMMENDATIONS

This report recommends that Cabinet:

1. Notes that Appendix 2 is not for publication on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972.

2. Approves the procurement strategy and recommendation to commence a competitive procurement exercise for the provision of redesigned 0-19(25) Public Health Nursing Services and a new Maternity in the Community Service for H&F, for up to seven years from 1 January 2027.

3. Approves the delegation of contract award approval to the Cabinet Member for Adult Social Care and Health.

4. Notes that the approximate contract value is outlined in Appendix 2 and is not for publication on the basis that it contains information relating to the financial

or business affairs of any person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).

Wards Affected: All

Our Values	**Summary of how this report aligns to the H&F Corporate Plan and the H&F Values**
H&F Corporate Plan	Ensuring comprehensive, accessible, and high-quality care for children and families will support the Corporate Plan's goals of improving health and wellbeing in the community. The service promotes inclusivity, responsiveness, and collaboration, reflecting the H&F values and commitment to excellence in public health service delivery.
Building shared prosperity	Supporting all families to thrive by delivering high-quality interventions based on best practice, delivered in partnership with Children's Services and local community organisations; to ensure positive health and wellbeing outcomes for children, young people, and families in H&F.
Creating a compassionate council	Further enhancing our 0-19(25) offer will ensure that children are healthy and are supported to reach their full potential. The service will work flexibly so that children and families are not constrained by service need or setting.
Doing things with local residents, not to them	The service specification will be designed with residents and service users. It will also ask that the new provider ensures that coproduction is at the heart of service design and delivery, and ongoing reviews are undertaken to ensure that the needs of service users are being met.
Being ruthlessly financially efficient	We will deliver financial efficiencies by enhancing delivery of early intervention services—changing how we invest and shifting towards greater prevention and early identification by improving integration and referral pathways into children's and adult services.
Taking pride in H&F	Quality provision in collaboration with other services and focussing on prevention and early intervention will ensure positive health

	and wellbeing outcomes for all children and families. We will link into existing assets and programmes in H&F to ensure a joined-up, place-based approach in the borough.
Rising to the challenge of the climate and ecological emergency	Providers will be expected to commit to environmental outcomes as part of their offer. The service provider will aim to reduce our asset footprint and emissions, maximising the use of existing resources to support delivery through co-production.

Financial Impact

Finance Comments
The financial implications of this procurement strategy will be included as part of the overall evaluation which will include legal, risk management and finance, once the contract award is available. The current contract is held with Central London Community Healthcare (CLCH), and due to end on the 31st December 2026.

Please see *Appendix 1* for more information.

Finance Comments by Prakash Daryanani, Head of Finance, 8 April 2025
Verified by Sukvinder Kalsi, Executive Director for Finance and Corporate Services, 6 June 2025

Legal Implications

This report recommends that the Cabinet approves a procurement strategy for the provision of 0-19(25) Public Health Nursing Services in three Lots – Lot 1 (Health Visiting), Lot 2 (School Nursing) and Lot 3 (Maternity in the Community Services). The term of the contracts will be 3 plus 2 plus 2 years. The proposed strategy is to use a Competitive Process. The contracts are 'health care'. The procurement of health care is regulated by The Health Care Services (Provider Selection Regime) Regulations 2023.

The Regulations (reg 6(7)) require that the Competitive Process must be followed because -

- The authority is not required to follow Direct Award Process A or C as there is no existing provider of the services, due to the remodelling of the current school nursing offer.
- The authority is not required to follow Direct Award Process B as this is not a patient choice contract.
- The authority cannot follow the Most Suitable Provider Process because it does not have enough information about likely providers sufficient to be likely to identify the most suitable provider.

When carrying out the competitive process, the Council must follow the procedure set out in Regulation 11 ('The Competitive Process') including determining the award

criteria, considering the key criteria and applying the basic criteria set out in the Regulations.

There are strong transparency requirements under the Regulations including keeping records of decisions on the relative importance of each key criteria and how the assessment of providers against key criteria was made and publishing a notice confirming the decision to award. The Council is expected to ensure that it makes decisions in the best interests of people who use the service by securing the needs of the people who use the service, improving the quality of the service and improving efficiency in the provision of the services.

Carrying out a competitive process fulfils the requirements of the Council's Contract Standing Orders.

The decision is a Key Decision (see Article 12 of the Constitution) and the report must be submitted to Committee Services for publication on the Council's website.

The appropriate decision maker is the Cabinet.

Angela Hogan, Chief Solicitor (Contracts and Procurement) 9th April 2025

Procurement Comments

The Service being commissioned falls within the Provider Selection Regime (PSR) regulations for the procurement of healthcare services. The paper sets out the reasons for the decision to tender the contract by a open competitive process. Guidance is provided by NHS England on how this should be done as well as our revised CSO's. Procurement and legal teams will support this process.

Joe Sardone Category Lead – People Procurement and Commercial 2nd April 2025

Background Papers Used in Preparing This Report

- H&F Health and Wellbeing Strategy, 2024 to 2029
- 0-19(25) Health Needs Assessment

DETAILED ANALYSIS

Background

1. The service is for the delivery of the Healthy Child Programme and includes universal child public health nursing services 0-19(25) years, including health visiting for children aged 0–5 and school nursing for children aged 5–19 and supports young people with SEND up to the age of 25. The Maternity in the Community Service will support the outreach component of the Healthy Child Programme (HCP). All contracts for these services are procured in line with the national HCP model which offers every family a programme of screening tests, developmental reviews, information, and guidance to support parenting

and healthy choices[1].

2. Statutes and national guidance set out the services which must be delivered and the quarterly outcome metrics which are reported to and published by the Office for Health Improvement and Disparities. Extensive guidance is published in how the law should be interpreted and implemented in public health nursing. The services must deliver nationally specified requirements and also be shaped by locally identified needs. The service objectives and further guidance are clearly defined and prescribed in "Healthy child programme: health visitor and school nurse commissioning"[2].

3. The Public Health Nursing services are required by law to support all children in the borough regardless of established need and requires the procurement of services with clearly established clinical governance, safeguarding, and health metric reporting structures. The Public Health Nursing services require experienced senior management and clinical leadership and a team of qualified nursing staff who form an intrinsic part of an established health organisations, with a track record of delivering specific government-led health outcomes to the whole population. Commissioned providers must be Care Quality Commission (CQC) registered and have sufficient clinical governance structures to offer safeguarding for both clinical and health responsibilities. This is a legal requirement as defined by the Health and Social Care Act 2008 (updated 2012). The Maternity in the Community service will not include this requirement due to the more community-focused offerings and needs of this section of the model, though it will require clinical oversight as part of the service delivery. The service will leverage volunteers and incorporate health experts to support its delivery.

Reasons for Decision

4. Providing services such as these that improve the health of people who live in their area is a duty of local authority public health teams and therefore commissioning this service will assist H&F in meeting their legislative duty.

5. In H&F, the 0-19(25) Public Health Nursing Services programme, including health visiting and school nursing, is currently provided by Central London Community Healthcare NHS Trust (CLCH), and the service is an integrated offer with health visiting and school nursing commissioned in one lot. The contract was originally commissioned for five years starting on 1 January 2022, with possible extension by two further periods each of one year following the Covid-19 pandemic. Since the service model remained unchanged during this commissioning, it no longer meets the current needs of residents, necessitating an updated model. The initial contract period will therefore end on 31 December 2026.

6. Public health nursing is currently facing a significant staffing crisis in the UK. The NHS is experiencing the worst workforce shortage in its history [3]. The staff shortages are having a knock-on effect on patient care, efforts to deal with care backlogs, and meeting ongoing demand for services. After careful

[1] Healthy child programme - GOV.UK (www.gov.uk)
[2] Healthy child programme: health visitor and school nurse commissioning - GOV.UK (www.gov.uk)
[3] The-Safeguarding-Role-of-Public-Health-0-19-services-FINAL-VERSION-28.10.24.pdf

consideration and review of the current contract, we have decided not to utilise the extension period available beyond the initial five-year contract period. This decision is based on our commitment to ensuring the highest standards of service for our residents and to ensure a pragmatic approach to what is deliverable within the commissioned service model.

7. We are proposing we procure the 0-19 (25) public health nursing provision into three lots as follows:

   - Health Visiting Service (for children aged 0–5)
   - School Health & Wellbeing Service (for children aged 5-19(25))
   - Maternity in the Community Service (for children aged 0–5)

8. Within the service itself, the HCP promotes improved outcomes along with increased value for money. This model will aim to reduce duplication, streamline pathways, integrate management structure, promote development of skill mix, and improve prevention of ill-health in the community, resulting in reduced needs in social care. The specific and unique qualities of the HCP are the focus on primary prevention and promotion of resilience and wellbeing in families. The model offers prevention with early identification through universal engagement and the earliest intervention to either directly support families or ensure they can help themselves. This reduces the number of complex issues arising later that would otherwise cost the Council and wider health economy more. The more we can help families to be resilient and enable them to help themselves and know where to access support when they need it, the less draw there will be on the Council's other services[4].

9. This decision will allow us to explore new models and partnerships that can better align with our service goals and expectations, and outcomes for H&F residents. This procurement will allow us to redesign the service to include the Maternity in the Community Service and make changes to the specification to provide a more sustainable model. We intend to split the current procurement design of 0–19(25) Public Health Nursing Services into two lots – commissioning 0–5 (health visiting) and 5–19(25) (school nursing) services separately.

10. Work has been ongoing with the Institute of Health Visiting[5] to review the current workforce and look at recommendations for a more sustainable model. A recommendation from this work is to focus on flexibility and adaptability, ensuring that our approach can shift in response to national changes and evolving healthcare needs.

11. Re-procuring 0-19 public health nursing services aligns seamlessly with both the H&F Corporate Plan 2023-2026 and the H&F Health and Wellbeing Strategy 2024-2029. It supports the Council's commitment to building a stronger, safer, and kinder borough by enhancing early intervention and prevention efforts, ensuring that children and families receive high-quality, accessible healthcare services. It addresses key priorities such as reducing

[4] Return on investment of public health interventions: a systematic review | Journal of Epidemiology & Community Health

[5] The Institute of Health Visiting is a UK Centre of Excellence supporting the development of universally high-quality health visiting practice to benefit all children, families and communities.

health inequalities and improving access to care for all residents. By fostering collaboration with local residents, businesses, community organisations, and healthcare providers, the re-procurement process embodies the values of co-production and inclusivity. This approach ultimately contributes to the overall wellbeing and prosperity of the community, aligning with the vision of a healthier, more equitable Hammersmith & Fulham.

Contract Specifications Summary

12. Contracts for these services are procured in line with the national HCP model which offers every family a programme of screening tests, developmental reviews, information, and guidance to support parenting and healthy choices.
13. Universal and targeted health visiting includes the HCP for 0–5 years, and five mandated health visiting reviews.
14. Universal and targeted school nursing provision includes the HCP 5–19(25) years and the mandated National Child Measurement Programme (NCMP) at reception and year 6.
15. Given the significant changes introduced by the incoming Children's Social Care reforms, our specification will remain adaptable to accommodate evolving requirements and ensure continued service delivery that aligns with new early intervention and safeguarding needs [6].

Health visiting for children aged 0–5

16. A universal health visitor review is an assessment and review of health and development in line with the HCP. The HCP describes the core purpose of health and development reviews to "assess family strengths, needs and risks; give mothers and fathers the opportunity to discuss their concerns and aspirations; assess growth and development; and detect abnormalities early".
17. Although the HCP 0–5 is offered to all families, it provides opportunities for more extensive preventative work with families who are vulnerable or have additional needs, in line with the principle of universal proportionalism. This is set out nationally in a "Universal in reach - Personalised in response" model.
18. The service model is based on 4 levels of service depending on individual and family need: community, universal, targeted, and specialist. The use of community-based assets is central to the universal offer, where health visitors are well placed to identify and signpost to local community support. The new model aims to effectively bridge the gap between health visitors and local community support through the Maternity in the Community service. Contact points or universal health and wellbeing reviews can be utilised to identify needs and to develop a support offer or signpost to specialist services if required.
19. The 5 mandated reviews are:

    - Antenatal health promoting review
    - New baby review
    - 6-to-8-week assessment

[6] Agencies to be required to set up multi-agency child protection teams, under social care reform bill - Community Care

- One-year assessment
- The 2 to 2½ year review.

20. The 6 early years high impact areas are:

    - Supporting the transition to parenthood
    - Supporting maternal and family mental health
    - Supporting breastfeeding
    - Supporting healthy weight, healthy nutrition
    - Improving health literacy; reducing accidents and minor illnesses
    - Supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap'.

21. The Maternity in the Community offer will prioritize the six early years high impact areas, providing comprehensive support to Health Visitors in these key focus areas.
22. Where possible, providers will be co-located within existing buildings and services to ensure seamless integration and enhanced collaboration. This will include utilising and integrating with the Family Hubs in the borough.

School nursing – children and young people aged 5-19(25)

23. Local authorities are currently the commissioners of school nursing services for local authority-funded schools and academies. However, academies or free schools also receive their own budget for school nursing from the weight management programme and vaccinations. The format of the school nursing service is not set out in legislation, and consequently the configuration of school nursing services and their delivery varies across England. However, non-statutory guidance produced by Office for Health Improvement and Disparities outlines a continuum of support that children and young people should expect through school nursing and multi-disciplinary working.
24. The recommendations include a four-level service delivery model with varying levels of support offered. This includes community, universal, targeted and specialist services.
25. For school nurses, this means providing a service for children, young people and families at four levels with safeguarding being a core part of each level—from universal services education about protective behaviours, to working as part of a team providing high-intensity services where these are needed.
26. There are also 6 high impact areas for school-aged years that the service will work towards delivering:

    - Supporting resilience and wellbeing
    - Improving health behaviours and reducing risk
    - Supporting healthy lifestyles
    - Reducing vulnerabilities and improving life chances
    - Supporting additional and complex health needs
    - Supporting self-care and improving health literacy.

27. The National Child Measurement Programme (NCMP) is a nationally-mandated element of the Government's strategy to tackle obesity. The NCMP, established in 2005, aims to weigh and measure pupils in two school year groups (reception and year 6). It provides population-level surveillance data, as well as local-level data, which can be used to inform local planning and delivery of services, and is set out in National Child Measurement Programme Regulations 2008. Responsibility for the NCMP transferred to local authorities as set out in The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Maternity in the Community Service

28. The community outreach aspects of the HCP focus on engaging families and communities to promote the health and wellbeing of children from pre-birth to five years old. This includes providing accessible health services such as strengthening of the community and maternity pathway, ensuring all families have access to essential health services and resources. Outreach efforts aim to identify and support vulnerable families, ensuring they receive the necessary interventions and resources.
29. The Maternity in the Community Service will enhance the delivery of the HCP by leveraging the strengths of voluntary sector organisations to provide comprehensive community-based support, ensuring all families have access to essential health services and resources.
30. Aspects of the service will include an enhanced antenatal offer, breastfeeding support, maternal mental health support, and education on healthy choices for families.

Procurement Route Analysis of Options

31. This procurement falls within the Health Care Services (Provider Selection Regime) Regulations 2023 and the Councils Contract Standing orders as applicable, because:
    a. The services being procured have been identified as falling within the scope of "community health services" (CPV code 85323000-9)
    b. And because of the contract value, assuming that any options to extend will be taken.

32. Since the new Provider Selection Regime (PSR) was introduced on 1 January 2024—a set of rules for procuring health care services in England by organisations termed relevant authorities, including local authorities—the procurement of a new wellbeing service will need to adhere to the provider selection processes set out under the PSR[7].

33. The PSR sets out key procurement principles that must guide all procurement processes. The Council must act:
    (a) with a view to:

[7] NHS commissioning » NHS Provider Selection Regime (england.nhs.uk)

i) securing the needs of the people who use the services;
ii) improving the quality of the services; and
iii) improving efficiency in the provision of the services; and

(b) transparently, fairly and proportionately.

34. The PSR sets out a defined process for awarding contracts, with the purpose to:
    - introduce a flexible and proportionate process for deciding who should provide healthcare services;
    - provide a framework that allows collaboration to flourish across systems; and
    - ensure that all decisions are made in the best interest of patients and service users.

35. The PSR introduces three processes that authorities can follow to award contracts (Please see *Appendix 2* for a diagram):
    - Direct award processes
    - Most suitable provider processes
    - Competitive process.

36. We set out below the different processes, which must be considered in order. If either direct award processes A or B apply, it is mandatory that they are followed. Consideration of direct award process C and the most suitable provider process are optional, but if the Council considers that only a competitive exercise can achieve best value, it should conduct a competitive process.

Award process	When must / can this be used?	Key rules	Key considerations
Direct award process A (existing provider)	Where only an existing provider is capable of providing the services.	Can make direct award without competition.	Whether there really is no other provider who can deliver the services.
Direct award process B (patient choice)	Where the authority is required (or chooses) to offer choice to patients and cannot restrict the number of providers.	Must offer contracts to all providers who meet all requirements.	Must make arrangements to enable providers to express an interest in the services.
Direct award process C (incumbent extension)	If an existing contract is being replaced and there are no considerable changes, authority	Considerable change threshold: - services materially different in character; or	Whether the current provider is satisfying the existing contract, and whether considerable

	can use this process.	- change to services by authority, lifetime value of proposed contract at least £500k higher and 25% higher than existing contract	changes will be made to the services.
Most suitable provider process	Where the authority takes the view that it is likely to be able to identify the most suitable provider.	Can make direct award without competition.	Whether there really is no other provider who can deliver the services and the Council's knowledge of suppliers is up to date.
Competitive process	When direct award processes A and B do not apply, and the authority does not wish to follow C or the most suitable provider process.	Must open the competition to the market and assess all offers received.	Whether best value can only be achieved via a competitive exercise.

37. Due to the borough having an existing provider for 0-19(25) Public Health Nursing Services a direct award could be considered to procure this service. However, due to the redesign of the service and in light of market engagement which has shown there is a strong market to deliver these services demonstrating that direct award process A and C are not viable options. This is because it is necessary to consider other providers who might now be capable of delivering the redesigned service. The direct award process B is not valid due to this service not being a scenario where a patient has a choice of providers. The most suitable provider process is also not a valid option in relation to this recommissioning as market engagement has shown a strong interest and capability from multiple providers, making this process inappropriate for ensuring the best service delivery.

38. As the Direct Award processes do not apply in this case, and in light of feedback from market engagement, a competitive process is recommended as the most suitable route forward. This approach will allow for a thorough evaluation of multiple providers, ensuring that the best possible service is procured. A competitive process promotes transparency, encourages innovation, and ensures value for money by allowing various providers to submit proposals and compete based on quality, cost, and capability.

39. **Option 1: Run a competitive open tender procedure, procure Health**

Visiting, School Nursing and Maternity in the Community services in three lots (**recommended**)

Use of an open procedure represents the most effective way to proceed and will likely lead to high-quality service provision. Comprehensive market engagement and post-tender clarifications will provide opportunities to work with potential providers to develop an innovative service model that delivers the greatest value for money. We are not proposing to limit the lots to any single contract provider, and we welcome bids from consortium providers. Our lotting strategy[8] aims to open the market to maximise capacity and ensure comprehensive service delivery[9]. Suppliers will be able to bid for all three lots with the possibility to win all three.

It is recommended that the Council externally source a clinically governed provider (as detailed in Option 1) to deliver the 0–5, 5–19(25), and Maternity in the Community services with high levels of clinical governance, appropriate organisational infrastructure, and an established track record of delivering public health nursing services.

Option 1 – Procure Health Visiting, School Nursing and Maternity in the Community services in three lots (recommended).

Pros	**Cons**
Potential to align activities within services more closely by age.	Increases level of resource to commission and contract manage and there is a risk to clear delivery to whole child population.
Transparent process which is compliant with the procurement regulations.	If three different providers are commissioned, there may be challenges with interoperability of data systems for touchpoints between the three services.
Allows market testing, provider innovation and best value.	Three services may mean three providers to manage and monitor.
Reduced legal challenge as providers have opportunity to bid.	
Safeguarding compliance by clinical evaluation of tenders.	
Organisational finances are separated, school nursing may gain stronger focus alone rather than becoming subsumed in integrated service model.	
More local authorities are moving towards this model based on experience as it allows for a greater focus on the school nursing aspect and opens the market beyond traditional providers, thus	

[8] In public sector procurement, a lotting strategy involves dividing a large procurement requirement into smaller, distinct portions or "lots," each representing a separate contract open for bidding, to enhance competition, achieve value for money, and foster market development: The Pros and Cons of Lots & Lotting in Public Procurement - Public Spend Forum

[9] Guidance: Lots (HTML) - GOV.UK

stimulating the market to encourage new bidders. Examples include RBKC, Westminster, Birmingham City Council, Leeds, and Hampshire.	

40. **Option 2: Proceed to open tender, procure an integrated service as just two lots of procure Health Visiting and School Nursing (not recommended).**

    This approach may not optimize the 0-5 service element and will fail to provide the necessary support for families to address current workforce shortages and service gaps. Without adequate support, these shortages could worsen, further diminishing the quality of care provided to children aged 0-5. Moreover, by not utilising the new model the existing service gaps may remain unaddressed. Furthermore, it may limit the number of bidders.

Option 2 – proceed to open tender – integrated service as two lots.

Pros	**Cons**
Transparent process which is compliant with the procurement regulations.	Extensive commissioning process to secure appropriate provider.
Allows market testing, provider innovation and best value.	Restricted to established clinical providers.
Reduced legal challenge as providers have opportunity to bid.	Commissioning in this way would still not address the current gaps in service provision.
Safeguarding compliance by clinical evaluation of tenders.	By commissioning this way this does not address the national shortage of the Health Visiting workforce and does not provide a solution to support them.

41. **Option 3: Proceed to open tender, procure an integrated service as one lot of 0-19(25) Public Health Nursing services (not recommended).**

    This may not optimise the 5-19(25) service element and won't allow for the detail that is needed for this service. Furthermore, it may limit the number of bidders. Limiting the number of bidders could reduce competition, which might result in higher costs and lower quality of service provision.

Option 3 – proceed to open tender – integrated service as one lot

Pros	**Cons**
Transparent process which is compliant with the procurement regulations.	Extensive commissioning process to secure appropriate provider.
Safeguarding compliance by clinical evaluation of tenders.	Restricted to established clinical providers.
Reduced legal challenge as providers have opportunity to bid.	Past commissioning in this way has resulted in a lesser focus on school nursing c.f. health visiting, thus the 5–

	19(25) service element may not be optimised.
	By commissioning this way this does not address the national shortage of the Health Visiting workforce and does not provide a solution to support them.

42. **Option 4: Bring the service in-house (not recommended).**

This is not recommended due to the need for an appropriate clinical governance structure, which is not currently in place within H&F. There are also significant cost, risk and oversight implications if sought to implement this option. Furthermore, the required software systems are not currently in place to support provision of this service in-house. Additionally, the council would incur substantial costs related to NHS pensions and terms and conditions due to TUPE regulations, which mandate that employees retain their existing employment terms, including pension rights.

Option 4 – Bring services in-house

Pros	**Cons**
Gives full management and budgetary control to public health function	Appropriate clinical governance structure not currently in place within H&F to make this possible. Significant cost, risk and oversight implications if sought to create this.
No need for competitive procurement process	
Potential cost savings in management charges	Clinical software systems not currently in place to support bringing this service in-house.
No risk of procurement challenge	

43. **Option 5: Do nothing (not recommended).**

This option would be detrimental to the health and wellbeing of residents as it would leave a gap in expertise in providing weight management support. Providing services such as these that improve the health of people who live in their area is a duty of local authority public health teams (Section 12 of the Health and Social Care Act 2012), and therefore commissioning this service will assist H&F in meeting their legislative duty.

Market Analysis and Engagement

44. Market engagement was undertaken for this procurement. A PIN notice was uploaded to Capital E-Sourcing on 13 September 2024 and placed on the Government's Find a Tender service. The PIN advertised a market engagement event to inform suppliers of the proposed service model and gain feedback and comments on the model, proposed contract length and proposed price: quality split. The market engagement event took place on 16 October 2024. A total of eight providers attended. Distortion of competition during market engagement

activities was avoided through Publishing the opportunity to take part in market engagement activities on the Find A Tender Service (FTS) Notice identifier: 2024/S 000-029445. A reasonable timeframe to provide responses to market engagement activities was included.

45. The market for 0-19(25) Public Health Nursing services and a Maternity in the Community Service is well established, with most other local authorities commissioning or delivering these types of services in their areas.

46. Contrasting with social care and individual healthcare (ICB) markets, public health nursing does not comprise packages of care for individuals where unit prices and costs can be easily compared across providers. Public Health Nursing comprises a workforce and a management structure charged with meeting the needs of a whole population.

47. The market for 0–19(25) public health nursing services can vary from being limited to competitive with several providers applying to deliver services in local authorities where these services are put out to open tender. The market for this type of clinically governed provider is dominated by NHS Trusts and a small number of private providers. These organisations have existing, established clinically governed structures suitable for the delivery of public health nursing. For a Maternity in the Community Service there is a large and expansive market of mainly voluntary sector organisations, which are commonly subcontracted as part of the public health nursing offer or as a separate lot or contract to support delivery of the HCP.

48. Local authorities rarely deliver public health nursing in house. It is usually the case that social care departments do not have the clinical staff and expertise even at the most senior director levels to provide adequate clinical governance to oversee public health nursing delivery.

49. The contract will specify the need to work in collaboration with the Council, other service providers, and residents, to deliver consistent, high-quality services for H&F, responding to evolving needs and changing demand, and continuously driving innovation and improvement.

50. As part of the tender, bidders will have to make a social value commitment which will be assessed via the TOMS Framework and a social value score awarded. They will also be asked to commit to the Bloody Good Employers Programme, to ensure an inclusive culture, communication and policies within their organisation.

Conflicts of Interest

51. All officers and decision makers, including elected members (where appropriate), have been required to complete a Conflict-of-Interest Declaration form to record any actual, potential, and/or perceived conflicts, along with appropriate mitigations (as appropriate), on the Conflicts Assessment.

52. Approval of, by way of signing, this Procurement Strategy by the elected member constitutes their declaration that they do not have any actual, potential, and/or perceived conflicts, relevant to this procurement, except where a specific Conflict of Interest Declaration form has been completed and provided, advising

differently.

53. The Conflicts Assessment will be kept under review and updated throughout the life of the project (from project inception to contract termination).

Lot Considerations

54. The contract is being split into three lots, as set out in Table 1, below.

55. We are not proposing to limit the lots to any single contract provider, and we welcome bids from consortium providers.

56. Our lotting strategy aims to open the market to maximise capacity and ensure comprehensive service delivery. Suppliers will be able to bid for all three with the possibility to win all three.

Table 1 - Lots

Lot Number	Lot Title and/or Description
Lot 1.	Health Visiting Service (for children aged 0–5)
Lot 2.	School Health & Wellbeing Service (for children aged 5-19(25))
Lot 3.	Maternity in the Community Services (for children aged 0–5)

People Based Considerations

57. The Transfer of Undertakings (Protection of Employment) Regulation 2006 (UKSI 2006/246) (TUPE) is applicable to these contracts. A Pension Information Memorandum (PIM) will be prepared for use with these contracts, and Trade union consultation will be undertaken for these contracts.

58. A six-month mobilisation period has been factored into these contracts to ensure there is an efficient change of contracts.

Risk Assessment and Proposed Mitigations

59. Summary of the key risks for the procurement and proposed mitigations:

Category Mitigation	Risk Description	Activity
Providers	Stakeholder engagement – risk of not having viable providers that will proceed to tender. Providers will need to have the correct amount of clinical governance.	Market engagement has been undertaken, and Find a Tender Service notices published. There will be evaluation criteria that will have to be met in the tender to ensure that providers have the correct clinical governance in place.
Finance	Risk of providers not being able to deliver	Robust benchmarking and comparison of

	within the allocated budget or the bids submitted are beyond the budget envelope.	existing contract rates has been undertaken to ensure the budget assigned is sufficient.
Workforce	Public health nursing is currently facing a significant staffing crisis in the UK. The NHS is experiencing the worst workforce shortage in its history. The staff shortages are having a knock-on effect on patient care, efforts to deal with care backlogs, and meeting ongoing demand for services.	We are working closely with the Institute of Health Visiting and the incumbent provider to assess the situation and will be working on the workforce development opportunities to overcome this.
Performance	During the procurement process, there is a potential risk that performance of the current provider may decline.	We are collaborating closely with the Institute of Health Visiting (IHV) to ensure that the workforce is actively leading the transition to the new model. This proactive involvement will help maintain performance levels and ensure a smooth implementation of the new service model.
Resource	If key staff working on the project are unavailable at peak times, there is risk in slippage in timelines as well as the quality of documents available being negatively impacted.	A risk register will be utilised, be established and reviewed by the group. A project group will be established with key stakeholders to drive forward actions.
Mobilisation	If a new provider is selected and due to the new redesign of the service, mobilisation of this new service may be complicated and lengthy.	A 6-month mobilisation period is being programmed in to ensure that there is fluency between services and that any issues that arrive are ironed out before the commencement date of new service.

Contract Duration Considerations

60. The Contract will run for a minimum of 36 Months, with the option for 2 (two) further 24 (twenty-four) Month extensions, in essence a maximum 84 (eighty-four) Month Contract.

Timetable

61. An estimated timetable of the competition process through to contract commencement:

Action:	Date:
Key Decision Entry (Strategy)	2nd May 2025[10]
Contracts Assurance Board (Strategy)	7th May 2025
Cabinet Member approval (Strategy)	19th May 2025
Political Cabinet Approval (Strategy)	16th June 2025
Cabinet Approval (Strategy)	14th July 2025
Find a Tender Service Notice	September 2025
Closing date for Clarifications	October 2025
Closing Date for Procurement Responses	November 2025
Evaluation of Procurement Responses	November 2025
Moderation	November 2025
Award Recommendation Report	December 2025
CAB (Award)	December 2025
SLT/Cabinet Member (Award)	December 2025
Key Decision Entry (Award)	January 2026
Assessment Summaries	January 2026
Contract Award Notice	January 2026
Contract Engrossment	May 2026
Contract Detail Notice	May 2026
Contract Mobilisation and Implementation	June 2026 – December 2026
Contract Commencement Date	1 January 2027

Selection and Award Criteria

62. An evaluation panel will be formed for each service to review and score the submitted tender documents. The panels will have key stakeholders including public health as well as clinical professionals as appropriate. Potential service users will also be included in evaluation where possible.

63. Each tenderer will need to achieve a minimum level of acceptability as defined by H&F's compliance standards relating to matters such as financial and economic standing, insurance, health and safety, technical ability, and National Institute for Health and Care Excellence (NICE) registration.

64. Public Sector organisations have an obligation under the Public Services (social

[10] Issue details - 0-19(25) - Public Health Nursing and Maternity in the Community Services Procurement Strategy | London Borough of Hammersmith & Fulham

value) Act 2012 (SVA) to consider how each procurement might improve the economic, social and environmental well-being in a way that achieves value for money as well as generating benefits to society and the economy, whilst minimising damage to the environment.

65. In alignment with the Social Value Portal's TOMS framework, our commissioners will prioritise bids that demonstrate significant contributions to social value. Key themes of focus include; employment and retention, community engagement, volunteerism and apprenticeships.

66. Where one or more of these criteria is not met, the Invitation to Tender will advise them that the Council can, if it wishes, use its discretion to pass a tenderer who fails to meet the above criteria, where it is assessed that there are sufficient mitigating circumstances.

67. The technical quality stage will consist of a number of questions in key areas of the service requirements. Quality will be ensured by designing detailed questions which list every aspect of the requirements that tenderers will be expected to reference.

68. Market engagement leads us to believe that the allocated budget will be challenging for providers to deliver our requirements. With that in mind we are expecting bids to be very closely bunched at the top end of our budget. Under traditional cost / price evaluation techniques this could result in bidders being award maximum or near maximum marks for Price and effectively negating these criteria as an objective measure. We therefore aim for tender evaluations for the service to be focused on examining how the proposal will deliver a quality service (technical) with a weighting of 70% to reflect the clinical governance requirements and the cost of the service (commercial) with a weighting of 30%.

69. For the reasons highlighted above it is recommended that the evaluation for the procurement of the contract uses a 30% price and 70% quality weighting to ensure the delivery of quality services. Furthermore, we propose to vary from the traditional approach to price evaluation, i.e. the tenderer who submits the lowest price will be awarded the full 30% available and split the 30% into two elements. 15% will be evaluated under the traditional approach and the remain 15% will allocated to the provider that shows the most effective allocation of resources using that funding. For instance, dedicates more funding to front line resources rather than back office / overheads.

70. Our quality award criteria as set out by the PSR will be sectioned into the below:

- Quality and innovation, that is the need to ensure good quality services and the need to support the potential for the development and implementation of new or significantly improved services or processes that will improve the delivery of health care or health outcomes.

- Integration, collaboration and service sustainability, that is the extent to which services can be provided in— (i) an integrated way (including with other health care services, health-related services or social care services), (ii) a collaborative way (including with providers and with persons providing health related services or social care services), and (iii) a sustainable way

(which includes the stability of good quality health care services or service continuity of health care services).

- Improving access, reducing health inequalities, and facilitating choice, that is ensuring accessibility to services and treatments for all eligible patients, improving health inequalities and ensuring that patients have choice in respect of their health care, and (e) social value, that is whether what is proposed might improve economic, social and environmental well-being in the geographical area relevant to a proposed contracting arrangement.

Contract Management

71. Provider performance will be measured against high-level performance objectives, consisting of clearly defined targets set by H&F Public Health team. The objectives are linked to locally identified priorities and the Office for Health Improvement and Disparities' Public Health Outcome Framework. Targets will be set to ensure alignment with local and national strategies and to reflect changes in demographics and healthy lifestyle indicators.
72. These Key Performance Indicators (KPI's) will evidence minimum standards around service delivery and monitor the provision of an inclusive service with the full breadth of interventions available. Contract performance will be assessed via quarterly monitoring meetings. The provider will be expected to submit KPI's onto a portal that will allow the council to monitor the impact of services against Public Health Outcomes. As the contract progresses, further monitoring requirements will be developed with the successful provider as changing needs will need to be addressed.
73. There will be clauses in the contract terms and conditions covering breaches in performance. These will relate to a number of factors including critical performance defaults and non-critical performance defaults. Remedies include warnings, withholding of payments or part-payments. The contract will also include a clause relating to the Public Health ring fence budget meaning should funding be cancelled during the term of this contract; the Authorities are able to terminate each contract with 3 months' notice.
74. The Contractor(s) will be permitted to submit an annual price review request for the support contract on an open book basis and price increases may be agreed for aspects of the service where it has been demonstrated that costs have risen.
75. The mandated undertakings described in this Strategy are reported to the Office for Health Improvement and Disparities quarterly and published for comparison next to data from all Local Authorities in London and England. A provider with a clear understanding of what this entails, and the technical systems required to deliver this effectively are a critical element of the service provision. Therefore, Clinical Governance is such a key requirement of this service.
76. The main requirement which a provider of the 0–5 service must deliver from the first quarter of business operation would be the Early Years Minimum Data set (EYMDS). This requires an established workforce with experience, a management structure experienced in this type of data and it's acquisition to identify and resolve any undeliverable, and a Healthcare IT system such as

System One, in order to capture and report the data.

77. As well as the requirements within the contract for service user feedback managed by the Provider(s), the commissioning team will also manage a process of service user feedback directly to the Council.

Equality Implications

78. The Council has given due regard to its responsibilities under Section 149 of the Equality Act 2010, and it is not anticipated that there will be any negative impact on any groups that share protected characteristics from the introduction of the service. The proposal to commission this service will have a positive impact on residents who share protected characteristics.

79. Giving every child the best start in life is crucial to reducing health inequalities across the life course. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement, and economic status.

80. This service will have a positive impact on age. All resident parents and children attending a school in the borough will be entitled to receive support from this service from antenatal stage (28 weeks gestation) to when the child is 19 years or 25 with SEND.

81. It will also have a positive impact on disability with the school nursing team will provide clinical care to children and young people with long term health conditions and Health Visitors will work in partnership with other services in supporting the assessment of the education health and care plans for children between 0-5.

82. For pregnancy and maternity all families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP. The Maternity in the Community service will aim to provide extra support to all families focusing on breastfeeding support and maternal mental health.

83. Trans young people in H&F might be in greater need of additional support. School nurses will be part of a 'whole' school or setting approach which will ensure that any trans young people and their families are supported, and staff are safe. For sexual orientation School Nurses have a role in supporting children and young people to develop positive relationships and good mental health. They do this through supporting PSHE and Relationship and Sex Education within schools but also through 1:1 direct intervention.

84. For groups who share protected characteristics in relation to race, the service will be expected to ensure equity of access for all residents; provide culturally sensitive services and deal robustly with all incidents of racially motivated harassment, violence and/or abuse.

85. There are also positive identified impacts for Care Experienced people. Health visiting and school nursing provide essential support for children in care, offering numerous benefits in relation to continuity of care, early intervention, health promotion, emotional support and reducing inequalities.

86. An equality impact analysis is attached at Appendix 3.

Yvonne Okiyo, Strategic Lead EDI, 1st April 2025

Risk Management Implications

87. There is a compliance risk that tenderers may not be able to keep up with potential changes to legislation. All suppliers must provide guarantees that have the ability and support processes to react to legislative changes and adapt accordingly.
88. There is a quality risk that due to the length of the contract, that service quality may decline due to funding issues, resource issues or complacency. It is advised that the engagement is reviewed regularly (at a frequency of not less than six months) and service quality levels are assessed. Accordingly, it is key that all service, quality and engagement levels are defined and agreed to. As a result, any supplier not meeting service, quality and engagement levels may have their contract reviewed, amended or reassigned.

Jules Binney, Risk and Assurance Manager, 1st April 2025

Climate and Ecological Emergency Implications

89. Overall, there will be a neutral impact of introducing this service in relation to climate considerations. There may be a modest reduction on the overall energy use (electricity or other fuels) e.g. in buildings, due to services being co-located in existing family hubs and health centres or utilising work from home.
90. Due to our services using existing spaces and their ability to work from home in some areas this will reduce the need to travel e.g. through remote meetings, or rationalising routes and rounds. Furthermore, we will encourage providers to support users and staff to walk, cycle, or use public transport e.g. with cycle parking, training, incentives.
91. Providers will also be encouraged to 'make every contact count', by using contact points with residents and businesses to promote understanding of the climate emergency.
92. There are positive impacts for the climate emergency, therefore a recommendation to proceed as is. This will help the Council reach its target of being net-zero.

Hinesh Mehta, Assistant Director of Climate Change, 02/04/2025

Local Economy and Social Value Implications

93. This procurement will dedicate 12% of the weighting to Added Value, which is in line with the Council's standard approach.
94. This procurement strategy has indicated the type of Added Value that will be

prioritised in the associated lots (para 57). It is recommended that the commissioners work with the Social Value Officer and Procurement to ensure these outcomes are reflected in the set of TOMs that are used on Social Value Portal.

95. On award of the contract(s), the commissioner will ensure that the Added Value commitment offered at tender stage is stated as a contractual output.

96. Our standard contracts include clauses which refer to penalties for non-delivery against social value commitments. It is recommended the Social Value Officer and commissioner meet at each stage of this procurement to ensure that the Added Value received is aligned with the 3 categories within the Added Value strategy and the Added Value Matrix (Inclusive Economy, Happier and Kinder H&F, Responding to the Climate Emergency).

97. Social Value Portal will be used for evaluating the Added Value element of all tender submissions in compliance with the agreed corporate procurement approach. The commissioner will work closely with the Social Value Officer to ensure commitments are reported regularly on the Social Value Portal by their suppliers.

Harry Buck, Social Value Officer (Procurement), 14th April 2025

Digital Services Implications

98. IT Implications: No direct IT implications are considered to arise from this report at this stage as it seeks approval to tender for a provider(s) regarding Public Health Nursing services and a new Maternity in the Community Services. Do note this document is requesting approval of the procurement strategy and digital implications of any resulting contract awards will be considered and assessed in the later stages. It is important that Digital Services continue to be an integral part of the exercise to ensure that any future digital requirements are met, that all necessary safeguards, permissions and budgets are in place, and that any IT work undertaken is in alignment with the digital strategy.

99. IM Implications: A Data Privacy Impact Assessment (DPIA) will need to be completed to ensure all potential data protection risks arising from this proposal are properly assessed with mitigating actions agreed and implemented.

100. The supplier(s) will be expected to have a Data Protection policy in place and all staff will be expected to have received Data Protection training.

101. Any contracts arising from this report will need to include H&F's data protection and processing schedule which is compliant with Data Protection law.

Implications completed by Vincen Arivannoor, Strategic Relationship Manager, 7th May 2025

Consultation

102. The Council has undertaken formal consultation in respect of these services in accordance with the legal obligations. A range of stakeholders' views have been and are currently being sought. Their feedback has been central to the

development the service model. The new service model is being developed in the light of:

- Findings/themes emerging from the 0–19(25) public health nursing services review via an online consultation and further face to face and online consultation sessions.
- Support from the internal 0–19(25) public health nursing services steering group.
- Engagement through workshops, utilising the Family Hubs and the “Family Voices” group, the Youth Council, talking to young people at Summer In The City, SENCO Forum, Integrated Neighborhood Steering Group and other professional consultations with teachers and headteachers.
- Work with the Institute of Health Visiting.
- National guidance.
- Learning from other London Boroughs and other areas in the country.

103. Stakeholder consultation is still ongoing, but the following themes have emerged and are informing the development of service specifications.

- A progressive, universal approach to transition needs to be taken with clear pathways for those needing additional support.
- There is a need to develop protocols for robust sharing of information between social care, health and learning services, maternity, hospitals and the Health Visiting and School Nursing Service which should limit bureaucracy and be seamless enabling support rather than hindering it and ensuring compliance with the Data Protection Act.
- There are other professionals working with young people who deliver elements of the HCP and who are currently unrecognised.
- Quality assurance and evaluation of services should be given priority so that there is a stronger focus on outcomes and quality rather than just on activity.

104. Specific feedback on the new Health Visiting Service:

- There needs to be more clarity around the role of a health visitor and expectations of the service through contact antenatally as well as throughout the 0-5 pathway.
- Contact with a Health Visitor face to face or by phone is valued over digital solutions.
- Mental health needs are increasing and there needs to be more evidence-based support around mental health postnatally.
- The service needs to be clear, consistent, and responsive with appointments, visits, clinics and access to advice.
- The service needs to be culturally competent.
- Staff need to be up to date in their knowledge base and practice.
- Health visitors should be enabled to exercise clinical judgement in the timing of the New Birth contact.
- Greater access to community breastfeeding support is needed.

105. Specific feedback on the new School Nursing Service:

- School Nurses should be visible to the children and to other professionals.
- Schools are clear on what to expect from school nursing (SN) services to include: how SNs are allocated to schools, SN time at safeguarding meeting, data returns, the role of SN in PHSE and in training, and the co-ordination of NCMP.
- There are synergies that could be sought in the special educational needs area. GPs typically reported further links are needed with School Nurses to be the missing communication link with the schools. That a specialist School Nurse should be allocated to champion SEND.
- Key things that the service should focus on include toileting; mental health; safeguarding; oral health; sexual health; puberty; sleep; heathy relationships; emotional support; care plans; early identification; weight management; and long-term conditions (especially asthma).
- The Public Health team engaged with young people at many events to understand their views on school nursing. They found that many students were unaware of their school nurse, preferred confidential face-to-face interactions, and valued mental health support highly. With the Youth Council we discussed how the service should align with their priorities, emphasising inclusion, safety, mental health, work experience, and life skills as key areas for support.

106. Specific feedback on the new Maternity in the Community Service:

- The current service lacks the capacity to offer comprehensive support packages. Increasing visibility and accessibility for both children and professionals is essential.
- There is a need for a skilled, resourced, and varied workforce. Current guidance should be used to ensure an effective workforce for delivering the Health and Care Plan HCP, including safe staff numbers and a balanced skill mix.
- This service has the potential to attract new starters into the health visiting career, promoting growth and development within the field.
- A whole-system approach is crucial for providing safer, personalised, and accessible support. This includes individualised care with a clear vision and shared goals to improve outcomes for children, young people, and families. Achieving this relies on professionals and services working collaboratively, embracing information technologies, and making efficient use of data to deliver high-quality services.

LIST OF APPENDICES:

Exempt Appendix 1 – Exempt Information
Appendix 2 – PSR options flowchart
Appendix 3 – Equality Impact Analysis