

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Councillor Alex Sanderson - Deputy Leader (with responsibility for Children and Education).

Date: 03/03/2026

Subject: Contract Award for Lot 1 – Health Visiting Services for H&F 0–19(25) Public Health Nursing Services and a new Maternity in the Community Service

Report Author: Charis Champness – Programme Lead Public Health

Responsible Director: Dr Mayada Abu Affan – Interim Director of Public Health

Executive Director: Jacqui McShannon – Executive Director of People’s Services and DCS

SUMMARY

This report seeks approval to intend to award Lot 1 - Health Visiting Services for Hammersmith & Fulham as part of the wider 0–19(25) Public Health Nursing Services and Maternity in the Community tender to a potential supplier.

The intended award is for an initial three-year term from 1st January 2027 to 31st December 2029, with options to extend for up to two further periods of two years (3+2+2). The procurement was conducted under the Health Care Services (Provider Selection Regime) Regulations 2023 and the Council’s Contract Standing Orders. The Health Visiting services are required 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.

RECOMMENDATIONS

That the Deputy Leader:

1. Notes that Appendix 1,2, 3 and 4 and Annex 3 are not for publication on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that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 (as amended).
2. Approves the intention to award the contract to the potential supplier, for the delivery of a high quality 0-5 Public Health Nursing service for Health Visiting in Hammersmith and Fulham subject to satisfactory contract optimisation.
3. Delegates authority to the Director of Public Health, in consultation with the Executive Director of People’s Services, to finalise the award and enter into the contract, following conclusion of contract optimisation.

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 provider will work in partnership with Commissioners to ensure that coproduction with residents is at the heart of ongoing service improvement to ensure that their needs are being met and respond well in preparation for any changes of need. Hearing from service users directly and regularly will be part of the contract management of this service. The new specification was developed following extensive consultation with service users and stakeholders.
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	The provider will be monitored to ensure delivery against environmental outcomes outlined in their social value commitment.

Financial Impact

The recommendation above to award a contract to the potential supplier, for the delivery of a high quality 0-5 Public Health Visiting service in Hammersmith will be funded from the ringfenced Public Health Grant from January 2027 to 31st December 2029. The annual budget available is £2,640,000. The contract period will give rise to part year effects of 3 months in 2026/27, full year in 2027/28 and 2028/29, and 9 months in 2029/30 for the initial propose contract term. Funding will be subject to full Council budget approval for each respective year.

As mentioned in the report, subject to approval to award, the Council will enter a contract optimisation process with the supplier to enable detailed negotiation on the identified areas to determine whether efficiencies in delivery could be achieved. Currently, there are no Medium-Term Financial implications applicable to this contract.

Further details relevant to the financial impact and/or undertaken to provide financial assurance are included in the exempt Appendix 2.

Name: Cheryl Anglin-Thompson

Email: cheryl.anglin-thompson@lbf.gov.uk

Role: Principal Accountant ASC Commissioning & PH

Date: 6th January 2026

Verified by: James Newman, AD Finance, 29 January 2026

Legal Implications

This procurement process was managed and undertaken in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (UKDSI 2023/9780348252613), as well as the requirements of the Council's Contract Standing Orders (CSOs).

This report seeks approval for the intention to award the contract for Health Visiting services to 0-5-year-olds in the borough. The contract is due to commence on 1st January 2027 and to last for an initial period of 3 years with the option of extending it for a further two periods of 2 years.

Under the Council's Contract Standing Orders, the contract is a High Value Contract ('HVC'). The Cabinet Member has authority to approve the decision to award. As the award is for a contract in excess of £300,000 and a Key Decision, the report must be submitted to Committee Services for publication on the Council's website. The award decision cannot be implemented before the expiry of the call-in period.

The Council's Social Value Policy applies to new contract awards and so to the award to CLCH. Social Value must form part of the evaluation of the award criteria. A minimum of 10% of the overall score must be attributed to social value.

The contract must be signed as a deed (CSO 15.6.2 which provides that contracts with a value of £100,000 or more must be executed as deeds).

Joginder Singh Bola, Senior Solicitor (Contracts & Procurement), 05 January 2026

Procurement Comments

Contract Standing orders (19) require all procurement for high Value Contracts to be competitively tendered. However, as stated in the body of the report, the subject of the contract falls within the scope of the Health Care Services (Provider Selection Regime) Contract which includes options to direct award contracts in certain circumstances. In this case the decision was made to use a competitive tender to commission the services. Despite our expectations based on pre-market engagement activities, participation was lower than anticipated. Outcomes and recommendations for Lot 2 and 3 will be detailed in separate papers.

The offer received for Lot 1 is within the margin we would consider a "minor modification", and we believe the optimisation with the potential supplier will bring this into a contractable position. We advise an intention to award is issued and confirmation of award issued once both parties are agreed on the outstanding points.

Once award is confirmed officers will need to issue an appropriate notice on the Find A Tender Service site and set up the contract record on the Councils Contract database.

Joe Sardone Category Lead – People. Procurement and Commercial 6th January 2026

Background Papers Used in Preparing This Report

None.

DETAILED ANALYSIS

Background

1. Approval was sought by Cabinet on 14th July 2025 to reprocur the Public Health Nursing Services¹.

¹ [0-1925 Public Health Nursing and Maternity in the Community Services Procurement Strategy report.pdf](#)

- 2. Subsequently in October 2025 a transparent, competitive procurement process was undertaken over which the tender was out for a period of 40 days to identify a long-term provider to deliver the functions of a Health Visiting service (0-5).

Reason for Decision

- 3. Providing services such as these that improve the health of people who live in the borough is a duty of local authority public health teams and therefore commissioning this service will assist H&F in meeting their legislative duty.
- 4. Re-procuring 0-19(25) Public Health Nursing Services aligns seamlessly with both the H&F Corporate Plan 2023-2026² and the H&F Health and Wellbeing Strategy 2024-2029³. 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.

Procurement Approach

- 5. The procurement process has been undertaken in accordance with the Procurement Strategy included at Annex 1, agreed by Cabinet on 14th July 2025⁴, and CSO 11 of London Borough of Hammersmith and Fulham Council's (the "Council") Contract Standing Orders (CSOs), which defined the process to be followed.
- 6. The procurement opportunity was published on the Find a Tender Service (FTS) via the Councils procurement portal (capitalEsourcing), with the reference itt__19144. The reference number for the published notices is 2025/S 000-061381. prj__25314
- 7. The quality (including added value), and price weightings applicable to this procurement process are set out below, and were identified as being appropriate, to a model designed to drive a greater influence over the quality (including added value)/price of the contract, during the contract term.

Criteria	Weighting	
	Quality	Added Value
Quality, including Added Value (70%)	50%	20%
Price (30%)	30%	
Total (100%)	100%	

- 8. The following were used as part of this procurement:
 - a. Minimum pass rates.

² : [The H&F Plan - 2023 to 2026 | London Borough of Hammersmith & Fulham](#)

³ <https://democracy.lbhf.gov.uk/documents/s128946/Appendix%201%20-%20HF%20Health%20Wellbeing%20Strategy%202024-2029.pdf>

⁴ [Decisions 14th-Jul-2025 19.00 Cabinet.pdf](#)

- b. Site visits.

Conflicts of Interest

9. All officers and decision makers 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.
10. Approval of this Contract Award by the Strategic Leadership Team (SLT) member and 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.
11. All members of the Evaluation Panel were required to complete and sign a Conflict of Interest and Confidentiality Undertaking Declaration. A completed and signed copy of this form was returned by all members of the Evaluation Panel, ahead of them reviewing Potential Supplier responses.

Procurement Outcome

12. Procurement responses were received from 2 (two) Potential Suppliers, of which only 1 (one) bid is potentially contractable, subject to contract optimisation.
13. One Potential Supplier was disqualified at the Procurement Specific Questionnaire stage. The second bid from the Potential Supplier demonstrated minimum capacity and capabilities, as set out in the Procurement Specific Questionnaire (PSQ)/Minimum Standards Questionnaire (MSQ), and that their commercial offer was not abnormally low. Further details relevant to the procurement outcome are included in Appendix 3.
14. Following assessment and moderation of the remaining compliant Procurement Response received, moderated weighted scores were confirmed. Detail of these is included in the Moderation Matrix, included at the annexes of this report.
15. The Supplier's procurement responses have been objectively assessed as providing an appropriate quality of service.
16. Breakdown of moderated scores against all assessment criteria is included in Annex 3.

People Based Considerations

17. The Transfer of Undertakings (Protection of Employment) Regulation 2006 (UKSI 2006/246) (TUPE) is applicable to this contract.

18. The potential provider retains responsibility for ensuring compliance with TUPE, including maintaining existing terms and conditions of employment for affected staff.
19. Consultation with staff to align with the new commissioning model has been factored into the six (6) month mobilisation period.

Risk Assessment and Proposed Mitigations

20. The table below includes the key risks and proposed mitigations identified as being relevant to the contract award.

Identified Risk	Proposed Mitigations
1. There is a possibility that the contract optimisation process may not succeed or fail to reach a conclusion.	The project timeline includes a significant contingency period to allow for alternative actions. If optimisation is unsuccessful, we will initiate a new tender process.

Mobilisation Timetable

21. The table below provides an estimated timetable of the competition process through to contract commencing.

Action	Date
1. SLT Sign-Off (Award)	Monday, 9 February 2026
2. Contract Engrossment	Friday, 1 May 2026
3. Contract Award Notice Published	Friday, 29 May 2026
4. Contract Signed	Friday, 5 June 2026
5. Contract Start Date	Wednesday, 1 July 2026
6. Contract Mobilisation and Implementation	Wednesday, 1 July 2026
7. Service Start Date	Friday, 1 January 2027
8. Contract End Date (initial term, excluding extension periods)	Monday, 31 December 2029
9. Contract End Date (including all extension periods)	Saturday, 31 December 2033

Contract Management

22. The Health Visiting Service will be delivered in accordance with the Healthy Child Programme (HCP) and must comply with Care Quality Commission (CQC) standards, NICE guidelines, and all statutory safeguarding requirements.

23. The provider will be required to maintain robust clinical governance arrangements, workforce resilience, and data security in full compliance with UK GDPR. Services must be delivered to the highest standards of quality, safety, and effectiveness, ensuring equitable access for all families and alignment with local priorities, including reducing health inequalities and improving early years outcomes.
24. The service is expected to achieve measurable improvements in child health and development, with a particular focus on six high-impact areas:
 - Transition to parenthood
 - Maternal mental health
 - Breastfeeding
 - Healthy weight and nutrition
 - Accident prevention
 - School readiness
25. Delivery of the five mandated health reviews (antenatal, new birth, 6–8 weeks, 12 months, and 2–2½ years) forms a core contractual requirement. Outcomes will be monitored through quarterly performance scorecards, narrative reports, and annual safeguarding reviews.
26. Key Performance Indicators (KPIs) include coverage of mandated reviews, breastfeeding rates at 6–8 weeks, and ASQ-3 developmental outcomes at age two. The minimum performance targets are:
 - Antenatal contact: **95%**
 - New birth visit within 14 days: **95%**
 - 6–8 week review: **80%**
 - 12-month review: **75%**
 - 2–2½ year review: **75%** (subject to increase to 85% following national guidance)
27. Performance will be assessed quarterly via the Council's contract monitoring portal. From month seven of the contract, KPI achievement will be linked to financial deductions. Failure to achieve KPIs for two consecutive quarters will trigger a default notice and a remedial action plan. Up to 10% of the annual contract value may be withheld for underperformance, with deductions weighted by KPI importance (e.g., 4.5% for the 2–2½ year review). Credit notes must be applied within two months of the quarter in which the shortfall occurred.
28. Post-award, the contract will be managed by the Commissioners within the Public Health team within Hammersmith & Fulham Council. Formal contract management meetings will be held quarterly, supported by monthly data uploads and annual reports. These meetings will review performance, risks, safeguarding compliance, and continuous improvement plans. Persistent underperformance will be escalated to senior commissioning oversight.
29. Annual inflationary uplifts will apply in accordance with the Public Health Grant uplift, contract terms and prevailing local authority policy. The index will be set by the Consumer Prices Index (CPI) as published by the Office for National

Statistics⁵. The contract will reflect that the inflationary adjustment and that it will occur on the second anniversary of the contract start date and thereafter.

Analysis of Options

30. Option 1 – Award Following Contract Optimisation

Proceed with an intention to award the contract subject to successful contract optimisation. This approach ensures continuity of service, meets statutory obligations under the Health and Social Care Act 2012, and allows for further clarification and optimisation within the contract without the time and work associated with re-procurement.

31. Option 2 – Do Not Award and Re-Commission

Undertake a full re-commissioning of the service through a new procurement process. This approach would involve initiating a competitive tender, allowing the opportunity to review and refine service specifications, incorporate lessons learned, and potentially achieve improved value and outcomes.

While this option requires additional time and resources compared to awarding the existing contract, it is achievable within the current project timeline. The timeline includes sufficient contingency to accommodate the procurement process, ensuring compliance with statutory requirements and continuity of service.

32. Option 3 – Award Contract as Submitted

Awarding the contract in its current form is not recommended, as the proposal requires adjustments to ensure full compliance with the specification and delivery model. Proceeding without optimisation would present operational risks and limit the ability to achieve the intended service improvements.

33. Option 4 – Do Nothing

This option is not viable. The Council has a statutory duty to provide Health Visiting services under the Health and Social Care Act 2012. Failure to secure a provider would result in non-compliance with legal requirements and pose unacceptable risks to child health and safeguarding.

Conclusion

34. Following conclusion of the procurement process, it is recommended that the contract is awarded to the Supplier for the delivery of Health Visiting Services (0–5 years), subject to successful completion of contract optimisation.

35. The supplier's submission was assessed through a comprehensive and objective evaluation process, including moderation by the Evaluation Panel. The bid achieved strong scores in the quality component of the technical envelope, demonstrating robust governance, clinical standards, and innovative approaches aligned with the Healthy Child Programme and local priorities.

⁵ <https://www.ons.gov.uk/economy/inflationandpriceindices>

36. Entering into a structured contract optimisation phase will ensure that the final agreement reflects the specification requirements, operational improvements, and best practice standards, while safeguarding service continuity and statutory obligations. This approach provides the most effective route to secure a high-quality service for families in Hammersmith & Fulham.
37. Papers for Lot 2 – School Health & Wellbeing service and Lot 3 – Maternity in the Community service, as part of the broader H&F 0–19(25) Public Health Nursing Services and the new Maternity in the Community Service, will be submitted through the governance process separately.

Equality and Inclusion Implications

38. The Council has given due regard to its responsibilities under Section 149 of the Equality Act 2010. The proposed intention to award this contract is anticipated to have a positive impact on residents who share protected characteristics, with no identified adverse impacts.
39. 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.

Key Equality Considerations:

40. **Age:** The Health Visiting Service will provide universal and proportionate support to all families from the antenatal stage (28 weeks gestation) through to the child's fifth birthday. This early intervention is critical to reducing health inequalities and improving lifelong outcomes.
41. **Disability:** The service will ensure equitable access for Disabled children and parents, including those with Special Educational Needs and Disabilities (SEND). Health Visitors will collaborate with multi-agency partners to identify needs early, support assessments, and facilitate timely referrals to specialist services. Reasonable adjustments will be made to ensure accessibility of venues and communication.
42. **Pregnancy and Maternity:** All pregnant people and families with children aged 0–5 will be offered the Healthy Child Programme (HCP), including antenatal contact, breastfeeding support, and maternal mental health interventions. Additional targeted support will be provided for vulnerable families.
43. **Race and Cultural Competence:** The provider will deliver culturally sensitive services, ensuring equity of access for all ethnic groups. There will be a particular focus on addressing disparities in Black maternal health outcomes, supported by staff training and monitoring of service uptake and outcomes by ethnicity. The service will deal robustly with all incidents of racially motivated harassment, violence and/or abuse.

44. **Gender Reassignment, Sexual Orientation, Religion/Belief:** The service will operate within an inclusive framework, respecting diversity and safeguarding against discrimination. Staff will receive training on inclusive practice, and service materials will use gender-neutral and culturally appropriate language.
45. **Care Experienced Children:** Health Visitors will play a key role in supporting children in care, ensuring continuity of care, early identification of health needs, and emotional support to reduce inequalities.

Embedding Equality in Delivery:

- Equality outcomes will be monitored through contract management, including disaggregated KPI data and feedback from diverse families.
 - The provider will be required to demonstrate compliance with the Equality Act 2010 and H&F's EDI commitments, including cultural competence and accessibility standards.
 - Social value commitments, such as employing local Disabled residents and supporting community health initiatives, will further advance equality objectives.
46. An equality impact analysis is attached at Appendix 5.

Verified by: Yvonne Okiyo, Strategic Lead for Equity, Diversity, and Inclusion (EDI), 6th January 2026

Risk Management Implications

47. In addition to the risks described above there is an operational risk that LBH&F may become dependent upon the products and service from the appointed supplier both operationally and through business engagement.
48. This risk must be accepted. However, it is recommended that an ongoing assessment of the service provided is established with KPIs in place and regular performance and delivery reviews.

Jules Binney, Risk and Assurance Manager, 7th January 2026

Climate and Ecological Emergency Implications

49. The introduction of this service is expected to have a neutral or positive impact on climate objectives. Key considerations and commitments include:
 - a. Services will be co-located within existing Family Hubs and health centres to minimise additional energy consumption.
 - b. Remote consultations and virtual meetings will be used where clinically appropriate to reduce unnecessary travel.

- c. Staff will be encouraged and supported to use active travel and public transport through measures such as cycle parking, cycle-to-work schemes, and travel planning.
- d. Route optimisation for home visits will be implemented to minimise mileage and emissions.
- e. Supplier will be encouraged to commit to sustainable procurement practices, prioritising low-carbon and recyclable materials for clinical and administrative supplies.
- f. Digital-first approaches will be considered to reduce paper use, supported by secure electronic record systems.
- g. Clinical and office waste will be managed in line with NHS sustainability guidance and Council requirements, with clear recycling targets.
- h. Health Visitors will “make every contact count” by promoting climate-friendly behaviours among families, such as active travel and energy-saving practices.
- i. Supplier will be encouraged to integrate climate awareness into staff training and community engagement.

50. These measures support the Council’s ambition to achieve net-zero carbon by 2030 and ensure that the service contributes positively to climate resilience and sustainability.

Verified by: Hulya Ataoglu, Climate Programme and Finance Officer, 22 December 2025

Local Economy and Social Value Implications

- 51. It is a requirement that all contracts let by the council with a value above £100,000 propose and commit to social value contributions that are additional to the core services required under the contract.
- 52. The supplier has committed to a range of Social Value outcomes, including employment of local residents with disabilities, personalised support to improve career and life skills, support for local students, investment in community health and wellbeing initiatives and initiatives to promote more resilient communities.
- 53. It is recommended that the commissioner and Social Value officer work with the chosen supplier at contract commencement to ensure that the contributions committed by the supplier are realistic and supported by a delivery plan.
- 54. It is recommended that the commissioner works closely with Legal Services to ensure appropriate social value clauses are included in the contract, so that the council can enforce its right to remedies if social value commitments are not delivered.

Harry Buck, Social Value Officer (Procurement), 2nd January 2026

Digital Services and Information Management Implications

55. It is not clear whether there will be digital or IT implications arising from this contract. As such the Service should engage with Digital Services to ensure that any IT requirements are identified, all necessary safeguards and permissions are in place, and that any digital work aligns with the Council's digital strategy.
56. The provider will be expected to have a robust Data Protection policy in place, and all staff must have received Data Protection training. The contract must also include H&F's data protection and processing schedule, ensuring compliance with UK Data Protection law (GDPR). H&F's approved cyber security clauses must be incorporated into the contract, regardless of value or framework. Legal advice should be sought if non-H&F contract templates are used.
57. A Data Protection Impact Assessment (DPIA) is mandatory for all projects involving personal data, including this service, due to the handling of sensitive health and safeguarding information.
58. If the service or supplier intends to use any AI-related functionality (for example, for automation, risk detection, or decision support), the AI Governance Framework form must be completed, and DS must be engaged to ensure compliance with corporate AI strategy, governance, security, and privacy requirements.
59. All digital tools and services must be accessible to staff and the public. Accessibility is a legal requirement and must be considered from the outset; any system with major accessibility issues should be treated as incomplete.

Implications complete by *Cinar Altun, Strategy Lead – Digital Services 22 December 2025*

Property Implications

60. The Health Visiting Service will operate from a range of accessible locations across the borough to ensure equitable provision for all families. The provider will utilise the Council's Family Hubs as the primary delivery points, supplemented by other community venues such as children's centres and local clinics. This approach supports a place-based model of care, reduces barriers to access, and ensures that families can attend appointments within their local area.
61. The specification requires the provider to maintain flexibility in clinic scheduling and venue use to meet diverse needs, including outreach for vulnerable families and those with limited mobility. All venues will comply with statutory requirements for health and safety, safeguarding, and accessibility standards.

62. This model aligns with the Council's commitment to integrated services and co-location, enabling closer partnership working with early years, maternity, and social care teams, and supporting the delivery of the Healthy Child Programme in a community setting.

Health and Wellbeing Implications

63. The Health Visiting Service (0–5 years) will have a significant positive impact on the health and wellbeing of families in Hammersmith & Fulham. By delivering the Healthy Child Programme, the service will provide universal and proportionate support from the antenatal stage through to age five, focusing on early intervention and prevention.
64. Key benefits include:
- Improved maternal mental health and breastfeeding support.
 - Early identification of developmental delays and safeguarding concerns.
 - Reduction of health inequalities by ensuring equitable access for all families, including those with additional needs.
65. The service will contribute to better long-term outcomes for children and families by promoting healthy lifestyles, supporting emotional wellbeing, and strengthening resilience during the critical early years.

LIST OF APPENDICES

- Appendix 1 (Exempt) – Contract Award Details
Appendix 2 (Exempt) – Further Financial Assurance
Appendix 3 (Exempt) – Procurement Outcome
Appendix 4 (Exempt) – Moderated Assessment Scores
Appendix 5 - Equality Impact Assessment
Annex 1 – Procurement Strategy
Annex 2 – Procurement Timetable
Annex 3 (Exempt) – Social Value Portal (SVP) Assessment Summary (Added Value)

LONDON BOROUGH OF HAMMERSMITH & FULHAM