

Report title: Kirklees Healthy Child Programme (0-19 service)

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| Meeting | Cabinet |
| Date | 6th May 2025 |
| Cabinet Member (if applicable) | Cllr Beverley Addy |
| Key Decision Eligible for Call In | Yes Yes |
| <p>Purpose of Report The Healthy Child Programme (HCP) is a national, evidence-based public health initiative aimed at improving the health and well-being of children and young people from the antenatal period to age 19 and up to 25 for those with Special Educational Needs and Disabilities (SEND).</p> <p>The purpose of this report is to appraise cabinet of the re-procurement of the HCP specifically:</p> <ul style="list-style-type: none"> • To provide an overview of HCP and the background to the HCP contract. • To share the vision for the new HCP. • To update Cabinet on the key milestones for the competitive tender process for the HCP. • To outline the governance flight path undertaken. | |
| <p>Recommendations</p> <ul style="list-style-type: none"> • For cabinet to note the report. | |
| <p>Resource Implication: The value of the HCP contract will be £8.1 million per annum for the first five years of the contract. The funding envelope had been agreed to ensure that the successful provider will be able to deliver the service as effectively as possible and to bring the funding envelope in line with neighbouring Local Authorities in the Yorkshire and Humber region. The Service will be funded from the ring-fenced Public Health Grant and resource has been allocated for this.</p> <p>In light of the current financial constraints and to ensure providers can plan for the initial five years of the contract, we would go out for a fixed price for the initial five-year period. Before the end of the initial five-year period and upon the decision of any extension we would work with procurement and finance colleagues along with the provider to approve any increases in contract value for the extension period. Relevant clauses in the terms and conditions will be included to allow this to take place.</p> | |
| Date signed off by <u>Executive Director</u> & name | Rachel Spencer-Henshall Signed off: 6th March 2025 |
| Is it also signed off by the Service Director for Finance? | Kevin Mulvaney Signed off: 4th March 2025 |

Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?

**Samantha Lawton
Signed off: 6th March 2025**

Electoral wards affected: All Wards

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? Not appropriate for this report.

1. Executive Summary

The purpose of this paper is to update Cabinet on the following:

- To provide an overview of HCP and the background to the HCP contract.
- To share the vision for the new HCP.
- To update Cabinet on the key milestones for the competitive tender process for the HCP.
- To outline the governance flight path undertaken.

2. Information required to take a decision

2.1 Overview of the Healthy Child Programme

The HCP is a national, evidence-based public health initiative aimed at improving the health and well-being of children and young people from the antenatal period to age 19, and up to 25 for those with Special Educational Needs and Disabilities (SEND). Also known as the 0-19 service, the HCP aims to improve the health and well-being of children through;

- Health and development reviews,
- Health promotion,
- Parenting support,
- Screening and immunisation programmes.

The programme integrates health, education, and other key partners to provide comprehensive support for children and their families and is a mandated service as part of the Public Health Grant conditions.

The HCP is a mandated service with guidance outlining essential standards and elements that Local Authorities must adhere to, ensuring consistent and comprehensive support for children's health and development across all regions.

There are five mandated health visiting contacts for children from pregnancy to age 2.5 years. These are;

1. Antenatal Visit: Around 28 weeks of pregnancy.
2. New Baby Review: 10-14 days after birth.
3. 6-8 week Review: When the baby is 6-8 weeks old.
4. 1 year Review: Around the child's first birthday.
5. 2-2.5 year Review: Between the ages of 2 and 2.5 years.

2.2 Healthy Child Programme in Kirklees

The HCP was initially commissioned by Public Health on behalf of Kirklees Council (Public Health and Children's Services) and the Kirklees Integrated Care Board (ICB), previously known as Kirklees CCG.

The service began on 1st April 2017 and was commissioned for a five-year term, with an option to extend for an additional five years. The contract followed a lead provider model, with Locala as the lead provider, subcontracting additional services to South West Yorkshire Foundation Trust, Northorpe Hall, Home Start, and Yorkshire Children's Centre (now Fresh Futures). In October 2023, it was decided to disperse the lead provider model. Starting from 1st April 2024, for a two-year period Public Health has directly commissioned Locala to deliver the 0-19 service, encompassing Health Visiting and School Nursing, under a revised service specification. The current contract remains valid until 31st March 2026.

Between the 7th and 11th February 2022, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the Kirklees local area to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The published inspection report highlighted the requirement for a Written Statement of Action (WSOA) because of two significant areas of weakness in the local area's delivery of services in relation to special educational needs and disabilities.

One of the identified areas of weakness was the poor delivery of the HCP which did not support the identification of SEND in children at the earliest opportunity consistently.

Since this time, Public Health has worked closely with Locala in order to improve the performance of the mandated contacts. This work has involved a range of interventions and systems changes including improved governance and oversight, increased resource and capacity dedicated to the programme and closer collaboration with Children's colleagues and partners across the ICB system.

In February 2024 a Provider Selection Regime Decision Report was approved at the Public Health and Corporate Resources SLT to commence a competitive tender process for the re-procurement of the HCP 0-19 Service. Following this, in February 2024 a Key Decision Notice was published to approve the two-year extension for Locala and to commence the re-procurement exercise for the new service which will commence on 01 April 2026. A subsequent delegated decision by lead cabinet member was done in March 2024.

2.3 Vision for the future Healthy Child Programme in Kirklees

The vision for the Healthy Child Programme (HCP) has been influenced by several key factors:

- **National HCP Commissioning Guidance:** Recommendations and guidelines provided at the national level for commissioning HCP services.

- **Local Insight and Engagement Results:** Feedback and data gathered from local stakeholders and communities (see appendix A for summary of the engagement activities and responses).
- **2022 Yorkshire and Humber (Y&H) HCP Mapping Exercise:** A comprehensive review conducted by all 15 local authorities in the Yorkshire and Humber region which evaluated the HCP delivery models. This exercise has helped us understand and design an HCP model based on regional delivery.

The vision for the future HCP model is to improve outcomes for children and young people across Kirklees by:

- Fully delivering the mandated contacts for the HCP.
- Employing qualified staff while utilising a skills mix approach for delivery.
- Providing an equitable, flexible, and graduated approach according to need.
- Improving health and wellbeing outcomes and reducing inequalities for children and families across Kirklees, especially the most vulnerable.
- Ensuring full integration and partnership working across the Kirklees system (including Families Together service, early years, and the voluntary sector).
- Addressing the needs of the 0-19 local population (up to 25 years for those with SEND).
- Focusing on public health prevention and early intervention.
- Collaborating with local communities and understanding the importance of place-based working.
- Being led by intelligence, including feedback from local communities.

Achieving the vision will ensure we have a more responsive, inclusive, and effective HCP which supports the overall health and development of children and families in Kirklees.

2.4 Service Specification - Key Areas of Change

The key areas of change to the future service specification are:

1. Additional resource

In order to ensure a robust and comprehensive service and following benchmarking with other regional partners, the overall value of the contract has been increased.

2. Partnership and Integration

The service specification strongly emphasises system partnership and integration as crucial elements. The integration section highlights the importance of collaboration with Children's Services and the wider system, including the community and voluntary sector, primary and secondary care, and the ICB. Getting this right will ensure children, young people, and families receive comprehensive, coordinated care, leading to better outcomes and resource efficiency.

3. SEND

SEND is thoroughly considered within the future service specification, with a dedicated section co-produced with SEND experts to ensure it meets the needs of children and young people with SEND in Kirklees. The Healthy Child Programme's mandated contacts, along with the additional 3-month contact (referred to below), will ensure that SEND is identified at the earliest opportunity and that effective pathways of support are available for families.

4. Universal 3-month contact

The future service specification includes a universal 3-month contact to enhance early identification of health needs, support perinatal mental health, and address key public health priorities such as child development, breastfeeding, and immunisation uptake. This additional contact will help to bridge the gap between the 6-8 week contact and the 12-month contact.

5. Universal School Nurse offer

The service specification states that a universal school nursing offer should be available for all children and young people in Kirklees. By taking a preventative and early intervention approach, the school nursing offer will result in better outcomes for children and young people and reduce the need for higher-end, more costly services.

2.5 Governance

The governance flightpath followed for the HCP is detailed in the table below. It outlines a comprehensive timeline of key milestones and decision points to ensure effective implementation and oversight. This includes the re-procurement process, which is essential for securing the best possible service provider and ensuring that the programme continues to meet the needs of children and families in Kirklees.

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| Public Health and Corporate Resource SLT | 13th February 2025 |
| Portfolio Briefing | 18th February 2025 |
| Children's SLT | 19th February 2025 |
| Joint Scrutiny | 26th February 2025 |
| Corporate ELT | 11th March 2025 |
| Briefing Cllr Kendrick and Cllr Pinnock | 17th March 2025 |
| Portfolio Briefing | 18th March 2025 |
| Kirklees Health and Care Partnership SLT | 19 th March 2025 |
| Executive Board | 24th March 2025 |
| Publish Key Decision Notice | 3rd April 2025 |
| Report to Legal and Finance | 7th April 2025 |
| Cabinet | 6th May 2025 |
| Tender goes Live | 2nd June 2025 |
| Deadline for returns of tender | 7th July 2025 |
| Evaluation completed by | 29th July 2025 |
| Standstill letter issued | 5th August 2025 |
| Award | 1st September 2025 |
| Mobilisation | Sept 25 - March 26 |
| Contract Start Date | 1st April 2026 |

3. Implications for the Council

The Healthy Child Programme (HCP) is a vital commissioned service for Kirklees Council for several reasons:

- **Statutory Compliance:** It ensures the Local Authority meets its statutory duties, as certain elements of the HCP are mandated for delivery.
- **Health Improvement and Reduction in Inequalities:** The HCP enhances the health and wellbeing of children and young people from the antenatal period to age 19, and up to 25 for those with Special Educational Needs and Disabilities (SEND). Its universal reach and additional support for vulnerable families help reduce health inequalities.
- **Strategic Alignment:** It directly supports the delivery of the Kirklees Health and Care Plan, Health and Wellbeing Strategy, and the SEND Transformation Plan

Overall, the HCP is essential for fostering a healthy start in life for children in Kirklees, leading to long-term health and wellbeing benefits for the entire population.

3.1 Council Plan

There are clear links to the delivery of the Council Plan:

- Supporting the delivery of the Shaped by People, Best Start and Well Shared Outcomes.
- Working to ensure that council services (and the services we commission) are smart and delivering efficiently and effectively.
- Working with people and partners using a place-based approach with partners.
- Supports the Council 25/26 priorities of;
 - ✓ Protecting the vulnerable and promoting inclusion,
 - ✓ Thriving people and communities – now and over the longer-term.

3.2 Financial Implications

The total financial impact will amount to £40,500,000 over the initial five years of the contract. Funding has been allocated from the ring-fenced Public Health Grant. For 2025/26 the total funding for the HCP equates to 27% of the overall Public Health Grant.

3.3 Legal Implications

The procurement will adhere to and be conducted in accordance with UK procurement legislation including The Health Care Services (Provider Selection Regime) Regulations 2023.

Section 12 of the “Health and Social Care Act 2012” imposes a statutory duty on local authorities to deliver the mandated Healthy Child Programme (HCP) and the National Child Measurement Programme (NCMP) as part of their public health responsibilities.

Prior to this paper going to Cabinet the full suite of documents including contract particulars and service specification will be passed to legal services for them to advise.

3.4 Climate Change and Air Quality

We are not expecting the new Healthy Child Programme to negatively impact on climate change or air quality.

3.5 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

- **Integrated Impact Assessment (IIA)**

As part of this process, council officers will complete a full Integrated Impact Assessment to ensure that the new service is as equitable as possible and that we do not inadvertently negatively impact on any protected characteristic groups.

- **Risk Register**

The Council currently has a logged risk on the corporate risk registers, around the potential of no providers applying for the service due to insufficient funds. We have worked closely with similar Local Authorities and partners to ensure the service specification is proportionate to the funding available.

4. Consultation

Consultation process to date has included:

- Portfolio Holders for Health and Social Care, Children's, and Education.
- Corporate Strategy and Public Health Senior Leadership Team
- Children's Services Senior Leadership Team
- Health, Children's and Adults Social Care Scrutiny Panel. The comments from Scrutiny were as follows and all recommendations have been actioned
 1. That the report be noted,
 2. That Officers be thanked for the comprehensive report and presentation,
 3. That a report with the number of school nurses along with the schools they were attached to would be provided to the Panel,
 4. That information on the percentage of children that received the mandatory child measurement programme and vision and hearing screening be provided to the Panel,
 5. That feedback from the consultation and engagement process be provided to the Panel,
 6. That information on how children with Special Educational Needs and Disabilities post 18 will be supported to be provided to the Panel.
 7. That the officers provide more detail of the possible options which were considered in Section 5.1 as part of the procurement process
 8. That officers provide further detail around the budget for the first five years of the contract.
- Corporate Executive Leadership Team
- Executive Board

5.Engagement

Process to date has included:

- **Public:** Direct engagement with parents and carers via a targeted survey. Engagement with Children and Young People via the Our Voice team across schools in North and South Kirklees.
- **Internal and External Partners:** Worked with a range of internal colleagues and external system partners, including ICB colleagues, Children's Services, Families

Together Service, Procurement, Schools, Primary Care, Homestart, Auntie Pam's and Safeguarding.

Both activities aimed to gather feedback on the current delivery model and gather thoughts/ideas on what should be delivered in a future model. A summary of the engagement activities and responses can be found in Appendix A.

6 Options

6.1 Options Considered

This procurement and subsequent contract fall under the remit of UK procurement legislation including The Health Care Services Provider Selection Regime Regulations 2023. A range of options from the regulations were considered and taken to Contract Assurance Board and Public Health and Corporate Resources SLT for feedback and steer.

Under the regulations the following options were considered:

- **Direct award process A** where there is an existing provider for the services and that provider is the only capable provider.
- **Direct award process B** where people have a choice of providers, and the number of providers is not restricted by the relevant authority.
- **Direct award process C** where there is an existing provider for the services and that existing provider is satisfying the original contract and will likely satisfy the proposed new contract, and the services are not changing considerably.
- **Most suitable provider process** where the relevant authority is able to identify the most suitable provider without running a competitive process.
- **Competitive process** where the relevant authority wishes to run a competitive exercise, or if they wish to conclude a framework agreement.

6.2 Reasons for recommended Option

Following steer at the Contract Assurance Board and Public Health and Corporate Resources SLT and through discussion with Head of Procurement and Head of Risk it was decided to run a competitive tender process to ensure we engage in a competitive process, ensure value for money and which also allows for changes to the service specification and Contract Particulars, to reduce future risks associated with cost increases and performance. This process also allowed the authority to undertake benchmarking and market engagement prior to the tender exercise to ensure the new service is in line with current legislation, the latest operational practices, comparable with neighbouring authorities in terms of resource allocation and is fit for the future.

7 Next steps and timelines

Following Executive Board, the documents will be submitted to legal and procurement for sign off. Once signed off, the paper will be taken to Cabinet on 6th May (see Section 2.4 for more detail)

Once it has been to Cabinet the procurement will be published on Find Tender Service and uploaded onto YorTender and providers will be able to view/bid for the Service.

The procurement process will continue including evaluation of the submitted bids until August 2025 when approval to award the service will be obtained.

We will then work with the successful provider during mobilisation and the new contract will commence on 01 April 2026.

8 Contact officer

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9 Background Papers and History of Decisions

The following key decisions were made:

- 1/2/24 Public Health Corporate Resources SLT – approval for competitive tender
- 14/02/24 [Key decision posted](#)
- 15/03/24 [Key decision approved](#)
- 15/03/24 Delegated Decision by lead cabinet member

In addition, the following papers have been presented:

- Provider Selection Regime Decision Report (approved 10/06/24)
- Paper to Public Health Corporate Resources Children’s SLT (presented 13/02/25 and 19/02/25)
- Paper for Portfolio Briefing (presented 18/02/25)
- [Paper for Scrutiny \(presented 26/02/25\)](#)

10 Appendices

Appendix A: Summary of the engagement activities and responses.

| Engagement type | Engagement | Responses |
|---|--|--|
| Families' views on 0-19 services | Parent/carer SNAP survey, targeted engagement workshops (Auntie Pam’s, HomeStart), antenatal group research. | 94 respondents (survey), 20 participants (workshops), 5 participants (antenatal group). |
| Children & Young People voice | Our Voice Team, workshop offer in schools. | 167 pupils from 10 schools (89 in primary, 78 in secondary). |
| SEND families | Consulted with survey production and response, Our Voice Team in SEND schools. | 50 respondents (survey), 46 pupils (workshops). |
| Workforce & Stakeholder engagement | Partner/stakeholder SNAP survey, Locala workforce views included in survey, PH workforce engagement, Market Provider engagement. | 69 respondents (survey), 31 Locala workforce views, 7 PH workforce respondents, 20 delegates (Market Provider engagement). |

Primary findings:

- The value of one-to-one face to face, person-centred and holistic contacts, which is overwhelmingly supported at all contacts by both parents/carers and professionals.
- The importance of mental health across all life stages (infant, child, adulthood).
- Transitions and support (to parenthood, key stages in school).
- The significance of early, accessible information and support (prevention).
- Acknowledgement of workforce, resource and system capacity.
- Better integration across the system, including partnerships and shared estate. Transformation should involve reforming and strengthening the system's integration through options such as joint training, co-location and IT system optimisation.
- Increased visibility of services and communications required (key data: only 4 of 160 young people were aware of Local School Nurses).
- Universal school nursing health promotion (particularly in emotional and mental health and wellbeing, sleep, healthy choices and relationships) is important to all stakeholders across a range of topics, and innovative approaches to school and system integration could better utilise the specialist public health skills of this workforce.
- Flexible service delivery via a range of different methods (including skills mix) is needed to allow accessibility and availability of support.

Secondary findings:

- The importance of increased support for those with newborn babies.
- The desire for a named person to contact and form a relationship with (96% of parents would prefer continuity of carer).
- The need to better understand the needs of complex families (including SEND) in the context of both Health Visiting and School Nursing services.
- Infant feeding and weaning support are valued and may require greater visibility
- Baby weight and growth is an area where parents value support. Baby weigh clinics provide peer-led opportunities for early identification of need.
- The Family Health Team was rated as very effective (89% of professionals rated it 'effective' or 'very effective'), with Early Intervention and Prevention through this service requiring more resource.

11 Service Director responsible

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