



Cabinet
9 March 2026

**Report from the Corporate Director
Service Reform and Strategy**

**Lead Member – Cabinet Member for
Adult Social Care, Public Health
and Leisure
(Councillor Neil Nerva)**

Authority to Direct Award a Contract for Children’s Public Health Services (0-19 years) Health Visiting and School Nursing

Wards Affected:	All
Key or Non-Key Decision:	Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	One Appendix 1: Equality Impact Assessment
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Marie McLoughlin, Consultant in Public Health marie.mcloughlin@brent.gov.uk

1.0 Executive Summary

- 1.1. The report relates to the direct award of a contract for 23 months in respect of the Children’s Public Health Services (0-19 years), Health Visiting and School Nursing, which also includes the child weight management service for children aged 0-5 years. This award is pursuant to the Provider Selection Regime (PSR) Process C. The request is for the authority to award the contract as required by Contract Standing Order 88. This report summarises the process undertaken and the recommendation to whom the contract should be awarded.
- 1.2. The current contract expires on 30th April 2026. A market engagement event was held on the 11th December 2025, but only four providers attended. Due to the lack of interest, an alternative route was considered for the future of the 0-19 years’ service. The Commissioner was satisfied with the performance of the current provider Central London Community Healthcare NHS Trust (“CLCH”). As such, the PSR Process C is the best option because of the uncertainties with the changes to neighbourhood working, other changes in the NHS and the publication of the new Healthy programme this year.

- 1.3. The short duration of the 23-month contract allows officers an opportunity to review service once these changes have occurred, so that officers are clearer on what the expectations will be going forward from the Department Health and Social Care (DHSC). It will also allow officers to review the service and determine future contract requirements.

2.0 Recommendation(s)

That Cabinet:

- 2.1 Approves the direct award of a contract under the Provider Selection Regime Direct Award Process C to Central London Community Healthcare NHS Trust for the provision of the Children's Public Health Services (0-19 years) Health Visiting and School Nursing for 23 months commencing 1 May 2026 to 31st March 2028

3.0 Detail

3.1 Cabinet Member Foreword

- 3.1.1 The Children's Public Health Service 0-19 years (Health Visiting and School Nursing) is currently provided by Central London Community Healthcare NHS Trust ("CLCH"). It delivers health visiting, school nursing services, the nationally mandated Healthy Child Programme and additional services specified locally by public health. These services include an intensive health visiting service to address health inequalities and healthy weight services. The current contract will expire 30th April 2026.
- 3.1.2 This report recommends that a new Children's Public Health Service 0-19 years (Health Visiting and School Nursing) (the "0-19 years' service") is direct awarded for 23 months using the Provider Selection Regime ("PSR").
- 3.1.3 Officers consider that the recommendation to direct award this Contract will contribute to Borough Plan Priorities as follows:
- The Best Start in Life
 - A Healthier Brent
- 3.1.4 The delivery of the Healthy Child Programme promotes nurturing and bonding and underpins healthy development of babies and young children. Health visitors and school nurses play a critical role in safeguarding babies, children and young people. The 0 -19 service forms part of the integrated offer of early intervention and prevention for all families from conception to adulthood, delivered through our Family Wellbeing Centres.
- 3.1.5 As a universal and preventive health service, the children's public health service is central to ensuring that "children's physical health, mental health and wellbeing is prioritised" as per the Healthier Brent priority in the Borough Plan.

3.1.6 Approximately 3500 children are born in Brent every year. CLCH contact 90% - 98% of these children through child health reviews up to the age of 5. Alongside the reviews, the service delivers targeted interventions, such as the Maternal Early Childhood Sustained Home Visiting (MECSH) and Infant 2 School (I2S) programmes, which specifically address health inequalities for the more vulnerable families.

3.1.7 Officers also consider that the recommendation will contribute to the delivery of the Health and Wellbeing Strategy, specifically the commitments to

- Increase the uptake of healthy start card holders and vitamins
- Increase the number of children with a healthy weight
- Develop the MECSH and I2S programmes for families at risk of poorer health outcomes
- Expand the use of our Family Wellbeing Centres
- Reduce dental decay in under 5s
- Increase breast feeding rates

3.2 Background

3.2.1 The Children's Public Health Service 0-19 years (Health Visiting and School Nursing) is due to expire, officers undertook a detailed service review, preparing an options paper and held a market engagement event. The purpose of this service review and market engagement was to begin exploring appetite of the market and possibly engage in an open procurement exercise.

3.2.3 Although 32 providers expressed an interest in the market engagement (a large proportion were not suitable as they had no experience in delivering a health service) the attendance at the event was low. Following the market engagement event, and due to the lack of market interest, officers are now recommending a direct award.

3.2.4 In addition to the above, there are new national guidelines for the Healthy Child Programme and potential changes across the regional NHS landscape. To allow for incoming changes, the direct award via PSR Process C will enable the Council to continue the existing service provision over this uncertain period.

3.3 The proposed contract

3.3.1 The proposed contract will contain existing service delivery provisions of the 0-19 years service. The service provides a universal offer to all children in Brent with tailored and targeted interventions to address health inequalities. The service includes some statutory elements. There are 5 mandated reviews for early years, which are offered to all families. They are

- antenatal review between 28 – 36 weeks
- new baby review before 14 days
- 6 to 8 week review
- 1-year review
- 2 to 2 and a half year review

3.3.2 The scope of health visiting and school nursing services is wide given the diverse needs of individuals, families and communities. However, taken together the High Impact Areas provide an evidence-based description of where health visitors and school nurses can have a significant impact on health and wellbeing - improving outcomes for children, young people, families and communities and reducing the impact of health inequalities.

3.3.3 Whilst the school nursing team are not mandated to do child health reviews, they support children's young people and families where there are health needs, they are involved in safeguarding, they offer training, support in schools to achieve Asthma Friendly Schools, drop ins and safeguarding.

3.3.4 Over the past two years, there has been improvements across all five mandated checks, including an increase in coverage for new birth visit contacts from 85% to 98%. This has resulted in improved engagement with families across the borough.

3.5 Start for Life (Now known as Best Start in Life)

3.5.1 In April 2022, the Government announced the Family Hubs and Start for Life programme, a collaboration between the Department for Education, the Department for Health and Social Care ("DHSC") and the Department for Housing, Levelling up and Communities. Through this programme, the Government committed £301.75m for local authorities to deliver start for life and family help services over the next three financial years. Brent Council was one of the 75 local authorities eligible to take part in this programme.

3.5.2 Following DHSC approval of the delivery plan submitted by public health, the Council was awarded an additional £1.7 million over 3 years to fund action on infant feeding and perinatal mental health until the end of March 2026. (Additional funds for the Family Hubs were secured by CYP). The clinical elements of the infant feeding service are currently being delivered by CLCH through a contract variation. These include specialist health visitors, lactation consultant and breast-feeding peer support workers.

3.5.3 In October 2025 the government agreed another 3 years funding for infant feeding and perinatal mental health until the end of March 2029.

3.5.4 Start for Life is now called Best Start in Life. This will be incorporated into the Children's Public Health 0-19 years (Health Visiting and School Nursing) service for the duration of the contract.

3.6 The rationale for the changes of certain elements of the contract

3.6.1 Vision screening

- The current service uses Screensaver – Thomson model to test the children. The British and Irish Orthoptic Society does not support its use as Crowl log mar (screening tool) is seen as ideal.

- Vision screening is recommended to continue, but with a provider that conducts an orthoptic led service, in line with UK National Screening Committee recommendations. Staff should be trained by a local orthoptic department where children will be referred for any serious visual impairments. There are also concerns around parental engagement so there needs to be more rigorous referral pathway for the service.

3.6.2 Hearing screening

- The contract will no longer commission hearing screening as there is no requirement of local authorities to deliver hearing screenings for school children due to the mandatory automated otoacoustic emission (AOAE) test conducted at birth in the UK. The UK National Screening report finds there is “a lack of evidence suggesting an advantage to screening children at school entry age” as the test is not carried out in a soundproof room.
- In 2022, we found that less than 1% of children screened failed their second screening.
- A new pathway will be developed for those children born outside the UK and any children who develops a hearing problem. They will be referred to the audiology department at Willesden Centre for Care.

3.6.3 To ensure coverage continues across the borough, a new pathway will be implemented for audiology and vision.

4.0 Award Considerations

- 4.1 The Council, a relevant authority under the Health Care Services (Provider Selection Regime) Regulations 2023 ('PSR'), must follow the appropriate procurement process as determined by the PSR when procuring relevant health care services.
- 4.2 The PSR mandate using the following processes: a direct award process— which is subdivided into three forms of direct award (A, B, and C); the most suitable provider process; and competitive process.
- 4.3 Officers have identified Direct Award Process C as the most suitable process to procure the Contract for Children’s Public Health Services (0-19 years) Health Visiting and School Nursing and have addressed its requirement as follows:

Ref.	Requirement	Response
(i)	Description of the relevant health care services to which the contract relates, including the most relevant CPV (Common	85100000-0 - Health services

Ref.	Requirement	Response
	Procurement Vocabulary) code(s) – PSR Schedule 1	
(ii)	Are you also procuring other goods or services along with the relevant health services as described above (mixed procurement)?	No
(iii)	The value.	£13,892,098 (exclusive of VAT)
(iv)	The contract term.	1 st May 2026 – 31 st March 2028
(v)	The procurement process adopted.	Provider Selection Regime Process C Direct Award.
vi	Are you required to use direct award processes: A (one capable supplier) or B (patient choice) under the PSR?	No, this does not apply to this requirement.
vii	Did you consider the Most Suitable Provider or Competitive Processes? Why neither of those processes have been recommended for this procurement?	No, Officers believe the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard.
viii	Are the proposed contract arrangements changing considerably from the existing contract?	No, Officers have determined the considerable change threshold has not been met. The changes in the relevant care services to which the proposed contracting arrangements related (compared with the existing contract) are attributable to a decision of the Council; The proposed contracting arrangements are not materially different in character to the existing contract when that existing contract was entered into.
ix	Is the existing provider satisfying the existing contract to a sufficient standard and is likely to be able to satisfy the new	Yes, see (xi)

Ref.	Requirement	Response	
	contract to a sufficient standard?		
x	The procurement timetable.	Stage in Procurement	Indicative dates
		Publication of Intention of Award notice to make an award to existing provider	17/03/2026
		Standstill period of at least 8 working days	18/03/2026 – 27/03/2026
		Confirmation of award	30/03/2026
		Contract start date	1 st May 2026
(xi)	The evaluation criteria and process.	<p><u>Current performance</u></p> <p>Criteria 1. Quality and innovation 20%</p> <ul style="list-style-type: none"> • Meet expectations • The provider's mandated checks rates have increased above the national average (70%) up to nearly 90%. • Introduced and implemented the Start for Life programme • Introduced two programmes supporting asthma awareness and Infant 2 School which aims to improve school readiness and child development, often for families facing adversity. <p>Criteria 2. Value 20%</p> <ul style="list-style-type: none"> • Meets expectations • Has responded to the needs of the population and growing concerns for our most vulnerable residents (MECSH and I2S models), within the budget and resource. • Re-engineered the service to ensure that support is optimised despite industry/market staffing challenges. <p>Criteria 3. Integration, collaboration and service sustainability 20%</p> <ul style="list-style-type: none"> • Meets expectations • Provider is partnering with local services at an operational level by delivering services within Family Wellbeing Centres (for example antenatal clinics, family health clinics and infant feeding support). • Achieved Stage 3 for Baby Friendly status • Contributes towards the strategic overview of children's health in the borough by sitting on the Children's Trust Board, participation in the ICP and executive committee. <p>Criteria 4. Improving access, reducing health inequalities and facilitating choice 20%</p>	

Ref.	Requirement	Response
		<ul style="list-style-type: none"> • Meets expectations • Worked in collaboration with the commissioner to reduce key vulnerable groups in the community. • Implementation of a lactation consultant clinic for mothers with complex feeding needs • Development of pathway for homeless/asylum seeker residents making connections with public health • Providing choice for families suffering from mental health difficulties • Development Infant 2 school pathway for families who need additional support after health visiting support ends (only one of two local authorities in the UK to be delivering this) <p>Criteria 5. Social value 20%</p> <ul style="list-style-type: none"> • Meets expectations • Provides outreach and support for wider public health services that sit outside of the direct delivery of the healthy child programme. • Enhancing community well-being, such as creating local jobs for Brent residents, improving skills, and reducing environmental damage. <p><u>Likely future performance against the new contract</u></p> <p>Criteria 1. Quality and innovation 20%</p> <ul style="list-style-type: none"> • Will meet expectations • At full/nearly full capacity across Health Visiting, and School Nursing services <p>Criteria 2. Value 20%</p> <ul style="list-style-type: none"> • Will meet expectations • Signing up to additional elements that contribute and add to the delivery of the healthy child programme - non-statutory services such as MECSH and Infant 2 school, working collaboratively to deliver services for families <p>Criteria 3. Integration, collaboration and service sustainability 20%</p> <ul style="list-style-type: none"> • Will meet expectations • Collaborating working between the provider and the Council over years of the existing contract • New services running as well as the local authority sitting on interview panels for CLCH roles. • Homeless specialist health visitor to work with homeless families and asylum seekers to address their inequalities. <p>Criteria 4. Improving access, reducing health inequalities and facilitating choice 20%</p> <ul style="list-style-type: none"> • Will meet expectations

Ref.	Requirement	Response
		<ul style="list-style-type: none"> New ways for the service to deliver support including online, and in group settings. <p>Criteria 5. Social value 20%</p> <ul style="list-style-type: none"> Will meet expectations Utilising money saved due to staff shortages to target poor outcome areas for children and families where there is underspend.
xii	Information as to how any conflicts or potential conflicts of interest have been managed	No conflicts of interest were declared.
xiii	<p>Procurement Principles - briefly explain how this procurement has been made with a view to:</p> <ul style="list-style-type: none"> secure the needs of the people who use the services improve the quality of the services, and improve efficiency in the provision of the services <p>And carried out transparently, fairly and proportionately</p>	<p>The Council have undertaken a thorough assessment of the provider's capabilities against the key criteria and have determined a competitive procurement exercise was not required because the provider is likely to satisfy the original contract and will likely satisfy the proposed contract to a sufficient standard.</p> <p>This service improves health outcomes and educational attainment of Brent residents aged 0-19.</p> <p>This procurement will improve the efficiency of the service by re-directing capacity to higher performing areas of the service.</p>
(xiv)	Any business risks associated with entering the contract.	No specific business risks are considered to be associated with entering into the Contract.
(xv)	The Council's Best Value duties.	It is considered that by adopting the procedure detailed in Section (v) above, award will result in the Council achieving best value.
(xvi)	Consideration of Public Services (Social Value) Act 2012	<p>The outcome of the Contract is designed to benefit those living in Brent.</p> <p>Social Value is a requirement of the Contract.</p>
(xvii)	Any staffing implications, including TUPE and pensions.	There are no implications for Council staff arising from the procurement.
(xviii)	The relevant financial, legal and other considerations.	Financial – See Financial Considerations section 6 below.
		Legal – See Legal Considerations section 7 below.

Ref.	Requirement	Response
		Other – N/A
(xix)	Sustainability	Given the nature and value of the Contract, it is not possible to include specific sustainability requirements.
(xx)	Key Performance Indicators / Outcomes	Appropriate Key Performance Indicators / Outcomes will be included in the Contract.
(xxi)	London Living Wage	The Contract will require the payment of the London Living Wage.
(xxii)	Contract Management	A contract manager will be appointed, and appropriate contract management provisions will be included in the Contract.

5.0 Stakeholder and ward member consultation and engagement

- 5.1 Given the intention to direct award the contract no additional engagement will take place before the contract is awarded.
- 5.2 The plan is in the next 6 months after the publication of the new Healthy Start programme to utilise the Institute of Health Visiting and School and Public Health Nurses Association (SAPHN) to engage with the 0-19 service to ascertain from the staff from a clinical perspective the best course of action for the future of the service.
- 5.3 It is also intended to do stakeholder engagement with the general public, Members and professionals.

6.0 Financial Considerations

- 6.1 The proposed Contract term is 23 months from 1 May 2026 to 31 March 2028. The estimated contract value over the term is £13,892,098, this equates to (Public Health grant - Core 0-19: £13,382,145, and Best Start in Life (Start for Life): £509,953).
- 6.2 Funding is from the ring-fenced Public Health Grant for the Core 0-19 service, and Best Start in Life (Start for Life) grant funding for the Start for Life element. Best Start in Life funding is currently confirmed for three years to March 2029, which covers the term of this contract. There is no planned impact on the General Fund.
- 6.3 The estimated contract value includes CLCH inflation assumptions aligned to the NHS England medium-term planning framework, pay inflation at 2.10% for 2026/27 and 2027/28, and non-pay inflation at 2.20% for 2026/27 and 2.00%

for 2027/28. Sensitivity testing using a 4% compounded annual pay uplift also remains within the Direct Award Route C financial envelope.

7.0 Legal Considerations

- 7.1 Officers are recommending the award of the Contract to the existing provider Central London Community NHS Trust (CLCH) without competition by following the Provider Selection Regime's direct award process C which was introduced by the Health Care Services (Provider Selection Regime) Regulations 2023 ('PSR') which came into force on 1 January 2024, and that replaced the Public Contracts Regulations 2015 for defined health care services; and National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.
- 7.2 The Council as a defined Relevant Authority under the PSR, is required to apply the PSR for the purposes of procuring relevant health care services. Relevant health services are a statutory defined term under the regulations (Schedule 1). Officers in the table at section 4 have identified the Children's Public Health Service 0-19 years (Health Visiting and School Nursing) as relevant health care services subject to the PSR.
- 7.3 Unlike the Public Contracts Regulations 2015, the PSR regime has no minimum financial threshold for its application. However, it mandates the Council to follow one of the processes under the PSR and comply with the procurement principles which require the Council to make decisions in the best interests of the services' users.
- 7.4 Officers have identified direct award process C as the most appropriate process to award a contract to the incumbent provider on the basis that the Council is not required to follow direct award processes A or B., the term of the current contract is due to expire 30th April 2026, and Officers propose the new Contract to replace it. In the table at section 4, above, Officers have explained that the "considerable change" threshold is not met and that after applying key criteria and basic selection criteria their view is that the existing provider is satisfying the existing contract and will likely satisfy the proposed Contract to a sufficient standard.
- 7.5 Furthermore, Officers have also explained the steps taken in order to procure the Contract ensures compliance with the procurement principles and therefore, are now seeking authority to award the Contract to CLCH so a notice of intention to make an award to the existing provider can be published in Find a Tender containing the information set out in Schedule 3 of the PSR.
- 7.6 A contract procured using the direct award process C must not be entered before the end of the standstill period. The standstill period begins the day after the notice of intention to make award is published on Find a Tender and it must last for a minimum of eight working days. The standstill period is to give a service provider who is either aggrieved or believes that PSR have not been complied with, the opportunity to make written representations to the Council particularising concerns before the contract is formalised. Such representations

should be received before midnight on the eighth working day after the standstill period begins. Following the end of the standstill period, and providing that no written representations are made during the standstill period the relevant authority can enter into the contract.

- 7.7 Contract Standing Order 86f (iv) states that subject to complying with any relevant parts of Procurement Legislation, Tenders need not be invited, nor quotations sought for contracts for health care services procured in compliance with the Provider Selection Regime provided that advice is sought from the Director of Law and Head of Procurement.
- 7.8 The award is subject to the Council's own Standing Orders and Financial Regulations in respect of High Value Contracts given the procurement is valued at more than £5 million. Part 3 of the Council's Constitution state that contracts for services exceeding £5 million shall be referred to the Cabinet for approval of the award of the contract.
- 7.9 As the decision that is being sought here is a Key Decision, the decision may not be taken by Cabinet unless this matter has been published on the Forward Plan. The Key Decision must be published on the Forward Plan (Paragraph 30 of the Access to information rules) and must be included on the Forward Plan not less than 28 days before the decision is to be made. (Paragraph 34 of the Access to Information Rules). The decision to award has been placed on the Forward Plan for the requisite 28 days. The decision is subject to the Council's 5 clear day call-in period and may not be implemented until after expiry of the call-in period provided that no call in has been made.
- 7.10 There are no TUPE implications as the Contract is being awarded to the same provider who is delivering the current services and there will be no Council staff impacted by this decision.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

- 8.1 Pursuant to s149 Equality Act 2010 (the "Public Sector Equality Duty"), the Council must, in the exercise of its functions, have due regard to the need to:
- (a) eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it,
- 8.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 8.3 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected

characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.

8.4 There is no prescribed manner in which the council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary.

8.5 Cabinet is referred to the contents of this report for information, in particular the Equality Analysis at Appendix 2

9.0 Climate Change and Environmental Considerations

9.1 The proposals in this report have been subject to screening and officers believe that there are no adverse impacts on the Councils' environmental objectives and climate emergency strategy

10.0 Human Resources/Property Considerations (if appropriate)

10.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from the direct award to the incumbent provider.

11.0 Communication Considerations

11.1 Given that the recommended award of the Contract is to the incumbent provider, it is not considered that the award of the Contract has any direct communication considerations.

11.2 In light of service changes a communication plan will be put in place to ensure key stakeholders are informed of the changes, this includes GPs, FWC, Brent Health Matters, health professionals and early years settings.

Report sign off:

Rachel Crossley

Corporate Director Service Reform & Strategy