

London Borough of Waltham Forest

Report Title Recommissioning of the Healthy Child Programme (0-19), Best Start Service (0-5) and Universal and Targeted Services for Children (0-5) and their Parents

Meeting / Date Cabinet, 2nd June 2026

Cabinet portfolio Councillor Martin Edobor, Portfolio Lead Member for Adults and Health



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Wards affected All

Public access Open

Appendices Appendix 1: Data and Insights Executive Summary
Appendix 2: Full Equalities and Impact Assessment (EqIA)
Appendix 3: Sustainability Implications Matrix

1. Summary

1.1 This report seeks Cabinet approval to recommission three closely aligned services that collectively deliver the Healthy Child Programme (0–19) and enable the Council to meet its statutory public health responsibilities for children and young people.

1.2 The decisions sought are for Cabinet to agree to the procurement of services based on the evidence and learning gathered through the

recommissioning process. This includes approval of the proposed delivery model, contract length and contract value.

2. Recommendations

- 2.1 Cabinet is recommended to:
- 2.2 Approve the proposed commissioning approach for the Healthy Child Programme (0–19), Best Start Service (0-5) and Universal and Targeted Services for Children (0-5) and their Parents, including the preferred delivery model, contract term and contract value as set out in this report.
- 2.3 Agree to commence a competitive procurement process under the Provider Selection Regime (PSR).
- 2.4 Delegate authority to the Strategic Director for Adult Services and Children Services, in consultation with the Portfolio Holders for Adults and Health and for Children and Young People and the Section 151 Officer, to finalise the procurement documentation, evaluate tenders, and award the contract to the successful provider(s).

3. Proposals

- 3.1 The contracts set out in this report are due to expire on 30 June 2027 and therefore require re-procurement to ensure continuity of service delivery and continued compliance with statutory duties.
- 3.2 The proposals have been developed through the Council's established governance arrangements and have received support from relevant boards. The recommissioning proposals have been considered by, and endorsed through, the Mission Waltham Forest Transformation Board, the Strategic Commissioning Board and the Babies, Children and Young People's Partnership.
- 3.3 This report recommends that Cabinet approve the preferred options set out below, following consideration of the alternative options, and that these decisions inform the future delivery model. This includes approval of the proposed financial allocation.
- 3.4 The recommendations have been informed by a comprehensive Data and Insight Report (summary in Appendix 1), benchmarking against comparable authorities, a review of evidence and best practice, consideration of the 2026 national commissioning guidance and engagement with the market. Collectively, this evidence demonstrates that the proposed contract values represent the minimum required to commission viable, high quality services that meet statutory obligations and support safe and effective delivery.
- 3.5 Waltham Forest has a large and increasingly diverse population of children and young people, with persistently high demand for services. Rising complexity of need, deep and widening inequalities, and significant financial and housing pressures on families are driving increased vulnerability and poorer outcomes. High levels of child poverty, overcrowding, and temporary accommodation, alongside

growing numbers of children with SEND and families experiencing multiple disadvantages, require more intensive and skilled support.

- 3.6 Despite sustained system pressures, all three services continue to deliver strong, responsive and innovative provision. There is clear evidence of continuous improvement across the partnership, supported by robust performance monitoring and positive feedback from families through formal evaluations. Early 2025/26 performance shows strong performance, with all targets met except antenatal contacts. Mandated contact completion is at its highest, with New Birth Visits at 95% and 6–8-week reviews at 93%. Developmental review coverage has improved markedly, with 1-year reviews at 84% and 2–2½-year reviews increasing from 61% to over 90%, providing assurance that improvement actions are delivering results while antenatal engagement remains a focus. This provides a strong rationale for retaining the current delivery model, while using recommissioning strategically to strengthen resilience, address emerging needs, and future-proof services.
- 3.7 While the proposed delivery model broadly reflects current provision, the commissioning process has identified a range of opportunities to strengthen impact and respond to emerging needs. The proposed service model strengthens prevention and early intervention across the 0–19 pathway by improving school readiness through enhanced universal and targeted early years support, including focused provision for fathers, young parents and children with SEND, and closer integration with Health Visiting and Family Hubs from pregnancy. It refocuses the Best Start offer on creating healthier early years environments and expands antenatal and postnatal infant feeding support via a dedicated, borough wide service. The refreshed Healthy Child Programme modernises the school nursing offer, particularly for secondary aged children, uses data to target the most vulnerable, strengthens priority initiatives such as Asthma Friendly Schools, improves support for electively home educated children, and addresses wider determinants of health including poor housing conditions and temporary accommodation.
- 3.8 A series of targeted enhancements are proposed to improve consistency, accessibility and outcomes across the recommissioned services. These include, for example, strengthening the School Nursing offer within secondary schools and in relation to health checks, alongside a clearer and more consistent focus on targeted support for priority groups. These enhancements will be embedded through the service specifications and performance requirements, ensuring future provision is more responsive, equitable and outcomes focused, while remaining aligned with statutory duties and wider strategic priorities.
- 3.9 These programmes will prioritise children and families facing the greatest disadvantage, including those living in poverty or overcrowded and temporary accommodation, particularly in the south of the borough, and those not in formal education who may have additional vulnerabilities or experience exclusion. Focus will also be on families with complex or multiple needs, including SEND and Adverse Childhood

Experiences, Global Majority communities, and families facing language barriers, especially Romanian, Bulgarian and Turkish speakers. Additional priority will be given to young parents with heightened needs and children who are new to the borough, particularly those without established local support networks.

- 3.10 Cabinet is asked to agree the commissioning priorities, enabling service specifications and delivery models to be fully aligned with these objectives.
- 3.11 The recommended proposals have a total estimated contract value of £75,835,000 across all three lots, including extensions which total 8 years and 9 months to bring into line with the financial year. For Year One, the total contract value is £7,691,519. This funding will be allocated across the three contract lots as follows: Lot 1 is valued at £871,000, Lot 2 at £309,776, and Lot 3 at £6,510,743. Annual increments are outlined in sections 7.3 and 7.4.
- 3.12 It is proposed that the services are procured through a competitive procurement process in accordance with the Provider Selection Regime (PSR), with evaluation criteria weighted equally at 50% for price and 50% for quality. The procurement will place particular emphasis on key areas including safeguarding, data management and governance arrangements, and providers' approaches to identifying and engaging priority populations, ensuring value for money alongside high quality service delivery.

4. Options & Alternatives Considered

- 4.1 In consultation with key system partners, a range of options have been considered in relation to the overall financial allocation and specific discretionary elements of the contracts that fall outside statutory requirements. These options sought to balance affordability with the need to maintain service quality, safeguard outcomes and minimise system risk.
- 4.2 Funding across Lots 1–3 has reduced in real terms, shaping a delivery model that is focused on core statutory requirements. Compared with some similar boroughs, Waltham Forest operates with a more constrained resource base, which limits capacity for service expansion. No additional investment is currently assumed within the medium-term financial plan. In this context, the approach prioritises the continued delivery of mandated Healthy Child Programme and Family Hub services within existing budgets. This enables stability and avoids immediate service disruption; however, it also requires careful management of ongoing pressures, including high caseloads, increasing demand and workforce capacity, which may have implications for service resilience over time.
- 4.3 A detailed review of discretionary elements across the three Lots has been undertaken, and a range of options has been assessed to inform recommendations.

- 4.4 For Universal and Targeted Services for 0–5 year olds (Lot 1), options considered included full withdrawal of discretionary provision, delivery of a reduced model across three hubs generating savings of up to £200k, and retention of the current level of investment. The recommended option is to maintain the existing investment, providing system stability and resilience, particularly in the context of the planned review of community spaces and the increased reliance on integrated neighbourhood delivery.
- 4.5 Waltham Forest will deliver the savings of £60,000 per annum identified through the recommissioning process by reducing investment in the discretionary Healthy Living offer.
- 4.6 The Healthy Living offer delivered through Lot 2 has made a sustained contribution to reducing childhood obesity and is meeting the objectives for which it was originally commissioned. However, as the provision is discretionary rather than a statutory requirement, options were considered to achieve required savings. These included redesigning the model to focus delivery within early years settings or reducing the size of the team to achieve savings of £60,000. Following consideration, the decision has been taken to proceed with the savings option.
- 4.7 The Family Nurse Partnership (FNP), delivered through Lot 3, provides intensive, evidence-based support to vulnerable first-time young parents, delivering strong safeguarding and early childhood outcomes while supporting statutory duties. Consideration was given to discontinuing FNP and replacing it with a reduced cost health visiting model. Continuation of FNP is recommended, reflecting its established effectiveness, strong alignment with prevention and early intervention priorities, and the significant risks to vulnerable families associated with withdrawal.
- 4.8 The recommended options strike a pragmatic balance between financial constraint and risk management, protecting high impact preventative services while sustaining statutory delivery. Maintaining stability across discretionary elements is critical to mitigating system pressures, safeguarding quality and supporting the borough's wider early help, prevention and safeguarding objectives.

5. Council Strategic Priorities (and other National or Local Policies or Strategies)

- 5.1 The Healthy Child Programme (0–19), together with its aligned programmes, represents a fundamental pillar of Mission Waltham Forest's commitment to improving outcomes for children, young people and families, and delivering our mission to ensure every child has the opportunity to thrive. This work is closely aligned with the Health and Care Partnership priorities for Babies, Children and Young People (BCYP) and makes a significant contribution to the Council's wider transformation agenda, including the Prevention Transformation Programme.

- 5.2 These programmes are critical to achieving key national and local priorities set out in the national Best Start Family Hubs and Healthy Babies programme which includes improved school readiness, increased breastfeeding prevalence, higher immunisation uptake and the reduction of entrenched health inequalities. The mandated development reviews within the Healthy Child Programme are central to the early identification of need and enable targeted intervention. These checks directly support the borough's strong performance against the Good Level of Development (GLD) measure and underpin an effective early years system.
- 5.3 The Healthy Child Programme and its aligned programmes are also essential enablers of the Families First Programme. Successful delivery of these initiatives relies on a stable, integrated 0–19 (and 0–25 SEND) system, with several nationally funded services delivered through Lots 2 and 3. A strong, cohesive HCP offer is a cornerstone of the borough's preventative and safeguarding arrangements and is aligned with the NHS Long Term Plan approach to neighbourhood level delivery.
- 5.4 The Healthy Child Programme plays a critical role in improving outcomes for children and young people and in achieving wider population health goals. By delivering measurable improvements in early development, school readiness, health protection, emotional wellbeing and equity, the HCP directly supports the Public Health Outcomes Framework objectives of increased healthy life expectancy and reduced inequalities, while also contributing to education, safeguarding and Integrated Care System priorities.

6. Consultation

- 6.1 A programme of engagement and consultation has been undertaken to inform the recommissioning of the Healthy Child Programme (0–19), Best Start and School Nursing services. This has included engagement with children, young people, parents and carers across the borough, with a specific focus on communities more likely to experience health inequalities.
- 6.2 Independent qualitative engagement was commissioned as part of the recommissioning process. Neighbourly Lab undertook community based fieldwork and in depth interviews to understand experiences of Health Visiting and Best Start services. (Findings highlight strong appreciation for compassionate, non judgemental and co-delivered support, alongside challenges relating to capacity, cultural and language barriers and continuity of care. These insights have directly informed the proposed service model, strengthening the focus on outreach, peer support, integration and trusted relationships.

- 6.3 Targeted engagement was also commissioned to inform the recommissioning of the School Nursing service. (StreetBase engaged 114 young people across Leytonstone and Walthamstow, identifying low awareness of the service and clear priorities around trust, confidentiality and a non judgemental approach. These findings have informed proposals to improve visibility, accessibility and the development of a more youth centred, culturally responsive model.
- 6.4 Partners across the Babies, Children and Young People (BCYP) Partnership have been engaged throughout the recommissioning process to ensure system wide expertise, safeguarding considerations and service impacts are fully reflected.
- 6.5 The recommendations set out in this report are informed by the consultation findings and are subject to the outcome of consultation.
- 6.6 The Health and Social Care Scrutiny Committee considered the proposals on 29 January 2026.

7. Implications

- 7.1 Finance, Value for Money and Risk
- 7.2 The proposed cost of the contract across all three lots in year one is £7.692m, which will increase in line with inflation over the contract duration of 8 years and 9 months. This funding will be allocated across the three contract lots as follows: Lot 1: £0.871m; Lot 2: £0.310m; and Lot 3: £6.511m.
- 7.3 £7.642m of the contract will be funded from the ring-fenced Public Health Grant, with £0.05m proportion funded through the Early Help base budget.
- 7.4 Public Health Grant allocations have been confirmed by central government for the next three years. The indicative allocation for 2027/28 is £21.789m and £22,221m for 2028/29.
- 7.5 Legal
- 7.6 London Borough of Waltham Forest has a statutory duty to secure the provision of public health services for children aged 0–5 and 5–19 under the Health and Social Care Act 2012 and associated regulations. The proposals set out in this report are consistent with the Council’s statutory responsibilities and have been developed having regard to relevant national guidance.
- 7.7 The Council has the power under Section 1 of the Localism Act 2011 and Section 111 of the Local Government Act 1972 to do anything that an individual may do unless constrained by other legislation. The proposals outlined in this report relating to commencing a procurement process using the Provider Selection Regime (PSR) would be enabled under that power.
- 7.8 From the information supplied, the proposed procurement process will be conducted in accordance with the Health Care Services (Provider

Selection Regime) Regulations 2023 and the Council's Contract Procedure Rules (CPRs). The proposed commissioning approach complies with the Council's obligations under public procurement law, and the appropriate contractual mechanisms will be in place to manage performance, quality, safeguarding and financial risk.

7.9 Equalities and Diversity

7.10 A full Equality Impact Assessment (Appendix 2) has been completed and identifies potential differential impacts on people with protected characteristics. These impacts can be mitigated through consistent implementation, monitoring, and review of agreed actions throughout the contract. Mitigations will need to remain flexible, with scope to adapt in response to monitoring findings or new guidance. The approach recognises the potential for intersecting and compounded inequalities and emphasises the importance of actively engaging and capturing the voices of families, particularly those experiencing systemic disadvantage, as part of ongoing service oversight.

7.11 Sustainability (including climate change, health, crime and disorder)

7.12 Environmental sustainability is embedded throughout the tender and service design, focusing on reducing carbon impact, waste, and resource use. This includes promoting sustainable travel and remote working, minimising paper and single-use items, encouraging reuse and recycling, and offering environmentally responsible food and water options. Services also support wider sustainability goals through breastfeeding promotion, safe disposal and recycling practices, reduced consumer demand (e.g. toys/books), and helping families improve energy efficiency and reduce fuel poverty.

7.13 The Health Impact Assessment outlined in Appendix 3 demonstrates that recommissioning the three child and family health contracts is expected to have a strong positive impact across all Marmot Principles. The proposals prioritise early intervention, prevention, and equity by embedding universal and targeted support within neighbourhoods, focusing on the most deprived families. The model strengthens children's early development, builds lifelong capability and resilience, supports families facing poverty and wider determinants of health, contributes to healthier and more connected communities, and reinforces prevention to reduce future health inequalities and demand on services.

7.14 The proposed service model places greater emphasis on prevention and early intervention by targeting existing capacity more effectively on children and families at highest risk. Prioritising those experiencing poverty, temporary accommodation, exclusion from education, SEND and Adverse Childhood Experiences reflects evidence-based drivers of vulnerability to harm, exploitation and serious violence, and is therefore likely to have positive implications for longer-term crime and community safety outcomes, within the context of the financial constraints set out in the report.

7.15 Council Infrastructure

- 7.16 These services will be commissioned through external providers which reduces the Council's direct delivery role but increases the need for robust infrastructure to support commissioning, contract management, performance monitoring, safeguarding assurance and information governance.
- 7.17 The Council remains responsible for strategic oversight, statutory accountability, use of Council premises where applicable, and integration with wider children's and public health systems, requiring internal capacity and coordination across services.
- 7.18 The recommissioning and procurement of these services are being undertaken alongside, and aligned with, the current Prevention Transformation Programme.

Background Information (as defined by Local Government (Access to Information) Act 1985)

None.