

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

**Cabinet Member for
Adult Social Care and Public Health**

DECISION NO:

25/00001

For publication: Yes

Key decision: Yes

Title of Decision: Re-Commissioning of the Health Visiting Service (CYP 0 to 4 years' service) and Infant Feeding Support)

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- I. **APPROVE** the development of a new place-based Infant Feeding Support Services that align with the Health and Care Partnership areas from January 2026 onwards.
- II. **APPROVE** amendments to the current Health Visiting Service specification from January 2026, particularly the approach to the delivery of the mandated antenatal contact and the required expenditure, via the Public Health Grant, for these amendments;
- III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and
- IV. **DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

Reason for Decision:

The Kent Health Visiting Service, which includes the Specialist Infant Feeding Service and the Family Partnership Programme, is currently delivered through a co-operation agreement between KCC and Kent Community Health Foundation Trust (KCHFT), which ends on the 31 March 2026. A recommissioning exercise is therefore in progress to agree the approach beyond the contract term. The recommissioning is part of the Public Health Transformation Programme.

In February 2023, KCC became one of 75 upper-tier local authorities to receive Family Hub and Start for Life funding. The Family Hub model supports the delivery of a range of services for children, young people and families, including health visiting and infant feeding. In November 2023, a local implementation model was agreed to join up and enhance services delivered through Family Hubs in Kent, ensuring all parents and carers can access the support they need when they need it. This proposal aligns with the Family Hub model and supports implementation of the recently approved strategy, 'Nourishing our next generation', Kent's 5-year infant feeding strategy (2024-2029).

Financial Implications: The funding for contracts would be funded from the Public Health Grant and, should the Department for Education (DFE) confirm additional Start for Life grant funding beyond March 2025 for infant feeding, this would be used for additional activity within the contracts.

Contract values will be finalised follow a Provider Selection Regime (PSR) compliant procurement process, including supplier negotiations, as applicable.

Contract values will be within the following maximum budgets available for these services;

- up to £142,519,893 for a 5 year and 6-month contract for Health Visiting Service (including Specialist Infant Feeding Service and Family Partnership Programme)
- up to £2,682,109 for a 3-year contract with a 2-year extension for a place-based infant feeding service.

The above values include an estimated uplift that will be applied to the contract (with the exclusion of the first year). The uplift reflects the need to retain the workforce. Final values will be included within an Officer Record of Decision (ROD).

Funding from the current Health Visiting infant feeding universal offer (drop-ins sessions and virtual offer) would be re-invested for the place-based Infant Feeding Support Service.

In terms of affordability, the annual increase in the Public Health Grant is only generally known for the current year, so it is not possible to know with certainty that whether there will be sufficient Public Health Grant to fund the proposed uplift to contracts. If the Public Health Grant increases prove to be insufficient then savings will need to be delivered elsewhere in the programme.

Legal Implications: KCC has a legal duty to provide Public Health services including the Kent Health Visiting (including Infant Feeding) service under the Health and Social Care Act 2012. The Kent Health Visiting Service (including Infant Feeding Service) were initially procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) based on Regulation 12(7) of the Public Contracts Regulations (PCR) to establish a cooperation agreement.

The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice has been sought in collaboration with the Governance, Law and Democracy team and will continue to be utilised to ensure compliance with relevant legislation. Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply which would be included within the relevant clause within the contract.

Equalities Implications: An Equalities Impact Assessment (EQIA) has been completed. The EqiA has identified negative impacts across all protected factors as the research found illustrated a range of potential disparities in terms of breastfeeding experiences and the impacts of low use of/access to antenatal care. The assessment provides suggested mitigating recommendations which the proposed service changes would be able to implement. Providers are required to conduct annual EQIAs as per contractual obligations.

Data Protection Implications: General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. A Data Protection Impact Assessment (DPIA) will be completed prior to contract commencement.

Cabinet Committee recommendations and other consultation:

The KCC Consultation team has advised that public consultation on the proposed service model is not required

The proposed decision was considered and endorsed at the Health Reform and Public Health Cabinet Committee on 21 January.

Any alternatives considered and rejected:

An options appraisal has been conducted and a business case developed and this service model, proposed, is the recommended option.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

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date