

**From:** Dr Anjan Ghosh, Director of Public Health

**To:** Dan Watkins, Cabinet Member for Adult Social Care and Public Health

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

**Classification:** Unrestricted

**Decision Number:** 25/00001

**Past Pathway:** Health Reform and Public Health Cabinet Committee

**Future Pathway:** Cabinet Member decision

**Electoral Division:** All

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**Is the decision eligible for call-in? Yes**

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**Summary:** The Public Health Service Transformation Programme (PHSTP) aims to improve all services in receipt of the Public Health Grant, to ensure that services are efficient, evidence-based and deliver the outcomes and best value.

This report outlines proposed changes to the 0-4 years children's public health service model to support delivery of the 0-4 years national Healthy Child Programme (HCP), respond to findings from the Kent 0-4 years Health Needs Assessment, and to continue implementation of the Kent Family Hub programme and sustainability of the Start for Life Programme in Kent.

The paper proposes changes to the Kent Health Visiting Service including the removal of some elements of universal infant feeding support to create new place-based infant feeding support from January 2026.

**Recommendations:** The Cabinet Member for Adult Social Care and Public Health is asked to:

- I. **APPROVE** the development of 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.

- 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.
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## 1. Introduction

- 1.1 Kent County Council (KCC) Public Health is leading a Public Health Services Transformation Programme to ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.
- 1.2 Local authorities are responsible for using the Public Health Grant funding to commission and deliver health visiting services as part of the 0-19 years national HCP. Health visiting and infant feeding services are commissioned as part of KCC's statutory responsibilities, which includes five mandated contacts.
- 1.3 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 NHS Foundation Trust (KCHFT), which ends on the 31 March 2026. A recommissioning exercise is in progress to agree the approach beyond the contract term.
- 1.4 This report seeks endorsement for the proposed 0-4 years public health service delivery model from January 2026 onwards. The proposed model ensures that services are aligned with the national Healthy Child Programme; the six high impact areas including supporting breastfeeding (Appendix A), implementation of the Kent Family Hub model<sup>1</sup>, findings of the Kent 0-4 years Health Needs Assessment<sup>2</sup> and sustainability of the Start for Life Programme investment.

## 2. Strategic alignment and background

- 2.1 Health Visitors lead the national evidence based universal national HCP, for children under five. The HCP focuses on a universal preventative service, including health and wellbeing development reviews, supplemented by advice around health, wellbeing and parenting. The service supports all four priorities in Framing Kent's Future and aligns with the NHS Kent and Medway Integrated Care Strategy.

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<sup>1</sup> <https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide>

<sup>2</sup> [https://www.kpho.org.uk/\\_\\_data/assets/pdf\\_file/0016/141433/0-4-HNA-10.11.22.pdf](https://www.kpho.org.uk/__data/assets/pdf_file/0016/141433/0-4-HNA-10.11.22.pdf)

- 2.2 The service works closely with the four maternity trusts in Kent.
- 2.3 In 2018, KCC embedded breastfeeding support into the Kent Health Visiting Service, to offer the opportunity of support to more families across Kent. In quarter 4 of 2017/2018 49.2% of mothers in Kent at 6-8 weeks were fully or partially breastfeeding. In quarter 4 of 2023/2024 this was 53.4%.
- 2.4 During this time, the Specialist Infant Feeding Service have supported the wider Kent Health Visiting Service and staff from Kent Family Hubs to receive UNICEF Baby Friendly Accreditation. UNICEF UK Baby Friendly accreditation provides a framework through which hospital and community services can improve standards of infant feeding support. In October 2024, UNICEF reassessment confirmed that both services have maintained their accreditation and are now working towards the prestigious Baby Friendly Gold Award, which focuses on sustaining excellence. This milestone reflects dedication to supporting families, nurturing close parent-baby relationships, and giving children the best possible start in life.
- 2.5 In 2021, a revised national Health Visiting model and commissioning guidance were published. The revised model places further focus on needs assessment so that interventions are personalised to respond to children and families' needs across time. The new 'Universal in Reach – Personalised in Response' model, is based on four levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support. Safeguarding children is embedded through the model because the health visiting service have a vital role in keeping children safe and supporting local safeguarding arrangements.
- 2.6 The Leadsom review 'The Best Start for Life: A vision for the 1,001 Critical Days' (HM Government) recommended focusing policy from conception to age two, introducing family hubs, strong leadership, as well as information and support available for families when needed. Under the national Start for Life programme, the 0-4 years children's public health services are expected to be integrated into the Family Hub model.
- 2.7 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.
- 2.8 Family Hub national guidance states "infant feeding peer support services should be enhanced or extended." Between February 2023 and March 2025 there has been increased investment in infant feeding in Kent. Start for life grant funding of £1,256,322 has supported a range of activity to be delivered including the development of the Kent Health Visiting Service and wider Family Hub Network services, for example, through local infant feeding grants to the voluntary and community sector.

- 2.9 Investment in the recruitment and training of Family Coach volunteers has increased wider workforce capacity. Family Coaches have a key role to offer peer support to parents and expectant parents around Baby Friendly Initiative<sup>3</sup> and infant feeding.
- 2.10 In 2023, 394 mothers and 88 staff and volunteer supporters helped co-produce 'Nourishing our next generation, Kent's five-year infant feeding strategy (2024-2029)'. A further 55 people, including young parents, responded to the public consultation. The strategy aims to enable all mothers to make informed decisions about feeding their babies, and for mothers and families to have the support they need from those around them. A strategic key action relevant to these proposals is '*enable breastfeeding mothers to access social support and peer support in a group setting through the Family Hubs programme.*'

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<sup>3</sup> <https://www.unicef.org.uk/babyfriendly/>

### **3. Health Needs Assessment of 0- 4-year-olds in Kent<sup>4</sup>**

- 3.1 The 0-4 years Health Needs Assessment published in September 2022 highlighted that there are different experiences and outcomes for children under five years of age who live across Kent, and where the impact of social determinants are most apparent.
- 3.2 The assessment identified that the mental health and wellbeing of under 5-year-olds is largely unknown and that the understanding of the impacts are misplaced.
- 3.3 It is estimated that nearly 3,000 parent infant relationships<sup>5</sup> require support each year in Kent. When babies receive warm and sensitive care most of the time, they develop a secure attachment. There are a number of benefits to a secure, nurturing parent-infant relationship including child mental health.
- 3.4 There can be many reasons why parents and carers may struggle to provide the warm and consistent care that babies need. One particularly important factor is perinatal mental health difficulties which can make it hard for them to meet their baby's social and emotional needs. It is estimated that nearly 6,700 parents and carers could benefit from low to moderate perinatal mental health support needs each year in Kent.

### **4. Current services**

- 4.1 Kent Health Visiting Service is a universal service, available to children under 5 years who are resident in the KCC area. Five mandated health and wellbeing reviews are offered to all families. These health and wellbeing reviews include assessment of family strengths, needs and risks, give parents the opportunity to discuss their concerns and aspirations, promote specific health improvement messages to improve population health, and assess child growth and development, communication and language, social and emotional development.
- 4.2 Targeted and specialist support is provided to those with greater needs to improve the health and wellbeing of infants and children aged 0-4 years and their families'.
- 4.3 The Family Partnership Programme, a distinct addition to the Kent Health Visiting Service, is a targeted offer to women from 28 weeks of pregnancy, and their families, up to a child's first birthday. It is available to families living in Kent who have experienced difficulties such as poverty, mental health issues, family problems or domestic abuse and aims to empower parents and help them and their family to lead a happier, healthier life.
- 4.4 Kent Health Visiting Service includes universal and specialist support for infant feeding. Universally, infant feeding advice, information and guidance is provided through mandated contacts, Healthy Child Clinics, dedicated online

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<sup>4</sup> [https://www.kpho.org.uk/\\_\\_data/assets/pdf\\_file/0016/141433/0-4-HNA-10.11.22.pdf](https://www.kpho.org.uk/__data/assets/pdf_file/0016/141433/0-4-HNA-10.11.22.pdf)

<sup>5</sup> Parent-infant relationships (PIR) refers to the quality of the relationship between a baby and their parent or carer in the perinatal period.

communications and resources, the Health Visiting advice line and Let's Chat text messaging service. Infant feeding support drop-in groups with peer supporters and virtual sessions are also offered, for which changes are proposed within this paper.

4.5 The Specialist Infant Feeding Service works with families whose babies are experiencing feeding problems and require more intensive or specialist support.

4.6 Throughout the life of the contract the service has proactively worked with Public Health to enhance their infant feeding offer. This has included responding to support the Start for Life and Family Hub offer including, responsive feeding, implementation of the breast pump scheme, training for staff and enhanced infant feeding support sessions.

## **5. Public Health Service Transformation programme**

5.1 The Health Reform and Public Health Cabinet Committee was updated on progress of the Public Health Service Transformation Programme in September 2024.

5.2 The proposed service model has undergone a thorough process of review including; stakeholder engagement (Appendix B), options development and appraisal to ensure that services meet the needs of the people of Kent whilst balancing increasingly challenging financial and demand pressures. The last time services were reviewed in this way was in 2017 and since then many factors have changed. Further information is in Section 2 of this paper.

5.3 Since the last update to the Health Reform and Public Health Cabinet Committee the new service model proposals have been shared with an external panel of Public Health experts from Surrey County Council. Colleagues at Surrey County Council reviewed the new service model proposals and provided peer challenge and suggestions for consideration. Following the external review and ongoing dialogue through engagement with the provider, service models have been revised where necessary.

## **6. Outcomes of service review**

6.1 Kent has excelled in health visiting performance compared to other local authorities in the southeast (Appendix C), according to recent Quarter 4 data from the Office for Health Improvement and Disparities (OHID). Kent has been recognised as the top local authority in the region for New Birth Visits within 14 days, and the completion of two – two and a half -year reviews, highlighting a consistent dedication to monitoring and supporting child development at crucial early stages.

6.2 There are service pressures particularly around the recruitment of trained health visitors and the opportunities to develop public health nurses. Kent have responded to this national issue through the Kent Health Visiting Strategy 2022-2025 by introducing Early Years Public Health Assistants, realigning levels of support to provide holistic support for families and through

workforce development and staff education and engagement programmes. KCC are also currently exploring joining with neighbouring local authorities to develop joint training and recruitment opportunities to maintain a large workforce and ensure robust succession planning.

- 6.3 There have been improvements in the prevalence of breastfeeding at six – eight weeks despite challenges in recruiting and maintaining a consistent number of peer supporters (volunteers). There is increasing demand for Specialist Infant Feeding Services suggesting further action is needed to prevent escalation of need to specialist services.
- 6.4 An independent evaluation, in 2022, of the Kent Family Partnership Programme concluded that this offers an effective and valuable programme that is meeting the needs of the target audience and having a long-term impact on their parent-infant relationship and future outcomes. The Department for Health and Social Care have visited Kent to learn from the programme.
- 6.5 Additional contacts are being delivered to families to provide follow-up and further support that are not currently defined in the commissioning model. Work is in progress to strengthen the reporting to define this more clearly. Proposals for these contacts are included in Section 8.

## **7. Proposed commissioning model**

- 7.1 Options were explored to consider potential changes to the existing delivery model. Options considered but rejected include:
- Keep current service the same - no change/ do nothing
  - Discontinue/ decommission current service and deliver in- house. Allocate all funding to the Children, Young People and Education (CYPE) Directorate to deliver a fully integrated service. The option was discounted as KCC does not have the clinical governance and infrastructure required to deliver health visiting services. Other risks include; disruption to service delivery, impact on retainment of staff, challenges in aligning systems and data sharing, impact on joined up working within wider public health remit.
  - Split the health visiting service into two areas– one covering Dartford, Gravesham and Swanley (DGS) Health and Care Partnership area, and the other covering the rest of Kent to support recruitment and retainment of staff in DGS which has experienced consistent workforce challenges. Remove community infant feeding support sessions from the health visiting contract and commission a separate place-based Community Infant Feeding Service.
  - Split the health visiting service into two areas – one covering Dartford, and the other covering the rest of Kent to support recruitment and retainment of staff in Dartford which has experienced consistent workforce challenges. Remove community

infant feeding support sessions from the health visiting contract and commission a separate place-based Community Infant Feeding Service.

- 7.2 The preferred option identified was to create two services;
1. a County wide health visiting service including Specialist Infant Feeding Service and the Family Partnership Programme. This would include universal advice, information and guidance for infant feeding but not the current drop-in sessions.
  2. place-based Community Infant Feeding Service(s) that align with the Health Care Partnerships (and maternity services) to enable mothers to access infant feeding social support and peer support in a group setting through the Family Hubs programme.

7.3 Advantages include:

- Responding to recommendations within the Kent Infant Feeding Strategy including;
  - Establishing breastfeeding groups, offering social and peer support and led by a breastfeeding counsellor or lactation consultant.
  - Offering additional face-to-face or online groups where a specific need is identified – e.g. for younger mothers, geographically isolated communities, faith groups, non-English language groups or mothers of twins and multiples.
  - Identifying peer supporters who can act as community ambassadors, e.g. attending parent and baby groups in their local community to offer peer support and signposting for women who may not attend the breastfeeding groups
  - Recruiting peer supporters from diverse backgrounds, including those demographics who are less likely to breastfeed and mothers who speak a range of community languages, ensuring that training is accessible for those with young children.
- Sustained excellent Health Visiting Service performance for the majority of KPIs
- Collaborative approach in line with Family Hub model and sustained Start for Life activities.
- Anticipated changes to delivery model have been identified in collaboration with the current provider and can be delivered within the current financial envelope
- Continuity of service and minimising risks such as destabilisation of the workforce and continuity of care for families.
- Responds to market intelligence gathered from local infant feeding providers, specifically those in the voluntary and community sector.

## **8. Proposed changes to the health visiting service specification**

### Antenatal contact

- 8.1 Maternity services are responsible for offering and providing antenatal healthcare. Regulation requires an antenatal visit to be offered by the health visiting service to discuss pregnancy and transition to parenthood after 28



weeks of pregnancy.

- 8.2 In Kent, Maternity Support Forms are used for maternity and health visiting services to share information. These are triaged by Kent Health Visiting Service to categorise families based on level of need to a universal, targeted or specialist caseload. Due to vacancy levels, the antenatal contact is delivered as a face to face or telephone contact to all targeted, specialist and first-time mothers which is approximately 43% of families. Universally, all families receive a welcome letter with public health messaging and signposting. The letter encourages recipients to contact the service if they need any help or are feeling worried about anything and provides details of how to do this. This approach is being used by other Local Authorities.
- 8.3 In quarter 2 of 2024/2025, 97% of families received an antenatal welcome letter. 40% received an antenatal contact either face- to-face, virtually or via phone.
- 8.4 In the proposed model:
- Targeted, specialist and first-time mothers will continue to be prioritised. Maternity Support Forms will continue to be triaged by Kent Health Visiting Service to categorise families. The current delivery model for these families will continue.
  - Universally, all families will continue to receive a welcome letter which will be extended to include:
    - an invite to all expectant parents/carers to a dedicated antenatal education group for health education. This will align with the developing Local Maternity and Neonatal System antenatal education programme.
    - an invite to all parents/ carers to complete an online health needs assessment using a web portal. The online health assessment will be developed during the first two years of a contract.
  - Key Performance Indicators will be revised.

### Community infant feeding support

8.5 The proposal is to remove the following community infant feeding support elements from the health visiting contract and to purchase these as part of a place-based service:

- Community engagement events
- Drop in sessions
- Virtual sessions
- Universal breast pump scheme
- Volunteer Programme

### Short topic-based interventions (packages of care)

8.6 Following the review, it is proposed to quantify interventions within the service specification. It is expected that the volumes of delivery would remain in line or greater than the current delivery.

8.7 The revised national Health Visiting model (2021) suggested additional contacts at three to four months and six months. In Kent these are not specified, and it is proposed that the Kent Health Visiting Service continue to respond to individual need flexibly through non-defined contacts and short topic-based interventions. The reporting of these, including outcomes, will be improved.

### Substance Misuse Specialist

8.8 Parental/ carer substance misuse can negatively impact on children's physical and emotional wellbeing, their development and their safety. This is particularly a concern in an infant's early life. This includes physical maltreatment and neglect, and subsequent poor physical and mental health. Safeguarding reviews continue to identify substance misuse as one of the contextual factors linked to non-accidental incidents and abuse. Recent local safeguarding reports have identified a lack of professional understanding and assessment of parent/ carer substance misuse, especially the use and impacts of cannabis use.

8.9 It is proposed that a dedicated substance misuse specialist is included within the Health Visiting Service to help support the health visiting workforce to identify to and respond to cannabis use - through up-to-date education, including use and harm pathways and build awareness of the impacts of other substance use with cannabis.

## **9. Proposed new place-based Community Infant Feeding Service**

9.1 The place-based infant feeding service will be designed to support prospective parents and carers with infant feeding through local accessible sessions. The service will be non-judgemental and understanding towards a family's feeding choice.

9.2 The service will be aligned to the HCP areas to support pathway development with the maternity trusts, Kent Health Visiting Service visiting and the Specialist Infant Feeding Service. The new service(s) will be expected to work collaboratively with these services.

- 9.3 Main delivery locations will remain as Family Hubs. Resourcing will be allocated on a needs led basis based on the population size aged 0-4 years, breastfeeding prevalence and absolute poverty data<sup>[OBJ]</sup>
- 9.4 The service will be led by an experienced practitioner(s) for example, an Infant Feeding Specialist, a Lactation Consultant or Breastfeeding Counsellor, and will be supported by peer supporters / volunteers. This includes the current infant feeding peer supporters and Family Hub family coaches.
- 9.5 The service will be UNICEF Baby Friendly accredited or working towards accreditation and will be prepared to work towards Gold UNICEF UK Baby Friendly accreditation to embed the Achieving Sustainability standards and ensure that future generations of babies, their mothers and families will continue to experience Baby Friendly standards of care.
- 9.6 Building on intelligence gathered recently, through a KCC infant feeding market survey, further engagement with suppliers will support the development of the service specification.

## **10. Financial implications**

- 10.1 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 following a Provider Selection Regime (PSR) compliant procurement process, including supplier negotiations, as applicable.
- 10.2 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.
- 10.3 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).
- 10.4 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.
- 10.5 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 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.

## **11. Commercial implications**

- 11.1 In May 2024, a key decision was taken to extend the Kent Community Health NHS Foundation Trust partnership by a further period of 12 months to support the Public Health Service Transformation Programme. The 12-month extension is from 1st April 2025 to 31st March 2026.
- 11.2 The Health Care Services PSR Regulations 2023 is a new set of rules, effective since 1 January 2024, for procuring health care services in England and must be followed by organisations termed ‘relevant authorities’. The relevant authorities to which the PSR applies are NHSE, NHS trusts and foundation trusts, Integrated Care Boards (ICB), and local and combined authorities.
- 11.3 Most notably, the PSR introduces five procurement processes that relevant authorities can follow when awarding contracts for health care services:
- Direct Award Process A, B or C: These will involve awarding contracts to providers when there is limited or no reason to seek to change from an existing provider or to assess providers against one another, because:
    - The existing provider is the only provider that can deliver the health care services in question (process A), or
    - Service users have a choice of providers, and the number of providers is not restricted by the relevant authority (process B), or
    - The existing provider is satisfying its contract, would likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (process C).
  - Most Suitable Provider Process: This would involve awarding a contract to providers without running a competitive process, because the relevant authority is confident that it can identify the most suitable provider.
  - Competitive Process: This will involve running a competitive process.
- 11.4 The proposed service model has undergone the necessary internal governance including Commercial and Procurement endorsement at the Commercial and Procurement Oversight Board (CPOB).
- 11.5 An assessment of the services has deemed the service applicable to PSR and therefore a PSR compliant procurement process will be undertaken for each of the services identified in this paper. An Officer ROD will be published after procurement and CPOB will be updated.

## **12. Risks**

- 12.1 Updated ‘Working together to Safeguard Children’ guidance was published in 2023. The guidance emphasises the importance of strengthening multi-agency

collaboration across the entire system of support, protection, and assistance for children and their families. It prioritises a child-centred approach that considers the needs of the whole family, aiming to embed strong, effective, and consistent multi-agency child protection practices. The guidance introduces a significant change, to extend the role of lead practitioner beyond social care to those working with the family from other organisations such as health and education. Local processes for implementing this guidance are still being developed, but Health visitors could be required to become lead practitioners for children subject to Child in Need which would have operational implications. The proposed commissioning model includes costings based on current safeguarding levels and should the service be required to take on additional responsibilities this would be a cost pressure.

- 12.2 There are accommodation cost pressures linked to community venues. Work is underway with the service to reduce these pressures through the Family Hub Model.
- 12.3 There is a risk of failed procurement. Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply which would increase the likelihood of this risk.

### **13. Equalities Implications**

- 13.1 An Equalities Impact Assessment (EQIA) has been completed. The EQIA has identified negative impacts across all protected factors as the research 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.
- 13.2 Providers are required to conduct annual EQIAs as per contractual obligations.

### **14. Data Protection Implications**

- 14.1 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.
- 14.2 A Data Protection Impact Assessment (DPIA) will be completed prior to contract commencement.

### **15. Legal Implications**

- 15.1 KCC has a legal duty to provide Public Health services including health visiting services under the Health and Social Care Act 2012.
- 15.2 The KCC Consultation team has advised public consultation on the proposed service model is not required.
- 15.3 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.

- 15.4 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.
- 15.5 Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply which would be included within the relevant clause within the contract.

## 16. Conclusions

- 16.1 KCC is responsible for using the public health grant funding to commission health visiting services as part of the national Healthy Child Programme as a condition of the Public Health Grant. This includes five mandated health and wellbeing reviews.
- 16.2 KCC has committed to extend or enhance infant feeding peer support services through the Family Hub model and 'Nourishing our next generation, Kent's five-year infant feeding strategy (2024-2029).'
- 16.3 Integrated Commissioning is seeking approval to proceed with the proposed preferred option for the service delivery model from January 2026 onwards; this will include changes to the current Kent Health Visiting Service specification including the removal of universal infant feeding drop in and virtual sessions from the service.
- 16.4 Integrated Commissioning is seeking approval to procure a Countywide Kent Health Visiting Service and place-based infant feeding services aligned to the HCP/maternity trust geographical areas through a PSR compliant procurement process.

## 17. Recommendations

- 17.1 **Recommendations:** The Cabinet Member for Adult Social Care and Public Health is asked 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.

## Background Documents

Framing Kent's Future - Our Council Strategy 2022-2026

Public Health England. Guidance Health visiting and school nursing service delivery model. London, 2021.

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model>

Office for Health Improvement & Disparities. Commissioning health visitors and school nurses for public health services for children aged 0 to 19. London.

2023 Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK ([www.gov.uk](http://www.gov.uk))

Kent and Medway Integrated Care Strategy. 2023. [Kent and Medway Integrated Care Strategy: Kent & Medway ICS \(kmhealthandcare.uk\)](https://www.kent.gov.uk/healthandcare/kent-and-medway-integrated-care-strategy)

Working together to safeguard children 2023: statutory guidance ([publishing.service.gov.uk](http://publishing.service.gov.uk))

HM Government. "The Best start for life. A vision for the 1,001 critical days. The Early Years Healthy Development review report." 2021.

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Kent County Council. Nourishing our next generation: a 5-year infant feeding strategy. 2024.

Kent County Council. Nurturing little hearts and minds: a perinatal mental health and parent-infant relationship strategy." 2024.

Health Needs Assessment 0 – 4-year-olds in Kent. 2022. [0-4-HNA-10.11.22.pdf \(kpho.org.uk\)](https://www.kpho.org.uk/0-4-HNA-10.11.22.pdf)

[Public Health Indicators – PHOF Public Health Outcomes Framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/public-health-indicators-phof-public-health-outcomes-framework)

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