

HOSC Update

0-19 (25 for SEND) - Public Health
Nursing Services

June 2026

Purpose

Overview of 0-19 Public Health Nursing Service

Existing contract and approach to contract award

Future Plans including Recommissioning

Service Overview & Context

- Public Health Nursing Service 0-19 is a mandated public health service funded from the ring-fenced public health grant.
- Funding is 1/3 of the total Public Health Grant - £4.9m per annum (including 25/26 agenda for change uplift)
- The framework for the delivery of these services are defined within [Healthy child programme - GOV.UK \(www.gov.uk\)](http://www.gov.uk).
- Service includes Health Visiting, School Nursing and Family Nurse Partnership.

Service Overview & Context

Integrated 0–19 Public Health Nursing Service, providing universal, targeted and specialist support for children, young people and families across Shropshire.

- **Health Visiting offer for children aged 0–5**, delivered from 5 locality bases, supporting around 13,000 babies and children and over 2,400 births each year.
- **School Nursing offer for children and young people aged 5–19**, extending to age 25 for young people with SEND, supporting approximately 34,000 children across 164 education settings.
- **Family Nurse Partnership provides intensive support** for eligible young parents, with a maximum caseload of 100 families, focused on improving maternal, infant and child outcomes.

Service Overview & Context

Core delivery includes mandated contacts, open access clinics, NCMP, health education, safeguarding and targeted early help, aligned to local need and statutory public health responsibilities.

Service model is locality-based, supporting access across rural and urban communities and enabling links with wider partners, schools, early years settings and family support services.

Recommissioning 25/26 - Steps Taken



Strategic review and options appraisal were completed to identify the most appropriate and sustainable route for securing continued delivery of this mandated service.

- A full options appraisal was undertaken to consider future commissioning arrangements for the Public Health Nursing Service (PHNS).
- This ensured a structured review of the available procurement and commissioning options before any decision was made.

Recommissioning 25/26- Steps Taken

JCDG considered and endorsed the proposed route

- The options appraisal was presented to the Joint Commissioning Development Group (JCDG).
- On 10 February 2025, JCDG endorsed the recommendation to proceed via Provider Selection Regime (PSR) Direct Award Process C.

Leadership Board oversight obtained

- The proposal was presented to Leadership Board on 10 June 2025, given the significance of the contract in terms of:
 - service delivery,
 - financial value,
 - system expectations, and
 - member interest,
- Leadership Board supported the approach.

PSR Direct Award route: Steps Taken

PSR assessment undertaken for PHNS provider

A formal PSR assessment was completed in relation to the service currently delivered by Shropshire Community Health Trust (SCHT).

Supporting evidence was provided by SCHT, alongside a summary document.

Independent review and quality assurance sought

- The completed assessment was shared for independent review by colleagues not directly involved in commissioning the service.
- This also included wider system input due to the service's impact across council and system priorities.

PSR Outcome



Decision was upheld in February 2026 to use Direct Award, Process C as part of the Provider Selection Regime (PSR) to award the Public Health Nursing Service Contract to Shropshire Community Health Trust for 3 years.



Following a review of the updated PSR guidance (November 2025), we were unable to proceed with an award of a 3-year contract.

The lifetime value of a contract cannot exceed 25% increase



An 18-month contract effective from 1st April 2026 was awarded to Shropshire Community Health Trust following the standstill period and final award notices being published.



Value of contract is £4,923,716 per annum

Why a Direct Award was made

The award supports continuity amid rising demand, national pressures, and limited funding.

- OHID expectations have increased
- There is recognised pressure to meet guidance within budget
- Working Together legislative changes
- Family First programme development

The route followed an established governance and assurance process.

- Based on a full options appraisal,
- Endorsed by JCDG
- Supported by Leadership Board



Next Steps

The refreshed 2026 Healthy Child Programme Guidance confirms the programme as the national delivery model for public health nursing services from preconception to adulthood and strengthens expectations on quality, consistency, equitable access, data, service sustainability, and assurance.

It is accompanied by updated commissioning guidance and a revised high-impact area framework for ages 0–19. Together, these emphasise prevention and early intervention, clearer roles for 0–19 public health nursing teams, stronger accountability, support proportionate to need, and better data collection and reporting.

Planning to identify the most appropriate route for the recommissioning of PHNS for a longer contract term past October 2027 has begun.

Provider market engagement is planned to test the market and inform how best to proceed

Appropriate discussions with the provider have been held

PHNS Re-Commissioning Oversight Panel is being established

Co design with partners

Next steps and timeline to be agreed

Risks & Mitigations

- Workforce pressures impacting delivery
- National reform expectations impacting on resource
- Short-term contract limits change
- Mitigations: contract monitoring, priority area improvement plans
- Mitigations: recommissioning programme

Key Messages



Critical statutory
service under
pressure



PSR ensured safe
continuity



Recommissioning is
key opportunity