

# PMCV 028 0–19 Public Health Nursing Service (PHNS) Healthy Child Programme

## Pre-market engagement supporting information June 2026

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### 1. Purpose

This paper supports early market engagement to support decisions for Shropshire Council's future commissioning intentions for the 0–19 Public Health Nursing Service (PHNS), including health visiting, school nursing, and the Family Nurse Partnership, and up to age 25 for children and young people with special educational needs and disabilities (SEND).

It provides potential providers with background information on the service requirements, the current policy context, local needs, and the key lines of enquiry commissioners want to explore through market engagement.

This is not the start of a formal procurement process. The Council is seeking market views to inform service design, delivery expectations, affordability, and future commissioning options.

### 2. Policy and strategic context

Local authorities retain statutory responsibility for commissioning public health services for children and young people aged 0–19, and up to age 25 for those with SEND.

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.

The guidance reinforces integrated working across health, local authority, education, and wider family support systems, with a continued focus on reducing inequalities and improving outcomes for children, young people, and families. This updated national context aligns with wider policy priorities, including [Best Start in Life](#) (BSiL), family hubs, school readiness, safeguarding reform, public service integration, and neighbourhood-based prevention. For commissioners, this means future service models must be clinically robust, evidence-based, responsive to local needs, and deliverable within a challenging workforce and financial context.

### 3. Local context and need

Shropshire is a large, predominantly rural county with dispersed communities, variable transport links, and a mixed pattern of urban and rural need. It is the second largest inland rural county in England covering 1,235 square miles and represents one of the most sparsely populated counties with around 66% of the population living in areas classified as rural. This creates challenges for access, workforce deployment, travel time, estate use, and equitable outcomes. A flexible, locality-based delivery model is therefore essential.

Shropshire has an estimated population of 332,500 people<sup>1</sup>, 15.7% (53,300) of which are children aged under 15. Shropshire is expected to see continued and consistent population growth over the next two decades. The population is expected to rise to 361,900 by 2035 (+9.1% compared with 2024) and by a further 5.8% to 382,800 by 2045 (ONS 2022-based Sub-Nation Population Projections).

The population comprises approximately 15.7% children aged 0-15 (53,300), 57.9% working aged 16-64 (192,300), 26.4% 65 years and over (87,800). In 2024, the adult population 18+ was estimated at 272,300.

Table 1 showing proportion of residents by ethnic groups and age groups in Shropshire<sup>2</sup>

Age	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
Total	1.3%	0.3%	1.2%	0.4%	96.7%
Aged 24 years and under	1.8%	0.4%	2.8%	0.6%	94.4%
Aged 25 to 34 years	2.2%	0.5%	1.7%	0.9%	94.7%
Aged 35 to 49 years	2.1%	0.5%	0.8%	0.6%	95.9%
Aged 50 to 64 years	1.0%	0.3%	0.6%	0.2%	97.8%
Aged 65 years and over	0.3%	0.1%	0.2%	0.1%	99.3%

In the deprivation report<sup>3</sup>, Shropshire is relatively more deprived than most local authorities when it comes to the domain for Barriers to Services, ranking as the 37th most deprived in

<sup>1</sup> Mid-year population estimates 2024

<sup>2</sup> Census 2021, ONS

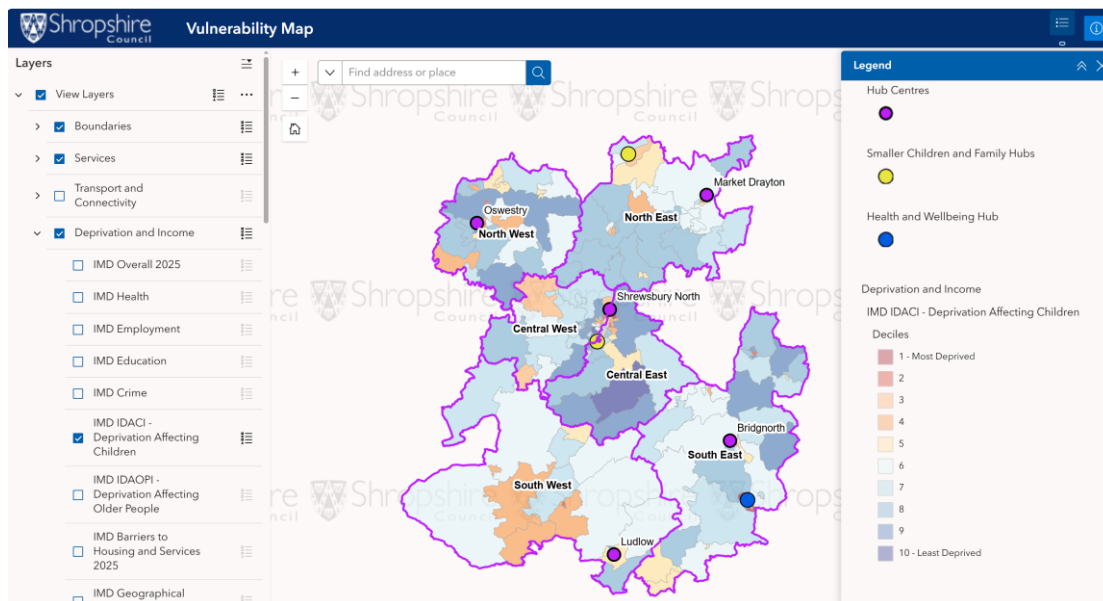
<sup>3</sup> IMD 2025, updated October 2025



England, mainly driven by geographical barriers; and 63 of Shropshire’s lower level super output areas are within the most 10% most deprived nationally (which is 32% of all lower level super output areas in Shropshire).

Shropshire Council’s [Vulnerability map](#) shows areas of need in Shropshire based on various socio-economic datasets. Additional demographic information is also available via the [Children and Young People Needs Assessment](#)

Fig 1 Vulnerability map



Latest Fingertips data for Shropshire<sup>4</sup> indicates that the proportion of new birth visits completed within 14 days is 84.8%. Proportion of infants receiving a 6-8-week review, 12-month review and 2-to-2-and-a-half-year review is 84.8%, 88.3% and 76.5% respectively. 92.7% of children aged 2 to 2 and a half years receive ASQ-3 as part of the Healthy Child Programme or Integrated review.

Reception Year (4-5 years) and Year 6 (10-11 years) obesity prevalence including severe obesity is 10.1% and 20.1% respectively. 68% of children achieve a good level of development at the end of reception year (school readiness).

The PHNS sits alongside a wider children’s transformation programme, including early help reform, development of family and community hubs, stronger integrated working with maternity, education, children’s social care, and voluntary sector partners, and a continued focus on safeguarding, school readiness, infant feeding, parental mental health, vulnerable children, and reducing health inequalities.

<sup>4</sup> Fingertips.phe.org.uk <https://fingertips.phe.org.uk/profile/child-health-profiles/data>



Shropshire's PHNS focuses on responsive, needs-led and data-driven provision and includes the following:

- *Health Visiting service* delivered across 5 locality bases and supporting 13,000 babies and children aged 0-5 years (2,400+ births annually). Universal service includes mandated contacts and open access clinics.
- *School Nursing service* delivered across 6 locality bases, serving 164 education settings and supporting 34,000 children and young people aged 5-19 years (25 years SEND). Universal service includes reception year and year 6 National Child Measurement Programme (NCMP) and a broad range of health education interventions including sexual health, healthy lifestyle advice and support, emotional health & wellbeing, oral health, anaphylaxis and safeguarding
- *Family Nurse Partnership service* delivered across 1 locality base with a maximum permitted caseload of 100, supporting positive maternal and infant outcomes

The existing annual contract value is **£5059,370**.

#### 4. Service scope and expectations

The commissioned service includes health visiting, school nursing, and the Family Nurse Partnership, providing universal, targeted, and specialist public health nursing support across the 0–19 pathway and up to age 25, where relevant, for young people with SEND. The service is expected to deliver the mandated elements of the Healthy Child Programme and associated public health requirements, while also contributing to wider local priorities and integrated pathways.

Commissioners' preference is for a provider that can deliver the whole service, rather than separate elements of it. Commissioners will expect any future model to demonstrate how it will safely and consistently deliver, monitor and evaluate core programme requirements; respond proportionately to need; support early identification and intervention; contribute to safeguarding and early help pathways; improve access and outcomes for vulnerable groups; use population data to target support; and work effectively within Shropshire's locality and family hub model.

Providers will also need to demonstrate a clear workforce model, strong governance and clinical leadership, effective partnership working, and a practical approach to digital access, estates, rural delivery, and performance reporting.

#### 5. Market context and rationale for engagement

The refreshed Healthy Child Programme guidance clarifies what good looks like and highlights the importance of service sustainability, data quality, role clarity, face-to-face delivery where clinically indicated, and reducing variation in access and quality. Commissioners therefore want to understand how providers would meet these expectations in practice within the Shropshire context.



Market engagement will help inform understanding of provider appetite and capability, the most viable delivery models, key enablers and constraints, and how future service specifications and commissioning approaches can best support quality, resilience, and value for money.

## 6. Pre-market engagement themes and questions

As part of the pre-market engagement, Commissioners are seeking input from providers on the following:

- How to deliver a safe, equitable, and sustainable 0–19 public health nursing offer across a large rural county
- Workforce availability, recruitment, retention, supervision, and skill mix in the context of national shortages
- How the refreshed Healthy Child Programme guidance can be implemented in a practical, outcomes-focused way
- The role of locality delivery, open-access models, digital approaches, and family hub integration
- How providers would work with partners across maternity, primary care, education, early help, safeguarding, and the voluntary sector
- How services can reduce inequalities and meet the needs of vulnerable groups, including children with SEND, rural communities, and families with more complex needs
- Data, outcomes, performance monitoring, and how providers would demonstrate impact and effectiveness
- The affordability and financial assumptions needed to support a viable model, including estate and mobilisation requirements
- How the voice of the child will be embedded and systematically captured

Providers are invited to respond to the following pre-market engagement questions. Format responses must:

- Be submitted as a written document (Word or PDF)
- Clearly reference each question
- Be concise and proportionate (maximum 500 words per question)

### Pre-market engagement questions:

- What factors would most influence your organisation’s interest in delivering this service in Shropshire?
- How would your organisation deliver the refreshed Healthy Child Programme requirements across the 0–19 pathway?
- What workforce model would you propose, what are the main recruitment and retention risks, and how would you mitigate them?
- How would you ensure equitable access and outcomes across urban, rural, and dispersed communities?



- What infrastructure, estate, digital, and partnership enablers would be needed for successful delivery?
- How would you demonstrate integration with family hubs, early help, safeguarding, and wider children's services?
- What data, outcomes, and reporting arrangements would best demonstrate quality and impact?
- What contract length, mobilisation period, and financial assumptions would support a sustainable delivery model?

## 7. Important information

This engagement exercise is for information gathering purposes only and does not constitute a formal procurement. Participation in this engagement will not advantage or disadvantage any organisation in any subsequent procurement. Commissioners will take appropriate measures to ensure that competition is not distorted by participation in this engagement. Information provided may be used to inform Shropshire Council's requirements and procurement approach and may be shared, in anonymised or aggregated form, with other potential providers. Providers should clearly identify any information they consider to be commercially sensitive.

This engagement is intended to inform the Council's understanding of the market and future commissioning options. It does not commit the Council to any specific commissioning route or procurement process, and information shared during engagement will not be used to assess providers in any future procurement. Providers are encouraged to share views openly on opportunities, risks, innovation, delivery models, and market constraints.

## 8. Engagement process description

Interested providers are invited to respond to the pre-market engagement questions above. Responses must be submitted via our electronic tender portal [www.delta-esourcing.com](http://www.delta-esourcing.com) by 17:00 on Wednesday 15 July 2026. Pre-market engagement provider meetings will be held virtually between 12 and 19 August 2026.

In the event of any technical challenges or inquiries concerning Delta, please call their helpdesk at 0800 923 9236 for support. For any clarifications regarding the tender, documentation, or processes, contact us using the message feature within Delta.

### Commercial tool

Delivers a service

### Total value (estimated)

The existing annual contract value is **£5059,370**

### Contract dates (estimated)

1<sup>st</sup> October 2027



## Main procurement category

Services

## CPV classifications

85100000-0

85141200-1

85323000-9

## Contract Locations

UKG22 – Shropshire, County of

## Engagement

### Engagement deadline

- **Response deadline: Wednesday 15<sup>th</sup> July 2026**

## Contracting Authority

### Shropshire Council

Public Procurement Organisation Number: PCLL-9577-QDZW

Guildhall  
Frankwell Quay  
Shrewsbury  
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