

DECISION NOTICE OF THE Cabinet Member Signing HELD ON Thursday, 5th March, 2026

Set out below is a summary of the decisions taken at the Cabinet Member Signing held on Thursday, 5 March 2026.

If you have any queries about any matters referred to in this decision sheet please contact Richard Plummer Committees Manager.

- 6. APPROVE ACCEPTANCE OF FAMILY HUBS AND START FOR LIFE GRANT FUNDING AND AWARD THE CONTRACTS TO VARIOUS ORGANISATIONS NECESSARY TO DELIVER THE FAMILY HUB PROGRAMME AS SET OUT IN THE DELIVERY PLAN.**

DECLARATIONS OF INTEREST FOR THIS ITEM:

None

RESOLVED:

That the Cabinet Member for Children, Schools and Families:

1. In accordance with CSO 21.01, permission was granted to accept £4,692,300 in external funding from the Department for Education (DfE) and the Department of Health and Social Care (DHSC) over three years, to continue the Family Hubs Programme.
2. Approved the award of a contract to Whittington Health NHS Trust for the provision of the Parent Infant Psychology Service, for a period of two years from 1 May 2026 to 30 April 2028, at a total maximum cost of £550,620 under the Health Care Services (Provider Selection Regime) Regulations 2023 ("PSR") Direct Award Process C.
3. Approved for the waiver of Contract Standing Order (CSO) 12.02 (requirement to obtain three competitive quotations) as permitted under CSO 18.01.2(d)(iii) (where the value of the contract was below the applicable threshold pursuant to the Procurement Act 2023 and it was in the Council's overall interest to waive the requirement); and contracts were awarded to:
 - Baby's Sake, for the provision of therapeutic interventions supporting parents and babies, at a cost of £105,000 for a period of three years from 1 April 2026 to 31 March 2029; and
 - Wards Corner, for the delivery of Latin American Stay and Play sessions, at a cost of £27,595 for a period of three years from 1 April 2026 to 31 March 2029.

Reasons for decision:

The core aim of the Best Start Family Hubs Programme was to improve family services, including Healthy Babies services, particularly in areas with the highest levels of deprivation and disproportionately poor health and educational outcomes. Accepting this external funding enabled the Council to continue its commitment to successfully deliver the Best Start Family Hubs Programme over the three-year period. The Programme was needs-led, responded to resident demand and provided multi-agency services accessible locally.

To ensure compliance with the grant conditions and the uninterrupted provision of services to families and Family Hub staff, it was recommended that the Council award contracts to the three organisations referenced above. Given the time constraints and resource availability, this course of action was deemed to be in the Council's best interest.

The need to establish and initiate service delivery was driven by the requirement to allocate and expend the DfE grant funding within the timescales outlined in the submitted Best Start Family Hubs Delivery Plan.

Alternative options considered:

Doing nothing (Grant funding): The Council could have decided not to accept the grant. In doing so, it would have lost the opportunity to continue delivering the Family Hubs Programme, which was a key objective within partnership strategies including the Haringey Early Help Strategy and the Haringey Early Years Strategy. Therefore, this option was not considered viable.

Option 1: Do nothing. The Council would not have met the requirements of the grant conditions for the Best Start Family Hubs Programme if it did not provide perinatal mental health support, support for domestic abuse, and parenting support offers. This would have resulted in the clawback of funding and the non-delivery of services to local families.

Option 2: Competitive quotation process. Tendering was not considered viable due to limited time available, the challenge of attracting a strong market given the limited period of funding, and the specialist clinical requirements for therapeutic interventions and Latin American Stay and Play sessions. Such delays would have resulted in significant gaps in service, preventing vulnerable families from accessing critical support.

Option 3: Most Suitable Provider Process (PIPS). Although this non-competitive process would have allowed the authority to determine the most suitable provider based on key criteria, the limited local market and potential risk of challenge meant that, despite being permitted under PSR regulations, this option was not recommended.