Healthy Child Service (HCS)

Consultation for Health Visiting, Family Nurse Partnership (FNP), Young Parents Pathway (YPP) and School Nursing

Have your say.

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1. Introduction:

There are several changes taking place nationally that will affect services for children, young people and families across Suffolk. These changes are being driven by new government policy, guidance and funding arrangements, including:

- New guidance for the **Healthy Child Programme**, which sets out how local areas should support the health and wellbeing of children and young people.
- The **Families First** programme, which aims to strengthen early help and provide more intensive support for families when problems emerge.
- The **Best Start Family Hubs** programme, which aims to ensure all children receive the best possible start in life.
- Ongoing reforms to support children and young people with **Special Educational Needs and Disabilities (SEND)**.

These programmes are connected and often work together. This consultation focuses specifically on proposed changes to the delivery of the **Healthy Child Programme in Suffolk**, including:

- Health Visiting
- Family Nurse Partnership (FNP)
- Young Parents Pathway (YPP)
- School Nursing Services

We are consulting on these proposals to help ensure that Healthy Child Programme services continue to meet the needs of children, young people and families across Suffolk. The consultation provides an opportunity for residents, families, partners and stakeholders to share their views on the proposed changes.

Separate proposals are also being developed for Best Start Family Hubs. These are likely to consider how Family Hub services are organised and delivered in response to Government guidance on Best Start Family Hubs and Families First.

The Council recognises that there is a relationship between Family Hubs and the Healthy Child Programme. Some Healthy Child Programme services are currently delivered from Family Hub locations, so future decisions about Family Hubs may affect where some services are delivered.

However, the Family Hub proposals are not yet sufficiently developed to consult on alongside these proposals. This consultation therefore focuses on the proposed changes to the Healthy Child Programme, including what services are provided and who provides them. It does not make decisions about future Family Hub delivery.

Separate community engagement/consultation on Family Hub services is expected once the proposals are more fully developed. The Council will ensure that any future engagement/consultation explains how the proposals across services relate to one another, so that residents, families and stakeholders can consider the overall approach.

1. Overview of Service:

The Healthy Child Service is both commissioned and delivered by the Public Health, Communities and Public Safety Directorate in Suffolk County Council, operating under an in-house arrangement.

Suffolk County Council's service model, implemented on 1 September 2019, introduced a framework designed to ensure that our most vulnerable children and families—those with additional physical, developmental or emotional needs, or where safeguarding concerns are present—are supported by our most qualified and experienced health professionals
The service comprised several elements including health visiting, school nursing services and Family Nurse Partnership. The Healthy Living Service (Children's Healthy Weight service) was brought into the Healthy Child Service in October 2023

The Healthy Child Programme is the national framework for improving the health and wellbeing of children and young people in England. It covers children and young people aged 0–19, and up to age 25 for care leavers and those with Special Educational Needs and Disabilities (SEND) and sets out an evidence-based approach to prevention, early intervention and family support.
The underpinning statutory framework for the Healthy Child Programme is the NHS Act 2006 (as amended) and the Health and Social Care Act 2012. These place a duty on local authorities to commission or provide public health services for children including the commissioning or delivery of the five mandated universal health and development reviews before age 5 years and take steps to improve the health of their population, which includes commissioning an appropriate 5–19 public health offer for children and young people.

Refreshed national guidance published in 2026 is built around proportionate universalism where every child and family should receive a universal offer, but children and families with greater needs should receive more tailored and intensive support. Levels of support include community, universal, targeted and specialist. Any future model must deliver statutory duties, be safe and clinically robust while supporting improved population health outcomes.

The Department for Health and Social Care has standardised guidance for the Healthy Child Programme. It is worth noting that this is guidance, outside of the mandated offer, can be applied in any format. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. It aims to:

- help parents, carers or guardians develop and sustain a strong bond with their children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner

- make sure children are prepared for and supported in all childcare early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

The Service is based on 4 delivery models depending on individual and family needs:

- Community
- Universal
- Targeted
- Specialist

High Impact Areas have been developed to improve outcomes for children, young people and their families and are based on evidence of where these services can have significant impact for all, and especially those most in need.

Early Years (0-5) high impact areas include:

- transition to parenthood
- maternal, infant and family mental health,
- breastfeeding, healthy weight and nutrition,
- health literacy,
- reducing accidents and minor illnesses,
- health, wellbeing and development.

School-aged high impact areas build on early identification of children in need of support and focus on key priority areas, and include support for:

- resilience and wellbeing,
- health behaviours and reducing risk taking,
- healthy lifestyles,
- vulnerable young people and improving health inequalities,
- complex and additional health and wellbeing needs,
- self-care and improving health literacy.

2. Background to Service Changes:

Suffolk County Council through the Public Health, Communities and Public Safety Directorate has a statutory duty to commission the Healthy Child Programme, known as the Healthy Child Service.

The Healthy Child Programme is the cornerstone of England's universal public health nursing offer for babies, children and young people, providing the foundation for prevention, early intervention, safeguarding and reducing health inequalities. The service now requires redesign due to increasingly responding to wider system gaps and acute need, rather than preventative activity, as well as loss of funding from partners.

The current service model is not sustainable within the funding available, despite some further investment from the Public Health grant, and no longer fully reflects the core purpose of a public health service for children and young people.

In recent years, the service has increasingly filled wider system gaps. Open referral routes and unmet need elsewhere have meant specialist public health capacity is often used for ongoing support beyond its core role, with a significant proportion of demand relating to needs better

met by specialist services. This has reduced capacity to deliver core public health functions. The system now requires a return to a prevention focused approach, emphasising population-level and brief interventions to improve outcomes and reduce future demand.

The proposed model protects statutory duties and safeguarding responsibilities, prioritises the health visiting service (0–5-year-olds) as a major component of the Council's statutory responsibilities, makes more effective use of specialist workforce capacity, and aligns the service more clearly with strengthening provision elsewhere in the system.

The proposed model also reflects the role of the programme as a whole-system prevention offer, combining mandated early years reviews, school-age public health activity and proportionate support at community, universal, targeted and specialist levels.

The proposed changes should not be seen in isolation as there is additional national and local investment in services supporting children, young people and families that will mitigate some of the impact of these changes. The redesign is intended to refocus the service on public health nursing, prevention, safeguarding, early intervention and population health improvement whilst maintaining its statutory duties.

The proposed redesign responds both to financial pressure and to the need for strategic realignment. It restores a clearer focus on prevention, school partnership working, early identification and population health improvement, while enabling other services to provide ongoing support where they are better placed to do so. It aligns with the latest national Healthy Child Programme guidance and involves significant workforce, service and pathway changes.

3. What we know so far:

In 2024 a survey of 522 young people, parents and professionals was undertaken to better understand their experience of the Healthy Child Programme including the Family Nurse Partnership, Health Visiting and School Nursing. The survey found that:

a. School Nursing was valued for direct work with children, though access and availability were concerns.
b. Health Visiting and Family Nurse Partnership feedback was positive but based on smaller sample sizes, so should be treated as qualitative insight.

Overall, survey feedback indicated strong satisfaction with Healthy Child Services, particularly highlighting the quality, approachability, and supportiveness of staff.

4. Overview of Service areas:

Health Visiting (0-5):

Health Visitors are qualified nurses or midwives with specialist community public health training and can offer health and wellbeing support to families with children aged 0 to 5 years. As a minimum, the health visiting service delivers the 5 mandated health reviews to families at the following points:

- Antenatal women more than 28 weeks pregnant
- New Birth Visit; 10days – 2 weeks
- 6–8-week visit
- 1 year review (9-15 months)
- 2-year review (24-30 months

Health visiting provides a unique universal service, beginning in the antenatal period, that forms the foundation for safe, trusting and respectful relationships with families. Early contacts - specifically the antenatal, new birth and 6-to-8-week health and development reviews - are often delivered in the home by a health visitor. The health visiting service provides continuity of care to families, working within localities where they can build on existing strong relationships with their early help teams, social care colleagues and primary care services, as well as the wider community.

The Suffolk service:

- Is available to all families with a child aged 0-5 years and all pregnant women currently resident in Suffolk
- Focuses on the 6 high impact areas: Parenthood and the early weeks, maternal mental health, breastfeeding, healthy weight, minor illnesses, and accidents, healthy 2-year-olds and getting ready for school
- Ensures safeguarding processes are robust and at the core of delivery
- Intervenes early and works with partner agencies as needed, working closely with Suffolk County Council Children & Young People's Early Help Services
- Identifies and supports vulnerable children and families, in a timely way, including those with SEND
- Follows up A&E attendances
- Supports families to have a healthy lifestyle
- Ensures care and referral pathways are in place and reviewed regularly

School Nursing:

For children and young people aged 5–19, the HCP is led by school nurses, who are also Specialist Community Public Health Nurses. Unlike the early year's pathway, the wider school nursing offer is not prescribed in the same way nationally and is commissioned proportionately based on local need, inequalities, safeguarding responsibilities and evidence of impact.

National guidance identifies four high-impact areas for school nursing: physical, mental and emotional health and wellbeing; supporting children and young people with additional needs; keeping children and young people safe and well; and supporting transitions. In practice, the programme includes prevention, safeguarding, health promotion, health protection and partnership working with education, health and social care.

Support to young parents (under 21 years old):

a. Family Nurse Partnership:

Family Nurse Partnership is an intensive, targeted, home-visiting programme, delivered by Specialist Family Nurses supporting up to 130 vulnerable first-time young parents (up to age 21 years old) at any one time with the aims of improving children's life chances by supporting

families during pregnancy and early childhood. The service is nationally prescribed and is non-statutory.

b. Young Parents Pathway:

The Young Parent's Pathway is a home visiting voluntary service within the 0-19 health visiting service that supports mothers to be, under the age of 20 years old, not eligible for FNP and who live in Suffolk. Home visits start during pregnancy and continue until the child turns two.

It is a less intensive model compared to FNP but draws from that evidence base, skills and knowledge

Young Parent Practitioners use visit content, materials, and practical activities to work with young parents, including fathers.

5. Strengthening the wider offer to children and families outside of the Healthy Child Programme

The children's transformation programme in the Children and Young People's Directorate of Suffolk County Council signals real change with an enhanced expectation to target families most in need, focus on need rather than threshold and be proactive in finding families that need us before they come to our attention in crisis.

This will be achieved through the development of the following:

- Integrated Front Door – a system of professionals that support with making decisions and finding solutions for families in need at the earliest point
- Best Start local plan and Healthy Babies Offer. The Best start local plan sets out how everyone working with babies, children and families in Suffolk will work together to support all children in Suffolk to achieve a good level of development.
- Changes to the Social Care 'threshold document' shifting the focus to need
- Families First programme – development of Family Help (this includes enhanced offer of intervention from our Family Help Practitioners and will include work with 0-5s), multi-agency child protection teams, Family Group Decision Making
- Youth and Communities (development of Family Hubs, community connectors, developing the response to child exploitation and missing children, developing a joined-up Youth Offer across the county, joining up services across our system
- SEND reforms: This strengthening of wider services to children and young people will better support the delivery of the Healthy Child Programme, particularly to the most vulnerable families and those children with SEND. Suffolk has committed over £20 million in additional revenue funding to reform SEND services—mainly to expand staffing, improve EHCP processes and respond to inspection findings.

6. Options Considered and Why They Were Not Taken Forward

We looked at a range of possible ways to change the service. Each option was carefully assessed for cost, impact on children and families, and ability to meet legal duties.

The options and reasons for not progressing them are set out below.

Summary of Options

Option considered	Why it was not taken forward	Key risks or issues
Keep the current service model	The current service costs more than available funding and is not affordable	Ongoing overspending and use of reserves, which is not sustainable
Outsource or commission the service	Not financially viable while the service is over budget	Low volume provider market
Further reduce school nursing	Would reduce essential public health and safeguarding capacity below safe levels	Increased safeguarding risks and reduced support for schools and vulnerable children
Reduce support and management functions further	Would affect the safe and effective running of frontline services	Loss of oversight, weaker safeguarding arrangements, reduced service resilience
Stop hearing and vision screening	These are nationally recommended services	Risk of missing early problems in children and not meeting national expectations
Change mandatory health reviews	These reviews are required by law and cannot be removed	Failure to meet statutory duties and increased risks to child development
Remove additional preventative services	Would reduce early help and prevention activity	Increased demand on other services and poorer long-term outcomes

Overall Conclusion

After considering all options, the proposed approach is the most balanced and workable.

It:

- Keeps the services that the Council is legally required to provide
- Focuses resources on prevention, early help and safeguarding
- Reduces costs to a sustainable level
- Fits better with support available from other services

This approach will help ensure that children and families continue to receive essential support, while making the best use of available funding.

7. Proposed Changes:

Proposal 1: Support to Young Parents (under 21 years old):

(a) Family Nurse Partnership would end as a separate programme, with support for young parents transferred into mainstream health visiting, supported by a strengthened early help offer, Best Start Family Hubs and wider partner pathways.

Current offer	How the current offer will change	Mitigation:
• Targeted, intensive home-visiting programme for vulnerable first-time young parents. • Countywide offer, with additional capacity in areas of highest teenage pregnancy and vulnerability. • Delivered by specially trained Family Nurses, with demand consistently exceeding available capacity. • Service is regularly oversubscribed with a waiting list	• Ending of Family Nurse Partnership as a distinct programme. • Support for young parents would transfer to mainstream health visiting and the enhanced, Early Help offer within Children's services, Best Start Family Hubs and wider partner pathways. • The revised model includes targeted support through named Health Visitor oversight and referral into specialist services where need meets threshold.	• All families will be discharged into the Health Visiting Service. • Health Visiting can provide additional support to those most vulnerable through targeted and specialist pathways. • Utilise the enhanced Early Help offer being transformed in the Children and Young Peoples Directorate (see above). • Identifying needs and using system partnerships to support clients through appropriate pathways and referral access points.

(b) Young Parents Pathway would end as a separate programme, with support for young parents transferred into mainstream health visiting, supported by a strengthened early help offer, Best Start Family Hubs and wider partner pathways.

Current offer	How the current offer will change	Mitigation:
• It is a voluntary home-visiting programme that supports mothers under 20 who live in Suffolk • Countywide offer, • Delivered by specially trained Young Parents Practitioner • The Young Parents Practitioner works alongside the Health Visitor	• Ending of Young Parents Pathway as a distinct programme. • Support for young parents would transfer to mainstream health visiting and the enhanced, Early Help offer within Children's services, Best Start Family Hubs and wider partner pathways. • The revised model includes targeted support through named Health Visitor oversight and referral into specialist services where need meets threshold.	• All families will be discharged into the Health Visiting Service. • Health Visiting can provide additional support to those most vulnerable through targeted and specialist pathways. • Utilise the enhanced Early Help offer being transformed in the Children and Young Peoples Directorate (see above). • Identifying needs and using system partnerships to support clients through appropriate pathways and referral access points.

Proposal 2. School Nursing:

Within school nursing, the model would move from the current referral based, open access approach to a more targeted public health offer focused on prevention, safeguarding, school partnership working and the national high-impact areas. This approach will be led by identified needs, and the service will respond appropriately. This would allow specialist school nursing capacity to be used more consistently and effectively for public health and early intervention functions. Not every school will require the same intensity of School Nursing input. Population data, and profiling will inform the priorities for each school.

There will continue to be a Universal, Targeted and Specialist pathway.

The School Immunisation Service is not part of the School Nursing Service and is delivered separately, so is not part of this consultation and is not under review.

Current offer	How will the offer change	Mitigation:
• Open-access, referral portal-based school nursing offer for children, young people, families and schools (approx. 70% of referrals relate to emotional wellbeing and mental health). • Available across mainstream schools, special schools, pupil referral units and for children educated other than at school. • Delivered through a mixed workforce of School Nurses, Community Staff Nurses, and Healthy Child Practitioners. • Although all year round most of delivery happens in term time (87%) • Drop-in sessions are offered weekly in high schools	• Shift to a more targeted public health nursing model focused on prevention, proportionate safeguarding, school partnership working and the national high-impact areas. • Move to term-time-only (87% of frontline staff are already TTO) delivery and a digital-first access model, with structured triage, advice and signposting replacing most routine one-to-one allocation. • All core universal school-facing delivery will be in mainstream primary and secondary schools, SEND schools and Pupil Referral Units with targeted support based on vulnerability, risk and need. • Reduced 1:1 capacity and a more focused safeguarding and SEND contribution where there is direct involvement or identified need. • The universal offer will include High School Drop ins with frequency being based on need, Parent Drop ins in Primary schools and School liaison meetings • The targeted offer will include New and emerging health concerns identified through questionnaires,	• School Nursing will have a very clear offer on what it can and cannot do, which will make referrals into the service more meaningful. • School Nursing will be working in partnership with system partners to identify the correct pathways and referral access points for young people that are not eligible for a school nursing offer. • There will be a digital offer, which can be accessed 24/7 and will provide information and signposting to relevant resources and services. • All School Nurses will be supporting identified SEND needs as part of the service change. This will have a universal offer to those with SEND identified need. • Mental Health in School Teams (MHSTs) are NHS-funded teams that work in schools and colleges to provide early mental health and wellbeing support for children and young people. National policy requires all schools to have access to Mental Health in School Teams by 28/29.

	schools' concerns, parental concerns, Group interventions and 1:1 brief interventions. • Children and young people with an identified SEND need will move through the same Universal and Targeted system but with reasonable adjustments to ensure equitable access and engagement.	

Proposal 3: Health Visiting (0-5):

The proposed changes focus on a more efficient model which strengthens health visitor numbers as per national guidance.

Current offer	How the current offer will change	Mitigation:
• Universal 0–5 Healthy Child Programme with proportionate targeted and specialist support based on need. • All 5 mandated reviews are delivered alongside safeguarding, early help and wider prevention activity. • Delivery is through a mixed workforce of Health Visitors, Community Staff Nurses and Healthy Child Practitioners, supported by clinical leadership and management.	• Increased Health Visitor capacity to strengthen clinical leadership, oversight an d continuity of care. • Removal of the Community Staff Nurse role, with delivery through a revised Health Visitor / Healthy Child Practitioner skill mix. • All 5 mandated reviews remain under Health Visitor accountability, with delegated activity delivered under agreed supervision and governance arrangements.	• All 5 mandated health and development reviews will continue. • Children and families should experience stronger Health Visitor oversight, clearer accountabil ity and improved continuity in the first 1,001 days. • Later reviews will continue to be supported through a mixed model, with flexibility in venue and delivery where appropriate to need.

	• Close alignment with revised national guidance including greater continuity in the earliest contacts, with antenatal, new birth and 6-to-8-week reviews undertaken by a named Health Visitor wherever possible.	

6. Conclusion:

The Healthy Child Programme performs an important public health, prevention and safeguarding role for children, young people and families in Suffolk. However, the current model is not sustainable. Undertaking a redesign that retains the most important statutory, safeguarding and public health functions while bringing the service into a form that is safe, lawful and financially deliverable is the appropriate course of action to ensure we still provide a service that will support of population in Suffolk.

7. How to share your views:

Healthy Child Services consultation - Suffolk County Council

8. What happens next:

Once the consultation closes, we will analyse all the feedback received to help shape our support to children and families in the absence of Family Nurse Partnership and Young Parents Pathway, and a refocus of School Nursing and Health Visiting. We will publish a short, summary report reflecting the main themes and this will be available on the Council's website. The feedback will be considered by the Public Health, Communities and Public Safety Directorate and it will help inform the future delivery of Healthy Child Programme services.

We recognise that separate community engagement/consultation relating to Family Hubs and the Best Start offer may take place later in 2026. Although some of the same children, young people and families may be affected, the proposals relate to different services and are being developed through separate programmes of work based on national guidance. Feedback provided through this engagement/consultation will be considered specifically in relation to the Healthy Child Programme proposals.

9. Further Information:

- Family Nurse Partnership - Suffolk County Council
- School Nursing Service - Suffolk County Council
- Young Parent's Pathway - Suffolk County Council
- Health Visiting service - Suffolk County Council
- Healthy child programme - GOV.UK