Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

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Who is the document aimed at?	All SCHT staff delivering the 0–19(25) public health nursing service (Health Visiting, FNP, School Nursing) including SCPHNs, registered Nurses, Nursery Nurses, Support Workers, Students, Administrators, QSO and Managers.
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2		

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1 Introduction

This policy sets out how Shropshire Community Health NHS Trust (SCHT) will deliver the Healthy Child Programme (HCP) across Health Visiting (0–5), Family Nurse Partnership (FNP) and School Nursing (5–19/25).

The HCP is England's national delivery model for public health nursing services from pregnancy to age 19 (up to 25 for care leavers and for children and young people with special educational needs and disabilities (SEND)).

The aims of the healthy child programme are to:

- ensure a healthy start to life
- identify and address health needs early
- prevent health problems
- support school readiness and learning
- protect children and families
- promote health equity

The refreshed HCP guidance (updated March 2026) sets clear expectations for delivery and strengthens assurance around service delivery, ensuring national consistency of service quality. It includes a four-level model of support: community, universal, targeted, and specialist.

Services must be attuned to the needs of working parents or carers, inclusive towards fathers and considerate of underserved groups

The guidance highlights; evidence-based, relationship-based, and targeted care, prioritizing mandated reviews and improved digital tools. Key strategies emphasize reducing inequalities, early intervention, and multi-agency safeguarding, with 0-19/25 nursing teams focusing on emotional health and developmental needs.

2 Purpose

This provider policy gives clarity on what SCHT delivers as a 0-19 service, with KPIs and outcomes mapped to the four levels.

The purpose of this policy is to ensure that SCHT:

- Delivers the HCP universal offer consistently for all babies, children and young people in scope.
- Applies proportionate universalism so that additional support is provided according to assessed need.
- Works safely and effectively across agencies to deliver joined-up support and safeguarding.
- Monitors delivery and impact using nationally aligned KPIs and locally agreed outcomes.

Priority outcomes are based on the high impact areas identified for the 0-19 services

3 Definitions

Key terms used in this policy:

Term	Definition
Healthy Child Programme (HCP)	The HCP is a national delivery model for public health nursing services for ages 0–19/25. It provides a clear framework for roles and responsibilities in supporting babies, children, young people and their families from preconception up to 19/25.
SCPHN	Specialist Community Public Health Nurse (health visitor or school nurse).
HV	Health Visitor
FNP	Family Nurse Partnership. FNP is an intensive targeted home-visiting programme for eligible first-time young parents, delivered under a programme model and license.
SN	School Nurse
VCSE partners	Voluntary, Community and Social Enterprise partners
Proportionate universalism	Universal service for all with additional targeted/specialist support based on assessed need; those targeted/specialist continue to receive universal provision.
Four levels of support	Community, Universal, Targeted, Specialist.
0–5 health and development reviews	5 mandated universal health and development reviews: Antenatal, New birth, 6–8 weeks, 9-12 months, 2–2.5 years.
5–19 health needs assessments	Mandated core offers of the NCMP at key stages: school entry & year 6 In addition, the aim to introduce, 4 core health needs assessments to be introduced at key stages: school entry, year 6, year 8, year 10.
CSDS	Community Service Data Set
CSE	Child Sexual Exploitation
CCE	Child Criminal Exploitation
SEND	Special Educational Needs and Disabilities
FFP	Families First Programme

4 Duties

4.1 SCHT Executive Lead / Lead Director

Accountable for ensuring SCHT delivers safe, effective and quality-assured HCP services in line with national guidance and local commissioning requirements, including safeguarding, workforce competence, information governance and performance oversight.

4.2 SCHT 0–19 Service Leads

Responsible for operational implementation of this policy across Health Visiting, FNP and School Nursing, including standard operating procedures (SOPs), supervision arrangements, audit and KPI reporting. Ensuring captured data is used as a learning tool to improve service delivery.

4.3 SCHT Service Managers & Clinical Team Leads

Responsible for professional standards, safe delegation, clinical and safeguarding supervision is received, audits, consistent application of the HCP four-level model and achievement of KPI's.

4.4 All staff delivering the service

All staff must work within scope of practice, comply with safeguarding procedures, record accurately, follow SOPs and contribute to quality improvement and assurance reporting as required.

5 **Healthy Child Programme (HCP) 0–19/25 delivery model** (Health Visiting, School Nursing & Family Nurse Partnership)

5.1 Vision and "what good looks like"

Vision: Every child and young person in Dudley, Shropshire, Telford & Wrekin will receive a consistent, high-quality HCP offer, with more help earlier for families facing greater challenges, reducing inequalities and improving outcomes.

What good looks like:

- Relationship-based, trauma informed practice, including face-to-face early years contacts as the default where clinically indicated and appropriate.
- Visible and accessible school nursing offers with clear access routes (including digital where available).
- Joined up/ seamless pathways with maternity, GP, education, early help, social care, SEND and VCSE partners.
- Assured quality and reduced unwarranted variation through consistent data capture and KPI monitoring.

5.2 Scope of service

SCHT delivers the HCP through:

- Health Visiting (pregnancy to age 5): delivery of 0–5 health and development reviews and proportionate support. Health Visitors are responsible for delivering evidence-based interventions during the early years, including preconception care, support for child development, and improving health outcomes for babies and young children. They play a crucial role in identifying families at risk as early as possible, offering universal services such as health reviews, infant feeding support, well baby clinics, immunisation promotion, Chat Health and advice, as well as providing targeted and specialist support when required.

- School Nursing (age 5 to 19; up to 25 with an Education, Health and Care Plan and/ or Special Educational Needs and Disabilities): delivery of 5–19 NCMP, the introduction of health needs assessments and proportionate support. School nurses focus on children and young people in educational settings, promoting healthy development and wellbeing. They deliver universal programmes such as National Child Measurement Programme, health education, Chat Health and provide targeted interventions for those with identified needs. School nurses are also key in safeguarding, CSE and CCE, ensuring that vulnerable children and families are identified and supported at the earliest opportunity.

- Family Nurse Partnership (FNP): delivery of an intensive home-visiting programme for eligible first-time young parents (antenatal- 24mnths)

5.3 Four levels of support

5.3.1 Community level

Purpose: population-wide health improvement and reduction of inequalities through whole-setting approaches, community assets and appropriate campaigns.

SCHT delivery examples: joint work with schools and family hubs; health promotion campaigns (e.g. oral health, healthy weight, healthy nutrition, immunisation promotion, smoking prevention); contribution to multi-agency forums influencing wider determinants such as attendance and transitions.

5.3.2 Universal level

Purpose: the guaranteed offer for all; early identification of need, timely advice, support, signposting and referral.

Health Visiting Service (0–5): deliver the 5 mandated health and development reviews at specified stages (antenatal, new birth, 6–8 weeks, 9-12 months, 2–2.5 years), with a focus on responsive parenting.

Early reviews (antenatal, new birth, 6–8 weeks) are delivered face-to-face in the home as the default best practice; later reviews may be delivered in other suitable venues based on family need and preference following clear delegation criteria. Home visiting enables health visitors to gain a fuller understanding of the family's living conditions and dynamics, which are central to a robust assessment of health needs. The refreshed HCP framework recognises that certain indicators of risk may not be apparent in clinical or community settings.

The School Nursing Service (5-19): delivers the National Child Measurement Programme (NCMP) and will introduce four core health needs assessments at key transition points: school entry, Year 6, Year 8 and Year 10. These assessments will support early identification of health, wellbeing and safeguarding needs and enable timely intervention. School nurses provide accessible advice and support through school-based drop-ins, telephone support, Chat Health and other digital channels where available. They work closely with children, young people, families, schools and partner agencies to promote health, wellbeing and resilience.

The service plays a key role in safeguarding, attending and contributing to multi-agency meetings, including Child Protection Conferences, Child in Need reviews and Team Around the Family meetings, ensuring vulnerable children receive coordinated support.
The refreshed Healthy Child Programme (HCP) strengthens the focus on prevention and reducing health inequalities, with particular emphasis on mental health and emotional wellbeing and addressing wider determinants of health such as food poverty. School nurses are well placed to identify emerging concerns, provide early intervention and connect families with appropriate support services.

5.3.3 Targeted level

Purpose: additional short-to-medium term support for identified needs to prevent escalation, build resilience and support behaviour change.

Health Visiting targeted support includes structured episodes of care such as feeding support, sleep, parental mental health support, injury prevention, and development/school readiness interventions and signposting.

School Nursing targeted support includes brief interventions and time-limited support for issues such as emotional wellbeing in line with ithrive.

5.3.4 Specialist level

Purpose: the most intensive support for complex or high vulnerability needs, often requiring multi-agency coordination or specialised programmes eg FFP.

Specialist delivery includes safeguarding responses to: CSE, CCE, child sexual abuse, CIC (children In Care), Domestic Abuse and coordinated plans for complex needs. The Lead practitioner for families will be based on their knowledge of the child and their family. Staff are expected to attend safeguarding meetings when required.

It includes babies, children and young people who have SEND. Partnership working is essential to ensure that: families only tell their story once, information is shared between agencies, a full picture of the child's circumstances emerges and all health and development reviews and health needs assessments progress at appropriate time points

It also includes the delivery of Family Nurse Partnership (FNP) for eligible first time, young parents as an evidence-based, intensive, structured home-visiting programme. FNP is commissioned as part of the 0–5 public health offer and integrated with HV pathways. The family nurse will complete the 5 mandated health and development reviews 0-2yr.

This tiered model puts proportionate universalism into practice, ensuring equitable access and improved outcomes while focusing resources where they will have the greatest impact

Clear supervision pathways will be available for all practitioners.

5.4 High impact areas

These national high impact areas cover physical, mental and emotional aspects of children's development.

5.4.1 Early years

High impact area 1: supporting the transition to parenthood.
High impact area 2: supporting maternal and family mental health.
High Impact area 3: supporting breastfeeding.
High impact area 4: supporting healthy weight and nutrition.
High impact area 5: improving health literacy, managing minor illnesses and reducing accidents.
High impact area 6: supporting health, wellbeing and development: ready to learn, narrowing the 'word gap'

5.4.2 School years

High impact area 1: promoting physical, mental and emotional health and wellbeing.
High impact area 2: supporting children and young people who have additional needs.
High impact area 3: keeping children and young people safe and well
High impact area 4: helping children and young people make transitions.

The 4 levels of support and the10 high impact areas provides a foundation for predicting risk and preventing problems, including: the early identification of safeguarding concerns and timely responses to protect babies, children and young people

5.5 Interfaces, transitions and partnership working

SCHT works collaboratively with maternity services, GP, education settings, Families First, children's social care, SEND services, VCSE partners and others to deliver a joined-up offer.

The service maintains a local protocol for transition from FNP to Health Visiting and Health Visiting to School Nursing. Direct professional hand over will be completed for safeguarding cases. Processes will include follow-up for children not brought to appointments and tracing/risk assessment for missing children in line with local safeguarding procedures.

6 Consultation

This policy will be consulted with relevant stakeholders, including:

- LA Public Health commissioners and contract lead (as appropriate)
- SCHT safeguarding lead
- Health Visiting, School Nursing, FNP leads and staff representatives
- Key system partners for operational alignment (education, safeguarding leads, Families First, SEND)

7 Dissemination and Implementation

7.1 Dissemination

This policy will be published on the SCHT policy repository 0–19 service channels and communicated through team briefs, team meetings and supervision cascade.

7.2 Implementation

Implementation will include:

- Briefings for HV, SN and FNP teams on the refreshed HCP delivery expectations and the four levels of support
- Updating local SOPs for assessments, non-attendance follow-up, safeguarding escalation and HV→SN transition
- Aligning documentation/templates to capture required KPI fields and enable consistent reporting
- Quality improvement work to address unwarranted variation, support equitable access and learn from data and practice to improve care.

8 Monitoring Compliance

Monitoring will demonstrate delivery of universal contacts/assessments and timeliness, appropriate application of the four levels of support, equity of access and outcomes where data allows, and safe practice (including safeguarding response, supervision and documentation quality).
Monitoring will include the HCP health visiting KPI quality fields (practitioner undertaking the visit, place of visit, and additional non-face-to-face contacts) to support assurance of quality and variation.

Outcomes expected include those set out within the Public Health Outcomes Framework and the Community Services Data Set (CSDS).

8.1 Monitoring table (Assurance framework for core outcomes)

Level	*KPI (what we measure)*	*Standard/Target*	*Source*	*Frequency*	*Lead*	*Reporting route*
Universal (HV)	Coverage: • antenatal assessment • new birth assessment • 6–8wk review • 12mnth review • 2–2.5y reviews	Locally agreed outcomes	RIO / Community Service Data Set	Monthly + quarterly	HV & FNP Lead	Contract monitoring + SCHT governance
Universal (HV)	Quality fields: • practitioner type • place of visit • additional face-to-face contacts	Locally agreed outcomes	RIO	Monthly	Data/QI Lead	Performance pack
Universal (HV)	Timeliness: • response to pregnancy/new birth notifications within agreed timeframes	Locally agreed outcomes	RIO	Monthly	HV Lead	Performance pack
Universal (SN)	Coverage (once introduced): 4 core health needs assessments • school entry • Y6 • Y8 • Y10	100% with local agreement	RIO	Yearly	SN Lead	Contract monitoring + SCHT governance
Universal (SN)	Access: • drop-ins • digital access • response times	Locally agreed outcomes/KPI's	Rio	Monthly	SN Lead	Performance pack
Community	Settings engaged: • schools with named SN link • family hubs/early years engagement	Locally agreed outcomes	Audit	Quarterly	SN Lead	Contract monitoring
Targeted (HV)	Targeted episodes: • time to first contact • agreed outcomes recorded	Locally agreed outcomes	RIO	Monthly	HV Lead	Performance pack
Specialist	Safeguarding urgent response times	As per local safeguarding procedures	Safeguarding logs	Monthly	Safeguard Lead	Safeguarding committee + monitoring
Specialist (FNP)	FNP reach and engagement: • Core Model elements set within the FNP programme	FNP Programme metrics	FNP TURAS	Monthly + quarterly	FNP Supervisor	Governance, commissioner review, 0-19 clinical programmes unit DHSC (FNP)
Transition	FNP→HV transition: • 100% safeguarding cases with direct handover	100%	Audit	Quarterly	FNP Supervisor	Governance board
Transition	HV→SN transition: • 100% safeguarding cases with direct handover	100%	Audit	Quarterly	HV lead	Governance board

9 References

- Healthy Child Programme collection (DHSC, updated Mar 2026): https://www.gov.uk/government/collections/healthy-child-programme
- Delivery of the Healthy Child Programme (DHSC, updated 12 March 2026): https://www.gov.uk/government/publications/delivery-of-the-healthy-child-programme
- Part 1: principles of delivery (DHSC): https://www.gov.uk/government/publications/delivery-of-the-healthy-child-programme/part-1-principles-of-delivery
- Part 2: health visiting (ages 0 to 5) (DHSC): https://www.gov.uk/government/publications/delivery-of-the-healthy-child-programme/part-2-health-visiting-ages-0-to-5
- Part 3: school nursing (ages 5 to 19) (DHSC): https://www.gov.uk/government/publications/delivery-of-the-healthy-child-programme/part-3-school-nursing-ages-5-to-19
- Healthy Child Programme: commissioning public health nursing services (DHSC): https://www.gov.uk/government/publications/healthy-child-programme-commissioning-public-health-nursing-services
- Annexes: key performance indicators (DHSC): https://www.gov.uk/government/publications/healthy-child-programme-commissioning-public-health-nursing-services/annexes
- Giving Every Child the Best Start in Life (DfE, 2025)
- Fit For the Future:10 year health plan for England (DHSC, 2025)
- First 1000 Days: a renewed focus
- Family Nurse Partnership programme (OHID): https://www.gov.uk/guidance/family-nurse-partnership-programme
- Dudley commissioned 0–19 integrated service presentation (Dudley Council): https://dudley.cmis.uk.com/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=yaxTZKuUUsG8llRLy6%2BhCHG58JGJeAVAdUDOStf3kK7FtndDyvXg6w%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzqA2uL5jNRG4jdQ%3D%3D
- Domestic Abuse Policy SHROPCOM Final version June 2024.pdf
- SCHT Dudley School Nursing service page: https://www.shropscommunityhealth.nhs.uk/school-nurses-dudley
- Fair Society, Healthy Lives: the Marmot review- a strategic review of health inequalities in England post 2010 (DHSC, 2010)

10 Associated Documents

The following SCHT documents support implementation of this policy

- Safeguarding Children Policy and procedures
- Clinical supervision and safeguarding supervision policies
- Lone working policy
- Record keeping and information governance policies
- Incident reporting and duty of candor procedures
- Dudley 0–19 service SOPs

11 Appendices

Appendix 1 – "Offer by Level" Quick Reference

Community: whole-setting and community activity to promote health and reduce inequalities (campaigns, school/family hub engagement, community capacity building).

Universal: HV delivers 5 early years reviews; SN delivers 4 core health needs assessments; accessible advice routes (drop-ins/digital where available).

Targeted: time-limited additional support for identified need

Specialist: intensive support for complex needs; safeguarding multi-agency plans; FNP intensive home visiting for eligible first-time young parents.

Appendix 2 – Outcomes-to-Level Mapping

Community: improved population health literacy and healthier environments; contribution to reducing inequalities across SCHT priorities.

Universal: early identification of need; improved school readiness and transitions; accessible support at key stages.

Targeted: improved resilience and wellbeing; reduced escalation; improved engagement where health is a barrier; improved parenting confidence and early development trajectories.

Specialist: improved safety and reduced harm; improved life chances and reduced disadvantages for vulnerable young parents and children (FNP).

Appendix 3 – Governance and reporting flow

Monthly operational dashboard: activity, timeliness, access, safeguarding, data quality.

Quarterly quality/performance review: trends, equity, deep dives, risks and improvement plan.

Annual impact summary: outcomes narrative aligned to SCHT priorities and HCP aims.