

2025/26

# Health visiting and school nursing service needs assessment

Wokingham Borough Council  
Public Health Team



**WOKINGHAM**  
**BOROUGH COUNCIL**

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- Key data, including indicators suggested by the Government and other contextual indicators; supplemented with a commentary on Wokingham Borough and opportunities for further analysis
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The 12 HIAs include:

#### *Health and wellbeing of children aged 0-5 years (Early Years)*

- **HIA1:** Supporting the transition to parenthood
- **HIA2:** Supporting maternal and family mental health
- **HIA3:** Supporting breastfeeding
- **HIA4:** Healthy weight and nutrition
- **HIA5:** Improving health literacy, managing minor illnesses, reducing accidents
- **HIA6:** Ready to learn and narrowing the word gap

#### *Health and wellbeing of school-aged children aged 5-19 years*

- **HIA1:** Supporting wellbeing and resilience
- **HIA2:** Improving healthy behaviours and reducing risk taking and **HIA6:** Supporting self-care and improving health literacy
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2025/26

# Health visiting and school nursing service needs assessment

Introduction, overview of findings, and  
key recommendations



**WOKINGHAM**  
**BOROUGH COUNCIL**

## Purpose

Wokingham Borough Council has a [statutory duty](#) to improve the health of all residents. To improve the health of children and young people (including those with [special educational needs or disabilities up to age 25](#)), their families must also be supported.

The [Berkshire West Health and Wellbeing Strategy 2021-2030](#), endorsed by the Wokingham Borough Health and Wellbeing Board, has established five key interdependent priorities for improving residents' health and wellbeing in Wokingham Borough, including ones which focus on children, young people and families.

Wokingham Borough Council embraces the principles of [The Marmot Review](#), which emphasises the importance of giving every child the best start in life. What happens during the early years has lifelong effects on many aspects of health and wellbeing.

With the above background, Public Health commissions the Health Visiting and School Nursing service, which is critical to the delivery of the [Healthy Child Programme](#). The Healthy Child Programme is a national, evidence-based, universal programme that provides support and services for children, young people and their families. More information can be found on [page 10](#).

To commission and deliver effective services we first must understand the needs of residents; we can then look at how best to meet these needs, being guided by evidence of best practice.

Understanding what services are already being delivered, as well as how these are being delivered and the outcomes of their delivery, allows us to see what is working well locally, and where there are opportunities to close any gaps between need and provision.

## Approach

To structure this needs assessment, we used The Office for Health Improvement and Disparities (OHID) [guide for the effective commissioning](#) of health visiting and school nursing services.

At the time of producing this needs assessment, the guide identified:

- 6 High Impact Areas (HIAs) where Health Visitors have the highest impact on the health and wellbeing of children aged 0 to 5 years; and
- 6 HIAs where School Nurses have the highest impact on the health and wellbeing of school-aged children aged 5 to 19 years.

OHID has recommended outcome measures under the 12 High Impact Areas. We have these as the core of our analysis whilst also considering other relevant local “contextual” measures.

Wherever possible, we have separated out the data to understand the picture in Wokingham Borough for children at higher risk of poorer outcomes.

The summary outcomes section is supported by a series of more in-depth chapters looking at the relevant data for each HIA which include descriptions of current service provision.

Population health data and links cited in this needs assessment were correct as of 7<sup>th</sup> July 2025. Subsequent events or updates may affect the accuracy of this information.

## Use

This needs assessment will guide conversations with partners on how we can best use the health visiting and school nursing service to improve the health and wellbeing of children, young people and families in Wokingham Borough.

It will also be used to inform the service specifications and commissioning of the service.

## Key recommendations

This needs assessment has identified strengths and challenges in the services, and puts forward the following recommendations under the headings of the 3 priorities of the [Wokingham Borough Helping Early Strategy](#):

### Improve access to early support

- 1. To ensure a better uptake of the antenatal contact** (HV-HIA1), capitalising on improvements in notifications from midwifery to health visiting. The antenatal visit presents an opportunity to support all mothers to maintain a healthy weight during pregnancy, particularly those who have had previous pregnancies (HV-HIA4); ensure adequate health literacy (HV-HIA5); ensure that mothers are taking folic acid supplements (HV-HIA5); and signpost and advise around stopping smoking for both mother and those living in the family home (HV-HIA1).
- 2. To use a ‘Making Every Contact Count’ approach to safeguard children, and to support residents to make positive improvements to their health and wellbeing** (SN-HIA4). This includes maximising opportunities to identify early risk factors or signs of issues, such as domestic abuse (HV-HIA1 and 2), problem drug and alcohol use (HV-HIA1 and 2; SN-HIA2) and self-harm or unintentional injury (SN-HIA1).
- 3. To continue to refine how we measure impact** of the Health Visiting and School Nursing Service, so that we can understand access, quality and impact of the service. This should include robust and relevant measures of inequality. (HV-HIA 3-6; SN-HIA1 and 3).
- 4. To work with Health Visiting and School Nursing services to ensure effective referral pathways into other services**, such as perinatal mental health services (HV-HIA2).

### Improve the experience of asking for and receiving help

- 5. To ensure Health Visiting and School Nursing services understand the current universal and targeted services in the Borough**, including those relating to strengthening the building blocks of health and wellbeing. This enables the Service to promote uptake of support such as free school meals (HV-HIA6, SN-HIA4); vaccinations (HV-HIA6 and SN-HIA6); alcohol, drug, tobacco, and vaping cessation services (HV-HIA1 and 2, SN-HIA2); sexual health services (HV-HIA1, SN-HIA3); domestic abuse services (HV HIA-1 and 2); and access to no- and low-cost physical activity (HV-HIA4, SN-HIA3).
- 6. To work with Health Visiting and School Nursing services and families to understand reasons for non-attendance at contacts**, and how families could best be supported to engage with the service (HV-HIA1 to 6)
- 7. To co-create support that meets the diverse needs of the school community**, ensuring that services are accessible to users at the right time and place, without stigma. Support for school-aged children and young people should cover topics such as healthy behaviours (SN-HIA3), preventing harm (SN-HIA6), and social media’s role in promoting positive and negative health behaviours (SN-HIA1). Initiatives should directly empower young people to manage their health (SN-HIA6).
- 8. To ensure that resources created by the Service are culturally relevant and non-stigmatising**, such as ensuring materials are available in community languages (EY-HIA4, SN-HIA2).

### Work better together as a system

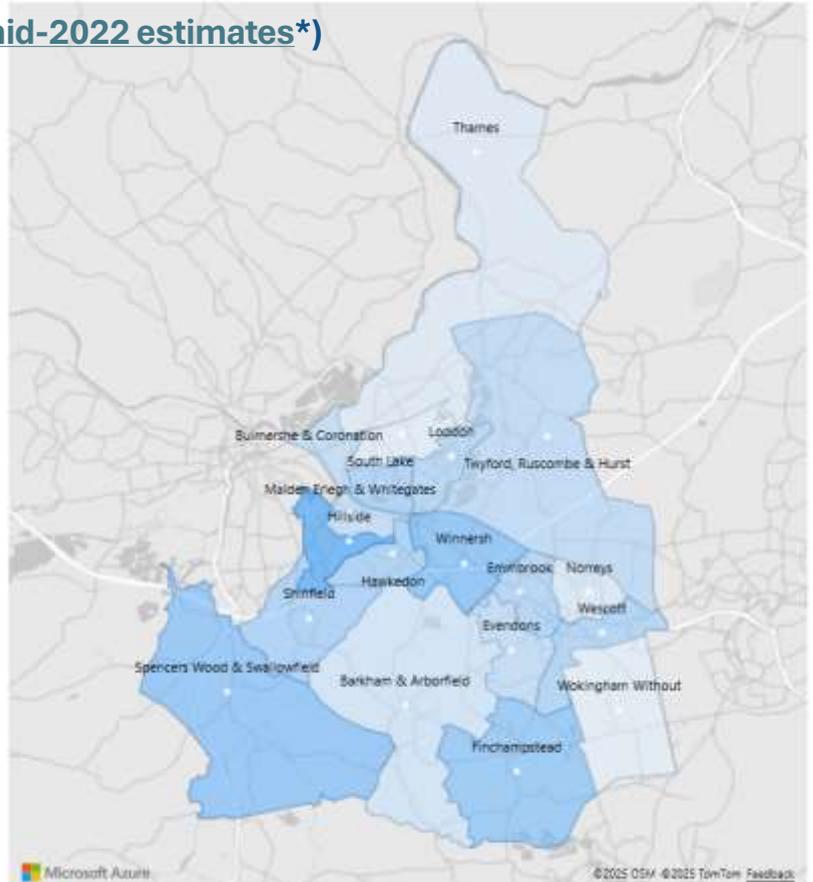
- 9. To support Health Visting and School Nursing professionals to continue to attend multi-agency partner meetings, both on specific targeted cases and at key local forums** (e.g. Women’s Health Network, Children and Young People’s Partnership subgroups). This enables their collaboration with other partners on individual cases (especially those involving safeguarding concerns), as well as the delivery of overarching strategies to support local children, young people and families to thrive, such as Helping Early and Early Years Strategies (EY-HIA1, EY-HIA3, EY-HIA6).
- 10. To support Health Visiting and School Nursing services’ involvement in developing local strategies and programmes, including the Council’s ambition to becoming a Marmot Borough** (all HIAs). To enable public health nursing professionals to effectively contribute to partnership work supporting children and families to thrive.
- 11. To enable Health Visitors and School Nurses to support families’ mental wellbeing across the lifecourse**, and consider appointing a lead to provide oversight (HV-HIA2).

## Number of children and where they live across the Borough

There are 47,473 children aged 0-19 years living in Wokingham Borough. They make up 26% of the total population of the borough. (*ONS mid-2023 estimates*\*).

### 0–19-year-old population by Ward (*ONS mid-2022 estimates*\*)

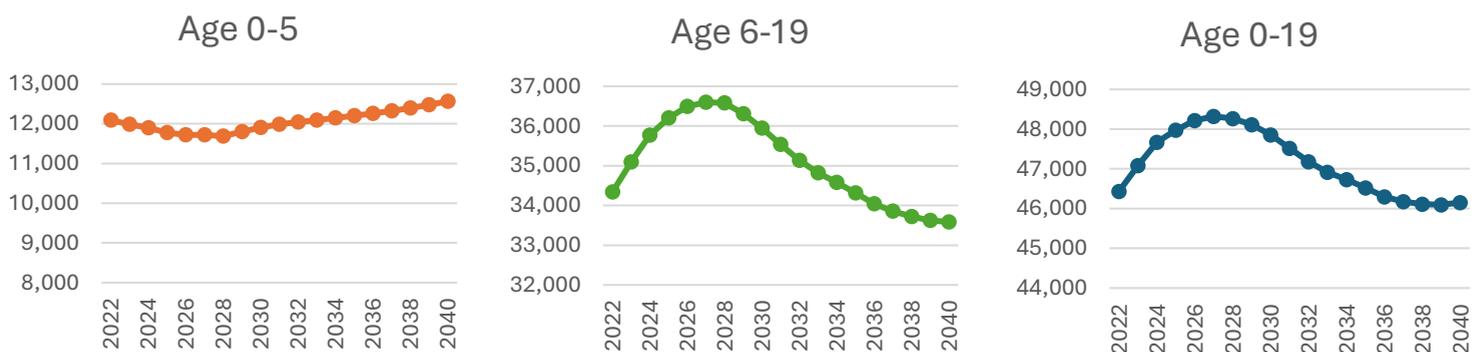
Ward	0 - 19 Population
Hillside	3,408
Winnersh	3,037
Spencers Wood & Swallowfield	2,973
Finchampstead	2,924
Hawkedon	2,701
Shinfield	2,688
South Lake	2,687
Wescott	2,648
Emmbrook	2,619
Loddon	2,566
Twyford, Ruscombe & Hurst	2,475
Evendons	2,436
Malden Erleigh & Whitegates	2,421
Barkham & Arborfield	2,265
Norreys	2,167
Thames	2,116
Bulmershe & Coronation	2,072
Wokingham Without	2,054
<b>Total</b>	<b>46,257</b>



### Population projections

According to the ONS’s projections of the borough’s population (*based on 2022 figures*\*):

- The population of 0-5s is expected to fall by 0.4% - 1.0% each year until it reaches about 11,700 in 2028, followed by a steady increase afterwards.
- The population of 6-19s is expected to rise by up to 2% each year until it reaches a peak of 36,600 in 2027, after which it will steadily fall.
- The total population of 0-19s will reach a peak of 48,300 in 2027. Between 2023 and 2040, there will be an overall decrease of 2%.



\* The most current small area estimates are for 2022; local authority level estimates are for 2023 so totals will not match

## Demographics of the children who live in the Borough

Among Wokingham Borough resident 0–19-year-olds, 65% (28,800) are from white British ethnic backgrounds; 9% (4,100) are from Indian ethnic backgrounds; 5% (2,200) are from other white ethnic backgrounds; and 5% (2,000) are from Pakistani ethnic backgrounds ([2021 Census](#)).

Within Wokingham Borough state-funded nursery, primary, secondary, and special schools, 57% of children with an ethnicity recorded are from white British ethnic backgrounds. These will include children resident in neighbouring boroughs and attending Wokingham schools ([Department for Education, 2023/24](#)).

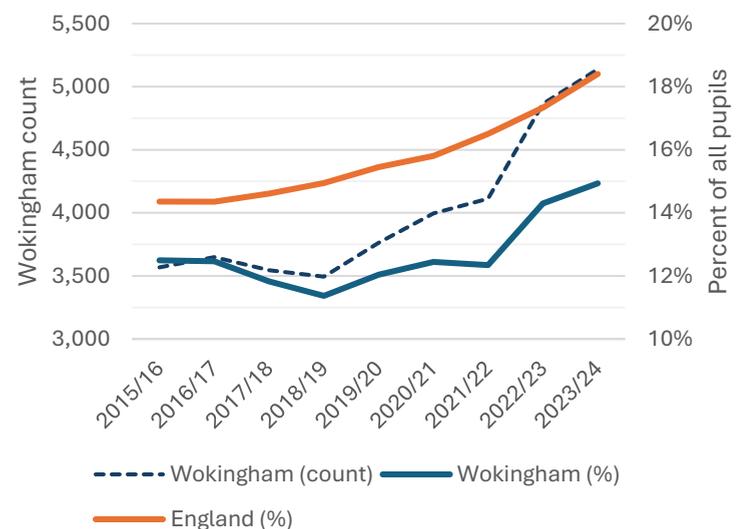
### Ethnicity of children attending Wokingham Borough schools 2023/24 (% of those with ethnicity recorded)

Ethnic group	Count	Percent	Ethnic group	Count	Percent
<b>Total</b>	<b>29,934</b>		Asian - Any other Asian background	682	2.4%
Unclassified	1,378		Mixed - White and Black Caribbean	447	1.6%
White - White British	16,215	56.8%	Any other ethnic group	429	1.5%
Asian – Indian	2,745	9.6%	Mixed - White and Black African	379	1.3%
White - Any other White background	1,992	7.0%	White - Gypsy/Roma	128	0.4%
Asian - Pakistani	1,466	5.1%	Black - Any other Black background	110	0.4%
Asian - Chinese	1,216	4.3%	Asian - Bangladeshi	107	0.4%
Mixed - Any other Mixed background	868	3.0%	Black - Black Caribbean	102	0.4%
Mixed - White and Asian	799	2.8%	White - Irish	77	0.3%
Black - Black African	752	2.6%	White - Traveller of Irish heritage	42	0.1%

In 2023/24 there were 5,138 children with Special Educational Needs and Disabilities (SEND) in Wokingham Borough schools, including independent schools. This is 15% of all school pupils, and includes those with an Education, Health and Care plan (EHCP) and those receiving SEN support without an EHCP. ([Department for Education](#)).

The proportion of all pupils who are receiving support for SEND has been increasing, similar to the national picture. ([Department for Education](#))

### Children with SEN support or EHCPs 2023/24



### Wokingham Borough Schools

In 2023/24, there were 29,849 children attending 71 state funded schools in Wokingham Borough. 55 of these schools were primary schools; 10 were secondary schools; 3 were special schools; 1 was a nursery school; and 2 were alternative provision schools.

Additionally, there were 11 independent schools, and 1 non-maintained special school within the borough ([Department for Education](#)).



## Children at risk of poorer outcomes

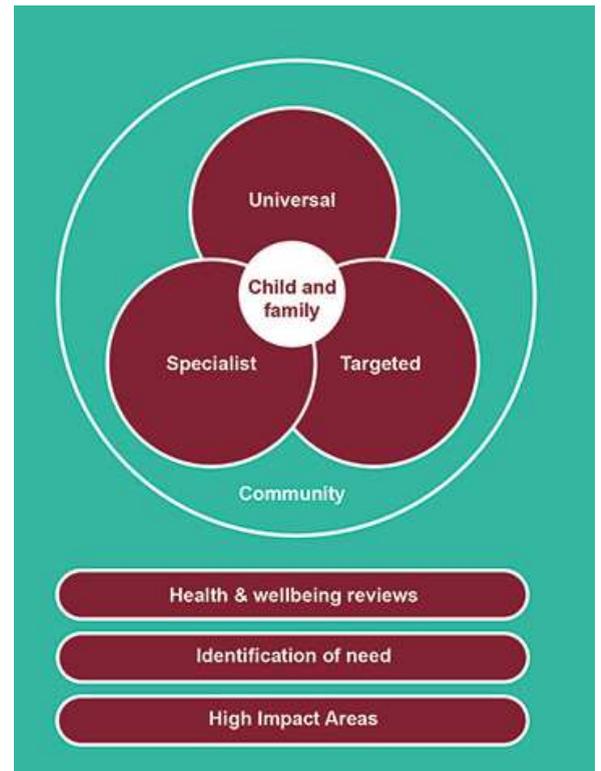
Here is a summary of some of the groups of children that, according to national data, are at higher risk of poorer outcomes. Children can be in more than one group and this list is not exhaustive; the table gives a snapshot of the rates and numbers of children in each of these groups in the Borough.

Data source	Group	Why selected	Wokingham	England	South East	Data year
<a href="#">Department for Education</a>	Children in need (assessed as needing help and protection as a result of risks to their development or health)	A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, whose health or development will be significantly impaired without the provision of services, or who is disabled. <a href="#">Children in need have poorer educational outcomes than their peers and worse mental health.</a>	1,000 (231 per 10,000)	333 per 10,000	316 per 10,000	2024
<a href="#">Department for Education</a>	Rate of children looked after on 31 March	<a href="#">There are significant inequalities in health and social outcomes</a> for looked after children compared with all children; these contribute to poor health and social exclusion of care leavers later in life.	137 (32 per 10,000)	70 per 10,000	56 per 10,000	2024
Cranstoun	Children referred to Wokingham's domestic abuse service	Adverse Childhood Experiences are stressful events that occur during childhood, which can have a significant impact on outcomes in later life. Household domestic abuse and household drug and/or alcohol abuse are often included in studies into outcomes of children who have had Adverse Childhood Experiences.	145	N/A	N/A	2023/24
<a href="#">National Drug Treatment Monitoring System</a>	Number of adults in drug and alcohol treatment who are living with children		94 (21% of all in treatment)	23% of all in treatment	22% of all in treatment	2023/24
<a href="#">Department for Education</a>	Pupils whose ethnicity are 'Gypsy/Roma' and 'traveller of Irish heritage'	People of Gypsy, Roma and Traveller backgrounds are among the most disadvantaged in the country and have poor outcomes in key areas such as <a href="#">health and education.</a>	170 (0.6%)	0.4%	0.5%	2023/24
<a href="#">Department for Education</a>	Children with Special Educational Needs and Disabilities (SEND): state-funded schools only	People with learning disabilities experience <a href="#">poorer health and die at a younger age.</a> Children with SEND are more likely to <a href="#">miss school.</a> Children with SEND report difficulties at <a href="#">school and needs that are unmet.</a>	4,452 (14.9%)	18.4%	18.8%	2023/24
<a href="#">2021 Census</a>	Young carers aged 0-17 providing any hours of unpaid care	<a href="#">The lives of young carers in England</a> highlights that 2 out of 3 young carers are receiving no support, are more likely to be bullied and have trouble making friends and are more likely to be absent from school.	268 (0.86%)	1.39%	1.46%	2021

## The Healthy Child Programme

### “Universal in reach, personalised in response”

- The [Healthy Child Programme](#) (HCP) is the national public health framework for children and young people. It brings together the evidence on delivering good health, wellbeing and resilience for every child.
- The programme comprises health promotion, child health surveillance, and screening.
- The programme can ensure families receive help and support early before problems develop further, which in turn reduces demand for higher cost specialist services later.
- The HCP is led by health visitors (0-5) and school nurses (5-19) in collaboration with other health professionals. The HCP is an opportunity for multi-agency collaboration.
- The Health Visiting and School Nursing Service is commissioned by local authority Public Health. In Wokingham Borough, it is currently delivered by Berkshire Healthcare NHS Foundation Trust (BHFT).
- At the time of preparing this needs assessment, OHID has published the following resources to support commissioning and delivery of services under the HCP:
  - [Commissioning guidance](#)
  - [Guidance on ‘high impact areas’](#) in which health visitors and school nurses can improve health and wellbeing of their service users
  - [Schedule of interventions based on the child’s age](#)
- The Government’s health visiting and school nursing service delivery model has laid out that the following should be [offered universally](#):



### Between ages 0 to 5

There are five [mandated reviews](#) to be offered by health visiting service:

- When a woman is more than 28 weeks’ pregnant (antenatal review)
- When child is aged 1 day to 2 weeks (new birth review)
- When child is aged 6 to 8 weeks
- When child is aged 9 to 15 months (1-year review)
- When child is aged 24 to 30 months (2–2½-year review)

There is other advice and information available to Wokingham parents on [BHFT’s website](#).

### Between ages 5-19

The [National Child Measurement Programme](#) is a mandated programme measuring the height and weight of all children at Reception and Year 6.

Other contacts are [not mandated](#) but a universal offer at these major transition points for children can ensure they are provided with opportunities for their health needs to be assessed and supported:

- School entry (age 4 to 5)
- Year 6 (age 10 to 11)
- Year 8 (age 12 to 13)
- Year 10 (age 14 to 15)

## Detailed data analysis for each of the high impact areas (HIA) relating to Health Visiting and School Nursing

Many children and families in Wokingham Borough live healthy and happy lives supported by stable building blocks of health and wellbeing. This is reflected in the [child and maternal health profiles](#) on the Fingertips website.

To assess the population health needs that health visitors and school nurses can meet, we used the framework of [12 high impact areas \(HIAs\)](#) that the Office for Health Improvement and Disparities (OHID) had published at the time of preparing this report. Each HIA forms a chapter of this needs assessment and consists of the following headings:

- Why this HIA is important
- Summary of relevant current services in Wokingham Borough
- Key data – OHID’s guidance at the time had designated outcome measures for [each of the HIAs](#). In addition to examining the outcomes in Wokingham Borough under these measures, we identified additional “contextual” indicators and examined Wokingham Borough’s outcomes, as well as information on the current health visiting and school nursing service where relevant
- Measures of inequalities – These are often only available from local data and analysis, and can help to unmask differences in outcomes between groups of children. This is key to breaking the cycle of inequality.
- Opportunities for further analysis

### Health and wellbeing of children aged 0-5 years

- [Supporting the transition to parenthood \(HIA 1\)](#)
- [Supporting maternal and family mental health \(HIA 2\)](#)
- [Supporting breastfeeding \(HIA 3\)](#)
- [Healthy weight and nutrition \(HIA 4\)](#)
- [Improving health literacy, managing minor illnesses, reducing accidents \(HIA 5\)](#)
- [Ready to learn and narrowing the word gap \(HIA 6\)](#)

### Health and wellbeing of school-aged children aged 5-19 years

- [Supporting wellbeing and resilience \(HIA 1\)](#)
- [Improving healthy behaviours and reducing risk taking \(HIA 2\)](#) and [Supporting self-care and improving health literacy \(HIA 6\)](#)
- [Supporting Healthy Lifestyles \(HIA 3\)](#)
- [Supporting Vulnerable Young People and Improving Health Inequalities \(HIA 4\)](#)
- [Supporting additional and complex needs \(HIA 5\)](#)

A summary of the outcome measures designated by OHID in each HIA is set out in the following pages.

## Summary of outcome data for the 12 High Impact Areas, including local inequalities data where available.

### Health Visiting outcomes

Better than England

Similar to England

Worse than England

OHID Indicator name	Wokingham	Data year	Known inequalities
<a href="#">Conception rates for age 15-17</a> - rate per 1,000 (count)	5.9 (19)	2021	<b>No local inequality data.</b> Nationally: associated with deprivation
<a href="#">Under 18s conceptions leading to abortions</a> % (count)	57.9% (11)	2021	<b>No local inequality data</b>
<a href="#">Smoking in early pregnancy</a> % (count)	9.3% (145)	2023/24	<b>No local inequality data.</b> Nationally: Research on England data shows women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy, and among those who quit, more likely to resume after childbirth. Younger women are more likely to smoke during pregnancy.
<a href="#">Infant mortality rate - crude rate per 1,000</a> (count)	2.5 (13)	2021-23 (3 yrs data)	<b>No local inequality data.</b> Nationally: associated with deprivation and ethnicity (black, Asian, and other minority ethnic backgrounds)
<a href="#">Low birth weight of term babies</a> % (count)	2.6% (39)	2023/24	
<a href="#">Breastfeeding at 6-8 weeks</a> - % (count)	67.1% (1,126)	2023/24	<b>No robust local inequality measure.</b> Nationally: positively associated with age (older mothers); higher educational attainment; lower deprivation; non-white ethnic backgrounds; managerial and professional occupations
<a href="#">A&amp;E attendances among 0-4 years</a> - crude rate per 1,000 (count)	620.4 (6,010)	2023/24	Nationally: associated with deprivation and higher in boys. No local data around deprivation but boys more likely to attend A&E than girls and children aged under 1 account for the majority of attendances
<a href="#">Emergency admissions among 0-4 years</a> - crude rate per 1,000 (count)	123 (1,190)	2023/24	Local inequality data: children aged under 1 account for the majority of admissions. No other local measures of inequality
<a href="#">Hospital admissions - unintentional and deliberate injuries among 0-4 years</a> - crude rate per 10,000 (count)	61.9 (60)	2023/24	Local inequality data: children aged under 1 account for the majority of admissions. No other local measures of inequality
<a href="#">Reception: prevalence of obesity</a> - % (count)	5.7% (110)	2023/24	Local inequality data: associated with deprivation, ethnicity (black ethnic backgrounds)
<a href="#">Children aged 5 years with dental decay</a> - %	12.7%	2021/22	<b>No direct local inequality data.</b> However, children living in areas of higher deprivation are less likely to have been seen by a dentist and more likely to have required urgent dental treatment
<a href="#">0-5-year-olds admitted to hospital for dental caries</a> – per 100,000 (count)	27.6 (10)	2020/21 – 2022/23	<b>No local inequality data.</b> Nationally: associated with deprivation
<a href="#">Children at end of Reception achieving a Good Level of Development</a> % (count)	75.5% (1,606)	2023/24	Local inequality data: Boys, children from Black ethnic backgrounds and from Gypsy or Roma Traveller backgrounds, those eligible for free school meals, those with Special Educational Needs and Disabilities, and those living in areas of higher deprivation are less likely to achieve a Good Level of Development at age 5

## Summary of outcome data for the 12 High Impact Areas, including local inequalities data where available.

### School Nursing outcomes

Better than England

Similar to England

Worse than England

OHID Indicator name	Wokingham	Data year	Known inequalities
<a href="#">Hospital admission episodes for self-harm (10-14 years) – rate per 100,000 (count)</a>	225.0 (30)	2022/23	<b>No local inequality data.</b> Nationally: associated with deprivation
<a href="#">Hospital admission episodes for self-harm (15-19 years) – rate per 100,000 (count)</a>	461.2 (50)	2022/23	
<a href="#">Hospital admission episodes for self-harm (20-24 years) – rate per 100,000 (count)</a>	250.9 (20)	2022/23	
<a href="#">Smoking prevalence age 15 years, regular smokers (%)</a>	National survey: data not available due to small sample	2023	<b>No local data on young people smoking.</b> Nationally associated with: use of e-cigarettes; drug taking, having friends that smoke; alcohol, and gender (boys more likely to smoke regularly, girls occasionally).
<a href="#">Year 6: prevalence of overweight (including obesity) % (count)</a>	26.6% (600)	2023	Local inequality data: children from black ethnic backgrounds and children living in more deprived neighbourhoods are more likely to have obesity and overweight
<a href="#">Chlamydia detection rate aged 15 to 24 years (female) - rate per 100,000 (count)</a>	1,034 (97)	2023	Local inequality data: for all ages, diagnoses of STIs are more common amongst people from black and mixed ethnic backgrounds as well as amongst gay, bi-sexual, and men who have sex with men
<a href="#">Percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence) (count)</a>	6% (556,862)	2023/24	Local inequality data: overall absence from school in 2023/24 was higher for children in need (16%); children with a child protection plan (19%), and children looked after by the local authority for 12 months or more (10%). Other inequalities in overall absence relate to ethnic groups, free school meal status, Special Educational Needs and Disabilities. Absence increases as children get older.
<a href="#">Percentage of delivery episodes where the mother is aged under 18 years (count)</a>	0% (0)	2023/24	<b>No local inequality data.</b> Nationally: teenage mothers are more likely to be from mixed or white ethnic backgrounds and/or to be from areas with higher levels of deprivation.
<a href="#">Admission episodes for alcohol-specific conditions - under 18s rate per 100,000 (count)</a>	15 (19)	2021/22 – 2023/24	<b>No local inequality data.</b> Nationally: associated with deprivation.
<a href="#">Hospital admissions due to substance misuse per 100,000 aged 15-24 (count)</a>	23.0 (15)	2021/22 – 2023/24	<b>No local inequality data.</b> Nationally: associated with deprivation.
<a href="#">Unplanned admission for asthma, diabetes or epilepsy in under 19 years rate per 100,000</a>	88	2023/24	<b>No local inequality data.</b> Nationally: associated with deprivation.
<a href="#">First time entrants to the youth justice system per 100,000 (count)</a>	80.4 (16)	2023	Numbers are too small to do local analysis of inequalities, but most first-time entrants are male
<a href="#">Average attainment 8 score</a>	53.0	2023/24	Local inequality data: lower for children in need; for boys; for children from disadvantaged backgrounds; for children with special educational needs; for children from some ethnic backgrounds
<a href="#">Children killed and seriously injured (KSI) on England's roads - per 100,000 (count)</a>	6.3 (7)	2023/24	Local inequality data: for all but the youngest 0–5-year-old age group, males are more likely to be killed or seriously injured on the road compared to their female counterparts. Nationally, children living in areas with higher levels of deprivation face higher risk of being killed or seriously injured on the road
<a href="#">Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) per 10,000 (count)</a>	45.7 (165)	2023/24	Local inequality data: male children and children under five are more likely to be injured. Nationally, children living in areas with higher levels of deprivation are more likely to be injured.

## Summary of Health Visiting service metrics, including local inequalities data where available.

Better than England

Similar to England

Worse than England

Service metric	Wokingham	Data year	Known inequalities
<a href="#">Proportion of new birth visits within 14 days</a> % (count)	83.5% (1,370)	2023/24	<p>Data from the Health Visiting Service shows service metrics separately for families who are assigned to a universal caseload and for those who are assigned to a targeted caseload*.</p> <p>The data for 2023/24 indicates that a lower percentage of families on targeted caseloads have a timely contact with a health visitor across most contacts, with the exception of the 2–2½ year review, where there is no difference between those on a targeted or universal caseload.</p> <p>The difference in those who are receiving a timely contact between families on the targeted compared and families on the universal caseload ranges between 6 to 10 percentage points, depending on the contact.</p>
<a href="#">Proportion of infants receiving a 6-to-8-week review between 6-to-8 weeks after birth</a> % (count)	92.4% (1,551)	2023/24	
<a href="#">Proportion of children receiving a 12-month review</a> % (count)	88.9% (1,536)	2023/24	
<a href="#">Proportion of children receiving a 2-2½ year review</a> % (Count)	81.9% (1,575)	2023/24	
<a href="#">Proportion of children aged 2- 2½ receiving an Ages and Stages Questionnaire as part of the 2- 2½-year review</a> % (Count)	98.5% (1,552)	2023/24	

\* Universal support is for all families whilst targeted support is offered to families with additional needs. Families can move between universal and targeted caseloads as needs increase or decrease. It is important to note that some of the reasons that families are "targeted" (e.g. medical needs) result in unavoidable differences in outcomes. We therefore cannot say that all differences between universal and targeted families are avoidable.

## Summary of High Impact Area outcome measures

### Health Visiting outcomes

In Wokingham Borough, the proportion of [low birth weight of term babies](#) is 2.6% and [infant mortality rate](#) is 2.5 per 1,000 - both similar to the England average (2.9% and 4.1 per 1,000 respectively) (see page 26). Otherwise, Wokingham has significantly better health visiting outcomes than the England averages. However, better than average does not necessarily mean that outcomes cannot be better. For example:

[15.2% of children have excess weight by reception year of school](#) (see page 68); we know obesity is [associated with](#) bullying, stigma, and multiple health problems later in later life.

We do not have information on the development outcomes of almost 20% of 2-2½ year-olds, as this is reliant on [families attending the 2-2½ year health visitor check](#) and parents/carers completing an assessment (Ages and Stages Questionnaire) (see pages 14 and 51).

Borough-level averages will also mask inequalities in outcomes that exist between different groups of children and young people.

The proportion of Wokingham families who are seen for mandated Health Visiting contacts within the recommended timeframe compare well against benchmarked averages. These proportions sometimes fell below local delivery targets. For example, [during 2023/24](#), the proportion of new birth visits occurring within 14 days was 11% below the 95% target (see pages 25 and 31).

Data from the Health Visiting service shows that reasons behind missed contacts, particularly those occurring soon after birth, are sometimes unavoidable. It is important to understand and address the reason for missed appointments – such as when families decline support, or are unavailable at the time of the pre-arranged visit. With improved systems recently introduced for communication with midwifery services and parents to bring down avoidable cancellations, the proportion of new birth visits occurring in 14 days has improved in 2024/25 (see pages 25, 35 and 50).

There were issues affecting notifications from Midwifery Services to Health Visiting about pregnant women requiring an antenatal contact. These have recently been resolved, meaning that we should see a significant increase in the number of women seen by Health Visiting for their antenatal visit. This presents an increase in opportunities to promote healthy pregnancies amongst Wokingham Borough mothers.

### School Nursing outcomes

Data for school age children show a more mixed picture in terms of how Wokingham Borough outcomes compared to the national average. For example:

- In 2023/24, [the proportion of 16–17-year-olds not in education, employment or training \(NEET\) \(or whose activity is unknown\)](#) in Wokingham Borough was 10.9%, higher than in previous years, and significantly higher than the England average of 5.4%. In 2024/25, the figure for Wokingham has returned to levels closer to previous years (4.9%), and is lower than the South East (7.0%) and England (5.6%). This is a result of improved data collation and tracking, reducing the number of young people whose activity is not known. (see page 17)
- [Measures of self-harm among young people in three age brackets, based on hospital admissions](#) range from 225 to 461 per 100,000 – this compares to 244 to 468 per 100,000 in England (see page 57). The percentage of [looked after children for whom emotional wellbeing is a cause for concern](#) is 43%, compared to 41% in England (page 58). Both are similar to the national average.

More than one in four children have [excess weight by year 6 of school](#). The proportion is lower than the national average of about one in three, but is high compared to the proportion of [children at Reception age having excessing weight](#) (15.2% in Wokingham and 22.1% in England) (see pages 67 and 68).

Again, these averages mask inequalities in outcomes that exist between different groups of children and young people in Wokingham Borough.

Notable from the data is the lack of robust measures of general mental wellbeing (see pages 28-32, 54-58), including alcohol, tobacco, vaping, and substance misuse (see pages 22-27, 64-69). There is a reliance on hospital admissions data with self-harm admissions used as a proxy measure for mental wellbeing. Admissions data can be impacted by national and local changes to recording, and represent the more visible and extreme end of behaviour patterns, so will not capture the true extent of self-harming behaviours.

## Needs identified in this needs assessment

Having considered population health data and inequalities, the following are some of the areas where health visiting and school nursing services can support children and young people aged 0-19 (up to 25 SEND) and their families:

In 2023/24, the proportion of 16–17-year-olds not in education, employment or training (NEET) or whose activity is unknown was 10.9%, significantly higher than the England average of 5.4% and South East average of 6.8%. Figures in 2024/25 show this has lowered to 4.9%, returning to levels closer to previous years, due to improved data collation and tracking, reducing the number of young people whose activity is not known.	Pages 15, 17, 71, 79
Among children aged 0-4, those under age 1 (and not necessarily from the most deprived backgrounds) were more likely to attend accident and emergency departments (A&E), require emergency admission, or be admitted due to unintentional or deliberate injuries	Pages 45, 46
Prevalence of overweight children increased from 15.2% at Reception to 26.6% in Year 6, and was commonly associated with deprivation and Black ethnic backgrounds.	Pages 40, 41, 65, 67, 68, 69
In 2023/24, the proportion of children at end of Reception achieving a Good Level of Development is 75.5%, higher than the England average of 67.7%. However, in Wokingham some groups were less likely to achieve this, including boys, children from Black ethnic backgrounds and from Gypsy or Roma Traveller backgrounds, those eligible for free school meals, those with Special Educational Needs and Disabilities, and those living in areas of higher deprivation.	Pages 52, 53
Wokingham’s 5-16 year-olds who meet recommended physical activity levels is 42.3%, lower than the South East average of 48.2% and England’s average of 47.8%. Children from less deprived backgrounds are more likely to do recommended levels of physical activity.	Pages 39, 40, 41
Children living in more deprived areas, when compared to those in less deprived areas, are less likely to have seen a dentist (44.2% compared to 68.3%), and more likely to need urgent dental treatment (4.3% compared to 2.7%).	Pages 40, 41
Pupil absence almost doubled from 3.9% to 6.9% during the first two years of the Covid-19 pandemic and has remained at 6%, although this is better than the South East and England averages (both 7.1%).	Pages 73, 74
Chlamydia detection rates among females aged 15-24 year-olds are 1,034 per 100,000, lower than the England average of 1,962.	Pages 67, 68
‘Attainment 8’ scores among children looked after was 19.8, which was much lower than the borough’s average of 53.0. Other social care groups as defined by the Department for Education also had far lower outcomes.	Pages 62, 63

## The importance of the building blocks of health and wellbeing for children and families

As Wokingham Borough Council embraces the principles of [the Marmot Review](#), we use the [building blocks of health and wellbeing](#) as a framework to describe and consider the conditions in which we are born, grow, live, work, and age.

For many people living in the borough, these blocks are stable. But this isn't the case for everyone. Unfair and avoidable differences in these building blocks mean that some people don't have the opportunity to thrive. We need to work together to fix the gaps.

The Health Visiting and School Nursing services have a key role in strengthening the building blocks for children and families – both directly (for example the building blocks relating to friends, families and communities, and the food we eat) and indirectly (as connectors to other services).

The table below looks at examples of how these building blocks are not as strong as they could be for some children and families in the borough.



Block	Indicator	Wokingham	England	South East	Trend in Wokingham	Data year
Money and resources	Children living low-income households ( <a href="#">OHID</a> )	2,556 (6.8%)	19.8%	13.1%	Stable	2022/23
Education	Persistent absentees (10% or more possible school sessions missed) ( <a href="#">DfE</a> )	4,015 (15.4%)	20.0%	19.4%	Peaked at 18.8% in 2021/22	2023/24
Employment	Not in education, employment or training (NEET) at age 16-17 or whose activity is not known ( <a href="#">DfE</a> )	208 (4.9%)	5.6%	7.0%	See footnote*.	2024/25
Housing	Homeless households with children owed a duty under the homelessness reduction act ( <a href="#">OHID</a> )	185 (8.8 per 1,000)	16.1 per 1,000	13.8 per 1,000	Increase from 4.9 per 1,000 in 2020/21	2022/23
Friends, families, and communities	Children aged 0-19 who cannot speak English or who cannot speak it well ( <a href="#">2021 Census</a> )	204 (0.52%)	0.76%	0.50%	For all ages – increase from 0.6 to 0.8%	2021
Surroundings	Anti-social behaviour rate per 1,000 ( <a href="#">Wokingham Observatory</a> )	5.8	15.3	11.0	Stable since 2022	2024/25
Transport	Households with no access to car or van ( <a href="#">Wokingham Observatory</a> )	9.0%	23.5%	16.9%	No change since 2011	2021
Food	Pupils taking free school meals among those eligible ( <a href="#">DfE</a> )	2,984 (69%)	78%	76%	Decline from 82% in 2020/21	2023/24

\* Wokingham's figure of 2023/24 was exceptionally high (10.9%) due to more young people whose activity was not known. Data for 2024/25 shows a return to lower levels due to improved data collation and tracking.

# The role of the health visiting and school nursing service in strengthening the building blocks of health and wellbeing



## Education and skills

*Education helps to build foundations for future health and wellbeing. Education shapes future opportunities to access stable jobs and a secure income.*

- Health Visitors work with children and families during the early years and are key in identifying developmental issues early and supporting early intervention. As this can only happen if children are seen by the Health Visiting service, driving high rates of attendance at visits and eliminating avoidable delays in the timeliness of visits is essential. The Ages and Stages Questionnaire (ASQ) that is completed as part of the Health Visitor check when the children are 2-2½ years is the earliest routine assessment of child development (the next routine assessment does not occur until end of Reception year at school), so it is essential that attendance at the 2-2½-year-old check and completion rate for the ASQ are as high as possible.
- Better education and skills are linked to better health through better opportunities, pay, and working conditions later in the life course.
- Better literacy also helps families and older children to understand health information and what this means for them. Health Visitors and School Nurses deliver health information to children and families, and it is important that this information is delivered in a way that is accessible to everyone.
- School Nursing services support children and young people to feel confident in accessing health services and in making decisions about their health and wellbeing including self-care.



## Food

*Eating a healthy diet is not as easy as it should be. This is particularly true when money is a struggle. Many people are not maintaining a healthy weight, and those living in more deprived areas and who are from certain ethnic groups (particularly those from black ethnic backgrounds) are more likely to have obesity. Poor quality diets in childhood shape eating habits and preferences – children who have excess weight are more likely to have excess weight as adults. A good diet is also closely linked to good oral health. Having poor oral health can result in pain, difficulties in eating, and missed days from school for appointments.*

- The Health Visiting service are well placed to support children's good dietary and oral health from birth – starting with antenatal visits to support a healthy diet during pregnancy, and then supporting mothers who are able and want to breastfeed to do so. We know from national evidence that some mothers are less likely to breastfeed such as younger mothers and those from more deprived areas. The Health Visiting service are key to understanding and breaking down any barriers.
- As well as providing nutritional advice to families, the Health Visiting service also promote NHS Healthy Start cards which give families that claim certain benefits access to healthy food and free vitamins.
- School-age children will benefit from tailored and engaging health education services.

# The role of the health visiting and school nursing service in strengthening the building blocks of health and wellbeing



## Friends, families and communities

*People are most likely to thrive when surrounded by family and friends, and when these are in turn surrounded by supportive communities. People with good relationships with their friends, families and communities are happier and healthier. Life events, both positive and negative, often result in people looking to their friends, families, and communities for support.*

- Through an understanding of local community groups, the Health Visiting Service can help families develop their support networks. They can work with parents to encourage positive attachment relationships with their children which will become the future foundation for a lifetime of relationships.
- School-age children will begin to navigate their own relationships. The School Nursing Service can support the forming of secure relationships, encouraging open communication, and the recognition and management of emotions leading to improved mental wellbeing. Children will also begin to experience relationships through social media use. Children and their families will benefit from understanding how to use social media safely.



## Housing

*A home should be affordable, warm, and secure. It needs to be safe and well connected to services, work, and the community. The Health Visiting service carries out some face-to-face visits in the home. This has the advantage of seeing the child and their family in the context of the home environment. It presents opportunities to advise on healthy behaviours at home (on topics such as safe sleeping and accident prevention), as well as to identify possible safeguarding risks that may only be seen in the context of the family.*

- Health Visiting and School Nursing offer universal services for all resident children, young people and families. They are well-placed to act as a connector into other services, including Housing services.
- Health Visitors have opportunities to build trusted relationships with families and to understand the wider family context, including the home environment. This means that they have a unique early opportunity to spot risks of harm and safeguarding issues (such as domestic abuse, problem drug and alcohol use, criminal or antisocial behaviours, or mental health issues) and to encourage families to seek support.



## Surroundings

*The surroundings around us shape our health directly (e.g. air pollution) and indirectly (e.g. access to outdoor exercise). Health Visitors can advise on the safety of the immediate home environment (e.g. passive smoking).*

- Through an understanding of the local area and its assets, Health Visitors and School Nurses can link families into assets that promote health and wellbeing, such as accessing free or low-cost outdoor activities for children and their families.
- By making spaces in the community friendly to families and breastfeeding, women who want to breastfeed can do so feeling safe and comfortable.

# The role of the health visiting and school nursing service in strengthening the building blocks of health and wellbeing



## Transport

*Transport has a direct impact on people's health - active travel promotes positive health outcomes, while air pollution from traffic emissions is detrimental to health. It can also indirectly impact health and wellbeing, as it determines access to public services as well as other building blocks of health such as work, friends and family. Good transport links are especially important for those living in more rural areas.*

- Health visitors and school nurses can consider providing services in community locations that provide convenient access and are more likely to be well attended by children, young people and families.
- Health Visitors see families in their own homes, removing transport barriers. Online activities, such as webinars, can complement these face-to-face visits. Health Visitors and School Nurses can signpost to other online services such as [SHarRon peer support](#) and [Chat Health](#) which puts children and families in touch with a member of the health visiting or school nursing team.
- Drop-in sessions run by School Nurses at secondary schools allow easy access for school-aged children without needing to travel elsewhere. However, these are not currently well attended and the factors behind this need to be fully explored with students, teachers and other stakeholders.
- School nurses have a role in ensuring that children and young people can keep themselves safe and reduce risky behaviours. This includes reducing the likelihood of children being injured on roads.



## Work and income

*Work and income are closely linked, and income is also linked to the other building blocks. Those who have lower incomes or live in areas of relative deprivation have fewer opportunities to thrive, and are more likely to develop worse outcomes in health and wellbeing. When these inequalities emerge in children's lives from birth, these may persist through the lifecourse and be passed down generations.*

- In partnership with midwifery, Health Visitors can identify families who are more likely to need additional support during pregnancy and beyond, and can signpost them to local services and support relating to work and income, such as employment opportunities or applying for entitled benefits.

## Health behaviours

*The circumstances in which we are born, grow, live, work and age shape our opportunities to adopt behaviours that most likely result in healthy and happy lives. When these opportunities are limited, people are less likely to adopt positive behaviours (such as being physically active) and more likely to adopt negative behaviours (such as drug and alcohol use). A whole-population approach will have the biggest impact on improving health behaviours.*

- Health Visitors can use a [‘Making Every Contact Count’ approach](#) to take opportunities arising during routine interactions to have conversations about how families might make positive improvements to their health or wellbeing
- School nurses can use the same approach when working with children and young people. As health behaviours that develop in childhood often stay into adulthood, school nurses can detect and reduce risk factors that are likely to lead to negative health behaviours.

## Safeguarding

*Health visitors and school nurses have an indispensable role in safeguarding, as they maintain universal contact with children and families from birth through adolescence. In particular, the Health Visiting service carries out some face-to-face visits in the home, so the family can be seen in the context of the home environment, enabling an opportunity for a health professional to identify risks that might otherwise not be seen.*

*Health visitors and school nurses are well-positioned to recognise risk factors early, and respond to signs where the child’s safety and wellbeing may be at risk (such as domestic abuse, parental mental health problems, and substance misuse). They can provide targeted advice and support to the families, as well as share information with other professionals, which would enable a multi-agency approach to suitable interventions that protect children and support families.*

- Health visitors classify families with a safeguarding concern to be part of their ‘targeted’ caseload. As part of safeguarding and child protection processes, health visitors and school nurses attend Child Protection Conferences as well as safeguarding strategy meetings. It is important that they prioritise support to the targeted caseload, and attend safeguarding and child protection sessions, to enable multi-agency professionals to discuss concerns and agree on actions and protocol. However, it should also be acknowledged that the number of safeguarding meetings (often held in-person) and staffing capacity could impact the universal offer.

2025/26

# Health visiting and school nursing service needs assessment

Early Years High Impact Area 1:  
Supporting the transition to parenthood



**WOKINGHAM**  
**BOROUGH COUNCIL**

**OHID guidance** on this High Impact Area

## 1.1 Why this is important

- The [first 1,001 days](#) of life (i.e. from conception to age two) are a critical period during which the foundations for lifelong emotional and physical health and wellbeing are built. An adult's transition into parenthood is the first stage in this critical period in the child's life.
- **Reproductive health:** Professionals can support women to have [planned pregnancies](#) as these are likely to be healthier. They can also prevent unplanned pregnancies especially [amongst teenagers](#), as unplanned pregnancies can lead to poorer health and wellbeing outcomes for both parent and child.
- **Healthy pregnancy:** When women are enabled to pursue healthy lifestyles during their pregnancy (e.g. taking folic acid and avoiding alcohol and smoking), their children will have the best chance of a healthy start to life.
- **Supportive relationships:** The transition to parenthood is a major change in life and can bring emotional challenges. Positive interpersonal relationships are key to mental health during this time. Health professionals can help parents understand and express their feelings about the emotional transitions. Supportive relationships also lay the ground for parental bonding, leading to strong and nurturing relationships between parents and their child.

## 1.2 Current services

### Services commissioned by Government or NHS

- The Government has issued guidance on [reproductive health and pregnancy planning](#), as well as a [framework for sexual health improvement](#) which covers the reduction of unwanted pregnancies by increasing knowledge and access to contraception.
- Women who become pregnant are advised to [commence antenatal care](#) as soon as possible by informing their GP, and to self-refer to maternity services. It is assumed that most Wokingham Borough residents access maternity services via the [Royal Berkshire Hospital](#) (RBH), on the basis of [OHID's estimate](#) that 77% of Wokingham Borough residents use the RBH for all acute hospital services.
- The "[Better Health: Start for Life](#)" website is a one-stop shop of guidance for parents on healthy behaviours from conception to 5 years.
- The Government has produced a resource pack named "[Preparation for Birth and Beyond](#)" which helps health visitors and other service providers plan or run groups and activities for expectant or new parents.

### Public health-commissioned services

- Public health's [statutory commissioning responsibilities](#) include:
  - [Sexual health services](#) - including Long-Acting Reversible Contraception (LARC), which is essential in the prevention of unplanned pregnancies. From July 2025, as well as continuing primary care provision of LARC, a [new community-based LARC service \(provided by Mid Hampshire Healthcare\)](#) has been commissioned for residents, increasing choice and accessibility of LARC for women in Wokingham.
  - [Smoking cessation services](#) - local needs and actions, including information on supporting pregnant smokers and those with infants to stop smoking, are set out in [Wokingham Borough's Alcohol, Drugs, Tobacco and Vaping \(ADTV\) Needs Assessment](#).
  - The Health Visiting service's [mandated and universal checks](#) begin with a face-to-face check with all expectant mothers at the 28th week of pregnancy or later; then a New Birth Visit at 10-14 days after the child's birth. These are important opportunities to provide tailored advice to people becoming parents.
  - In addition to the universal offer, the Health Visiting service uses a 'Family Health Needs Assessment' tool to categorise some service users as 'targeted', when they provide additional visits or support based on individual needs.
  - The Health Visiting service offers face to face group antenatal sessions in community settings, and has uploaded a pre-recorded presentation on antenatal care to its [website](#).

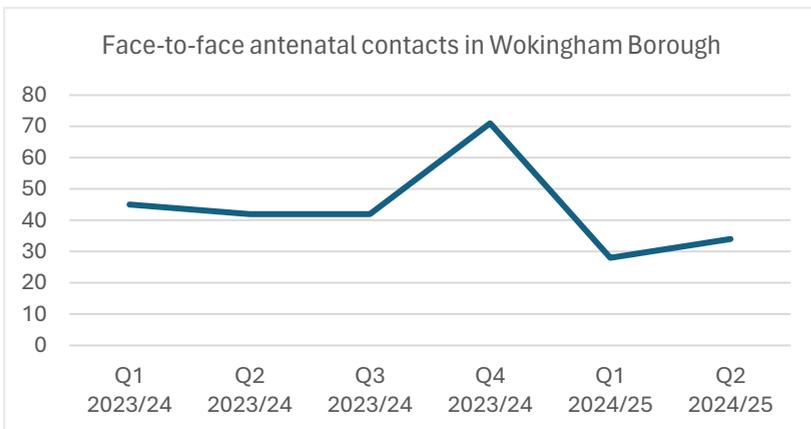
### Other local community services

- Wokingham Borough Council has produced a [Domestic Abuse Strategy for 2025-28](#) which details local evidence and actions to address domestic abuse.
- In March 2024, Public Health launched a Women's Health Network to help improve access to contraception and shape local women's health services.

## 1.3 Key data: Mandated visits and reproductive health

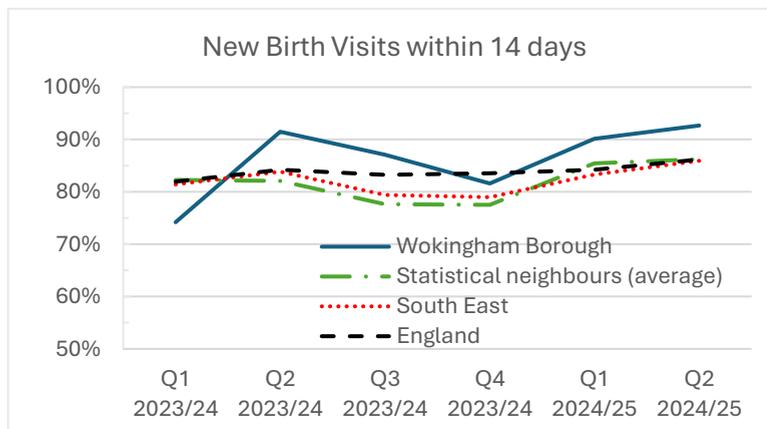
### Mothers receiving antenatal review at 28<sup>th</sup> week of pregnancy by Health Visiting service

Source: Office for Health Improvement and Disparities



### Children receiving new baby review at 10-14 days of birth by Health Visiting service

Source: Office for Health Improvement and Disparities



#### Wokingham commentary:

Antenatal contacts between a pregnant mother and a Health Visitor should take place face-to-face after 28 days of pregnancy. Contacts for Wokingham Borough mothers have been low and far below what would be expected, given the number of babies born each year to mothers living in Wokingham Borough (around 1,600 each year according to [Office for National Statistics live births data for 2023](#)). To be able to contact a mother to arrange this visit, the Health Visiting service require notification from Midwifery services. An electronic notification system from the Royal Berkshire Hospital (RBH) Midwifery service to the Health Visiting service has recently become fully functional. All pregnant women in Wokingham Borough known to RBH Midwifery Service are now known to the Health Visiting service. As a result, we would expect the number of antenatal contacts to increase. Attendance at group antenatal sessions varies, and reasons for non-attendance are not always known.

The first mandated visit after a baby is born should take place within 14 days. Around 90% of babies living in Wokingham Borough are seen by a Health Visitor within this timeframe. During the first half of 2024/25, the percentage of babies seen within the 14-day timeframe has been above all compared benchmarks (England, South East, and statistical neighbour averages). The local target is for 95% of babies to be seen within 14 days.

Some of the main reasons for new birth reviews occurring outside of the 14-day post-birth timeframe are unavoidable, for example if a baby is still in hospital. Families sometimes also choose to decline initial appointment slots in favour of later dates. An updated text reminder system has been introduced to facilitate date changes, helping to bring down last-minute cancellations and improve appointments. When allowing for an extended timeframe of 21-days post-birth, between 95% and 99% of Wokingham Borough families are seen for a new birth visit. This has been above 98.5% for the most recent three quarters. The percentage seen is similar to the England, South East, and statistical neighbour averages ([Office for Health Improvement and Disparities](#)).

Wokingham Better

Wokingham Similar

Wokingham Worse

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
Contextual indicator	<a href="#">Prescriptions for long-acting reversible contraception (LARC) for age 15-44</a> (rate per 1,000)	46.2	43.5	52.0	Increasing	2023
OHID HIA indicator	<a href="#">Conception rates for age 15-17</a> - rate per 1,000 (count)	5.9 (19)	13.1	10.7	Staying the same	2021
OHID HIA indicator	<a href="#">Under 18s conceptions leading to abortions</a> - % (count)	57.9% (11)	53.4%	58.5%	Staying the same	2021

#### Wokingham commentary:

Prescriptions for long-acting reversible contraception (LARC) in Wokingham Borough are lower than the South East regional average, but higher than the England average. Although increasing over recent years, there is scope to improve provision of LARC further to prevent unplanned pregnancies. In Wokingham, we have expanded our LARC provision from July 2025. As well as continuing primary care provision of LARC, we have commissioned a new community-based service (provided by Mid Hampshire Healthcare) for all Wokingham residents, increasing choice and accessibility of LARC for women in Wokingham.

## 1.3 Key data (continued): Healthy pregnancy

		Wokingham Better	Wokingham Similar	Wokingham Worse		
Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
OHID HIA indicator	<a href="#">Smoking in early pregnancy</a> % (count)	9.3% (145)	13.6%	12.3%	Not calculated	2023/24
OHID HIA indicator	<a href="#">Infant mortality rate - crude rate per 1,000</a> (count)	2.5 (13)	4.1	3.3	Not calculated	2021-23 (3 yrs data)
Contextual indicator	<a href="#">Premature births (less than 37 weeks gestation) crude rate per 1,000</a> (count)	58.6 (303)	77.0	71.9	Not calculated	2020-22
OHID HIA indicator	<a href="#">Low birth weight of term babies</a> % (count)	2.6% (39)	2.9%	2.6%	Staying the same	2023/24
Contextual indicator	<a href="#">Domestic abuse related incidents and crimes</a> (crude rate per 1,000). Not colour coded as the aim is for residents to feel able to report abuse	25.1 <b>(Thames Valley)</b>	27.1 (Thames Valley similar)	23.9 (Thames Valley similar)	Not calculated	2023/24

### Wokingham commentary:

When compared to regional and national averages, [Wokingham Borough](#) has a higher proportion of women who give birth at age 35 or above (31%), are from non-White backgrounds (30%), and had had a previous live birth (54%). Meanwhile, fewer have complex social factors (3%, compared to England average of 13%). This may impact how local women can feel best supported by the health visiting service.

Prevalence of smoking during pregnancy is low. The figure reported in the table above is an experimental statistic. It is included here to allow us to benchmark against England and South East averages. It reports a smoking during pregnancy rate of 9% which is higher than would be expected based on overall smoking prevalence rates within the Borough and rates of smoking during pregnancy calculated using a previous methodology (around 5%). Locally collated data shared by the Royal Berkshire Hospital is discussed in the inequalities section of this chapter which shows smoking rates in early pregnancy of 4.1% (2024/25).

The overall relatively good health of the Wokingham Borough population is reflected through low infant mortality rates, low rates of premature births, and low rates of low birth weight amongst term babies.

Being pregnant may put women at increased risk of domestic abuse, although the data on prevalence is limited. Whilst data is mixed, other evidence suggests that unplanned pregnancy to be one of only two predictors of domestic abuse that were both statistically and clinically significant ([see Home Office, 2023](#)). Published data relating to domestic abuse allocates Local Authorities the rate of the Police Force Area (PFA) in within which they sit. For Wokingham, the PFA is the Thames Valley. Domestic abuse incidents in the Thames Valley that are reported to the police are similar to England and South East averages. The latest published data covers 2023/24. Locally-held data show that there were 2,704 domestic abuse related incidents and crimes in 2024/25 in the area covered by Wokingham Community Safety Partnership ([Thames Valley Police Crime Recording System](#)). This would equate to a rate of 14.7 per 1,000 population. The rate in 2023/24 was 14.5 per 1,000 indicating a lower rate of reported incidents in the Wokingham CSP area compared to the Thames Valley PFA as a whole. However, not all incidents will be reported to the police and these figures are not representative of the full extent of domestic abuse incidence. They also do not tell us when pregnancy was a factor in the abuse. A key priority of the [Wokingham Borough Domestic Abuse Strategy](#) is that residents in the Borough should feel able to report abuse. A further priority of the strategy is support for victim-survivors, including children. Health Visitors have a key role in identifying where there is potential incidence of domestic abuse and ensuring early intervention.

### Opportunities for further analysis:

- Work to understand how midwifery, health visiting, and other services can work together to best identify pregnant women who smoke and support all pregnant women to stop smoking

## 1.4 Inequalities

### Inequalities known at national level

- Teenage conception rates (which are often associated with unplanned pregnancies with many resulting in abortions) are [highest in deprived areas](#).
- [Infant mortality](#), [premature births](#) and [low birth weight](#) are also associated with deprivation.
- Overall prevalence of infant mortality and premature births masks inequalities between different groups, particularly those of black, Asian, and other ethnic minority backgrounds.
- Health professionals should be mindful that there is diversity in family compositions and the pathways to becoming a parent. For example, [LGBT+ people](#) may face particular challenges during the transition to parenthood and [other challenges](#) in the broader issue of accessing sexual and reproductive health services.
- [England data](#) show women from more deprived areas are more likely to be smoking at the time of delivery. Research by [Action for Smoking and Health](#) shows that in England, women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy, and among those who quit, more likely to resume after childbirth. Younger women are also more likely to smoke during pregnancy.

### Inequalities in Wokingham Borough

- The Royal Berkshire Hospital provides maternity care for most women from Wokingham Borough. Their data of 2024/25 on women's smoking status when they booked their first appointment with a midwife showed:
  - In overall terms, 4.1% were a smoker.
  - Younger women aged under 25 were more likely to be current smokers.
  - In overall terms, 16.4% of the women were living with someone who was a smoker.
  - Younger women were also more likely to be living with someone who smoked. Among women who made the booking under the age of 30, 24.1% were living with someone who smoked; compared to 13.3% among women who made a booking over the age of 30.
- As pointed out in [Wokingham Borough's ADTV Needs Assessment](#), conditions such as bronchitis, asthma and pneumonia are higher in infants and children who have one or two parents who smoke, as is sudden infant death syndrome (cot death). The Action on Smoking and Health [Inequalities Dashboard](#) estimates that in January 2025, 4,800 children in Wokingham live in a smoking household.
- Data from the current [Wokingham Borough Domestic Abuse Strategy](#) show that most victims who reported a domestic abuse incident to the police were aged 25-34 or 35-44 years. Among 71 people who contacted Wokingham Borough Council due to homelessness because of domestic abuse, 64 were female, of whom 4 were pregnant.

2025/26

# Health visiting and school nursing service needs assessment

Early Years High Impact Area 2:  
Supporting maternal and family mental health



**WOKINGHAM**  
**BOROUGH COUNCIL**

**OHID guidance** on this High Impact Area

## 2.1 Why this is important

- The transition to parenthood and the early years of their child's life are times of great change and can bring emotional challenges for parents.
- Mental health problems in the perinatal period are common, affecting up to [20% of women](#). The mental health of mothers' partners should also be considered, although the prevalence of mental health problems amongst the partners of new mothers is less well documented.
- Mental health problems may be triggered by difficulties conceiving, experiences during pregnancy, traumatic childbirth, or the stress of caring for a new baby. Examples of conditions include antenatal and postnatal depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder and postpartum psychosis.
- Children face an increased risk of poor health and wellbeing when parents struggle with mental health problems, coupled with other risk factors of [childhood vulnerability](#), such as domestic violence, abuse, substance misuse.
- Children of mothers and fathers with mental health problems can be at [higher risk of poor mental health, physical health, social and educational outcomes](#).
- Health visitors, as well as other health professionals, have a critical role to play in [safeguarding](#) and promoting the welfare of children by identifying difficulties and promoting behavioural change.
- Mental health issues are often [undetected](#), and some people may find it difficult to navigate [treatment pathways](#).
- This section of the report will focus on perinatal mental health. For data and discussion around children and young people's mental health, see *School Nursing High Impact Area 1: Resilience and Wellbeing*.

## 2.2 Current services

### NHS-commissioned services

- NHS mental health services are commissioned by Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) and provided by [Berkshire Healthcare Foundation Trust](#) (BHFT).
- Women with perinatal mental health issues, which could be related to birth trauma, perinatal loss or a phobia of childbirth, can self-refer or be referred by GPs to [NHS Talking Therapies](#). They can also be referred to [specialist perinatal mental health services](#), offering advice to women with more complex mental health conditions. Specialist services bring together maternity, reproductive health and psychological therapy services.
- [SHaRON](#) is an online peer support platform used across BOB that is moderated by professionals. Mothers with low maternal mood identified during their maternal mood review with a health visitor may be sign-posted to this service.

### Other local community services

- The [health visiting service](#) assesses and reviews the mental health and wellbeing of parents during the antenatal visit (28 weeks), new baby review (10-14 days of birth) and 6-8 week review. Mothers identified with low maternal mood may be signposted to children's centres or other pathways to access mental health services from the NHS. Health visitors can also play a role within multi-disciplinary pathways that support mental health for infants and parents.
- Parents may use [ChatHealth](#) to contact the health visiting service as a confidential way to start conversations about mental health concerns for themselves or their child.
- The Government has developed a [Reducing Parental Conflict Programme](#) which funds local authorities in England to offer activities that reduce parental conflict and improve children's outcomes.
- [Wokingham Recovery College](#), a free service set up by Wokingham Borough Council, offers free mental health and wellbeing courses, workshops and peer support groups to teach skills for self-management of emotional wellbeing. While the College does not have a specific offer to parents or the transition to parenthood, its offer covers a diverse range of topics, such as managing anxiety; managing low mood; coping with stress; being kind to ourselves; understanding emotions; and improving self-esteem
- Local voluntary sector organisations play an important role in supporting mental health through non-clinical settings. For example, [Mind in Berkshire](#) and [Andy's Man Club](#) (a mental health charity supporting men) have a presence in the borough.

### Public health-commissioned services

- Public Health commissions services that address risk factors relating to poor mental health. Cranstoun supports adults with problems relating to [substance misuse \(drugs and alcohol\)](#) and [domestic abuse](#).

## 2.3 Key data

Note: OHID has not suggested any indicators for this High Impact Area.

		Wokingham Better	Wokingham Similar	Wokingham Worse		
Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
Contextual indicator	<a href="#">Model-based estimates of perinatal mental health conditions</a> % (count). Not colour coded as modelled estimates.	22.1% (372)	25.8%	24.6%	Not calculated	2019
Contextual indicator	<a href="#">Access rate to specialist perinatal mental health services</a> - rate per 1,000 (count). Not colour coded as higher could be due to better access or because of greater underlying need.	148.3 (380)	77.8 (Wokingham is higher)	76.2 (Wokingham is higher)	Not calculated	2020/21-2022/23
Contextual indicator	<a href="#">Proportion of new birth visits completed within 14 days</a> % (count)	83.5% (1,370)	83.0%	80.6%	Decreasing and getting worse	2023/24
Contextual indicator	<a href="#">Proportion of infant receiving a 6-to-8-week review</a>	92.4% (1,551)	81.8%	83.4%	Staying the same	2023/24

### Wokingham commentary:

OHID estimates that 22% of 1,684 women who gave birth in Wokingham Borough in 2019 have a perinatal mental health condition, and could benefit from perinatal mental health services. [The definition of 'mental health condition'](#) here includes a range of conditions, from common mental disorders such as anxiety and depression, to severe mental illness such as bipolar disorder, psychosis and schizophrenia.

The rate of Wokingham women accessing specialist perinatal mental health services is higher than national and regional averages. In terms of counts, this is an average of 127 women each year between 2020/21 and 2022/23. Comparing this to the estimates of prevalence (i.e. 372 females), this means approximately 1 in 3 women with perinatal mental health conditions were accessing specialist services. The health visiting service can work with partners to ensure that all women who require specialist services, and those who require support from non-specialist services are appropriately referred and signposted.

Early visits with a health visitor provide opportunities to identify potential perinatal mental health issues and to refer to appropriate support. In 2023-24, 84% of women received a new birth visit within 14 days of their baby being born. 98.4% received the visit within or after 14 days of their baby being born. 92% of women received their third check with a health visitor within the mandated 6–8-week post-birth timeframe. At this visit a maternal mood review is conducted by a health visitor. Health Visiting service figures show that in the same year, 2.3%-3.4% of women who received a maternal mood review each quarter required onward referral. They are all followed up by 12 weeks post-partum, to ensure that issues are either resolved or progress is being made through support or signposting to relevant services.

### Opportunities for further analysis:

- Work with partners to understand the extent to which the estimated 22% of women who will have a perinatal mental health condition are being identified and referred for support, what level of support is being provided and for what reasons. This is in order to maximise the extent to which women with differing levels of need are being supported.

## 2.4 Inequalities

### Inequalities known at national level

- Some women are at a [higher risk](#) of experiencing perinatal mental health problems.
- Young mothers up to the age of 25 are at particular risk of poor mental health, [up to 3 years after birth](#).
- [OHID guidance](#) suggests that risk factors to experiencing poor mental health in the perinatal period include:
  - History of abuse in childhood
  - Previous history of mental health problems
  - Teenage mothers
  - Maternal obesity
  - Traumatic birth
  - History of stillbirth or miscarriage
  - Relationship difficulties
  - Social isolation
- Factors increasing [risk for mental health disorders in general](#) include:
  - Poverty
  - Migration
  - Extreme stress
  - Exposure to violence (domestic, sexual and gender-based)
  - Emergency and conflict situations
  - Natural disasters
  - Trauma
  - Low social support
- There are [complex relationships](#) between poor mental health and behaviours such as smoking, alcohol use and drug use. People that need treatment for drug and alcohol use often also have mental health treatment needs.
- [Research](#) indicates that perinatal mental health problems are more pronounced for women from black African, Asian, and “white other” ethnic backgrounds, who have poorer access to services in the community than white British women. [Other studies](#) have found higher rates of mental illness among older mothers.

2025/26

# Health visiting and school nursing service needs assessment

Early Years High Impact Area 3:  
Supporting breastfeeding



**WOKINGHAM**  
**BOROUGH COUNCIL**

**OHID guidance** on this High Impact Area

## 3.1 Why this is important

- Breastfeeding has [many benefits](#) for the child, mother and the family and is an important public health priority.
- It improves physical health of both the child and mother. It can support the development of a secure attachment relationship between child and mother.
- In the UK, children are recommended to be breastfed exclusively up to [6 months of age](#), and alongside solid foods for [at least up to 1 year of age](#).
- [NICE guidance](#) indicates that every face-to-face health contact is an opportunity to support continued breastfeeding.

## 3.2 Current services

### NHS-commissioned services

- Maternity services including midwifery begin [promoting breastfeeding](#) to mothers during pregnancy. They also record data about feeding breastmilk as first feed at delivery, as part of the [Maternity Services Data Set](#) for NHS England.

### Public health-commissioned services

- [Health visitor's visits](#) are timely opportunities to give advice to parents on breastfeeding:
  - During the antenatal visit (at 28 weeks) and new baby review (at 10-14 days), they provide information and advice on breastfeeding.
  - During the 6-8 week visit, they record the mother's breastfeeding status (totally or partially breastfed).
- The [Breastfeeding Network](#) (BfN) is a national charity that promotes breastfeeding. The Public Health Team of Wokingham Borough Council commissions its [Wokingham Branch](#) to provide mothers with information on specific breastfeeding issues and give practical help. Free and confidential face-to-face help is offered by peer support volunteers.
- The BfN offers regular sessions at least once a month, at five of the six children's centres in the Borough (no scheduled sessions currently held in Starlings Children's Centre in Twyford). Video or phone-based sessions can be arranged on request.
- The BfN Annual report 2023/24 showed at least 274 service users were supported over the year. This has notably increased from 160 in 2022/23. The Wokingham BfN team has volunteered around 500 hours over the year.
- The BfN operates a [Breastfeeding Friendly Scheme](#) which encourages public venues to support breastfeeding mothers. Five [leisure centres](#) and all ten [public libraries](#) in the Borough have acquired the status.

### 3.3 Key data

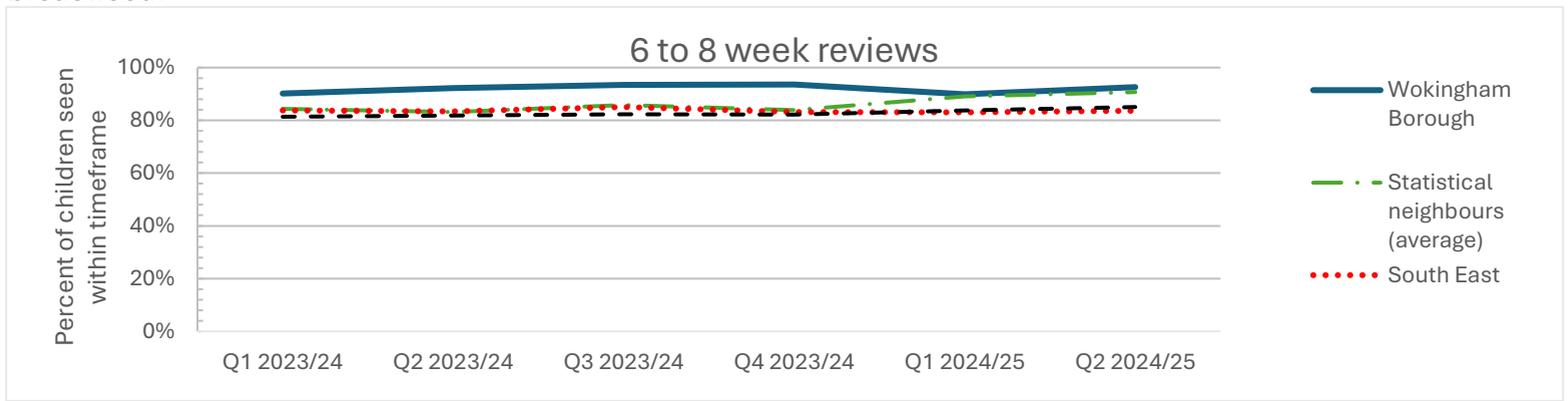
Wokingham Better      Wokingham Similar      Wokingham Worse

Indicator type	Indicator name	Wokingham	England	South East	Trend in Wokingham	Data year
<a href="#">OHID HIA indicator</a>	<a href="#">Breastfeeding at 6-8 weeks - % (count)</a>	67.1 (1,126)	52.7	Data quality issues	Increasing (getting better)	2023/24
Contextual indicator	<a href="#">Breastfeeding initiation - % (count)</a>	81.1 (1,225)	71.9	74.2	-	2023/24
Contextual indicator	Drop-off from initiation to 6-8 weeks – percentage points	14.0	19.2	Data quality issues	-	2023/24
Contextual indicator	<a href="#">Babies receiving a new birth visit by 14 days - % (count)</a>	83.5 (1,370)	83.0	80.6	Decreasing (getting worse)	2023/24

#### Wokingham commentary:

In Wokingham Borough, breastfeeding rates at birth and at 6-8 weeks both compare positively against the England average. The key indicator of breastfeeding at 6-8 weeks has been on an upward trend. Notwithstanding so, there is a sharp drop in breastfeeding rates between when a baby is born and when they are 6-8 weeks, although the drop is less significant compared to England.

New birth visits should occur before the child reaches 14 days old, giving health visitors a key opportunity to support breastfeeding after delivery. In 2023/24, 84% of mothers received a new birth visit within 14 days of their baby being born. Over the past 5 years to 2023/24, there has been a decreasing trend from 92.8% to 83.5% in the proportion of mothers receiving this visit within the 14-day timeframe. This is below the local 95% target. However, this delay in visit can be due to unavoidable reasons, such as a baby being in hospital. In 2023/24, 98.4% of mothers received the visit within or after 14 days of their baby being born. 92% of mothers received their third (6-8-week) check with a health visitor or skill-mix staff within the mandated post-birth timeframe. The percentage of mothers receiving this review within the 6-8 week window has been consistently above England and South East averages. However, percentages sit slightly below the local 95% target, suggesting there may be further scope to maximise opportunities to provide timely support to mothers who wish to continue to breastfeed.



#### Opportunities for further analysis:

- Work with the health visiting service to understand and remove local barriers to breastfeeding
- Understand the extent to which national inequalities in breastfeeding exist at a local Borough level
- The above to include working with the health visiting service, midwifery and the Breastfeeding Network to understand the number of referrals to breastfeeding support services by reason for referral, and the impact on breastfeeding continuation

## 3.4 Inequalities

### Inequalities known at national level

- Not being breastfed is [described](#) as both a cause and a consequence of social inequalities.
- According to the latest [UK Infant Feeding Survey](#), socio-demographic factors associated with breastfeeding rates include:
  - **Age:** Breastfeeding rates are highest among mothers aged 30 or over (87%)
  - **Education attainment:** Breastfeeding rates are highest among those who left education when they were aged 18 or over (91%)
  - **Deprivation:** Breastfeeding rates are highest among those living areas with the lowest levels of deprivation (89%)
  - **Ethnicity:** Breastfeeding rates are highest among people from Chinese or “other” ethnic backgrounds (97%), black or black British ethnic backgrounds (96%), Asian or Asian British ethnic backgrounds (95%); They are Lowest among women from white ethnic backgrounds(79%)
  - **Employment:** Breastfeeding rates are highest among mothers in managerial and professional occupations (90%). They are lowest among mothers in intermediate occupations (81%), routine and manual occupations (73%), and those who had never worked (69%)

### Inequalities in Wokingham Borough

- We need to better understand why women stop breastfeeding, and how we can support them better. This includes having a robust measure of inequalities in breastfeeding to understand the extent to which national inequalities in breastfeeding rates are reflected locally in the Borough.
- According to health visiting service data:
  - When we compare families receiving ‘targeted’ and ‘universal’ support from the health visiting service, we see lower rates of breastfeeding at 6-8 weeks post-birth among families with ‘targeted’ support; these families are also less likely to be seen for their new birth visit within the mandated 14 days post-birth.
  - However, families may be offered ‘targeted’ support for reasons that also unavoidably impact being seen by 14 days post-birth and opportunities to breastfeed. For example, the family may be ‘targeted’ because the child has a medical need requiring extended stays in hospital after birth.
  - Families in some electoral wards are also less likely to be breastfeeding at 6-8 weeks. However, this may be skewed easily due to small numbers in each ward. Wards with lower uptake rates are not always associated with deprivation measured by the Index of Multiple Deprivation.

2025/26

# Health visiting and school nursing service needs assessment

Early Years High Impact Area 4:  
Supporting healthy weight and nutrition



**WOKINGHAM**  
**BOROUGH COUNCIL**

**OHID guidance** on this High Impact Area

## 4.1 Why this is important

This high impact area encompasses several topics. Health visitors can support pregnant women and families with young children to access the things that make people healthy such as healthy food, and low-cost physical activity.

### Diet:



- Healthy diet during pregnancy (such as [intake of folic acid supplements](#)) will help the baby develop and grow.
- In a child's early years, a balanced and nutritious diet supports their growth and development, reduces the risk of chronic diseases, and is beneficial to long-term health.

### Oral health:



- [Good oral health](#) can prevent pain and discomfort, as well as problems with eating, sleeping, communication, socialising and school attendance.
- Tooth decay is the [most common oral disease](#) affecting children and young people. Together with tooth extractions these are the [leading cause of hospitalisations](#) of children.
- Decay is largely preventable with effective brushing, reduced sugar intake, and regular [dental check-ups](#) beginning from a young age.

### Healthy weight:



- Being a healthy weight can reduce complications during pregnancy and delivery.
- Parents who are a healthy weight are more likely to have children who are a healthy weight too.
- Healthy weight among children can prevent chronic diseases such as diabetes, as well as minimising risk factors of poor mental health such as low self-esteem
- Children who have obesity are more likely to have obesity as adults, so it is important to promote healthy weight from a young age.

### Physical activity:



- Active lifestyles starting in early years help to maintain a healthy weight and can support lifelong physical and mental wellbeing.
- [Parents play a key role](#) in shaping activity habits in their children.

## 4.2 Current services

### NHS-commissioned services



- **Diet:** The [NHS Healthy Start card](#) is provided to eligible parents on certain benefits, enabling them to buy foods such as milk, fruit and vegetables, and to collect vitamins for the mother and child.



- **Oral health:** NHS dental services are commissioned by [NHS England](#). This has been [delegated to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board](#) (BOB ICB) and is discharged by a [commissioning hub](#) based in Frimley ICB for the whole of the South East. Berkshire Healthcare NHS Foundation Trust provides [specialist dental care in the community](#) to those who are unable to receive care from general dentists in primary care. [NHS dental services are free](#) for cohorts including children under 18 and women who are pregnant or had a baby in the past 12 months.

### Public health-commissioned services



- **Diet:** Health visitors offer [Healthy Start vitamins](#) universally during visits at 28-week pregnancy and at 6-8 weeks post-birth of the child.

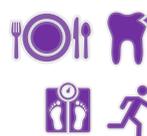


- **Healthy weight:** The [National Child Measurement Programme](#) (NCMP) measures height and weight of children at age 4-5 (Reception) and age 10-11 (Year 6) in primary schools, providing population level data on childhood obesity prevalence.



- **All topics:** The [health visiting service](#) supplies Healthy Start vitamins during their meetings with families. They also cover the promotion of healthy diet, oral health, healthy weight and physical activity in all health and development reviews and encounters with the family.

### Other services in the community



- **All topics:** Schools and childminders promote healthy diet, oral health, healthy weight and physical activity in order to meet standards laid out in the [Early Years Foundation Stage \(“EYFS”\) Statutory Framework](#).



- **Physical activity:** Wokingham Borough Council commissions [leisure centres](#) and [other facilities](#) in the borough, which offer provisions in physical activity for children aged 0-5 and their families, as part of delivering its [Leisure Strategy of 2021-25](#). Other community organisations (such as [Mums’ Zone by Home-Start](#) and [Get Berkshire Active](#)) also deliver various activities to promote active lifestyles.

## 4.3 Key data

Wokingham Better

Wokingham Similar

Wokingham Worse

Indicator type	Indicator name	Wokingham	England	South East	Trend in Wokingham	Data year
 OHID HIA indicator	<a href="#">Reception: prevalence of obesity - % (count)</a>	5.7% (110)	9.6%	8.6%	Decreasing (getting better)	2023/24
Contextual indicator	<a href="#">Obesity in early pregnancy - % (count)</a>	23.1% (355)	26.2%	25.1%	Not calculated	2023/24
 OHID HIA indicator	<a href="#">Children aged 5 years with dental decay - %</a>	12.7%	23.1%	21.2%	Not calculated	2021/22
Contextual indicator	<a href="#">Children seen by an NHS dentist - %</a> . Cannot calculate statistical significance of difference from benchmarks	57.1%	53.0%	52.5%	Not calculated	2022/23
 OHID HIA indicator	<a href="#">0-5 year-olds admitted to hospital for dental caries – per 100,000 (count)</a>	27.6 (10)	178.8	86.0	Not calculated	20/21 – 22/23
 Contextual indicator	<a href="#">% of 5-16 year-olds doing avg. 60+ mins. moderate to vigorous intensity activity per day across the week (count)</a>	42.3% (11,600)	47.8%	48.2%	Not calculated	2023/24

Note: We discuss oral health indicators suggested by OHID under this HIA, instead of HIA6 which focuses on school readiness.

### Wokingham commentary:



On average, rates of childhood obesity in Reception year of school compare positively against the England and South East averages. There has also been a decreasing trend in prevalence. Local inequalities exist as are described on the next page of this report.

Obesity rates rise with age: 5.7% at Reception, 14.0% at [Year 6](#), 19.0% among [all adults](#), and 23% amongst [women in early pregnancy](#).

Royal Berkshire Hospital data indicates that obesity is higher for women who have previously had a baby compared to first-time mothers.



The proportion of children in Wokingham Borough who meet the UK Chief Medical Officers' recommendation of doing 60 minutes of moderate to vigorous intensity activity per day across the week, is lower compared to regional and national averages.



Data on signs of child decay among [3-year-olds](#) and [5-year-olds](#) were collected from separate surveys conducted at different time points (2012/13 and 2021/22). Data shows that 5.5% of children show signs of dental decay at age 3, but this increases to 12.7% at age 5. Although both figures are favourable to regional and national averages, and very few cases of dental decay develop into hospital admissions, children living in [deprived areas of Wokingham Borough are less likely to have been seen by a dentist](#), and more likely to require urgent dental treatment.

### Opportunities for further analysis:

- Due to [national data quality issues](#), we do not know the number of parents eligible for Healthy Start cards. Therefore, we do not currently know what percentage of eligible families are benefiting from the Healthy Start scheme vitamins. We will update our analysis once these issues are resolved.
- A 5-year-olds dental epidemiology survey is due to take place in 2026 which will enable further analysis.

## 4.4 Inequalities

- Nationally, inequalities are often associated with deprivation:

 • **Healthy diet:** Healthy Start Card uptake is lower where [English is not the main language at home](#). Those on lower incomes or living in areas with higher levels of deprivation, as well as those from some minority ethnic backgrounds are at higher risk of diet-related ill health.

 • **Oral health:** Poor oral health among children is [associated with deprivation](#). [Evidence](#) shows that people from more deprived backgrounds access dental services less regularly.

- [Nationally](#), almost 9 out of 10 hospital tooth extractions among children aged 0-5 were due to preventable tooth decay. Children living in areas with higher levels of deprivation, are [more likely to be hospitalised](#) for this reason.

 • **Physical activity:** [Activity levels are lower](#) among some population groups; latest data shows physical activity is lower among children of [Black and Asian ethnic backgrounds](#) and among [children in Years 3-6](#) compared to Years 1-2. Cost and inaccessibility to marketing and communications are cited as barriers to physical activity.

- In Wokingham Borough:

 • **Healthy weight:** Royal Berkshire Hospital data shows that obesity is higher among women who have previously had a baby compared to first-time mothers.

- By as early as [Reception year](#) of school, those living in the most deprived neighbourhoods and those from black ethnic backgrounds were more likely to be obese.

 • **Physical activity:** Children from the most deprived areas in the borough are [less likely](#) to do an average of 60+ mins of physical activity a day, as recommended by the UK Chief Medical Officers.

 • **Oral health:** Children living in [more deprived wards](#) are less likely to have been seen by a dentist (44.2% compared to 68.3%), and more likely to have needed urgent dental treatment (4.3% compared to 2.7%).

2025/26

# Health visiting and school nursing service needs assessment

**Early Years High Impact Area 5:  
Improving health literacy, managing minor illnesses,  
reducing accidents**



**WOKINGHAM  
BOROUGH COUNCIL**

**OHID guidance on this High Impact Area**

## 5.1 Why this is important

- Common illnesses (such as gastroenteritis and upper respiratory tract infections), home accidents, and poor oral health, are [leading causes of emergency visits and hospitalisations](#) among children aged up to 5.
- This bears a significant cost to individuals as well as the wider health and care system, because:
  - Illness and injuries cause pain and distress to the child and parent.
  - Minor conditions that are left unmanaged can evolve into bigger problems that impact the child and family's longer-term wellbeing and development.
  - [Emergency hospital admissions](#) and follow-up treatment bring financial and operational pressures on the NHS and care systems.
- [Most unintentional injuries and accidents](#) are preventable. 90% of unintentional injury hospital admissions for children aged below 5 are due to choking, suffocation and strangulation; falls; burns and scalds; poisoning; and drowning.
- An adequate level of [health literacy](#) allows parents to make decisions on the most appropriate ways to provide and seek care. This includes care for minor conditions which can often be managed at home.
- Health visitors are available to all parents to provide a trusted source of knowledge, advice and information. They can provide tailored advice built around an understanding of the parent and child as well as their wider context: the extended family, the home environment, and wider surroundings.

## 5.2 Current services

### NHS-commissioned services

- [BOB ICB's Primary Care Strategy](#) has made it a priority to direct people with non-complex care needs to the right avenues, especially outside of GPs and hospital accident and emergency departments. Help is available from:
  - [Community pharmacies](#), many of which provide [Pharmacy First](#) services
  - [Urgent treatment centres or minor injuries units](#)
  - The [111 service](#), [NHS app](#) and [NHS website which outlines common conditions](#)
- Most people can access a GP, pharmacy or dental service [within 2 miles' travel](#). No resident needs to travel more than 4 miles.
- All children from the age of 2 are eligible for a [free NHS flu vaccine](#) every year, through GPs or the local [school-age immunisation team](#). These are safe and effective in preventing flu, as one of the most common respiratory illnesses.
- NHS England have developed [resources](#) for patients and professionals to promote health literacy. There are [standards, practical guidance](#) and [toolkits](#) to help professionals create health content to enhance health literacy.

### Other local community services

- Local branches of Healthwatch receive funding from local authorities. Healthwatch Wokingham Borough stated in its [2023-24 annual report](#) that its work includes increasing public awareness of healthcare options available other than GPs for help/ self-help, such as the NHS App.
- Wokingham Borough Council promotes IT literacy among residents by running [free IT and digital help sessions](#) in four libraries, with one session each month dedicated to helping residents use the NHS app.
- The [Adult Education Service](#) also runs various courses on digital and IT skills.

## 5.3 Key data

Wokingham Better

Wokingham Similar

Wokingham Worse

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
OHID HIA indicator	<a href="#">A&amp;E attendances among 0-4 years</a> - crude rate per 1,000 (count)	620.4 (6,010)	750.7	692.7	Not calculated	2023/24
OHID HIA indicator	<a href="#">Emergency admissions among 0-4 years</a> - crude rate per 1,000 (count)	123 (1,190)	151	142	Staying the same	2023/24
OHID HIA indicator	<a href="#">Hospital admissions - unintentional and deliberate injuries among 0-4 years</a> - crude rate per 10,000 (count)	61.9 (60)	93.2	88.7	Staying the same	2023/24
Contextual indicator	<a href="#">Admissions for lower respiratory tract infections (0-4 years)</a> - crude rate per 10,000 (count)	227.1 (220)	207.7	206.6	Increasing and getting worse	2023/24
Contextual indicator	<a href="#">Population flu vaccine coverage among 2 and 3 year-olds</a> - percentage (count)	52.7% (1,636)	44.4%	52.2%	Decreasing and getting worse	2023/24
Contextual indicator	<a href="#">Below health literacy thresholds among adults</a> (lower better)	27.62%	38.66%	No data	Not calculated	2011
Contextual indicator	<a href="#">Digital Propensity Index</a> showing confidence in using government online resources (higher better)	96.2%	94.1%	No data	Not calculated	2021

In the Global Burden of Disease study, a *cause of Disability Adjusted Life Years (DALY)* is any disease or injury that contributes to the total disease burden. A *risk factor* is any behavioural (e.g. dietary such as iron deficiency), environmental (e.g. air pollution such as particulate matter) or metabolic (e.g. high body mass index) risk that results in any disease or injury. The top five causes and risk factors for DALY among children under 5 are as follows:

Cause of DALY	Wokingham	England
Neonatal disorders	1	1
Congenital defects	2	2
Dermatitis	3	3
Asthma	4	4
Dietary iron deficiency	5	5

Risk factor	Wokingham	England
Low birth weight and short gestation	1	1
Iron deficiency	2	2
Particulate matter	3	3
Kidney dysfunction	4	4
High body-mass index	5	8

### Opportunities for further analysis:

- Use recently acquired Hospital Episode Statistics to examine patterns of hospitalisation rates for lower respiratory tract infections and injuries.
- Engage with parents' and carers to understand how they can be best supported to access preventative healthcare information, including any challenges they encounter with navigating healthcare or NHS services

### Wokingham commentary:

Hospital attendance and admission rates for injuries are lower among children below the age of 5 compared to the national average. However, there are still around 6,010 attendances at A&E each year for children below the age of 5.

Admissions for lower respiratory tract infections can be used to monitor success in treatment outside hospital of types of childhood respiratory tract infections that have limited morbidity or need for hospital-based care, and low mortality. This could be through better management of infections and better support for parents in the management of illnesses in the home. It also can be used to monitor the success of indirect preventative measures such as encouraging breastfeeding, better diet and hygiene. Rates of admission have been increasing in Wokingham Borough and across England. Rates in Wokingham Borough were higher than the averages for England and South East in 2021/22 and 2022/23, but are now in line with averages in 2023/24.

Flu vaccine rates among 2-3 years olds in Wokingham Borough reached a peak in 2020/21 and have been decreasing, although it remains higher than national averages.

The main causes and risk factors for DALY among children are related to perinatal/maternal factors (e.g. neonatal disorders, congenital defects as causes; birth weight and iron deficiency as risk factors). This reflects the importance of prenatal checks and supporting women's health during pregnancy.

A Government survey of 2011 shows that health literacy is generally high in Wokingham. Although data are relatively old, we can reasonably expect this to remain valid, as more recent data shows Wokingham to have [higher attainment in education and skills](#) than national averages.

## 5.4 Inequalities

### Deprivation

- At national level, hospital admissions are often associated with deprivation. [Emergency admissions due to injuries among the under-5s](#) were 38% higher for children living in areas with higher levels of deprivation, compared with children living in areas with lower levels of deprivation.
- However, [Wokingham data](#) showed there was no statistical correlation between emergency admissions and deprivation.

### Sex

- In Wokingham, among children aged below 4, boys were significantly more likely than girls to [attend A&E](#), [require emergency admissions](#), and [be admitted to hospital for injuries](#). This was similar to the national picture.

### Age

- In Wokingham, children aged below 1 were more likely to [require emergency admissions](#) than older children in early years. [Patterns in England](#) were similar.

### Other socio-demographic factors

- Some population groups are more likely to face [barriers in understanding health information](#), such as:
  - People facing language barriers
  - People with language difficulties and learning disabilities
  - People living with dementia
  - Communities with low literacy

2025/26

# Health visiting and school nursing service needs assessment

Early Years High Impact Area 6:  
Ready to learn and narrowing the word gap



**WOKINGHAM**  
**BOROUGH COUNCIL**

**OHID guidance** on this High Impact Area

## 6.1 Why this is important

- When a child is ready to learn and to start school, they can get maximum benefit from education and are more likely to thrive, having better outcomes in health and wellbeing throughout the life course.
- For a child to be “[ready to learn at 2 and ready for school at 5](#)”, they should have a good level of development in essential language, communication and personal care skills (such as being able to get dressed, having good oral health habits, and using the toilet).
- [Improving oral hygiene](#) and [getting all childhood immunisations](#) are effective ways to prevent ill health among children in the early years. These can ensure they are ready for school life, miss fewer days of school, with lasting benefits through the life-course. *(Note: [OHID guidance on this High Impact Area](#) covers oral health. We have presented this under High Impact Area 4, alongside healthy diet, healthy weight and physical activity.)*
- Age 2-2½ is a crucial stage when concerns such as speech and language delay, behavioural issues or tooth decay become visible. Early identification and intervention at this time can improve outcomes for children. It narrows or prevents the gap in personal development and language skills between a child and their peers (sometimes referred to as the “word gap”). This can reduce the likelihood of inequalities in health and wellbeing continuing to emerge throughout a child's life.
- [Health visitors have a central role](#) in supporting every child to achieve the best start by promoting school readiness.

## 6.2 Current services

### NHS-commissioned services

- [NHS England](#) commissions [routine childhood immunisations](#). Pre-school vaccinations are mainly delivered through GPs. All children are encouraged to get [fully vaccinated prior to school entry](#).

### Public Health-commissioned services

- Health visiting services commissioned by local authority public health use the [Ages and Stages Questionnaire, Third Edition](#) (“ASQ-3”) as a tool at the 1-year-old and 2-2½ year-old reviews to assesses the child’s [five domains of development](#), namely: (a) communication, (b) gross motor, (c) fine motor skills, (d) problem solving, and (e) personal social skills.
- Children who meet expected levels in all five domains are described to be achieving a ‘Good Level of Development’. It is [mandated](#) that the health visiting service deliver these reviews universally and capture ASQ-3 data accordingly.

### Other local services

- Local authorities have a [statutory responsibility](#) to secure early years provision to those who are entitled. This includes provision for:
  - [2-year-olds from families on certain benefits](#) -- In Wokingham Borough, uptake of this provision has remained steady at around 64%, which is lower than the national average. The percentage fluctuates as the denominator is relatively small.
  - All [3 and 4-year-olds](#) -- In Wokingham Borough, [uptake is high](#), with the number of registered children often exceeding the estimated population. This will be due to an underestimate in population data with new estimates released after the uptake calculations were published by the Department for Education.
  - Entitlement to free childcare will be [expanded](#) from September 2025.
- Early years providers must follow standards under the [Early Years Foundation Stage \(“EYFS”\) Statutory Framework](#). The provider must complete [an assessment](#) of whether children at age 5 have met the designated early learning goals. If the child meets the standards, the child is considered to have achieved a ‘Good Level of Development’.
- Parents and early years providers can access information and resources on supporting children with special education needs through the [Council website](#) or the [WBC Early Years Hub](#) website. Professionals can refer children with special education needs to the [Early Years Support Panel](#).
- Wokingham Children and Young People Partnership has developed a [Helping Early Strategy](#), which recognises that partners across the system have a joint commitment and effort to support children (of all ages) and their families (including pre-birth) at the point that they need help, before needs and problems escalate. A [Best Start in Life Strategy](#), focusing on children in early years from pre-birth to 5 years and their families, has also been developed.
- Parents may arrange for children to be [elective home educated](#) (“EHE”) and do not need to inform the local authority. This will change under [proposed new legislation](#). The [number of EHE children known to Wokingham](#) has increased in recent years, but the proportion is smaller than regional and national averages.
- Wokingham Borough Council operate public facilities such as [children’s centres](#) where support is available to parents. [Libraries](#) organise regular language and literacy related activities for parents and children in early years.

## 6.3 Key data

### Childhood immunisations

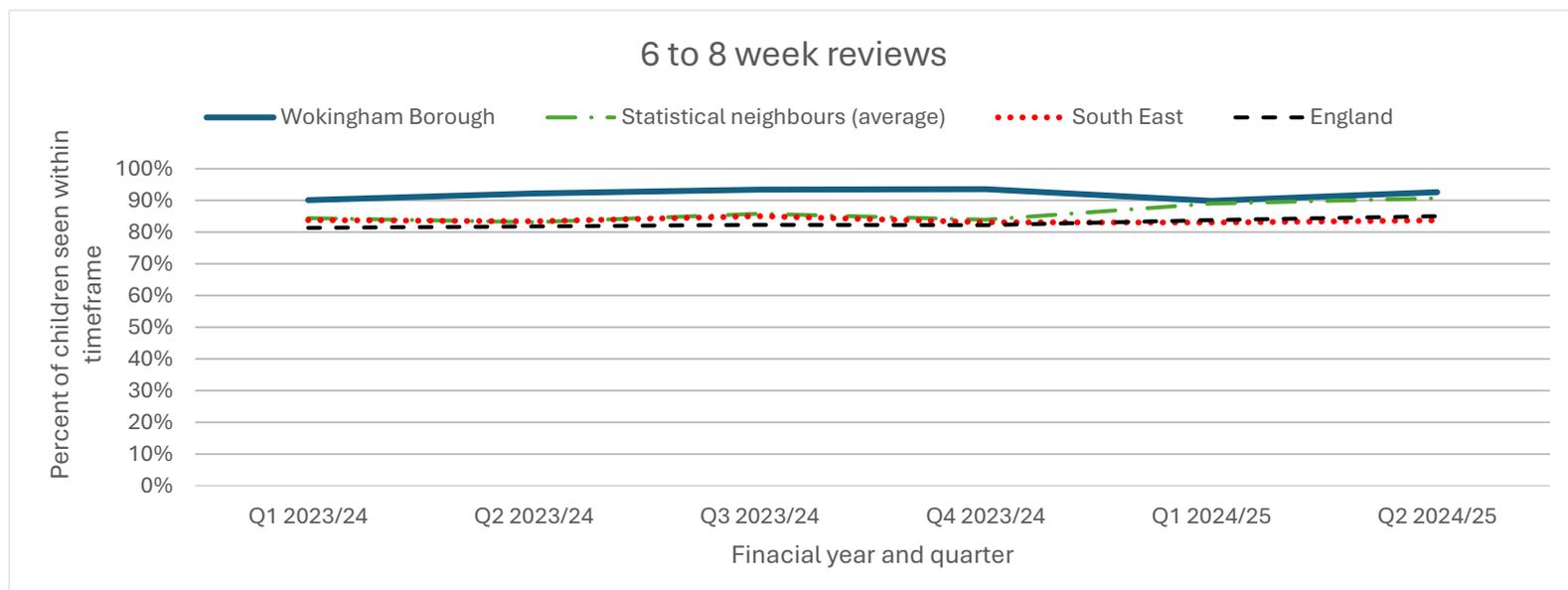
Wokingham Better

Wokingham Similar

Wokingham Worse

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
OHID HIA indicator	Population vaccination coverage - MMR for 2 doses (5 years old)	91.1%	83.9%	85.3%	Staying the same	2023/24
Contextual indicator	Proportion of infant receiving a 6-to-8-week review	92.4% (1,551)	81.8%	83.4%	Staying the same	2023/24

### Children receiving 6-8 week reviews from the Health Visiting service Source: OHID



#### Wokingham commentary:

OHID suggests using MMR vaccination uptake rates as a general indicator of childhood vaccination uptake rates. Local uptake rates for the [first](#) and [second](#) doses of the MMR vaccine (at age 2 and 5 respectively) are favourable to England averages but sit below the 95% target. There is a falling trend in uptake rates for both doses, but the fall is less than what is seen nationally.

The Health Visiting service conduct a [mandated](#) review at 6-8 weeks post-birth. This is an essential time to promote childhood immunisations among parents, as the child is due to receive several [NHS childhood immunisations](#) around that time (at 8 weeks, 12 weeks and 16 weeks), before the next mandated Health Visitor visit and immunisations take place at age 1.

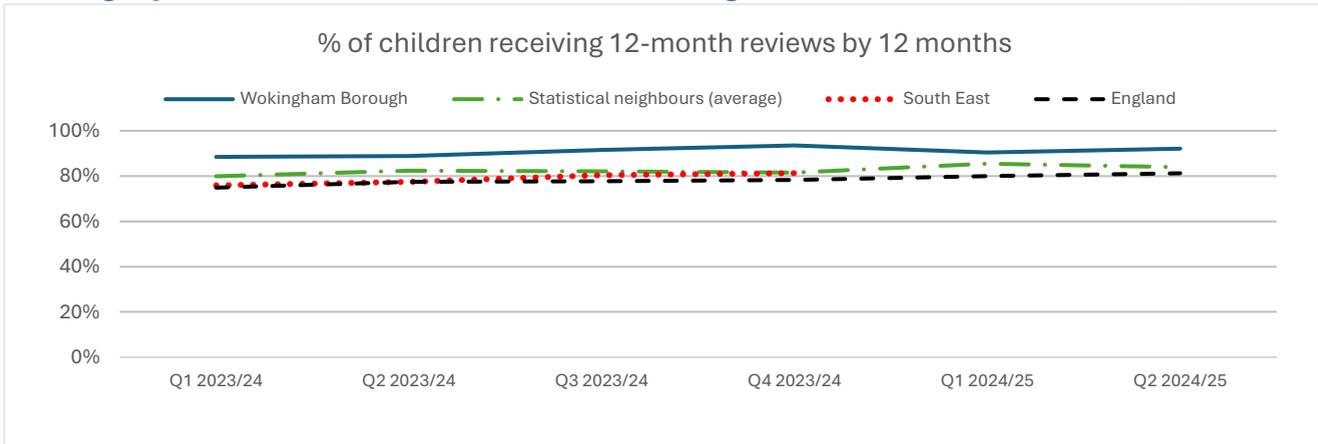
Between Q1 2023/24 and Q2 2024/25, at least 90% of Wokingham Borough families received their third review with a Health Visitor within the timeframe of 6-8 weeks after birth. This is slightly below the 95% local target, but has been consistently above England and South East averages over this period. Statistical neighbour averages increased during Q1 and Q2 2024/25, bringing them in line with Wokingham Borough's figure.

It is important to understand and address the reason for missed appointments – the service should differentiate when families decline support or are unavailable at the time of the pre-arranged visit.

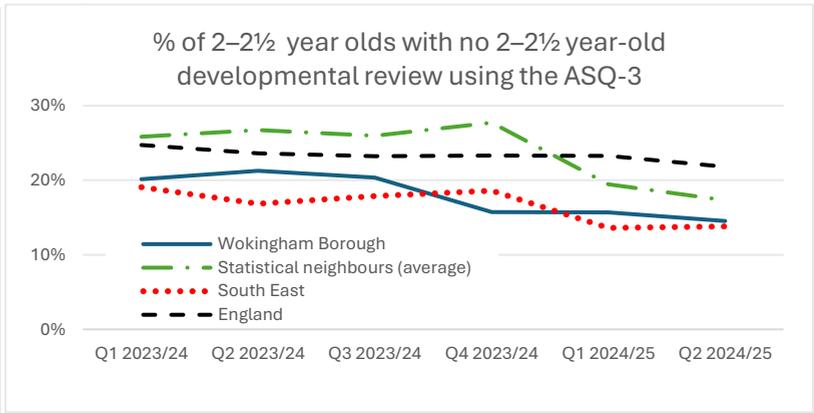
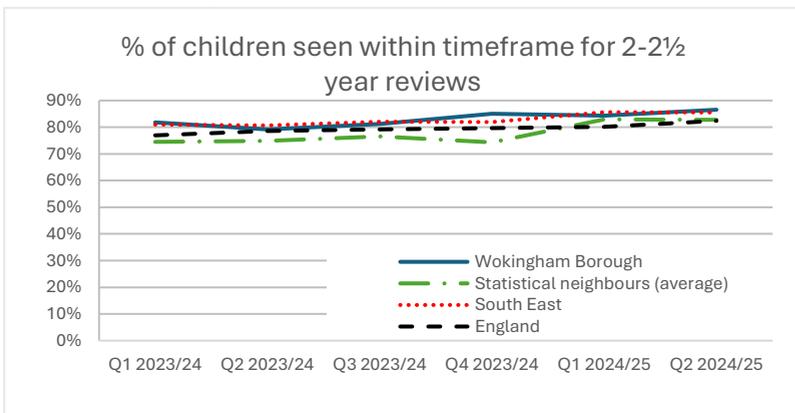
**Note:** OHID has suggested two oral health data indicators as relevant to this HIA: [Children with dental decay](#) and [Children admitted to hospital for dental caries](#). We discuss these under HIA4 instead, alongside data on healthy diet, healthy weight and physical activity.

## 6.3 Key data (continued)

Children receiving 1-year-old reviews from the Health Visiting service Source: Office for Health Improvement and Disparities



Children receiving 2-2½-year-old reviews from the Health Visiting service Source: Office for Health Improvement and Disparities



Wokingham Better

Wokingham Similar

Wokingham Worse

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
OHID HIA indicator	Children aged 2-2½ receiving ASQ-3 as part of HV review	98.5%	93.3%	96.8%	Staying the same	2023/24
OHID HIA indicator	Children aged 2-2½ achieving a Good Level of Development	95.4%	80.4%	79.8%	Staying the same	2023/24

### Wokingham commentary:

Health visitors conduct the ASQ-3 questionnaire at the 1-year-old and 2-2½ year-old reviews. There is good coverage of these two reviews in the Borough compared with South East and England averages.

A high percentage of children brought to their 2-2½ year-old check come with a completed ASQ-3 (around 98%) and therefore have a formal assessment of development. This is above the England average, and similar to the South East and Statistical neighbour averages.

However, if we combine the number of children who are not brought to their 2-2½ year-old check with those who are brought but without a completed ASQ-3, each quarter there are between 15% to 20% of children in Wokingham Borough who have no formal 2-2½ year-old assessment of development by the Health Visiting Service. In other words, we do not know about the developmental needs of these children, and they will not be included in population measures of expected levels of development at age 2-2½.

The proportion of 2-2½ year-olds that meet the expected level in [each and all five domains of ASQ-3](#) are higher than the national average. Communication skills was the weakest domain among Wokingham Borough children, but the figure was [higher](#) than the England average.

## 6.3 Key data (continued)

### Assessment under the Early Years Foundation Stage (EYFS) statutory framework

Early years providers assess whether children at age 5 have met the designated early learning goals under the EYFS Framework, and therefore have achieved a Good Level of Development:

		Wokingham Better	Wokingham Similar	Wokingham Worse		
Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
<a href="#">OHID HIA indicator</a>	<a href="#">Children at end of Reception achieving a Good Level of Development</a>	75.5%	67.7%	69.8%	Not calculated	2023/24

The proportion of children who achieve a Good Level of Development at age 5 among different socio-demographic groups are as follows:

	Category	2021/22		2022/23		2023/24	
1.	<b>All pupils</b>	1,620	(73.1%)	1,607	(75.0%)	1,606	(75.5%)
2.	<b>Sex:</b> Girls	884	(79.8%)	809	(82.5%)	807	(81.9%)
	Boys	736	(66.4%)	798	(68.7%)	799	(70.0%)
3.	<b>Ethnic group:</b> White	1,083	(74.3%)	1,072	(76.2%)	1,022	(76.0%)
	Mixed / multiple	136	(73.9%)	143	(76.1%)	146	(76.0%)
	Asian	298	(73.2%)	298	(76.6%)	327	(76.4%)
	Black	41	(68.3%)	42	(66.7%)	40	(64.5%)
4.	<b>First language:</b> English	1,236	(73.8%)	1,180	(75.8%)	1,167	(76.7%)
	Not English	318	(71.9%)	354	(74.8%)	373	(74.2%)
5.	<b>Free school meals:</b> Eligible	82	(47.1%)	68	(47.6%)	79	(54.5%)
	Not eligible	1,477	(75.8%)	1,474	(77.5%)	1,466	(77.7%)
6.	<b>SEN status:</b> No SEN	1,570	(77.8%)	1,546	(81.3%)	1,550	(81.7%)
	With any SEN	38	(22.8%)	52	(25.0%)	47	(23.4%)
7.	<b>Living in:</b> Most income-deprived areas*	17	(48.6%)	25	(65.8%)	21	(63.6%)
	Least income-deprived areas*	719	(75.0%)	733	(78.3%)	749	(78.3%)

\* Measured using the Income Deprivation Affecting Children Index (Source: EYFS Profile data by characteristics and by deprivation)

#### Wokingham commentary:

The proportion of children achieving a Good Level of Development at age 5 is used as a measure of their school readiness, as they reach compulsory school age. This review occurs at the end of Reception year when children will have had a year of schooling.

Wokingham children perform well compared to regional and national figures, but local inequalities exist.

Groups with poorer outcomes compared to the borough average include:

- Boys, compared to girls
- Children from black ethnic backgrounds (note that the percentage figure may be skewed due to small numbers)
- Those eligible for free school meals
- Those with Special Educational Needs (SEN)
- Those who live in the most income-deprived areas of the borough

#### Opportunities for further analysis:

- Explore the usefulness of the ASQ-3 data collected at the 1-year review for monitoring development from an earlier age
- Work with families and the Health Visiting Service to understand how we can best support families to attend the 2-2.5-year-old review and complete the ASQ
- Use data to understand and address local inequalities in good level of development at 2-to-2.5 years of age

## 6.4 Inequalities

- According to local EYFS data, groups that are less likely to achieve a Good Level of Development at age 5 include:
  - Boys
  - Children from Black ethnic backgrounds
  - Children eligible for free school meals
  - Children with Special Educational Needs and Disabilities (SEND)
  - Children living in deprived neighbourhoods
- The proportion of Wokingham Borough children who achieve a Good Level of Development at age 2–2½, as assessed at the 2–2½ year Health Visitor check, is significantly higher than the South East and national averages. However, we do not currently have a robust local measure of inequality in child development at 2–2½ years.
- Child development is next assessed through the EYFS assessment at the end of Reception year of school. We know from Wokingham Borough school's EYFS Results data that inequalities exist in child development by the end of Reception year of school. Examples of groups of children with lower levels of development by the end of Reception year include boys, and those eligible for free school meals.
- It is reasonable to assume that these inequalities assessed through the EYFS assessment at the end of Reception year of school start to emerge earlier in life. Therefore, the Health Visiting service may be guided by EYFS results to focus prevention and intervention on groups of children who have lower levels of development at the end of Reception year. This will enable a shift to earlier intervention and prevention, and ultimately narrow the gap in child development seen by the end of Reception year of school.
- A breakdown of childhood immunisation uptake rates among Wokingham Borough children is available at ward-level. However, this does not allow us to understand the inequalities that might exist, because the wards that tend to have lower uptake rates do not have common socio-demographic characteristics. It is therefore more difficult to generalise on the local factors associated with lower immunisation uptake.

2025/26

# Health visiting and school nursing service needs assessment

School-aged Years High Impact Area 1:  
Supporting wellbeing and resilience



**WOKINGHAM**  
**BOROUGH COUNCIL**

**OHID guidance** on this High Impact Area

## 1.1 Why this is important

- Since 2011, [mental ill health](#) has been recognised as the largest single cause of disability in the UK.
- The mental health and wellbeing of children and young people is a public health priority in the UK, with [rising rates of mental health disorders](#) reported since 2017.
- The government has published guidelines to promote mental health, including:
  - [NHS Long Term Plan](#)
  - [Future in Mind](#)
  - [Five Year Forward View for Mental Health](#)
  - [Transforming children and young people's mental health provision: a green paper](#).
- These guidelines emphasise early intervention and support within schools. This allows for timely support and referrals to appropriate services, which can significantly improve long-term outcomes.

## 1.2 Current services

### NHS-commissioned services

- [Children and Adolescent Mental Health Services \(CAMHS\)](#) offer specialist support for more severe or complex mental health needs. They include a range of therapies such as cognitive behavioural therapy, counselling and family therapy.

### Public health-commissioned services

- The Wokingham Public Health Team, in partnership with schools and through their [Health Promoting Schools programme](#), have introduced a school initiative to improve the mental health and resilience of children and young people. The Team commissions delivery of free sport and physical activity sessions to young people in Wokingham Borough to promote good mental health through charity [Sport in Mind](#).
- School nurses use [Chat Health](#) texting service that allows for confidential conversations with parents, and children and young people (including care leavers 11-25 years old), providing advice and support for physical and emotional health.
- School nurses conduct drop-in sessions in schools as part of health education and support. Anxiety was one of the most common health topics requested by schools as shown in the 2024 second quarter reports (April to July).

### Children Services Commissioned services

- [The Emotional Wellbeing Hub](#) serves as a primary contact for children and young people, their families, and professionals seeking access to mental health services and they can provide support and onward referral to local support services.
- [Primary Mental Health Team 4 Youth \(PMHT4Y\)](#) based within NHS Berkshire Healthcare Foundation Trust that provide low intensity mental health support for children and young people suffering with low mood and anxiety over 4-8 support sessions
- The [Mental Health Support Team](#) supports children and young people with emerging mild or moderate mental health difficulties. It provides [Tellmi](#), an app that provides an anonymous platform moderated by in-house counsellors, where children and young people can discuss issues affecting their mental health and wellbeing.
- Wokingham schools also implement [SCARF \(Safety Caring Achievement Resilience Friendship\)](#) and [Coram Life Education](#)'s mental health and wellbeing curriculum as part of PSHE for children 3-11 years.

## 1.3 Key data

		Wokingham Better	Wokingham Similar	Wokingham Worse		
Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
OHID HIA indicator	Hospital admission episodes for self-harm (10-14 years) – rate per 100,000 (count)*	225.0 (30)	251.2	240.7	Staying the same**	2022/23
OHID HIA indicator	Hospital admission episodes for self-harm (15-19 years) – rate per 100,000 (count)*	461.2 (50)	468.2	557.7	Decreasing (getting better) **	2022/23
OHID HIA indicator	Hospital admission episodes for self-harm (20-24 years) – rate per 100,000 (count)*	250.9 (20)	244.4	298.7	Decreasing (getting better)**	2022/23
Contextual indicator	School pupils with social, emotional and mental health needs - % (count)	3.0% (911)	3.7	3.7	Increasing (getting worse)	2023/24

### Wokingham commentary:

There were 100 hospital admissions of children and young people aged 10-24 due to self-harm during 2022/23. Females are much more likely to be admitted, as are those aged between 15 and 19 years old. Hospital admission data give us an indication of self-harm incidence and patterns, but only capture incidents that result in admission. Recording will vary due to local referral and admission practices.

3% of pupils in Wokingham schools have special educational needs support due to social, emotional and mental health needs. This has been increasing over time. The proportion of pupils with social, emotional and mental health needs increases with age from primary school age up until 15. Among young people aged 15, 4.8% have special educational needs support due to social, emotional and mental health needs.

[The 2023 OxWell Student Survey](#) gives insight on students' mental health, wellbeing and school experience. In Wokingham, 2,474 students in years 5 to 13 took part from 15 primary schools and 3 secondary schools. Not all eligible pupils chose to take part, meaning survey results may not represent all students in the borough; moreover not all 2,474 students answered all questions. The survey found female students felt lonelier than boys. There was a rise in reported loneliness in females after Year 9, with more than 80% of respondents sometimes or often lonely. Female students experienced higher levels of symptoms of depression and anxiety from age 14-15, whilst male students remained similar throughout school life. Over 50% of year 12 and 13 respondents said they had a mental health problem affecting their lives, while 48% of Year 11s said so. This might be attributed to GCSE and A-Level learning and exams. Over 50% of students in Years 5 and 6 know who provides mental health support, but the numbers are lower at secondary school. 75.9% of primary school students say they will speak to a parent if they need mental health support, while 48% will speak to someone who works at the school.

### Opportunities for further analysis:

- Work with partners to understand priorities for future surveys involving children and young people, and how these would be best delivered.
- Improved measures are needed to understand how the school nursing service is referring children with emotional and wellbeing needs onto relevant mental health support (e.g. Child and Adolescent Mental Health Services)

\* The numerator refers to admission episodes, not persons, and excludes attendance at A&E. Data for Wokingham is missing for admissions to Frimley Park Hospital during 2022/23 (up to 10% of admissions for Wokingham residents are at Frimley Park Hospital).

\*\* Due to changes in how Hospital Trusts are required to report emergency treatment that does not require an overnight admission to hospital, data from 2021/22 onwards will begin to no longer include counts of self-harm admissions that are treated within the same day. This will lead to a decrease in self-harm admission counts reported through this measure. This does not necessarily reflect a real reduction in self-harm requiring emergency hospital treatment.

## 1.4 Inequalities

### Inequalities known at national level

- [Risk factors](#) for poor mental health outcomes in children and young people include:
  - Socio-economic status
  - Ethnicity
  - Disability
  - Sexual orientation
  - Being a child in care or in the justice system.

### Inequalities in Wokingham Borough

- Local data shows [females are more likely](#) to be admitted to hospital for self-harm injuries than males. [Females aged 15-19](#) were the most likely to be admitted to hospital for self-harm.
- Children of some characteristics are more likely to be receiving SEND support due to social, emotional and mental health needs (see table below for groups which have significantly higher than average proportion of children with these needs).
- In 2024, among 62 looked-after children aged 5-16 in the borough, [43% were assessed](#) to have emotional and behavioural health as a cause of concern, reflecting higher risk of poor mental wellbeing. The proportion is similar to the national average for looked after children.

#### Pupils in Wokingham Borough receiving SEND support due to a primary reason of social, emotional and mental health 2023/24 by characteristic, showing those with above average rates

Characteristic	Number with social, emotional and mental health needs	Total pupils	% with social, emotional and mental health needs
<b>Overall</b>	<b>911</b>	<b>29,934</b>	<b>3.0%</b>
<b>Ethnicity:</b> White - Gypsy/Roma	11	128	8.6%*
Mixed - White and Black Caribbean	34	447	7.6%*
White - Traveller of Irish heritage	3	42	7.1%
Black - Black Caribbean	6	102	5.9%
Black - Any other Black background	4	110	3.6%
White - White British	613	16215	3.8%*
Black - Black African	23	752	3.1%
Mixed – Any other mixed background	27	868	3.1%
<b>Sex:</b> Male	589	15,302	3.8%*
<b>First language:</b> English	798	22,193	3.6%*
First language unclassified	6	132	4.5%
<b>FSM:</b> Eligible for free school meals	255	2,984	8.5%*

\* Significantly higher than average

(Source: Department for Education, [Sex](#) / [Ethnicity](#) / [Free school meals eligibility](#) / [First language](#))

2025/26

# Health visiting and school nursing service needs assessment

**School-aged Years**

**High Impact Area 2:**

**Improving healthy behaviours and reducing risk taking**

**High Impact Area 6:**

**Supporting self-care and improving health literacy**



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**[OHID guidance on High Impact Area 2](#)**

**[OHID guidance on High Impact Area 6](#)**

## 2.1 Why this is important

- This needs assessment discusses School-aged Years [High Impact Area 2](#) and [High Impact Area 6](#) as one joint chapter, as there are common themes, indicators and needs which may be considered in the delivering the School Nursing service to improve health outcomes.
- It is natural for children and young people to explore and engage in [risky behaviours](#) as they part of their growth and development. However, some behaviours may have serious consequences for their health and wellbeing. For example, the use of alcohol, drugs and tobacco, self-harm, or exposure to violence and abuse, may result in significant harm, limiting children's ability to lead healthy, fulfilling, and productive lives.
- Some risk factors are more closely associated with individual circumstances, such as family environments, peer pressure, and use of social media. Others may require broader community-level considerations and interventions, such as those contributing to road traffic accidents and fatalities involving young people.
- Young people, especially those living in areas with higher levels of deprivation, require additional resources and support for early identification and prevention of poor health outcomes.
- A crucial part of supporting young people is improving their [health literacy](#), that is ensuring they have the appropriate skills, knowledge and confidence to access, understand, evaluate, use and navigate health and social care information and services. [This becomes increasingly important](#) when young people gain independence and make decisions about their health.
- The Government has produced '[You're Welcome](#)' as a set of standards and criteria that help health and wellbeing services improve service quality and accessibility for young people.

## 2.2 Current services

### NHS-commissioned services

- [BOB ICB's Primary Care Strategy](#) has made it a priority to direct people with non-complex care needs to the right avenues, especially outside of GP and hospital accident and emergency departments. Help is available from:
  - [Community pharmacies](#), many of which provide [Pharmacy First](#) services
  - [Urgent treatment centres or minor injuries units](#)
  - The [111 service](#), [NHS app](#) and [NHS website which outlines common conditions](#)
- NHS England has developed [resources](#) for patients and professionals to promote health literacy. There are [standards and practical guidance](#) to help professionals create health content to enhance health literacy.
- [NHS England](#) commissions the delivery of [routine childhood immunisation services](#), including vaccines for school-aged children. The HPV vaccine is usually provided in schools to prevent the HPV virus, which is commonly spread through sexual activity and that can lead to some cancers.

### Public health-commissioned services

- [Sexual health services delivered by the Florey Clinic](#) offers confidential advice, STI screening and contraception for young people. It also delivers [outreach education](#) on healthy relationships and consent.
- Stop smoking services delivered by [SmokeFree Life Berkshire](#), and drug and alcohol services delivered by [Cranstoun](#), offer prevention and cessation support tailored for young people. They also run targeted health education programmes.

### Other local community services

- [Wokingham Borough Council's website](#) provides information on a range of local activities and programmes open to all young people in the borough, designed to promote positive attitudes and behaviours, support personal development, and contribute to their overall health and wellbeing.
- The council's [Youth Support Teams](#) offer support services such as behavioural support and mentoring to those with needs.
- [My Journey Wokingham](#) is an initiative that promotes active and sustainable travel, including community events and social media campaigns that promote road safety. [Wokingham's Local Transport Plan 2025](#) has established key themes, priorities, policies and actions relating to transport systems and networks, including those that focus on the needs of children and young people.
- All schools are expected by the Government to make provisions for [personal, social, health and economic education \(PSHE\)](#), and has provided [guidance](#) on the curriculum.

## 2.3 Key data

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
OHID HIA6 indicator	Average attainment 8 score (higher better)	53.0	46.1	47.2	Not calculated	2023/24
Additional measure	HPV vaccination coverage for one dose (males, age 12-13/year 8) (count)	81.5% (1,261)	67.7%	73.4%	Staying the same	2023/24
Additional measure	HPV vaccination coverage for one dose (females, age 12-13/year 8) (count)	85.2% (1,087)	72.9%	78.6%	Staying the same	2023/24
OHID HIA2 indicator	Children killed and seriously injured (KSI) on England's roads per 100,000 (count)	6.3 (7)	16.5	15.9	Not calculated	2020-22
OHID HIA2 indicator	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) per 10,000 (count)	45.7 (165)	72.7	70.7	Decreasing and getting better	2023/24

### Wokingham commentary:

Education attainment is strongly linked to health literacy. The [Attainment 8](#) score is a pupil's average academic performance across eight subjects (usually GCSEs taken at age 16). Average scores in Wokingham Borough schools are higher compared to national and regional counterparts.

The [HPV vaccine](#) is offered on the [routine childhood immunisation schedule](#) to all children aged 12-13 (academic year 8) to prevent HPV infections, which are spread through sexual contact and can cause genital warts and some cancers. HPV vaccination rates are higher in Wokingham Borough than national and regional averages, although the 90% target has not yet been met.

Data on road causality statistics for 2023 released by the [Department for Transport](#) show that there were 216 casualties on Wokingham Borough roads, 20 (10%) were children aged 0-15 years. 6 of these children and young people were pedestrian casualties. Of the 4 children and young people seriously injured, 3 were pedestrians.

There were 165 admissions to hospital for unintentional and deliberate injuries to children living in Wokingham Borough during 2023/24. This has been decreasing and is lower than the rate for England and the South East.

### Opportunities for further analysis:

- A data sharing agreement, now in place between NHS England and Wokingham Borough Council, will enable analysis of reasons for hospital admissions, and who is more likely to be admitted. This can be used to support the school nursing services targeting of prevention activities.

## 2.4 Inequalities

### Inequalities known at national level

- [Deprivation](#) is a strong indicator of unhealthy behaviours as well as other risk factors that contribute to poor health outcomes; young people living in deprivation will therefore require more resources and support for early identification and prevention.
- Children aged 10-14 years [living in deprived areas](#) face higher risks of injury and death and are 3.7 times more likely to be killed or seriously injured on the road.
- HPV vaccine uptake is lower for young people [living in more deprived areas](#) and [among boys](#).
- Children with [higher levels of emotional wellbeing](#) are likely to have higher levels of academic achievement and are more engaged in school.
- Children who are [male](#) or [aged 0-14 years](#) are more likely to be admitted to hospital for unintentional and deliberate injuries.
- Children under five are [38% more likely to be harmed by unintentional injuries](#).

### Inequalities in Wokingham Borough

- Compared to the borough's [overall average 'Attainment 8'](#) score of 53.0 in 2023/24, average scores were lower for:
  - Children in [social care groups defined by DfE, including](#) children in need (23.0), children looked after (19.8), and children on a child protection plan (17.7)
  - [Boys](#) (50.9) compared to girls (55.2)
  - Children from [disadvantaged backgrounds](#) (33.8) (defined as having ever been eligible for free school meals from year 6 to year 11, looked after, or adopted from care)
  - Children with [Special Educational Needs](#) (32.6)
- It has always been less likely for [boys](#) than [girls](#) to have the HPV vaccine.
- Males are more likely to be [killed or seriously injured on the road](#) than females.

2025/26

# Health visiting and school nursing service needs assessment

School-aged Years High Impact Area 3:  
Supporting Healthy Lifestyles



**WOKINGHAM**  
**BOROUGH COUNCIL**

**OHID guidance** on this High Impact Area

## 3.1 Why this is important

- The [2020 Marmot Review](#) reported on worsening child poverty rates in England, widening health inequalities and shorter life expectancies for people living in the most deprived areas.
- Key priorities to [support healthy lifestyles](#) in children and young people include:
- **Childhood Obesity:** Nearly one-third of children aged 2 to 15 years are classified as overweight with younger generations becoming overweight earlier. Obesity has [lifelong negative effects](#) on health such as type 2 diabetes, premature death, poor health outcomes, and children living with obesity reported lower self-esteem than their peers.
- **Oral Health:** Oral health is an important indicator of a child's overall health status. Tooth decay causes pain, difficulties with eating, sleeping and low self-esteem and [results](#) in at least 60,000 missed school days. It is largely preventable, but is common affecting [one in five](#) 5-year-olds.
- **Smoking Prevalence:** Smoking is the leading cause of [preventable illness and death](#) in the UK, with 100,000 annual deaths attributed to smoking-related diseases. [Early smoking initiation](#) is linked to higher smoking rates, dependence, and mortality.
- **Chlamydia/STIs:** Young people aged 15 to 24 experience the [highest diagnosis rates](#) for common STIs such as gonorrhoea and chlamydia.

## 3.2 Current services

### NHS-commissioned services

- [ChatHealth text service](#) is a confidential text service that enables parents and young people to reach [health visitors and school nurses](#). It offers quick, discreet advice and signposting to further help. Young people aged 11-19 can contact school nurses for support on mental, physical, and sexual health, as well as lifestyle and school-related concerns.
- The [Lilie Hub](#) provides a range of sexual health services for young people including contraception and STI testing.
- The [NHS Better Health website](#) provides guidance, free tools and support on health improvement, and signposts to official NHS apps and resources on weight loss, quitting smoking, getting active, drinking less alcohol, and improving mental health.

### Public health-commissioned services

- [NCMP](#) measurements are done by the school nursing service in Wokingham schools according to national guidelines. Parents whose children fall outside the healthy weight range receive a letter to inform them with links to websites providing advice and support.
- Healthy Schools programmes, as part of [Personal, social, health and economic \(PSHE\) education](#), are now mandated to include relationships and sex education in secondary schools to prevent risky behaviour and ensure children and young people live safe and healthy lives. Sex education, as part of PSHE, is not compulsory for primary schools.
- [Sexual health clinics](#) based at the Royal Berkshire Hospital offering education about safe sexual practices and healthy relationships, as well as contraception and testing to prevent STIs and unplanned pregnancies. It has a [Young Person's Health Workers](#) team offering support to young people aged 11-19 through drop-in clinics in schools and community settings.

### Other local community services

- The Wokingham Community Directory shows a wide range of [clubs and activities](#) available for children and young people.

### 3.3 Key data

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
<a href="#">OHID HIA indicator</a>	<a href="#">Smoking prevalence age 15 years, regular smokers (%)</a>	Survey data unavailable below England level	2%	Survey data unavailable below England level	Not calculated	2023
<a href="#">OHID HIA indicator</a>	<a href="#">Year 6: prevalence of overweight (including obesity) (count)</a>	26.6% (600)	35.8%	32.7%	Staying the same	2023
<a href="#">OHID HIA indicator</a>	<a href="#">Chlamydia detection rate aged per 100,000 aged 15 to 24 years rate (female) (count)</a>	1,034 (97) – benchmarked against target of 3,250	1,962	1,670	Staying the same	2023

#### Wokingham commentary:

##### Smoking

There is no reliable local data on tobacco smoking prevalence in Wokingham children and young people. According to [Wokingham Borough’s ADTV Needs Assessment](#), if Wokingham had similar rates to England, approximately 60 children could be a regular smoker. [Action on Smoking and Health estimates](#) in 2025 showed that each year approximately 170 Wokingham children would start smoking. A priority identified in the [ADTV Needs Assessment](#) is to improve local understanding and insight in relation to children and young people.

The local data we do have is from the [2023 OxWell Student Survey](#) of 971 Wokingham secondary school pupils. This shows 2.6% of 698 school pupils who responded to questions about vaping said they vaped; and 1.6% of 695 responding to questions about smoking cigarettes said they smoked cigarettes. However, this is a small sample size with different data collection and analysis methods to national surveys, so findings cannot be directly compared.

[National surveys](#) indicate that young people who smoke are more likely to: use e-cigarettes, take drugs, have friends that smoke, drink alcohol, and be boys. 5% of young people smoke tobacco before using e-cigarettes and 6% started smoking tobacco after using e-cigarettes.

*(continued on next page)*

## 3.3 Key data (continued)

### Wokingham commentary:

#### Overweight

Although below the England and South East rate, over a quarter of children in Wokingham Borough have [excess weight by Year 6 of school](#). The prevalence of overweight has been at a persistent level since data on routine measuring of children began almost 20 years ago.

Similar to the national picture, overweight rates rise with age - 15.2% at [Reception](#), 26.6% at [Year 6](#), rising to 65.3% among [all adults](#).

#### Sexually transmitted infections (STI) / Chlamydia

The number and rate of new STI diagnoses in Wokingham Borough is [better compared to England](#). However, according to [UKHSA HIV/STI Data Exchange](#), 44% of STI diagnoses in Wokingham Borough in 2023 were in young people aged 15 to 24 years old. Young people are more likely to become reinfected with an STI within 12 months when compared to older people. Re-infection rates amongst young people in Wokingham are similar to the England average at around 11%.

Chlamydia is the most commonly reported bacterial STI in the UK with a high frequency of transmission.

The chlamydia detection rate among under 25-year-olds is a measure of chlamydia control activity, aimed at reducing the incidence of chlamydia infection and interrupting transmission. An increased detection rate is indicative of increased control activity; the aim is for this figure to be at least 3,250 per 100,000 female population aged 15 to 24. The recommendation was set as a level that would encourage a high volume of screening and diagnoses, be ambitious but achievable and high enough to encourage community screening, rather than specialist sexual health clinic only diagnoses, as well as be likely to result in a continued chlamydia prevalence reduction.

[No local authorities in the South East](#) are meeting this target set by the UK Health Security Agency.

### Opportunities for further analysis:

- Work with the School Nursing service to best capture which interventions designed to support healthy lifestyles are having the most impact on children and young people
- Work with the School Nursing service to understand which services that support healthy behaviours children and young people are being referred to and resulting outcomes

## 3.4 Inequalities

### Inequalities known at national level

- **Childhood Obesity:** Childhood obesity is a recognised health disparity especially in more deprived communities and highlights significant health inequality. Children in year 6 of school (age 10 to 11 years) from most ethnic backgrounds (except for white Irish, mixed white and Asian, and Chinese ethnic backgrounds) are [more likely to be living with obesity than children from white British ethnic backgrounds](#). Children in year 6 of school who are living in areas with the highest levels of deprivation are [more than twice as likely](#) to have obesity as those living in areas with the lowest levels of deprivation.
- **Smoking:** Children are [more likely to smoke](#) if they have family members who smoke or are exposed to smoking in the media. Flavoured cigarettes (such as menthol) also [increase the likelihood](#) of children experimenting or picking up the habit of smoking.
- **Chlamydia/STIs:** Young people aged 15-24, men who have sex with men, people of Black Caribbean ethnicity, and people from deprived areas are recognised to be at greatest risk of STIs and have poorer sexual health outcomes at [national](#) and [regional](#) levels.
- **Oral Health:** [OHID guidance](#) indicates that some children and young people, such as young carers and those in contact with the criminal justice system, may face a higher risk of poor oral health. Children living in the most deprived areas have more than twice the level of tooth decay than those in the least deprived areas.

### Inequalities in Wokingham Borough

- [NCMP data](#) shows children from black ethnic backgrounds and children living in more deprived neighbourhoods are more likely to have obesity and overweight.
- Data on [UKHSA HIV/STI Data Exchange](#) show that diagnoses of STIs are more common amongst people from black and mixed ethnic backgrounds and amongst men who have sex with men.

2025/26

# Health visiting and school nursing service needs assessment

**School-aged Years High Impact Area 4:  
Supporting Vulnerable Young People and  
Improving Health Inequalities**



**WOKINGHAM  
BOROUGH COUNCIL**

**OHID guidance on this High Impact Area**

## 4.1 Why this is important

- All children and young people should have fair opportunities to thrive. However, some circumstances in a child's or young person's life put their health and welfare at risk and negatively affect this opportunity. [These circumstances](#) include:
  - being a young carer, or being a child in care
  - experiencing more frequent moves of home and school
  - experiencing domestic or emotional abuse
  - parental substance misuse
  - teenage pregnancy
  - poor mental health of parent and/or child and young person
  - bullying
  - being in contact with the youth justice system
- To reduce the likelihood of these inequalities making lasting negative impacts on health and wellbeing, it is important to safeguard children, prevent these circumstances from occurring, and to provide additional support to reduce their impact.
- School nurses are part of the wider network of professionals that can contribute to the [safeguarding of children](#) and contribute to improving their outcomes.
- Some of these circumstances may also reduce the likelihood of a child or young person accessing public services or other measures of support. Professionals may therefore have difficulty in identifying and giving support to these children and young people who face greater risks of health inequalities.
- The "[No Child Left Behind](#)" approach advocates for addressing the needs of children at increased risk of poorer outcomes in health and wellbeing through a public health-informed lens, emphasising the importance of understanding individual, family, and community factors that contribute to vulnerability and adversity.
- When children are supported in their development (such as language skills, social confidence and emotional resilience), they can better access education and thrive in their learning environment. A stronger foundation in education and skills contributes to more [stable building blocks of health and wellbeing](#), leading to positive outcomes in life.
- [OHID guidance](#) describes school nurses as having a vital role in three key stages:
  - school readiness and starting school
  - transition to secondary school
  - leaving school and preparation to adulthood

## 4.2 Current services

### NHS-commissioned services

- GPs and some local NHS services may provide support, signposting or treatment for [alcohol](#) or [drug addiction](#).
- The [NHS Better Health website](#) provides guidance, free tools and support on health improvement, and signposts to official NHS apps and resources on weight loss, quitting smoking, getting active, drinking less alcohol, and improving mental health.
- NHS England commissions [healthcare services](#) that support children through the youth and criminal justice systems. NHS England published the [Health and justice framework for integration 2022-2025: Improving lives – reducing inequality](#) to inform their work on providing mental health support, neurodiversity services and continuity of care.
- The Government supports local authorities to commission a “[Family Nurse Partnership](#)” in which family nurses provide more targeted support to first-time teenage mothers and families.

### Public health-commissioned services

- School nurses support children with special medical needs and are a partner in [creating educational health care plans](#). They liaise with schools and other healthcare providers, as well as helping children and young people understand their condition and manage their conditions when appropriate.
- School nurses also provide medical awareness training for school staff and support the management and wellbeing of children in school with asthma, severe allergies and epilepsy.

### Other local community services

- The council provides support services for [young people](#) aged 14 to 18 including prevention and youth justice service, [assessments](#) for young carers and care leavers, and help with housing.
- Wokingham Borough Council’s [Prevention and Youth Justice Service](#) (PYJS) works with children between 10-17 years old, who are at risk of becoming involved or are involved in offending behaviour.
- The PYJS work with schools by providing a well laid out pathway for referrals called the Exclusion Prevention Programme. This programme is aimed at children who are at risk or have already been suspended or permanently excluded from school due to offending behaviour.
- [The Community Safety Partnership](#) made up of key stakeholders, recognises the importance of intervening early to prevent issues from escalating and works with the Supporting Families Initiative to assist young people who are at risk of offending in line with Wokingham’s [Violence Reduction Strategy](#).
- Also, the [community navigation team](#) can signpost residents to [local charities](#) that can provide services pertinent in reducing harmful behaviours amongst CYP.
- The [Wokingham Education Welfare Service \(EWS\)](#) ensures that all children and young people have access to statutory education and can regularly attend school. They work with schools to develop systems and procedures to promote good attendance and reduce persistent absences, while supporting parents and refer them to external agencies when necessary.

## 4.3 Key data

Wokingham Better

Wokingham Similar

Wokingham Worse

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
OHID HIA indicator	<a href="#">Percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence)</a>	Not % (556,862)	7.1%	7.1%	Not calculated	2023/24
OHID HIA indicator	<a href="#">Percentage of delivery episodes where the mother is aged under 18 years (count)</a>	0% (0)	0.6%	0.4%	Decreasing and getting better	2023/24
OHID HIA indicator	<a href="#">Admission episodes for alcohol-specific conditions - under 18s rate per 100,000 (count)</a>	15 (19)	22.6	24.5	Not calculated	2021/22 – 2023/24
OHID HIA indicator	<a href="#">Hospital admissions due to substance misuse - per 100,000 aged 15-24 (count)</a>	23.0 (15)	47.4	39.6	Not calculated	2021/22 – 2023/24
OHID HIA indicator	<a href="#">Unplanned admission for asthma, diabetes or epilepsy in under 19 years - rate per 100,000</a>	88	149	110	Staying the same	2023/24
OHID HIA indicator	<a href="#">First time entrants to the youth justice system per 100,000 (count)</a>	80.4 (16)	143.4	133.7	Staying the same	2023
Contextual indicator	Invitations to School Nursing service to initial and review Child protection Conferences	178	--	--	--	2024/25

### Wokingham commentary:

Nationally, pupil absence increased over the COVID-19 pandemic and has not since returned to pre-pandemic levels. Pupil absence in Wokingham Borough almost doubled from 3.9% to 6.9% between 2020/21 and 2021/22. It remains at 6% in 2023/24, although it is better than the South East and England averages.

Admission episodes related to alcohol and substance misuse are lower than national and regional averages. With 34 admissions occurring between 2021 and 2023/24. There were 16 new entrants to the youth justice system during 2023 with rates below national and regional levels. The majority were male.

Births to teenage mothers are low - there were no births to mothers under the age of 18 during 2023/24. But a significant proportion of [under 18 conceptions lead to abortion](#) (an indicator discussed under Health Visiting High HIA1). 58% of under-18 conceptions led to abortion during 2021 (the most recent data available), which is similar to the rates in the South East and England.

There were 88 unplanned admissions to hospital for children and young people due to asthma, diabetes or epilepsy during 2023/24.

Health Visiting and School Nursing Services are invited to [child protection conferences](#) and other safeguarding processes that identify concerns, confirm actions and conduct reviews. Quarterly reporting from the School Nursing Service shows the team has attended all initial conferences, as well as all review conferences where health needs are identified.

### Opportunities for further analysis:

- A data sharing agreement is now in place between NHS England and Wokingham Borough Council that will allow for analysis of reasons for hospital admissions, and who is more likely to be admitted. This can be used to support the school nursing services targeting of prevention activities.
- By analysing the safeguarding concerns that led to child protection conferences and the health needs identified in the cases, we can better understand how to prevent families and young people from experiencing vulnerability and adversity.

NOTE: Hospital admission data is missing on admissions to Frimley Park Hospital for 2022-23 (up to 10% of Wokingham resident hospital admissions).

## 4.4 Inequalities

### Inequalities known at national level

- [OHID guidance](#) acknowledges that it may be challenging for professionals to identify children and young people who are at risk of health inequalities, as they are less likely to be well engaged with services, and therefore less likely to be captured in statistics or monitoring data. However, it is known that some children and young people who are at higher risk of health inequalities include:

<i>Providing care</i>	<ul style="list-style-type: none"> <li>• Identifying young carers is challenging, as many do not disclose their responsibilities to their school or do not recognize themselves as 'young carers.'</li> <li>• The level of caregiving may become excessive or inappropriate, impacting their <a href="#">emotional or physical wellbeing, educational achievement, and life chances</a>.</li> </ul>
<i>Without a fixed home</i>	<ul style="list-style-type: none"> <li>• This includes children and young people experiencing homelessness, from travelling families, <a href="#">migrants</a>, and children from military families</li> </ul>
<i>Ethnic minority backgrounds</i>	<ul style="list-style-type: none"> <li>• Children from households of Asian (21%) and Black ethnic backgrounds (16%) are more likely to live in <a href="#">persistent poverty</a></li> </ul>
<i>Teenage mothers</i>	<ul style="list-style-type: none"> <li>• They are more likely to be <a href="#">from mixed or white ethnic groups</a> and from the <a href="#">most deprived areas</a></li> </ul>
<i>Those who smoke, consume alcohol or use drugs</i>	<ul style="list-style-type: none"> <li>• An <a href="#">NHS England survey</a> found these behaviours <a href="#">often overlap</a> and should not be considered in isolation.</li> <li>• Young people who use drugs are likely <a href="#">older, miss school (truancy) and report lower life satisfaction</a></li> <li>• Those who drink alcohol are likely <a href="#">older, male, of White ethnicity, from more affluent families, and report lower levels of happiness</a>.</li> </ul>
<i>Young people in the criminal justice system</i>	<ul style="list-style-type: none"> <li>• Rates of self-harm are <a href="#">higher</a> than <a href="#">the general population</a></li> </ul>
<i>LGBT young people</i>	<ul style="list-style-type: none"> <li>• They are more likely to <a href="#">smoke, drink alcohol</a> and <a href="#">use recreational drugs</a>.</li> </ul>

### Inequalities in Wokingham Borough

- Children who are eligible for free school meals, and with SEND have had lower levels of education attainment at [Key Stage 2](#) (year 6) and [Key Stage 4](#) (year 11). In terms of ethnicity, the attainment gap was especially significant for children of Gypsy / Roma ethnicity at Key Stage 2.
- As seen from national data cited above, school absence is associated with risky health behaviours (such as [drug use](#)) and other health inequalities – we would therefore use school absence levels among different pupil groups as an indicator to assess inequalities and risks.
- Department for Education data (summarised in the table to the right) shows the student characteristics with higher-than-average absence rates, and that absence rates remain higher than pre-pandemic levels.

#### Pupils in Wokingham Borough – absence rates 2023/24 by characteristic

Characteristic	% sessions missed	
	2023/24	2017/18
<b>Overall</b>	<b>6.0%</b>	<b>4.2%</b>
<b>Ethnicity:</b> Gypsy Roma	20.5%	15.6%
Traveller of Irish heritage	19.7%	21.3%
White and Black Caribbean	8.1%	6.3%
Pakistani	7.4%	5.8%
White and Black African	7.2%	4.4%
Bangladeshi	7.2%	5.3%
<b>SEN:</b> EHC plans	12.2%	8.8%
SEN Support	9.1%	6.0%
<b>Free school meals:</b> FSM eligible	11.6%	9.5%
FSM eligible in last 6 yrs	11.5%	8.1%
<b>Academic year group:</b> Year 11	11.3%	6.7%
Year 10	7.5%	5.9%
Year 9	7.4%	5.1%
Year 8	7.1%	4.5%
<b>Sex:</b> Female	6.2%	4.2%

(Source: [Department for Education](#))

2025/26

# Health visiting and school nursing service needs assessment

**School-aged Years High Impact Area 5:  
Supporting additional and complex needs**



**WOKINGHAM  
BOROUGH COUNCIL**

**OHID guidance on this High Impact Area**

## 5.1 Why this is important

- Although most children and young people enjoy good health, some may face short-term physical health problems (such as pains, allergies, skin conditions, respiratory infections). Others may have more complex health needs (such as chronic medical conditions such as diabetes or asthma; continence problems; or special education needs or disability (SEND)).
- According to the 2021 Census, 2,533 (or 7.3%) [children aged 5-19 in Wokingham Borough](#) reported to have a [disability](#). This compared to 9.1% for the [South East](#) and 8.8% for [England](#).
- Some children may need an [Education, Health and Care Plan \(EHCP\)](#). This is produced by the local authority to identify the additional support required to meet the needs of a child or young person aged up to 25 with SEND.
- Children and young people with complex health needs may require extra help to smoothly transition into school and feel supported in their learning environment. Children with long-term conditions may require support or medication during school hours, which can interrupt their learning. They may also be absent from school due to illness, medical appointments, or insufficient support. These challenges can lead to difficulties fully participating in school activities, including physical education, as well as increased vulnerability to bullying and lower self-esteem. These can hinder their academic progress and social development.
- As of 2023/24, in Wokingham Borough, the [overall absence rate](#) of pupils with EHCPs was 12.2%, which was considerably higher than those without (5.3%). Data also showed that pupils with EHCPs were significantly more likely to be [persistently absent](#) from school.

## 5.3 Current services

### NHS-commissioned services

- NHS-commissioned [developmental reviews](#) include routine checks by GPs (such as newborn physical exam) for children aged 0–5, monitoring growth, development, and wellbeing. These reviews help identify concerns early and provide support or referrals where needed.
- BHFT's [community paediatrics service](#) provide referrals to specialist services in addition to diagnosing and managing certain conditions.
- [Children and Adolescent Mental Health Services \(CAMHS\)](#) of BHFT offer specialist support for more severe or complex mental health needs. They include a range of therapies such as cognitive behavioural therapy, counselling and family therapy.

### Public health-commissioned services

- As public health nurses, school nursing service lead health assessments, care coordination, and safeguarding for children with additional and complex needs. They also provide transition support from primary to secondary school.

### Other local community services

- [Wokingham Borough Council's children's social services](#) provide support to families facing difficulties and can [triage families](#) referring them to the right services and interventions.
- [Wokingham Borough Council's SEND teams](#) help ensure an inclusive education by developing EHCPs and making sure young people receive appropriate support.

## 5.4 Key data

Indicator type	Indicator name	Wokingham	England	South East	Trend	Data year
Contextual indicator	<a href="#">Percent of pupils with special educational needs</a> (all schools including independent schools)	14.9% (5,138)	18.4% (Wokingham lower)	18.8% (Wokingham lower)	Increasing	2023/24

### Pupils in Wokingham Borough state-funded schools and non-maintained special schools receiving SEND support by primary need 2023/24

Primary need	Number with primary need	% of all pupils	% compared to England
<b>Total of pupils with SEN provision</b> , comprising:	<b>4,452</b>	<b>14.9%</b>	lower
Autistic Spectrum Disorder	942	3.1%	higher
Social, Emotional and Mental Health	911	3.0%	lower
Speech, Language and Communications needs	762	2.5%	lower
Specific Learning Difficulty	514	1.7%	lower
SEN support but no specialist assessment of type of need	334	1.1%	higher
Moderate Learning Difficulty	324	1.1%	lower
Severe Learning Difficulty	258	0.9%	higher
Other Difficulty/Disability	149	0.5%	lower
Physical Disability	99	0.3%	lower
Hearing Impairment	98	0.3%	similar
Visual Impairment	25	0.1%	lower
Profound & Multiple Learning Difficulty	23	0.1%	lower
Multi-sensory Impairment	13	0.0%	similar

(Source: [Department for Education](#))

#### Wokingham commentary:

OHID guidance has not specified any outcome measures in relation to this High Impact Area. The table above shows the percentage of all pupils with special education needs and disabilities (SEND) in the Borough. This includes children with SEND who have an Educational Health Care Plan (EHCP), and children with Special Education Needs (SEN) support or SEN in the absence of an EHCP.

The most common primary need is Autistic Spectrum Disorder (ASD), followed by Social, Emotional and Mental Health Needs, and Speech, Language and Communications Needs.

As per the national picture, children with identified SEND are increasing in Wokingham Borough Schools. Although overall rates of SEND are below national and regional averages, rates of SEND with a primary need of ASD or a Severe Learning Disability are higher, as are rates of children and young people receiving SEN support but who do not have a specialist assessment of type of need.

#### Opportunities for further analysis:

- Identify local data on broader health and wellbeing outcomes for children with SEND beyond educational attendance and attainment

## 5.5 Inequalities

### Inequalities known at national level

- The building blocks of health and wellbeing can be less stable for many children and young people with SEND when compared to their peers.
- Children with SEND have poorer attainment outcomes than their peers throughout school.
- Absence rates from school including persistent absenteeism are higher as are exclusions from school.
- Children with SEND are less likely to be participating in post-age 16 learning, are more likely to not be in Education, Employment, and Training (NEET) at age 16 to 17 and less likely to progress to higher education.
- Adults with learning disabilities who receive support from social servicers are less likely to be in paid employment when compared to the overall employment rate (70 percentage point difference). 82% are living in stable and appropriate accommodation.
- [Life expectancy](#) of people with learning disability is around 15 years less than the general population. Asthma, hypertension and diabetes prevalence are higher than would be expected even when accounting for difference between the age structure of the LD and non-LD populations.
- All people on a GP practice learning disability register should have an annual health check with an associated health action plan. 80% of people on the learning disability register aged 14 and over had a [learning disability health check](#) with their GP during 2024/25.

### Inequalities in Wokingham Borough

- The inequalities outlined can be evidenced to exist within Wokingham Borough to some degree.
- Children with SEND have poorer attainment outcomes than their peers throughout school. They have higher absence and exclusion rates from school.
- Children with SEND are less likely to be participating in post-age 16 learning, are more likely to not be in Education, Employment, and Training at age 16 to 17 and less likely to progress to higher education.
- For example, there is a 60-percentage point difference in general employment rates and the employment rates of adults with learning disabilities who receive support from social services; young people with SEND have poorer attendance and attainment outcomes at school.
- There are also differences between groups when looking at the characteristics of pupils with SEND. There are captured in the table below which shows groups with a higher-than-average rate of SEND requiring support.

#### Pupils in Wokingham Borough state-funded schools and non-maintained special schools receiving SEND support (with or without EHCP) 2023/24 by characteristic

Characteristic	Number SEND	Total pupils	% SEND
<b>Overall</b>	<b>4,452</b>	<b>29,934</b>	<b>15%</b>
<b>Ethnicity:</b>			
White - Gypsy/Roma	55	128	43%
White - Traveller of Irish heritage	18	42	43%
Black - Black Caribbean	22	102	22%
Mixed - White and Black Caribbean	95	447	21%
Black - Any other Black background	23	110	21%
White - White British	2,892	16,215	18%
Black - Black African	127	752	17%
White – Irish	13	77	17%
Asian – Bangladeshi	17	107	16%
<b>Sex:</b>			
Male	2,782	15,302	18%
<b>First language:</b>			
English	3,777	22,193	17%
First language unclassified	21	132	16%
<b>FSM:</b>			
Eligible for free school meals	930	2,984	31%

(Source: Department for Education, [Sex](#) / [Ethnicity](#) / [First language](#) / [Free school meals eligibility](#))

2025/26

# Health visiting and school nursing service needs assessment

Stakeholder surveys and engagement



**WOKINGHAM**  
**BOROUGH COUNCIL**

## 1. Purpose

- Wokingham Borough Council's Public Health Team conducted surveys and engagement to understand experiences of delivering, working with, or using Health Visiting (HV) and School Nursing (SN) services in the Borough, to inform the needs assessment and future commissioning.

## 2. Who responded

- Four surveys, available in both digital and paper formats, were conducted between November and December 2025.
- The majority of responses were collected via [Wokingham Borough Council's Engage online platform](#). 10 responses were received in paper form.
- The total number of responses received for the surveys are as follows:

	Target audience	Service(s) covered	Responses received	Responses which met the eligibility criteria for services (% of total responses)
1.	Providers and partners	HV and SN	22	22 (100.0%)
2.	Parents and carers	HV	42	30 (71.4%)
3.	Parents and carers	SN	68	53 (77.9%)
4.	Children and young people	SN	531	370 (69.7%)

- The Public Health Team also conducted targeted face-to-face engagement sessions from August to December 2025, collecting feedback directly from stakeholders and to encourage replies to the survey. This included 5 sessions involving service users and 13 sessions involving professionals.

### Limitations of surveys

- People who chose to complete the survey via the online platform were required to create an account and were prompted to provide their demographic information, such as age, ethnicity and address. While this enabled socio-demographic analysis of the responses, the additional steps involved may have affected uptake, particularly among families who did not wish to supply that information or found it more time-consuming.
- Once initial questions confirmed that participants met the eligibility criteria for HV and SN services (e.g. a parent indicating they had a child aged below 19, or 25 with SEND), all questions in the survey were optional. While the intention was to maximise participation, this also meant that surveys could be returned incomplete, and some questions received more responses than others.
- There was uneven representation by age and school, particularly among children and young people.
- Some respondents appeared to be reflecting their experiences of receiving health support in general, not necessarily provided by HV and SN commissioned by public health.

### 3. What respondents said

	Strengths	Challenges / Concerns / Areas for improvement
Providers and partners	<p><b>HV service</b></p> <ul style="list-style-type: none"> <li>• <b>HV providers</b> were confident about their service. 8 out of 10 <b>providers</b> rated the current service “very well” or “extremely well” in meeting families’ needs. Strengths centred on accessibility, tailored services and advice, focus on safeguarding, other resources accessible via <a href="#">Berkshire Healthcare NHS Foundation Trust (BHFT)</a>, and staff commitment.</li> <li>• <b>Partners</b> had a more mixed response about HV services meeting needs. Strengths included early intervention and signposting, having a skilled and responsive service, and accessibility (being available in person, via <a href="#">Chat Health text messaging service</a>, and use of health buses).</li> </ul>	<p><b>HV service</b></p> <ul style="list-style-type: none"> <li>• Workforce pressures dominated areas for improvement.</li> <li>• <b>Providers</b> said staffing shortages affected workload, reach to families, and the ability to deliver the full universal offer. <b>Partners</b> echoed these views, saying reduced capacity meant less time for meaningful partnership working.</li> <li>• Some partners felt the service had become “more of a box-ticking exercise rather than genuine collaboration”.</li> <li>• Despite accessibility and integration being quoted by some as strengths, others quoted concerns. More specifically, some said there was limited alignment with GP services, reduced face-to-face provision. Partners also described a perception that HV support diminishes after infancy, creating service gaps for some families.</li> </ul>
	<p><b>SN service</b></p> <ul style="list-style-type: none"> <li>• <b>SN providers</b> were also confident about their service. 8 out of 10 <b>providers</b> said the current service could meet users’ needs.</li> <li>• They cited SN’s strengths such as cohesive team working with partners, responsiveness to referrals, and strong safeguarding practice. SN staff were described as compassionate, supportive, and knowledgeable.</li> <li>• <b>Partners</b> also had a positive response about SN services meeting users’ needs – 8 out of 12 rated this favourably.</li> <li>• They saw SN’s strengths as being easy to contact and supporting early intervention.</li> </ul>	<p><b>SN service</b></p> <ul style="list-style-type: none"> <li>• Workforce shortages were again the key challenge.</li> <li>• <b>Providers</b> mentioned recruitment difficulties, high workloads, increasing complexity of needs, safeguarding responsibilities limiting time for health promotion and preventative work, and a lack of disaggregated demographic data.</li> <li>• Suggestions included more resources and staff for prevention, improved communication to parents, and scheduling health promotion activities in advance, using family hubs for joint sessions, and ensuring contract flexibility to enable innovative partnership working.</li> <li>• <b>Partners</b> recommended that SNs’ have increased presence in schools; more opportunities for 1:1 work with clients; clearer messaging about the SN’s role, and better communication between mainstream and specialist SN teams to improve transitions.</li> </ul>

## 3. What respondents said (continued)

	Strengths	Challenges / Concerns / Areas for improvement
Parents and carers	<p><b>HV service</b></p> <ul style="list-style-type: none"> <li>Parents and carers who had contact with HVs generally expressed positive experiences</li> <li>Most said they received helpful support on Healthy Start vitamins, breastfeeding, feeding and weaning.</li> <li>64% of ratings from respondents were positive. 77% agreed that their child's needs were assessed.</li> </ul> <p><b>SN service</b></p> <ul style="list-style-type: none"> <li>Parents who used the SN service said they mostly received support on immunisations (43%), followed by long-term conditions (17%).</li> <li>Parents who accessed the service generally reported positive experiences, especially around feeling listened to, cultural sensitivity, and helpful clinical outcomes.</li> <li>52.6% agreed it is easy to contact SN. However, only 29.4% found it easy to make an appointment, and 23.5% found suitable times.</li> <li>Some respondents gave detailed comments praising SNs for supporting their children through enuresis, and for providing helpful leaflets through schools.</li> </ul>	<p><b>HV service</b></p> <ul style="list-style-type: none"> <li>There were gaps in awareness and accessibility among parents and carers.</li> <li>27% of respondents said they attended antenatal sessions with HV, while 33% (10 respondents) said they did not. Those who didn't attend HV appointments at antenatal stage or otherwise said this was because they were not aware of the service, not offered it, or felt it duplicated other provision.</li> <li>The statement that most respondents disagreed with was that "appointments were available at suitable times" (26% of respondents).</li> <li>20% (6 respondents) said some aspects of the HV service were unhelpful, this focused on receiving generic or insufficiently tailored advice.</li> <li>Parents most often suggested better advertising of services (63%), more in-depth child assessments (57%) and increased appointment availability (40%).</li> </ul> <p><b>SN service</b></p> <ul style="list-style-type: none"> <li>More survey respondents said their child did not have contact with the SN service than those who did (57% vs 43%). Those who did not said they did not know the SN service existed.</li> <li>Parents requested clearer information, regular updates, and better visibility of available services.</li> <li>Respondents most often associate SN with immunisations. While SNs can provide signposting and advice on immunisations, respondents may have been referring to their experiences with other healthcare professionals rather than SNs.</li> </ul>
Children and young people	<p><b>SN service</b></p> <ul style="list-style-type: none"> <li>55% of valid survey respondents said they used the SN service in the last 3 years.</li> <li>Among those who responded to questions on satisfaction, 33.2% felt happy, 41.7% felt neutral.</li> <li>Some appreciated emotional support, such as kindness, reassurance, or being listened to.</li> </ul>	<p><b>SN service</b></p> <ul style="list-style-type: none"> <li>Respondents to surveys and face-to-face engagement might have been referring to their experiences with other school officers rather than SNs. In replying to various questions in the survey about the support received, up to 80.0% referred to treatments outside of SNs' remit, such as first aid, pain relief, or giving vaccines.</li> <li>Only 5.8% mentioned mental health and 4.2% on health check-ups.</li> <li>67.8% said they would not consult SN for low-mood/stress. Most preferred other trusted adults or were uncertain about SN's help or confidentiality.</li> <li>Most respondents preferred face-to-face contact (45.2% appointment; 34.1% school drop-in), while 20.4% preferred online chat (ChatHealth).</li> <li>Most wanted easier access to check-ups, more teaching on health, and extra support for conditions (asthma, epilepsy), and kinder, more approachable interactions.</li> </ul>

## 4. Common themes

### Key shared strengths

- **Highly committed and skilled workforce across HV and SN.** Families and young people value the support once contact is established.
- **Strong early-intervention focus.** HV and SN can offer accessible advice, tailored interventions, and timely safeguarding responses, addressing a wide range of health, emotional, and developmental needs.
- **Effective use of digital communication.** Platforms such as ChatHealth can supplement face-to-face meetings, increasing reach and responsiveness, especially for young people seeking confidential advice.
- **Constructive partnership working.** Where capacity allows, HV and SN teams' collaboration with partners across early years, schools, health, social care and safeguarding networks are highly valued and considered supportive.

### Key shared challenges

- **Workforce shortages.** These remain the most significant constraint, and impacts the ability to offer universal services (especially in early years) in an accessible way, maintain visibility among service users, and to deliver preventative work. This also impacts the ability to support individual cases and strengthen partnerships.
- **High workload of safeguarding responsibilities.** While this is important, these are reported to consume a large proportion of staff time.
- **Resource constraints.** This restricts ability to expand, innovate, and develop additional service components.
- **Strengthening public and partner understanding.** There are opportunities to strengthen understanding of HV services' visibility after the infant period, and SN services overall.

## 5. Recommendations for commissioning

The above results from stakeholder surveys and engagement can be crystallised into six recommendations for recommissioning the HV and SN service, which echo the [key recommendations identified in the needs assessment](#):

Recommendations arising from engagement	Corresponding key recommendations in needs assessment
1. Produce clear communications on the universal HV and SN offer to parents, carers, children and young people	1. To ensure a better uptake of the antenatal contact 2. To support residents to improve their health and wellbeing 6. To understand reasons for non-attendance at contacts 7. To co-create support that meets diverse needs of the school community
2. Improve accessibility to service users at the right time and place	8. To ensure resources are culturally relevant and non-stigmatising
3. Support adequate staffing to enable service delivery and improvement	11. To enable Health Visitors and School Nurses to support families' mental wellbeing across the lifecourse
4. Maintain safeguarding work to support vulnerable children	2. To use a 'Making Every Contact Count' approach to safeguard children, and to support residents to make positive improvements to their health and wellbeing 5. To ensure HV and SN services understand the current universal and targeted services in the Borough
5. Greater involvement of frontline staff in service planning and execution.	9. To support HV and SN to continue to attend multi-agency partner meetings
6. Strengthen engagement with professional partners	4. To ensure effective referral pathways into other services 5. To ensure HV and SN services understand the current universal and targeted services in the Borough 10. To support HV and SN services' involvement in developing local strategies and programmes