

# Questions and Answers

## Health and Wellbeing Board

**Thursday 7 May 2026**

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## Member Questions as specified in the Council's Procedure Rules of the Constitution

Item (A)	Health and Wellbeing Board Meeting on 7 May 2026
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**(A) Question submitted to the Director for Public Health and Berkshire Healthcare NHS Foundation Trust representative:**

“There is increasing concern nationally regarding the drop in the number of Health Visitors, a service that used to pride itself in being universal.

As this Council has made ‘the Best Start in Life’ one of its priorities, do you agree that the Health Visiting Service is a crucial part of this, and can you say what the current caseload of our local Health Visitors is?”

**The Director of Public Health answered:**

Thank you Councillor Vickers for your question. I’m going to answer this question as the commissioners of the health visiting service in West Berkshire. I know that Helen Williamson here is the provider – she may wish to add further information at a later date.

As you will be aware, this Healthy Child programme is a statutory local authority responsibility delivered through the contract for 0-19 Public Health Nursing (which includes Health Visiting Services and School Nursing) held with Berkshire NHS Health Foundation Trust. This contract is funded through our Public Health Grant and is currently joint with Reading and Wokingham.

With regard to health visitor staffing levels, for West Berkshire we currently have 11.3 WTE (Whole Time Equivalent) Health Visitors, 3.04 WTE Staff Nurses and 5.1 WTE Nursery Nurses with no vacancies and as a whole, our workforce in West Berkshire is stable.

So, in terms of total case load for West Berkshire in quarter three (July to September 2025), there were around 7,500 children, which equates to around 672 pdf should-time equivalent health visitor.

As you might be aware, there is no single statutory case load limit in England, and whilst the service provided is universal for all children, targeted work and work related to safeguarding is prioritised.

As you have mentioned, health visiting plays a really important role in supporting the Best Start In Life workstream, and we’ll hear later on the agenda today in terms of the ambitions and priorities around that.

As a Health Visiting Service, there is active involvement in the Best Start In Life at strategic and implementation level. The current 0-19 contract is in the final year of delivery, and a new specification is being finalised to reflect wider Best Start In Life, Families First reforms and local children’s services priorities within the service provided.

**Councillor Martha Vickers asks the following supplementary question:**

*“I believe 200 – 300 is meant to be the ideal case load, so they can do their preventative work and not be focused totally almost on safeguarding.”*

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*There used to be a particular concentration on trying to support families and monitoring how families are coping when they've had a new baby, and a focus on women, monitoring for postnatal depression. Is that something that health visitors still do? Because I think that is a particularly important role of health visitors, which they can only do if they've got this generic service and are visiting new births and doing some follow-up.*

*I'm not quite sure what the new birth situation is with health visitors and my feeling from the community is that it's not happening in the way it should. So, particularly focusing on preventing postnatal depression, or identifying it early (which can link into all sorts of issues, such as safeguarding or family resilience), is there any work going on there?"*

### **The Director of Public Health answered:**

As you know, there are five mandated visits that health visitors do. The antenatal visit is targeted, and the new birth visit and the six to eight week visit are home visits, so they still go into homes for those visits. The other two visits tend to be on a targeted basis.

Obviously, during those visits, they will (as far as I'm aware) undertake holistic assessment, and they will explore those parents' and families' needs. If they have such things as postnatal depression, they would signpost them onto the relevant service, whether that's through BHFT Mental Health Services, or we also have voluntary and community sector services through Home Start. I know they have something called Mama Group, which supports women with postnatal depression. We can get more details if that's helpful.

I don't know, Helen, if you wanted to add anything more. Sorry to put you on the spot, but you might want to go away and get some more information.

### **The Service Director - Community Urgent Care from Berkshire Healthcare NHS Foundation Trust provided the following written response after the meeting:**

The Berkshire Healthcare Foundation Trust (BHFT) Health Visiting Team, which is a part of the 0-19 Service, fulfils the requirements of the **Health Child Programme** and is aligned to the ambitions in '**The Best Start for Life**: a vision for the 1,001 critical days.

The service undertakes full delivery of the four-level health visiting service including universal elements of the Healthy Child Programme (HCP) made up of the following elements:

- **Community:** health visitors have a broad knowledge of community needs and resources available e.g. Family Hubs and self-help groups and work to develop these and make sure families know about them.
- **Universal:** health visiting teams lead delivery of the HCP. They ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.
- **Targeted:** families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children.
- **Specialist:** health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.

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In response to the initial question, although average caseloads sit at a reported 673.70 per whole time equivalent (wte) Health Visitor (HV) currently, this includes all children (aged 0-5) whether there is active work happening with the family or not. If looking at children in receipt of a targeted caseload only with active work taking place by an HV, this changes to 15.52 children per wte HV. Qualified HVs work closely alongside nursery nurses and staff nurses and ensure the appropriate delegation and oversight of work across the wider team meaning resources are allocated most efficiently to meet the needs of local families. The service also supports Specialist Community Public Health Nursing (SCPHN) students throughout their training who are offered roles within the service on qualification.

As stated above, one of the mandated contacts undertaken for all families is the **New Birth Visit**. This is **delivered face-to-face in the family home by a qualified HV**. Partners are encouraged to attend. This includes the following:

- Universal, Targeted and Specialist, holistic, parent-led Family Health Needs Assessments (FHNAs), with an opportunity to discuss birth experience/concerns. It builds on the information gained in the antenatal period and supports maternal physical and emotional health and parental wellbeing. Using the Solihull Approach (Togetherness) and making every contact count (MECC) skills to promote principles of attachment and responsive parenting.
- Ensuring newborn blood spot screening (NBBS) has been completed and results are available.
- Newborn Infant Physical Examination (NIPE) results are reviewed.
- Checking newborn hearing screening has been conducted or appointment booked.
- A feeding assessment and support to maintain breastfeeding.
- Promotion of Healthy Start Vitamins.
- Advice/support around wider Health and Wellbeing topics, e.g., home/car safety, smoking, immunisations, screening results; GP/Family Hub registrations, booking 6-8-week review and immunisations, access to Bookstart™.
- Signposting to Universal sources of support, e.g. Well-baby clinics, ChatHealth™, Family Hubs, voluntary sector e.g., HomeStart™.
- Identification of environmental concerns/risks e.g., unsuitable home conditions signposting to appropriate agency for support.
- Identification of any safeguarding risks, e.g., substance misuse/domestic abuse, any contribution to adverse childhood event. Referring to relevant agencies as appropriate, e.g., social care, early help.

The Health Visitors in West Berkshire deliver on average 93% all of new birth visits by Day 14 against a target of 95%. The reasons for a visit being late are closely monitored and are often for reasons beyond the control of the service, such as mother and / or baby remaining in hospital after 14 days, families staying with relatives out of area or families declining an offered visit and requesting one after 14 days.

A further review is carried out at **6-8 weeks**. This includes:

Holistic assessment/review for families building on themes discussed at the new birth visit, i.e., breastfeeding, maternal mood assessment, local support, maternal physical wellbeing, client-led conversations with support/advice on immunisations, healthy weight, safe-sleeping and

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coping with a crying baby. NBBS screening results confirmed/discussed. Wider local health and Early Years support.

- If any concerns around maternal low mood are identified mothers are offered a targeted follow-up appointment by 12 weeks or earlier depending on need. In addition, a plan is agreed which could include:
- Signposting/referral to other services (e.g., talking therapies, Perinatal Mental Health service (PNMH)).
- Additional support by the Perinatal and Infant Mental Health Specialist Health Visitor (HV). This HV works to support all staff across the wider team to provide specialist support for mothers who have low mood.
- Access to well-baby drop-in clinics.

To further support families, the service offers instant access to advice via a text messaging service called ChatHealth™. ChatHealth is a confidential texting service for parents and carers of babies and children 0-5 years, 5-19 years and for young people to access support directly themselves. It is a means of direct access for advice and support regarding child health and development. ChatHealth continues to be extensively accessed by parents and carers from across all 4 localities (West Berkshire Reading, Wokingham and Bracknell) within Berkshire where the Health Visiting Service is provided by Berkshire Healthcare. Please see these examples of feedback received during quarter 4 (January – March 2026):

*'Offered me links to advice and follow up support, in a kind and positive manner.'*

*'Really useful feedback and reassurance and also sign posted to resources available.'  
Thank you!'*

*'If I need any further help I will contact you again. Thank you very much.'*

Making every contact count, the health and needs of the child and family are considered at every point, drawing on additional information and skills that partners across the community hold. This enables children at the greatest risk of poor outcomes to be identified and ensures that children and families receive the support appropriate to their need to maximise best life chances and facilitate positive transitions between services. Working with our health, social care, education, voluntary sector, and public health partners, we can ensure that children and families benefit from the wide range of universal, targeted and specialist support available across West Berkshire.

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