



Department
of Health

Cross-Divisional Collaboration in the Implementation of a Best Practice Model for the Health Visitor Pre-Birth Assessment

December 2012

This publication was withdrawn in February 2026

It has been superseded by the [Delivery of the healthy child programme](#) guidance.

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Cross-Divisional Collaboration in the Implementation of a Best Practice Model for the Health Visitor Pre-Birth Assessment

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

Community

Universal

Universal Plus and

Universal Partnership Plus.

Case Study Overview

This case study outlines the process by which health-visiting practice across the recently integrated Bridgewater Community Healthcare NHS Trust was standardised to deliver a high-quality pre-birth assessment.

The aspiring Foundation Trust, which incorporates four different divisions, covers 266 square miles, a population of 1,015,370 and a health-visiting workforce of 218.74 (whole-time equivalent). All provide excellent, high-quality services, albeit with varying approaches. The integration of the four divisions offered the opportunity to harness best practice through collaborative engagement, so that a singular model for the pre-birth visit could be outlined. Our success has been a result of the mobilisation of our highly skilled and motivated health visitors, and engagement at all levels of the organisation with this key agenda.

Implementation of the Health Visiting Call to Action programme within Bridgewater is underpinned by a robust governance framework to which a Healthy Child Programme steering group is accountable. The steering group introduced and established a series of workstreams dedicated to the Healthy Child Programme contacts to ensure high-quality, evidence-based delivery. Membership of the workstreams by frontline practitioners ensures full engagement and ownership. The foundation has therefore been established for ongoing cross-divisional collaborative working and sharing of best practice, with the aim of creating a cohesive service model for full implementation of the Healthy Child Programme.

Since all divisions had devised and implemented local models that facilitated effective family engagement, reaching a consensus in relation to a Universal template initially presented a challenge. However, a consensus was reached through process mapping of current provision and benchmarking against evidence of best practice. Review and analysis of the evidence, together with the range of approaches to practice in the respective divisions, culminated in an outline assessment tool. Service leads were pivotal to the development of the tool – particularly in the context of staff engagement and endorsement of the model. They ensured ongoing feedback to facilitate representation of health visitors who were not directly linked to the workstream.

A 'Call to Action' engagement day in October 2012 attracted 83 members of the health-visiting workforce, with the pre-birth assessment the focal point of the session.

Outcomes and Developments

- A repository for best practice has been developed as a consequence of this collaborative working. This repository will be included in the Bridgewater health-visiting webpage that is currently in development and will incorporate the range of good practice across Bridgewater health visiting services.
- The final version of this new framework for pre-birth assessment encompasses a promotional/motivational interview, a domestic-violence pathway and an emotional health and wellbeing pathway. It is underpinned by an assessment of learning capacity, alongside assessment of other factors that impact on health, parenting and wellbeing. This is all supported by evidence outlined in the Healthy Child Programme for offering a holistic assessment with an emphasis on maternal health and wellbeing and preparation for parenthood.
- A blueprint has been developed for successful liaison with midwifery, leading to improved and increased communication, and an improvement in the number of pregnancy notifications has been observed. This has presented a challenge in each of the divisions, and engagement with heads of midwifery has required ongoing dialogue. This has taken place both in the identification of information requirements and the promotion of the pre-birth contact, with emphasis on the avoidance of any duplication with midwifery services. Liaison has reassured midwifery services who were concerned that their own input may be undermined by the introduction of this new contact.
- Successful staff engagement has been achieved on a local and corporate level, underpinned by a clear governance framework with executive oversight and support. Workforce engagement events, held quarterly for all Bridgewater health visitors, ensure high levels of staff engagement and ownership and reinforce the corporate identity of Bridgewater, which is something the health visitors themselves appreciate and aspire to.
- Full evaluation of the new model took place, involving families and practitioners. Family feedback was overwhelmingly positive, in particular in relation to breastfeeding support, increased knowledge of the health visitor role, enhancing the health visitor/family relationship, being given time to discuss concerns and feeling that they were being listened to and their views taken seriously. Examples of feedback include the following comments:
 - 'Fantastic service, works really well, very beneficial.'
 - 'We feel like we have been taken seriously as young parents.'
 - 'I felt I could talk to someone about my feelings, who could tell me that my feelings were normal.'

- A full project plan was developed, with a Gantt chart that provided a framework for monitoring progress (see Appendix).
- A training-needs analysis was outlined to support practitioner development and assure quality.
- Health visitors have reported positively their sense of belonging to the wider Bridgewater health visiting service, welcoming their corporate identity with a strong desire to develop this further.

Benefits

- Assurance to the organisation and to families regarding consistency and quality of service delivery.
- A framework that leads to measurable public health outcomes that will demonstrate improvement for families and support the organisational monitoring framework in the areas of, for example, breastfeeding and emotional health and wellbeing. An outcomes framework is in development that is facilitated by the mobilisation of frontline health visitors.
- Efficient and effective use of pooled resources using benchmarking best practice across the area. This has led to consistent resource allocation.
- The organisation remains on target with respect to the implementation of the Healthy Child Programme. There has been development and enhancement of the project plan and Gantt chart, which has been extended to include all core contacts of the Healthy Child Programme.
- Strong clinical leadership at an operational level, with a drive for success and demonstrable innovation and quality.
- A staff-engagement strategy has led to full ownership of the framework.
- The training-needs analysis has been fed into an education sub-group, which is commissioning a full and sustainable training programme that will ensure that all members of the health-visiting workforce are equipped to deliver the requirements of the Healthy Child Programme. This will lead to a highly skilled workforce with cross-divisional consistency of practice.
- The project has provided a platform for cross-divisional networking, from which peer support is evolving.
- Communication to and within health visiting teams is enhanced: the teams have been fully engaged with a two-way flow of information.
- Families have a named health visitor and a clear understanding of their role, as well as improved information around bonding and attachment

and parenting. Families have displayed an understanding of how to access timely support from the health visiting service, and the framework has facilitated an enhanced relationship between the HV and the family at a critical stage.

- Full audit of the framework has been underpinned by capacity planning, which has resulted in modified timescales and project plans for Universal implementation.
- A shared vision and value base has emerged for the health visiting team across Bridgewater throughout this process, which has laid the foundations for ongoing practice development.

Challenges

- Four autonomous organisations were amalgamated into Bridgewater Community Healthcare Trust, with four health visiting services each having strong professional pride in their developments to date. This significant challenge has been addressed through strong clinical leadership at all levels of the organisation.
- Each organisation had different policies, practices and procedures that required consideration throughout the development process.
- Different organisational cultures needed to be addressed and overcome in order to develop a core ethos. This was done by fully engaging staff and role modelling all levels of staff.

Learning, Sharing and Sustainability

Executive oversight and commitment to the service will ensure sustainability of these initiatives, reinforced by a robust governance framework and a commitment to staff engagement and ownership.

Training and development will be supported by clinical supervision, peer support and the personal development review process to assure quality and consistency and ensure that progress is embedded into practice. Equitable engagement and participation of the division that does not hold Early Implementer Site status has been essential to consistency and future sustainability. The process will underpin and inform ongoing practice development to ensure the successful implementation of a call to action beyond 2015.