Update report 2008–2009

Health Promoting Hospitals and Health Services network in Northern Ireland

HSC Public Health Agency
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This, our third annual update report, highlights a rich selection of the innovative developments and team-working achievements across services of the World Health Organization’s (WHO) Health Promoting Hospitals and Health Services (HPH) network in Northern Ireland.

The Northern Ireland HPH network, active since 1996, continues to embrace change across services and to drive action to ensure that health improvement is embedded in the new health and social care (HSC) systems brought about by the reform agenda.

One example of such development is the inclusion of a report this year from Cooperation and Working Together (CAWT), a partnership that facilitates cross-border collaborative working between Northern Ireland and the Republic of Ireland in HSC.

The Public Health Agency (PHA) continues to support the network both locally, nationally and at international level. At the 17th HPH international conference in Crete, we took our seat at the annual general meeting and participated in key discussions aimed at setting the direction of the ever-expanding worldwide network, which this year saw members join from the United States, Canada, Thailand and Taiwan.

Developments across HSC offer new opportunities for collaborative action. The Northern Ireland HPH network will be an important mechanism for ensuring that learning and development continue to be supported across the region.

I would like to formally recognise the continued support of those coordinators working within the five health and social care trusts (HSCTs) and CAWT. Their contribution to the network is exemplified in this report and is an important resource for developing practice into the future.

The potential of the HSC sector to promote health and wellbeing is enormous, and we wish all those involved continued success in embedding the HPH concept in their work.

Dr Eddie Rooney
Chief Executive
Public Health Agency
Public health recognises that effective health improvement requires investment in the social systems in which people live, work, learn, play and love. The *Investing for Health* public health strategy, originally published in 2002, acknowledged the value of this approach for improving health and reducing inequalities – with specific reference to schools, workplaces and hospitals.¹

The settings approach moves beyond the traditional delivery of health education in a setting – to the setting/organisation supporting those within it to make the right decisions about their own health and wellbeing.² The setting/organisation must embed participation, empowerment and equity as key values core to all its business. This commitment is necessary to ensure a sustainable long-term approach.³

**Health Promoting Hospitals**

Hospitals and other healthcare organisations are seen as places for treatment and care – somewhere to go if you are ill. However, as large organisations and key employers, they have the potential to influence the health and wellbeing of their patients, staff, visitors, partners and the local communities.⁴

Our healthcare providers are centres of education, modern medicine and research, and can inspire professional practice. They can reduce environmental pollution and can be corporately responsible for social development and sustainability.⁵

In 1988, WHO, prompted by the Ottawa Charter, through its regional office for Europe launched the Health Promoting Hospitals project.⁶ The emphasis of this project was to support the reorienting healthcare providers to include health promotion, disease prevention and rehabilitation services within their daily business.⁷

The European network is supported by two collaborating centres – one for health promotion in hospitals and healthcare at the Ludwig Boltzmann Institute in Vienna, and the other for evidence-based health promotion in hospitals at Bispebjerg University Hospital in Copenhagen.

Members have access to two websites providing WHO documents, guidance and information on members’ projects, as well as a quarterly newsletter and regular updates. The sites are available at www.who-cc.dk and www.hph-hc.cc
Health Promoting Hospitals and Health Services
2008 saw the change in the name of the network from Health Promoting Hospitals to Health Promoting Hospitals and Health Services. This was in recognition of the changes to healthcare systems across the world and the growing interest from other healthcare providers.

At the annual general meeting and conference in Crete in May 2009, the governance board was able to demonstrate the continued commitment and growth in existing member countries across Europe, and also welcome new members from the United States, Canada, Thailand and Taiwan.

Northern Ireland HPH network
The Northern Ireland HSC service is committed to promoting the health and wellbeing of our population and has continued to support this programme of work since Altnagelvin Hospital took part in the WHO HPH pilot project. Since then, our 13 member hospitals now represented by five HSCTs have been developing themselves as healthy settings, promoting health as an integral part of care.

As expected, the network experienced changes and challenges, arising from the reform of health structures, this past year. However, HPH has continued to grow – with CAWT, a cross-border partnership that aims to achieve the best possible HSC outcomes for the population of the border area, joining in early 2010.

The representatives from each of the member organisations continue to meet and support each other, looking to the future and the challenges it brings.
Context
Belfast Health and Social Care Trust (BHSCT) employs almost 20,000 staff, providing services for more than 340,000 people in Belfast and regional services for the whole of Northern Ireland. BHSCT provides integrated care through both acute services (hospital-based) and community services (in the person’s own home or local health centre). To deliver these services appropriately, they have been grouped into five key areas that are supported by six corporate services.

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The hospitals in BHSCT are part of the WHO international network of HPH. Our trust aims to improve health and wellbeing, and reduce health inequalities. Our five corporate objectives are: safety, modernisation, partnerships, staff and resources.

Examples of current work
Organisation management
BHSCT’s health improvement plan was developed as a new plan for a new organisation. It describes how the health improvement department would link with our service groups to identify and develop health improvement activities. The activities were timed for April 2009–March 2010 and the intention is to add initiatives on an ongoing basis.

The activities were established through a series of meetings between the health improvement staff member and the relevant service group contact. BHSCT departments and other partners participate in a wide range of health improving
initiatives and this plan is designed to recognise and structure this type of activity better.

The plan also recognises the opportunities open to BHSCT as a major employer in the area – with the health and wellbeing of over 20,000 employees to directly influence, along with that of their families. A workplace that makes the health and wellbeing of its employees a priority can help to improve health and reduce health inequalities as well as becoming a more successful organisation.

**Quality of life improvement**

Two staff are employed on a part-time basis as smoking cessation specialists. They provide support for patients and staff who are motivated to stop smoking. A staff member can refer patients, and staff can refer themselves. The support is arranged at a time and venue that suits the individuals’ needs and can involve one to one, group or telephone support. Some topics that may be discussed are:

- exploring the reasons why they want to stop smoking;
- helping them set a quit date;
- how to overcome the barriers to stopping;
- what nicotine replacement therapy (NRT) is and what therapy would suit them best.

**Patient information and empowerment**

The Green Gym project at the Mater Hospital, initiated by the health improvement department, offers mental health patients an outdoor alternative to conventional gyms. It equips people with knowledge, skills and confidence by increasing physical activity levels through conservation activities.

The Green Gym concept was originally developed in the late 1990s by Dr William Bird, an Oxford-based GP, as an approach to creating healthy people and healthy places. Delivered one day a week by Conservation Volunteers NI, occupational therapy staff and nursing staff, the Mater Green Gym gives people in north and west Belfast the experience of getting out in a natural environment, away from the ward, and working as part of a team in a goal-directed activity that engages mind and body.

Since being piloted in March 2006, it has greatly benefited the lives of over 171 individuals with long-term mental ill health in this locality. The project has won many awards, including the Belfast City Council Business and Community Partnership Award 2007 and the Prince’s Foundation for Integrated Health Runner-up Award 2007.
Green Gym sits well with the ethos of recovery adopted by the mental health service within BHSCT, which emphasises empowerment, facilitating social inclusion in local communities, and treating people with equality and respect.

**Promoting a healthy workplace**

In 2008, a BHSCT improving workforce health group was established with the following remit:

- assess current health and wellbeing;
- scope current provision of health and wellbeing initiatives for staff;
- identify evidence-based models of good practice;
- develop an action plan to improve staff health and wellbeing with an emphasis on mental health.

The overall purpose of BHSCT is to improve the health of people in Belfast and reduce health inequalities. With such a large staff, most of whom live locally, the health and wellbeing of our employees is of major concern to us.

Staff spend a large proportion of their time at work. This means that as an employer, BHSCT plays a key role in influencing the health and wellbeing of its staff, who in turn contribute to our success. Furthermore, effective promotion of workplace health reduces illness-related absenteeism and increases staff motivation and productivity.

Our vision is to be an excellent employer committed to improving working lives. We have an important contribution to make by:

- developing management practices and policies that support health;
- providing opportunities and activities that promote health and wellbeing;
- providing a workplace that protects the safety and health of employees and promotes a positive working environment.
Context
CAWT is a cross-border partnership that aims to achieve the best possible HSC outcomes for the population of the border area. The CAWT partners are:

- Southern Health and Social Care Trust
- Western Health and Social Care Trust
- Health and Social Care Board (HSCB)
- Public Health Agency (PHA)
- Health Service Executive (Republic of Ireland)

Since its establishment in 1992, CAWT has secured almost £37m of European Union (EU) funding for the development of a range of cross-border HSC services across the border region of Northern Ireland and the Republic of Ireland.

2008 saw the successful conclusion of CAWT’s EU INTERREG IIIA and PEACE II funded work programme. At a cross-border celebration event, CAWT launched a report outlining the legacy of this work. Some successful services and projects highlighted included:

- The cross-border GP out-of-hours service whereby patients in south Armagh can now access GP out-of-hours services closer to where they live in the opposite jurisdiction in Castleblayney, Co Monaghan.

“I welcome the launch of this cross-border GP out-of-hours pilot. This new service will enable people living in the Keady area, and elsewhere in south Armagh, who require a GP outside normal practice hours to attend a doctor in Castleblayney, if it is more convenient.... The out-of-hours pilots are a good example of effective cross-border cooperation enabling patients to obtain a valuable service closer to their home.”

Michael McGimpsey, Northern Ireland Health Minister.
Six projects in the area of mental health including the piloting of an Australian initiative, Mental Health First Aid (MHFA), in Northern Ireland and the Republic of Ireland. This programme is now an important part of the mental health and emotional wellbeing suite of programmes available via the PHA and the trusts.

The cross-border renal project, aimed at improving the care of patients with kidney (renal) disease in rural areas, won the prestigious European Health Forum Award for 2008 – the first time this has been awarded in either jurisdiction. This CAWT EU INTERREG IVA funded project involved the pooling of expertise and information in the treatment and care of patients with kidney disease by the renal units in six hospitals in the border region. The Northern Ireland hospital partners included Altnagelvin Area Hospital and Tyrone County Hospital in the Western Health and Social Care Trust, and Daisy Hill Hospital in the Southern Health and Social Care Trust.

INTERREG IVA funding
On behalf of the Department of Health, Social Services and Public Safety (DHSSPS), and the Department of Health and Children, CAWT has helped to secure EU INTERREG IVA funding of £24m for 12 large-scale, strategic, cross-border HSC services/projects to be delivered by 2013 across Northern Ireland and the border counties of the Republic of Ireland. The EU INTERREG IVA programme aims to address the economic and social disadvantage that can result from the existence of a border.

All of CAWT’s EU-funded projects will contribute to health service targets and priorities and are firmly embedded in HSC policy and strategy. There is a strong focus on improving access to services, promoting health and wellbeing, reducing health inequalities and promoting social inclusion. In addition, the projects will require partnership working with the community and voluntary sectors. All projects/services will be independently evaluated to ascertain their suitability for further development and mainstreaming.

Examples of current work
Genito urinary medicine (GUM) services and network
Many clients in the border region, particularly those from more rural and remote areas, have to travel great distances to access GUM services in their own jurisdiction. To make such services more accessible, new GUM clinics will be established in Omagh and Enniskillen as well as in the Monaghan, Cavan and Louth areas. Additional clinics will be established in Londonderry and Newry.
This means that, for the first time, there will be a network of accessible, locally based GUM clinics operating right across the border region. In addition, the cross-border project board plans to coordinate a range of sexual health promotion activities. Website link for further information: www.cawt.com/gum

Eating disorders services and network
This project will enhance eating disorder services by providing additional community-based specialist resources. At the same time, an overarching cross-border network arrangement will be developed to share expertise and knowledge. This will involve statutory services, service users, carers and voluntary groups. Website link for further information: www.cawt.com/edn

Tackling diabetes in high-risk clients
This project aims to tackle these two high-risk clinical areas in diabetes and will implement two separate programmes:

1. The delivery of education programmes to children and adolescents with diabetes, as well as their families and carers.
2. The provision of pre-pregnancy care for women with diabetes.

The project will improve the care provided to women with diabetes planning pregnancy. An education programme will also be made available to children of all ages with diabetes across Northern Ireland and the border counties of the Republic of Ireland. There are plans to pilot the use of telehealth and e-learning. Website link for further information: www.cawt.com/diabetes

Registry of deliberate self-harm
On behalf of the DHSSPS, CAWT supported a project to establish, for the first time in Northern Ireland, a registry of self-harm. The area chosen for the pilot was the western commissioning area of the HSCB where data on self-harm has been collected from each hospital accident and emergency department.

The project has collaborated with the Irish National Registry of Deliberate Self-Harm in the Republic of Ireland to implement common methodologies. This will enable comparative analyses to be made on an all-island basis as well as with other UK centres. The project has issued its second report for the January 2007 to December 2008 period. The pilot is now being extended to the Belfast Health and Social Care Trust area. Website link for further information: www.cawt.com/dsh
Northern Health and Social Care Trust

Context
The Northern Health and Social Care Trust (NHSCT) became operational on 1 April 2007. It provides a broad range of health and social care services for people across the local council areas of Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey.

It is geographically the largest trust in Northern Ireland and operates from approximately 150 locations, serving a population of 442,979 people. We also provide services to the only inhabited island in Northern Ireland, Rathlin.

NHSCT has an annual budget of £550m and directly employs approximately 14,000 staff. We provide a range of services from nine hospitals and a large number of community-based settings including people’s own homes.

NHSCT is a key partner within the Investing for Health Partnership and continues to work on key priorities linked to planned outcomes. We are committed to continuing the improvement of patient health and wellbeing through our acute hospital services.

Examples of current work
Maternity services
In December 2009, NHSCT launched a maternity strategy setting out a vision for the way maternity services should evolve in the future. The strategy has been developed to create a modernised maternity service that is mother and baby centred and is benchmarked against best practice standards. It outlines six core principles of the new modernised maternity service that are vital to its success.

The practical obstetric multi-professional training (PROMPT), which is compulsory for all trust maternity staff, is the first course of its kind to produce an evidence base that improves patient outcomes by using actual simulations of emergency maternity situations.
In providing a comprehensive range of maternity services, the new feto-maternal assessment unit in Antrim is an innovative approach. It gives expectant mothers support and expertise in circumstances that previously would have required admission to hospital and separation from family.

The improvements in services have been reflected by NHSCT’s placement in the top 25% of UK hospital maternity services, when viewed against almost all of the recognised major performance indicators.

“Our vision is to provide you and your family with safe, quality maternity care that will meet your particular needs.”

Mary Maxwell, Head of Midwifery and Gynaecology.

‘Health and wellbeing at work’ strategy
October 2008 saw the launch of NHSCT’s new ‘health and wellbeing at work’ strategy. NHSCT recognises that numerous factors impact on an individual’s health and wellbeing and that there are links between work and employee health. As such, we are committed to the improvement of staff health and wellbeing by encouraging the adoption of healthier lifestyles.

A health and wellbeing events calendar has been developed by NHSCT health hub working group and health improvement and community development service. Specific health issues are targeted and promoted in various ways throughout the year. Examples include events such as Men’s Health Week, Know Your Numbers Week, stress management workshops and mental health seminars. Also available are discounted gym sessions, events on sexual health, alcohol awareness and smoking cessation, and healthy balanced diet promotions.

Digital mammography unit
NHSCT officially opened the first HSC fully digital breast imaging unit in Northern Ireland at Antrim Area Hospital in March 2009. Recent substantial investment in the unit has allowed us to buy two full field digital mammography units, a second mobile breast screening unit, two new ultrasound machines, and vacuum assisted biopsy equipment.
We have also refurbished the existing accommodation and patient facilities to ensure that patients are treated by a highly trained, specialised team, using state-of-the-art equipment in a modern environment. These improvements, combined with the hard work and dedication of all staff involved, have enabled us to clear the breast screening backlog.

Breast magnetic resonance imaging (MRI) is the newest diagnostic tool in identification of breast disease. The first MRI guided breast biopsy in Northern Ireland was carried out in Antrim Area Hospital MRI unit in autumn 2008. Given appropriate funding, we are well placed to provide high-risk family history MRI screening in the future.

We are one of two units in Northern Ireland able to offer sentinel lymph node biopsy. This means patients have less invasive surgery and less post-operative complications.

Overall, the breast imaging unit at Antrim Area Hospital is now in a position to meet the increased demands of age extension in the Northern Ireland Breast Screening Programme and to see all cases of suspected breast cancer within the two week target.

The value of precious memories
NHSCT launched a Life Story book and guidelines in May 2009. Life Story work is not a new concept, but our Life Story book provides a means for staff to use this process in a systematic way for each individual.

Life Story work is at the heart of person-centred care and is a practical tool that allows people to reflect on their lives and make a record of their memories and experiences. Life Story work has relevance to many people but is of particular benefit to older people, including those with dementia or problems associated with getting older.

It is based on the idea that each person is unique, and for the individual whose life is represented, it provides a means of building confidence and self-esteem. It helps them feel valued and preserves their sense of identity.
South Eastern Health and Social Care Trust

Context
South Eastern Health and Social Care Trust (SEHSCT) employs approximately 12,000 staff and covers the areas of North Down and Ards, Down and Lisburn. SEHSCT is an integrated organisation incorporating acute hospital services, community health and social services, which serves a population of approximately 440,000.

Our purpose is “to improve the health and wellbeing of the people we serve in partnership with key stakeholders, provide person centred, safe and effective care and ensure best value for money”.

SEHSCT has three main hospitals – the Ulster Hospital, Lagan Valley Hospital and Downe Hospital (pictured), which opened in June 2009 and provides state-of-the-art facilities. There are also two community hospitals in Bangor and Ards. Work on a new critical care complex at the Ulster Hospital site is almost complete.

Hospitals as healthy settings
The HPH initiative uses the settings approach to improve the quality of care, the relationship between our hospitals and the community, and the environment and satisfaction of patients, relatives and staff. This initiative also gives us the opportunity to not only provide treatment and care services of the highest standards possible, but also to maximise the influence we have on the health and wellbeing of all those living and working within the South Eastern area.

Examples of current work
Promoting the normality of birth
Lagan Valley is the only maternity unit in Northern Ireland that has fully integrated team midwifery, and the partnership way of working has been the catalyst for change within this unit.

Historically, the hospital was a small consultant-led obstetric unit with high intervention and Caesarean section rates. Still a consultant-led unit, there is now a partnership between the midwifery and medical staff, and the promotion of normal birth has evolved steadily.
Our multidisciplinary team takes pride in having nearly halved the Caesarean section rate and in having the highest normal or natural birth rate in the region.

**Home from Home**
Home from Home is a midwifery-led unit developed within existing maternity services at the Ulster Hospital from a new build project completed in 2007. It is a modern, spacious, seven bed unit where women in labour are allocated an en suite room with a birthing pool for the duration of their stay through birth and after delivery.

**Card Before You Leave**
The Card Before You Leave scheme, initially launched in Australia, was rolled out in emergency departments across SEHSCT. This ensures that all those who present to emergency departments with thoughts of self harm/suicide will be offered either an appointment immediately or an appointment the following day by mental health services, and that patients in need do not have to wait.

Trusts across Northern Ireland have been working in partnership with the Public Initiative for the Prevention of Suicide (PIPS) Greater Shankill Bereaved Families Rights Group over the past 15 months to review and strengthen ‘care pathways’ between emergency departments and mental health services.

Government reports have shown that post-discharge suicides peak in the first weeks following discharge and that 66% of post-discharge suicide in Northern Ireland occurred before the first follow-up appointment.

**Field of Hope**
Downe Hospital has received a Field of Hope, the symbol of Marie Curie Cancer Care. Over 50 volunteers from local organisations attended the hospital to plant 5,000 daffodil bulbs to set the seeds for a bright future.

SEHSCT is keen to continue working in close partnership with Marie Curie to meet the needs of people in the local community. Marie Curie clinics at Downe Hospital are in bright, modern surroundings with meeting, therapy and consulting rooms for clients.

**UNICEF UK Baby Friendly Initiative**
Increasing breastfeeding initiation and duration rates is a priority across SEHSCT and we have implemented initiatives and created posts to achieve this. To promote best practice and to follow the recommendations in the NICE guidelines, we have rolled out the UNICEF UK Baby Friendly Initiative across SEHSCT. This has given us a framework to improve existing practice and to give mothers an informed choice in relation to infant feeding.
The initiative has resulted in UNICEF Baby Friendly accreditation in maternity services in the Lagan Valley and Downe Hospitals as well as UNICEF accreditation for Down Lisburn community services and Downpatrick and Colin Sure Starts. Work is ongoing to achieve accreditation in the Ulster Hospital, North Down Ards community services and Peninsula Sure Start.

**Midwifery-led unit**

Health Minister Michael McGimpsey joined in the celebrations to mark the opening of Northern Ireland’s first stand-alone midwifery-led unit at Downe Hospital. The unit comprises three fully equipped rooms, each with its own en suite facilities and birthing pool, and has the capacity to deliver over 300 women a year. It already offers antenatal and postnatal care, as well as a day assessment service, breastfeeding support, ‘parentcraft’ and active birth classes.

**Leap Forward**

Leap Forward is a staff health initiative running on four sites across SEHSCT. Funded by each directorate, this initiative is aimed at improving morale, reducing absenteeism and valuing staff who are working under increasing pressure and considerable change within the health service.

Activities such as yoga, pilates, weight management, circuit training and fit ball are free to staff and delivered on-site. Staff health checks in partnership with NI Chest Heart Stroke Association are also offered to staff on the four acute hospital sites with advice also given on diet, physical activity, smoking and alcohol.

**Cycle to Work scheme**

SEHSCT is aiming to encourage healthier lifestyles and help reduce environmental pollution by introducing a Cycle to Work scheme. As SEHSCT employs around 11,000 staff, it is conscious of the volume of traffic this generates and the impact on its carbon footprint.

**Stop Smoking service**

SEHSCT employs two smoking cessation specialists who provide a Stop Smoking service to patients, clients and staff within the acute setting. Stop Smoking clinics run alongside medical and midwifery outpatient clinics and are accessible both during the day and in the evening.

Advice on smoking cessation and nicotine replacement therapy (NRT) is also available to patients on the wards. Brief intervention training is offered to all SEHSCT staff.
**Context**

Southern Health and Social Care Trust (SHSCT) became operational on 1 April 2007 following the amalgamation of Craigavon Area Hospital Group Trust, Craigavon and Banbridge Health and Social Services Trust, Newry and Mourne Health and Social Services Trust, and Armagh and Dungannon Health and Social Services Trust.

SHSCT operates in the current local government districts of Armagh, Banbridge, Craigavon, Dungannon, and Newry and Mourne. The SHSCT area includes Armagh Community Hospital, Craigavon Area Hospital, Daisy Hill Hospital, Lurgan Hospital and South Tyrone Hospital.

With an annual income of £400m, we employ 12,000 staff and serve a population of 327,000 people.

**Promoting wellbeing team**

SHSCT’s promoting wellbeing team is an integrated team that leads on the planning and delivery of approaches to improve health and wellbeing and reduce health inequality across the area. Community development is central to this approach to address the key determinants of health such as social care, education, training and housing, and to build sustainability within communities.

In spring 2009, we published and disseminated widely a consultation document on our proposed strategic action plan for the promotion of health and wellbeing. Following consultation, feedback workshops were held with a wide range of stakeholders to dovetail the action plan with the health and wellbeing work of other organisations and partnerships in the SHSCT area. The strategy was formally launched at an event with stakeholders in May 2010.

We also put in place two specialist staff to support directorates in developing promoting wellbeing action plans that address key health and wellbeing priorities and inequalities in health. We are committed to involving service users and stakeholders effectively and meaningfully in all aspects of health and social care development and delivery through personal and public involvement (PPI). To enhance PPI within SHSCT we held a comprehensive consultation process on a
PPI action plan framework that will support further development of relationships within SHSCT and the community and voluntary sectors, service users, carers and other stakeholders.

**Examples of current work**

**Volunteer services**

SHSCT values and welcomes the role of volunteers and believes they can enhance the quality of care and service provided to patients, clients and residents. To support this work, we have appointed two volunteer coordinators and have active partnerships with volunteer development agencies and community sector organisations across the area.

We have developed a volunteer policy to provide clear guidance on the appropriate involvement of volunteers within HSC services.

We have also established a Here to Help volunteer service within Craigavon Area Hospital and 12 volunteers have been trained to offer information, directions and help to patients and visitors.

**Breastfeeding**

SHSCT has developed a revised breastfeeding policy, in line with UNICEF Baby Friendly standards, to support the continued promotion, protection and support of breastfeeding.

A breastfeeding steering group has been established to support an integrated approach to progressing Baby Friendly accreditation across SHSCT maternity and health visiting services.

We have also worked in partnership with the PHA and Southern Investing for Health Partnership to increase access to peer support for breastfeeding.

Twelve volunteer mothers have completed a peer support training programme and are now working with mothers who experience difficulties in breastfeeding within the Craigavon and Banbridge areas.
Promoting a healthy workplace

SHSCT aims to promote and maintain a healthy workforce and provide a healthy and safe working environment for staff. A workplace health and wellbeing group has developed a health policy, a staff health and wellbeing survey, and a strategic action plan to address identified needs.

We provide a range of programmes and initiatives to support staff health and wellbeing. A health and leisure centre programme with a range of venues is available across the SHSCT area, with reductions on the cost of swimming, gym, fitness and relaxation classes.

There is also a Cycle to Work scheme that enables an employee to sacrifice part of their salary and, in return, the SHSCT purchases a bicycle and/or safety equipment to the value of £1,000 and leases it to the employee.

Training for managers has been offered to improve skills and confidence in dealing with mental health and wellbeing at work, and in creating a mentally healthy workplace setting. In addition, the Review, Relax, Renew programme is on offer to all staff to help cope with stress and work-life balance.

The Speakeasy programme, developed and delivered by the Family Planning Association for Northern Ireland, was offered to SHSCT staff in the Craigavon Area Hospital site as a pilot course. It helped parents explore and discuss with their children issues relating to sexual health and wellbeing.

Substance liaison nursing service

The Southern Drugs and Alcohol Coordination Team has funded two substance liaison nurse posts for both Daisy Hill and Craigavon Area (pictured) Hospitals, as part of an integrated four tier model to address drug and alcohol issues within the SHSCT area.

The aim of this service is to identify service users within the hospital setting with addiction or withdrawal issues and offer them appropriate treatment and signposting to interventions, including a drop-in clinic within A&E, detoxification support, or referral to the addictions unit or community addiction team.
The substance liaison nurses have implemented guidance for hospital clinicians to assess the level of alcohol/substance withdrawal and monitor and treat appropriately. Patients and carers express a high degree of satisfaction with this service and the clinicians in all departments value the service as highly effective and efficient.

Local data highlighted the scale of the need for this service, with 420 (Jan–Oct) referrals in 2009 within Craigavon Area Hospital and 174 (Feb–Oct) referrals within Daisy Hill Hospital.

Staff excellence awards
To promote and celebrate staff excellence in the delivery of care, SHSCT has implemented an annual excellence awards initiative in the following categories:

- patient/client safety and quality care;
- service creativity and innovation;
- staff involvement;
- partnership working;
- delivering improved efficiency;
- behind the scenes.
Western Health and Social Care Trust

Context
Western Health and Social Care Trust (WHSCT) was formed on 1 April 2007. Within WHSCT there are almost 12,500 staff providing services to a population of approximately 300,000 in the areas formerly covered by the legacy Altnagelvin, Foyle and Sperrin Lakeland Trusts, and Westcare Business Services.

We invest approximately £450m annually into the delivery of a comprehensive range of health and social care services in both the hospital and community.

WHSCT’s mission is “to provide high quality patient and client focused health and social care services through well trained staff and high morale”. WHSCT consists of eight directorates including performance and planning – in which the division of health improvement is located. Although all structures are not yet in place, developments continue around the progression and integration of health improvement.

Health promoting service
WHSCT is committed to promoting the health and wellbeing of its staff as its single most valuable asset and resource. Achieving both a workplace and a workforce that are healthy is central to ensuring an efficient and effective organisation in which staff feel cared for, supported and valued, and clients and patients receive services that are of the highest quality and delivered in a way that is caring, sensitive and reflective of their specific needs, circumstances and situation.

The WHSCT area has led the way in implementing models to improve the health and wellbeing of staff. Early successes of both the HPH and Health Promoting Trust model in legacy trusts has allowed the inheritance of a range of services and activities, including corporate rates with local gyms, swim schemes with council leisure facilities, health fairs, step challenges, and breast and skin cancer awareness sessions.
The health promotion department is driving forward the health promoting service approach. A wellbeing committee is to be set up to integrate health and safety, occupational health, human resources and healthy lifestyle promotion within the culture of the trust as an organisation, with the intended outcome of improving the health and morale of all WHSCT staff.

**Examples of current work**

**NCT award for breastfeeding**

The breastfeeding service within the Northern sector received the National Childbirth Trust award for innovation and maintenance. The service was initiated in 1998 and has developed into a programme that encompasses multidisciplinary, multi-agency and user involvement. Breastfeeding initiation rates have nearly tripled, and rates are being maintained primarily due to the service and implementation of the UNICEF Baby Friendly initiative.

At present we have nine active breastfeeding groups and approximately 40 trained peer support mothers. Our peer support programme aims to ensure that all breastfeeding mothers on discharge from hospital have a peer mum in her locality who is only a phone call away. The peer support programme has extended into the hospital with a volunteer supporting mums on the postnatal ward.

**Altnagelvin Area Hospital travel plan**

Increasing the physical activity levels of staff promotes a healthier, more active lifestyle and promotes positive wellbeing and good health. It has also been proven to increase motivation and create a better working environment.

A workplace travel plan has been developed for the Altnagelvin Hospital site in partnership with the Department of Regional Development and planning consultants Atkins. It encourages staff to travel to and from work, as well as on business trips, by sustainable modes of travel, with the intention of reducing single car occupancy through car sharing, walking and cycling. Many of the initiatives will also be available to patients and visitors to the site.
Home accident prevention project
Over four years the A&E department in Altnagelvin Hospital has compiled information on attendance by children under five years of age and older people. The data has been used to heighten awareness of the hospital’s accident prevention project.

Developing better services in Altnagelvin
The £32.9m contract for the south block (phase 3A) extension was completed in December 2008 and is now one of the most modern healthcare facilities in western Europe – housing maternity, neonatal, haematology/ oncology, care of the elderly, medical records and rehabilitation. The south block (phase 3B) development will provide accommodation for a stroke unit and an acute medical unit. A coronary care unit has been completed and will be open by December 2010.

New wards at Tyrone and Fermanagh Hospital
Two new wards, Oak and Ash, were opened at the Tyrone and Fermanagh Hospital site. These provide inpatient care for older people with dementia, and rehabilitation and extended recovery for older people with mental illness.

The scheme stands as testament to the benefits of having clinicians, staff and carers working in partnership with the architect and design team to convert our health promoting values and best practice into a physical environment.

Fermanagh Active Living Project
The aim of the Fermanagh Active Living Project (FALP) is to reduce the onset of coronary heart disease by letting individuals take control of their own health through a tailored exercise programme. This partnership programme involves the hospital pre-assessment clinic, GP services, council leisure services and service users.

Participation in the programme is offered to adults over the age of 16 with established medical conditions such as type 2 diabetes, medically controlled hypertension and/or a body mass index (BMI) greater than 30. Clients are offered 12 weeks of free sessions, which are followed up with half price access to leisure centre services.

Their progress is monitored by satisfaction/wellbeing surveys, fitness testing and medical reviews. To date, the programme has registered 934 clients, with an extremely positive evaluation allowing further money to be secured to enhance the service.


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