



**Health Promoting
Hospitals and Health
Services network
in Northern Ireland**

**Update report
2007–2008**





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Foreword

This report highlights some of the recent developments and achievements of the World Health Organization's (WHO) Health Promoting Hospitals and Health Services (HPH) network in Northern Ireland.

The Northern Ireland HPH network, dating back to 1996 and now with 13 member hospitals, has embraced the recent challenges of the changing local political environment and its members are now keen to seize the opportunities that lie ahead.

One major recent development has been the integration of hospital and community health and social care trusts. This positive development has ensured the right platforms for further joined up working across services are in place, which has in turn enhanced team working and patient involvement in the network.

During the past year, the fourth all-island HPH conference was held in Armagh and it was the most successful event to date. Delegates attended not only from the island of Ireland, but also from England and Scotland – keen to share practice and enhance networking opportunities.

Influential keynote speakers from Canada and throughout the island of Ireland examined the concept of 'The hospital without walls – a community asset', and highlighted the contribution of hospitals and wider health services to improving the health of the population.

The Health Promotion Agency for Northern Ireland (HPA) has continued to support the network, and the main HPA corporate website, www.healthpromotionagency.org.uk has seen the further development of a dedicated HPH section entitled 'A Healthy Service'.

The network also continues to link and enhance relations with international and national HPH members, to take advantage of relevant collaborative research projects as they arise, and to share experiences of implementing the WHO/HPH health promotion standards.

We extend our thanks to each of the member hospitals for their contributions to this report, and we wish them well in their work to further embed and develop the HPH concept within their own respective areas.



Dr Brian Gaffney
Chief Executive
Health Promotion Agency for Northern Ireland

Introduction

Healthy Settings

Public health is entering a new era in Northern Ireland. However, the *Investing for Health* public health strategy, originally published in 2002, is still central to improving the health of everyone in Northern Ireland.¹

The settings approach to improving people's health acknowledges where and how people are living their lives and actively supports them to make the right decisions about their own health and wellbeing. Regarding the workplace, through organisational change employers can start to engage with their employees and take a lead role in becoming a healthy organisation.

Participation, empowerment and equity are the values central to this approach and there must be commitment to each of these at all levels within any organisation before an impact is seen on the wider determinants of health across the workplace, community or at individual level.

The approach uses whole systems thinking to ensure that ways to enhance health are embedded in the culture, corporate planning and outcome evaluation of organisations, and is therefore seen to be a sustainable long-term approach.

Health Promoting Hospitals

The role of the hospital as a healthy organisation committed to values such as partnership, participation, empowerment and equity is being recognised as part of the modernisation of the health service and the drive to improve the health of the Northern Ireland population.

The concept of a hospital as a setting for the promotion of health means that it can incorporate into its culture, and daily work activity, actions that support staff, patients, families and the wider community who link with the hospital.

The concept originated through the work of the WHO in 1986 and has been developed throughout Northern Ireland since 1996. As major employers, hospitals are ideally placed to

lead the field in becoming healthy organisations that influence the working conditions of staff. As centres of medicine and care, research and professional development, hospitals influence a wide range of health professionals, other health organisations and the general public. Further information on HPH is available at www.healthpromotionagency.org.uk

The Northern Ireland HPH network

From the first pilot health promoting hospital, established in Northern Ireland by Altnagelvin Hospital, to the present participation of 13 hospitals, there has been commitment to developing hospitals as healthy settings for people to live and work in.

The HPH network has enabled participating hospitals to learn from and support each other in this work. They have supported events and last year saw the HPA, in its role as coordinating centre, produce its first progress report (which is available on both the HPA and WHO websites) from their member hospitals.



The health system in Northern Ireland has recently seen dramatic change and more developments are being implemented. The HPH network is growing and embracing the challenges that lie ahead in the changing political environment.

However, this means that the membership of the network will change, with some key individuals being replaced as roles and responsibilities change. Membership will also

embrace the community sector as hospitals become more embedded with community trusts and other community organisations become interested in the settings approach.

The network looks forward to the challenges ahead as Northern Ireland makes the transition to healthy settings approaches across all of our health services.

Contributions from each of the 13 member hospitals appear within this report under the five new health and social care trusts:

- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Southern Health and Social Care Trust
- Western Health and Social Care Trust

New constitution and structure for Health Promoting Hospitals (HPH) and Health Services

The World Health Organization (WHO) established the International Network of Health Promoting Hospitals and Health Services to put into action the WHO principles of health promotion, which concern patients, staff, the community, and the environment of hospitals and health services.

HPA signs the new WHO HPH constitution

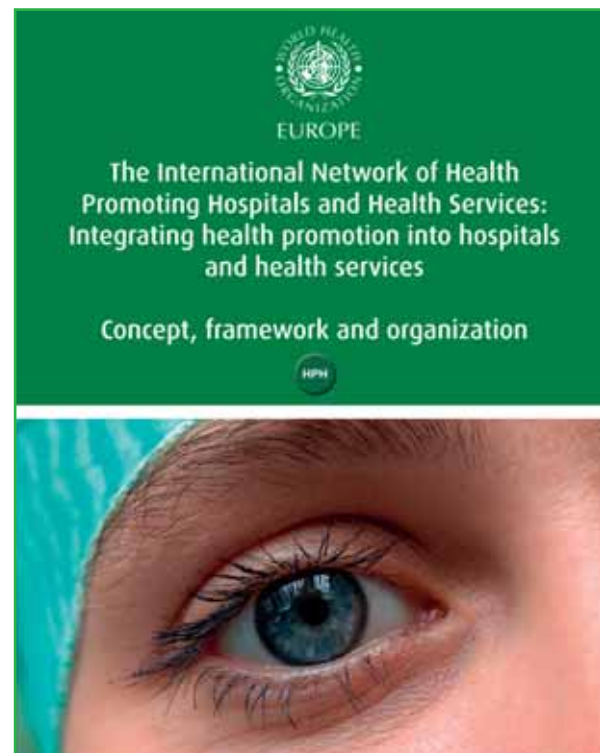
In 2006, the WHO accepted health services into the international Health Promoting Hospitals network, and in 2007, the name officially changed to the International Network of Health Promoting Hospitals and Health Services. The network has now reached a stage of sustainability, enabling it to become a legal entity and a main partner for collaboration with WHO.

The HPA, as coordinating centre for HPH in Northern Ireland, is a member of the HPH General Assembly, which is made up of all network coordinators, task force leaders and WHO representatives. At the annual assembly meeting, which took place prior to the international conference in Berlin in May, a new agreed constitution was signed by all the

members. The constitution outlines the network's new structures, purpose, aims and objectives. Full membership can be viewed at www.who-cc.dk

Current challenges for the new 'International HPH Network' include:

- promoting the work and concept of the network;
- gaining and strengthening professional and political support;
- obtaining financial back-up.



To help address these challenges, the WHO and HPH published a brochure, which provides a comprehensive overview of the International HPH Network, and gives clear definitions of the HPH concept and a well-structured description of the organisation and statutory bodies.² The brochure is available at www.who-cc.dk/HPH%20BROCHURE%20NEW.pdf

Belfast Health and Social Care Trust

Context

The Belfast Health and Social Care Trust (BHSCT) was formed in April 2007 from former hospital only trusts and joint hospital/community trusts (Belfast City Hospital, Mater, Royal Hospitals, Green Park, North and West, and South and East).

Hospital and community services are now formally brought together as one organisation. The BHSCT has 22,000 employees serving a population of 340,000.

Current situation

Although the trust was established in 2007, some of the structures within it are not yet finalised. Staff are currently delivering on the Health Promoting Hospitals (HPH) agenda within individual hospitals. The six formerly separate units work both internally and externally, and see themselves as part of a bigger organisation and bigger system. This change will take time to settle and operate smoothly.

Hospitals as a setting to deliver health and social wellbeing

The hospitals in the BHSCT are part of the WHO International Network of HPH. Hospitals are an essential part of society. To embed the

concept of a health promoting hospital, there is a requirement to reorient services and to continue to support community-based care services in the promotion of health and wellbeing.

Hospitals are very important settings for the promotion of health and wellbeing. Here, the message of prevention can be delivered and the setting used to maximise the effectiveness of services.

Hospitals are pathways to promote and protect health at the same time as treating ill-health.

Business of BHSCT

The trust has a purpose to improve health and wellbeing, and reduce health inequalities. Its five key corporate objectives are: safety, modernisation, partnerships, staff and resources.

Examples of current work

Modernisation

The trust has an aim to engage with and listen to patients and service users. *Involving you: A framework for community development and user involvement* outlines the trust's approach to service user, community, patient and carer involvement.³ The document was launched in



At the launch of Involving you: A framework for community development and user involvement.

May 2008 and a steering and advisory group has been established to oversee its implementation.

Safety

The Safer Patients Initiative is a four year project involving hospitals in the trust, and throughout Northern Ireland and the United Kingdom. This Health Foundation's Safer Patients Initiative, which began in the USA, aims to make hospitals safer for patients.

The specific aims of this initiative include a reduction in MRSA bloodstream infections and a reduction in surgical site infections.

Hand hygiene

The trust is committed to improving the quality of care throughout its hospitals and to high standards of infection prevention and control practice. The trust aims to ensure an environment that minimises the risk of infection to patients, clients, staff and visitors. Hence, several areas have been actioned and developed, including policies, strategies and campaigns.

The Health Minister launched a regional 'Clean your hands' campaign at the Mater Hospital on 25 June 2008, saying: "This campaign is about reinforcing the message that good hand hygiene is absolutely essential in the prevention of infection." The campaign highlights the importance of hand hygiene among staff and visitors.

Prior to this, the Mater and other hospitals in the BHSCT area undertook several projects to promote hand hygiene, including the display of high profile posters carrying the message 'Stop! Important notice for all visitors. Please help to minimise the spread of infections. Please sanitise your hands when entering and leaving this ward.'

Wall mounted hand hygiene stations and alcohol hand rubs for all staff have contributed to a marked improvement in practice. The 'Clean your hands' campaign slogan is 'Help us keep infection under control. Please wash your hands.'



Mater Hospital staff members with Health Minister, Michael McGimpsey, at the launch of the 'Clean your hands' campaign.



Members of staff at the Shannon Unit, Knockbracken site, attend a health promotion event.

Partnerships

Partnership is at the heart of the trust's vision. Many partnerships already exist and deliver on health improvement, using the hospital as the setting. Examples of this work include chronic disease management (incorporating cardiac and chronic obstructive pulmonary disorder rehabilitation and support groups), green gym and stroke prevention.

Shannon Medium Secure Unit is a 34 bed mental health inpatient unit. In 2007, staff at Shannon expressed an interest in becoming a healthy setting, which is defined as "a place of social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing".⁴

A multidisciplinary Healthy Shannon steering group has been set up, comprising 15 members. Staff and patients have recently completed a healthcare assessment and a report has been produced.

Training

Health promotion is evolving and training in various areas such as health promotion/improvement, HPH concept, brief interventions, and staff nurse induction will continue to be an important element of the HPH agenda.

Hospitals will continue to be important settings for improving health and wellbeing. They will contribute to, and be part of, the wider agenda and arena for ensuring a seamless, integrated service for all patients and service users.

Northern Health and Social Care Trust

Context

The Northern Health and Social Care Trust (NHSCT) mission statement reads 'To provide for all, the quality of service we expect for our families and ourselves'.

The NHSCT became operational on 1 April 2007.

The trust provides services to the areas formerly covered by the legacy Homefirst, Causeway and United Hospitals trusts and it is geographically the largest trust in Northern Ireland. The local government districts of Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey fall within the NHSCT boundary.

Within the NHSCT, there are 14,500 staff providing services to a population of around 440,000, covering both rural and suburban communities. The annual budget for the trust is approximately £500 million and it provides a wide range of acute hospital and community services.

The main acute hospitals are located at Antrim Area Hospital, Causeway Hospital in Coleraine, Mid Ulster Hospital in Magherafelt, and Whiteabbey Hospital.

Additional hospital services are provided at Braid Valley in Ballymena, Dalriada in Ballycastle, Moyle in Larne, and Robinson

Hospital in Ballymoney. Holywell Hospital in Antrim provides a range of acute and other in patient mental health services.

Antrim Area Hospital is one of the busiest hospitals in Northern Ireland, with over 12,500 visits to the accident and emergency (A&E) department and almost 190,000 attendances at the hospital during 2007. Christmas 2007 was a busy time in A&E, with attendances increasing by over 10%.

There were over 3,000 babies delivered at Antrim Area Hospital during 2007.

During 2007–2008 the trust underwent a transition period as new directorates, teams and systems were developed. Nevertheless, there were a number of key developments that contributed to promoting the health and wellbeing of the resident population. Developments continue to evolve around the progression and integration of HPH and A Healthy Service.

NHSCT goes smoke-free

From Monday 30 April 2007, all facilities within the NHSCT area became smoke-free to comply with the changes in government legislation about smoking in public places.

The new smoking restrictions apply to all patients, staff, visitors and those doing business on trust premises.



Northern Health and Social Care Trust Chief Executive, Norma Evans (back, right), promotes the no smoking message alongside Alan Kane, Facilities Manager; Patricia McCune and Lorraine McPeake, Health Promotion Service; Pauline Harbison, Antrim Borough Council; and Pamela Craig, Assistant Director of Emergency, Primary Care and Older People's Services within NHSCT.

Advertisements were placed with local radio and newspapers, and staff briefing sessions were held at a number of trust locations. Exhibition stands manned by specialist staff at hospital entrances provided advice on how to access stop smoking services and voluntary groups.

Although the trust already had a smoke-free policy, it had to be amended to meet the latest legislation. New signage was erected to advise of the changes, and smoking bins were removed from entrances and exits as people may no longer stand outside these areas to smoke.

Strategies

A number of strategies were developed during 2007–2008. These included *Adding life to years* and *Living well, ageing better*.

Adding Life to Years

Oscar Donnelly, Director of Mental Health and Disability Services, presented *Adding life to years*, which concerned dementia and mental health services for older people, and had been produced following a period of public consultation.

By 2015, the population of older adults in the trust area is projected to be 30% higher than in 2003. The strategy presents around 70 recommendations that focus on the development of specialist and support activities in both primary and mainstream community services.

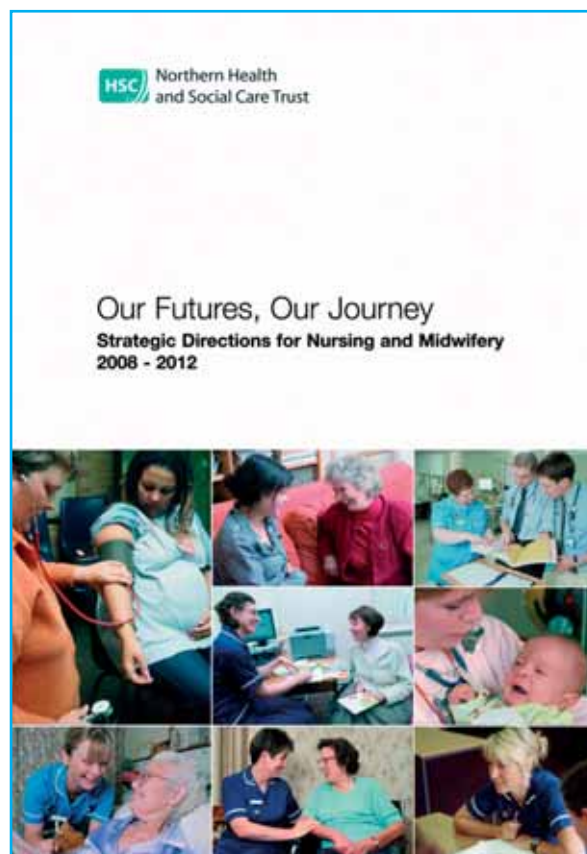
Living Well, Ageing Better

The *Living well, ageing better* strategy for services to older people will operate from 2007 until 2011. This strategy outlines how the trust will promote health and wellbeing, maximise independence, develop long-term living options, and allow people with complex needs to be supported in the community.

Our futures, our journey

During 2007–2008, the NHSCT set out its vision for nursing and midwifery services for the next four years with the launch of its strategy at the Rosspark Hotel, Kells.

Our futures, our journey was developed in consultation with nurses and midwives.⁵ It highlights the changing face of nursing in the trust, which is moving away from traditional to more specialist nursing roles.



Nurses form the greater part of the NHSCT workforce, with approximately 4,000 nurses and midwives working in hospitals and the community.

Innovations in services provided include: the nurse-led self-harm clinics in A&E departments; the development of the nurse practitioner service in A&E departments; the introduction of a nurse endoscopist service; the acute care at home service, which delivers services to patients in their own homes who would previously have been kept in hospital; and the new case management approach to providing care for patients with chronic conditions.

The trust has also introduced community paediatric complex-care nurses, child and adolescent eating disorder nurse specialists, and advanced neonatal nurse practitioners.

The trust's strategy promotes innovation and change, and the involvement of nurses and midwives at all levels in decision-making, to improve quality of care and clinical effectiveness.

People are at the centre of the strategy to develop services that value the rights and needs of individuals, providing services that are accessible, responsive and promote health and wellbeing.

NHSCT pharmacy team's work recognised

The trust's pharmacy team reached the final stage of the Public Servants of the Year awards held in London. The only Northern Ireland entry in the competition, the team made it down to the final three for their work on integrated medicines management in the 'Demanding the best' category for service transformation.

This was a significant achievement for the pharmacy team, one of only 25 short-listed entries from a total of 250 submissions, chosen from across the United Kingdom.

Anita Hogg gave an oral presentation on the integrated medicines management project at a previous all-island HPH conference in Enniskillen.

Want to be a HUNNI mummy?

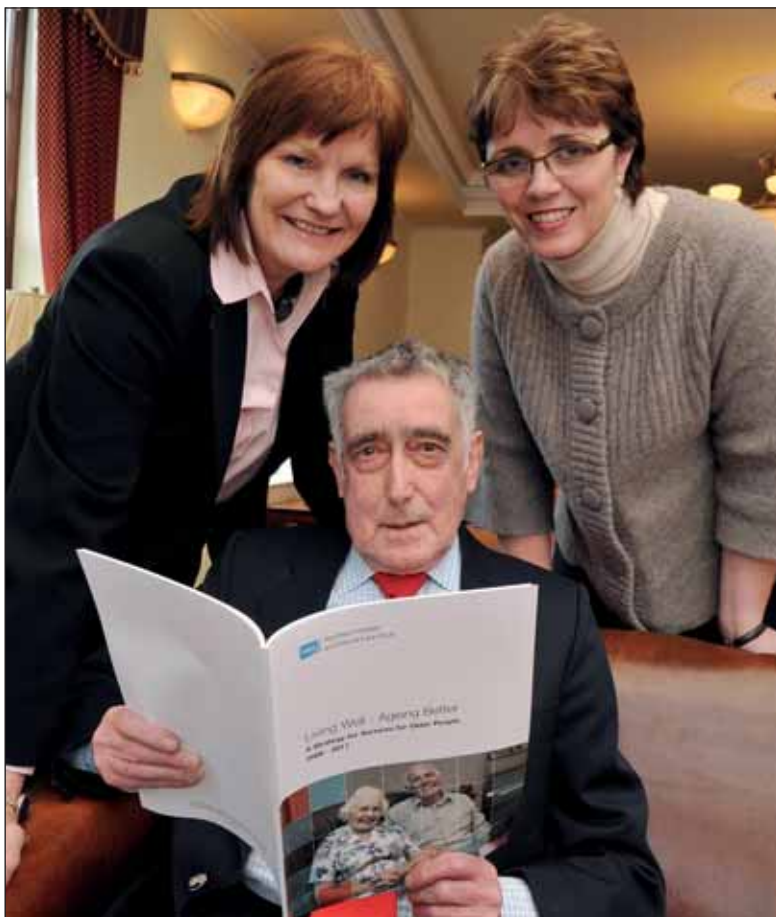
In 2007, the NHSCT launched this innovative programme in the Causeway area, providing a 'mum to mum' support service for breastfeeding mothers.

The HUNNI (Helping U Nurse as Nature Intended) breastfeeding peer supporters held their award ceremony and official launch during 2007.

The HUNNI team is coordinated by Kristy-Lee Greene, Breastfeeding Advocate, and consists of 11 mums who volunteer their time to support local breastfeeding mums, either by telephone or with home visits.

Each mother has undertaken 40 hours' training, including 20 hours of theory and 20 hours of community based activities, so they can provide advice and information on breastfeeding, and can play a supporting role for other mothers.

The mothers in the team have all breastfed their babies for at least four months and understand the hurdles and difficulties associated with breastfeeding.



At the launch of the Living well – ageing better strategy, back from left, Norma Evans, Chief Executive, Northern Health and Social Care Trust; Bronagh Scott, Director, Emergency, Primary Care and Older People's Services and Executive Director, Nursing, Northern Health and Social Care Trust; and service user Wallace McNaul.

South Eastern Health and Social Care Trust

Context

The South Eastern Health and Social Care Trust (SEHSCT) was established on 1 April 2007 and is an amalgamation of the former Ulster Community and Hospital Trust and Down Lisburn Trust, now encompassing five hospitals.

It is an integrated organisation providing a mix of acute hospital services and community health and social services. The trust serves a population of approximately 444,000 people and employs around 9,400 staff across a range of disciplines.

In addition to its geographical spread, there is also a noticeable diversity in the population's characteristics, with areas of relative wealth and prosperity as well as pockets of considerable deprivation and need.

The trust's mission statement is 'To provide high quality services which are responsive and accessible to our patients and clients, and which contribute to improved health and social wellbeing and reduce inequalities.'

The trust is split into eight Directorates including Children's Service and Social Work, within which health development is located. Although all structures are finalised, systems within the hospitals are not yet fully integrated.

The Health Promoting Hospitals (HPH) initiative, which encompasses five hospital settings, represents for acute services a strategic action that focuses on the treatment and care needs of the community, and also the promotion of their health and wellbeing.

The hospital setting for many in the community represents a centre of care, treatment, expertise and support. As such, it is a core element in the communities of the trust area.

The opportunity exists for us to not only provide treatment and care services of the highest standard possible, but to maximise the influence we have on the improvement of health and wellbeing for all those living and working within the SEHSCT area.

A Health Promoting Hospital Coordinator currently works across the trust and a project board chaired by the Director of Acute

Services is being established. It will provide strategic direction for the HPH initiative.

One role of the coordinator is to assist in the implementation of health improvement plans within the acute directorate that will embed health promotion and encourage ownership of health.

This is focusing on 'whole systems', combining high visibility innovative work with long-term organisational development and change.

Promoting a healthy workplace: 'Leap Forward'

Promoting staff wellbeing falls within three areas:

- primary prevention;
- secondary prevention;
- tertiary prevention.

The 'Leap Forward' staff wellbeing programme relates to primary prevention that encourages staff to take ownership of their own wellbeing and to develop a proper work-life balance.

It is hoped this programme will also help reduce absenteeism, which increased following the Review of Public Administration, and will provide a marker in terms of establishing a positive identity for the trust.⁶

Through the programme, staff can take part in activities such as pilates, yoga, tai chi and football, which are funded by each directorate and held either on-site or at convenient locations close to the workplace.

Health checks and health-related information are also available on four sites across the organisation and initial evaluation from staff of these services has been very positive.

Quality of life improvement

Community respiratory team

The community respiratory team (CRT) was established to provide care and support at



home to patients who have been diagnosed with chronic obstructive pulmonary disease (COPD) or another respiratory condition. The CRT was established in the Lisburn and Down areas in April 2006.

The CRT consists of a respiratory nurse and respiratory physiotherapist, and is dedicated to improving the knowledge and care of patients requiring respiratory care. This is achieved through education, research and collaboration with the primary care team, patients and support groups.

The CRT aims to:

- promote the concept of multi-disciplinary care for patients requiring respiratory care;
- support the training of the primary care team in the area of respiratory care;
- ensure the highest quality of care for patients requiring respiratory care.

Support groups for respiratory patients are currently established in the Lisburn and Down areas. The groups aim to provide a friendly atmosphere for people to:

- meet and talk;
- find out more about their lung condition;
- participate in awareness events, campaigning, fundraising and social outings.

Pulmonary rehabilitation is defined as, "A multi-disciplinary programme of care for patients with chronic respiratory impairment that is individually tailored and designed to optimise each patient's physical and social performance and autonomy."⁷

Pulmonary rehabilitation therefore improves exercise capacity and quality of life, and reduces hospitalisation for chronic respiratory disease. There are currently programmes running in both the hospital and community settings.

'Telehealth' is a promising alternative for managing patients with COPD and appears to improve quality of life, even over a short period.

It is a home monitoring system used to record clinical observations (blood pressure, heart rate, oxygen saturation level, weight, temperature) and carry out question and answer sessions applicable to the patient's respiratory condition. It can also give out individual health tips, eg encourage those patients who smoke to stick with their smoking cessation plan.

Organisational management

Breastfeeding

Breastfeeding has a major part to play in public health and promoting health, in both the short and long term, for babies and mothers.

To promote breastfeeding and to increase breastfeeding initiation and duration rates, the trust has implemented the UNICEF UK Baby Friendly Initiative, a structured programme recommended by the National Institute of Clinical Excellence.



Team Leader Teresa McDowell at the Castlewellan breastfeeding support group with some mothers during National Breastfeeding Week.



Staff from Lagan Valley Hospital at the launch of the interactive health information CD-ROM.

To date, both maternity units, Down Lisburn Locality Community Services, and two Sure Start projects have been accredited by UNICEF.

A breastfeeding policy for those working directly with mothers and babies and a policy statement for all trust staff have been effective and crucial in the success of this initiative and are embedded as part of corporate policy across the organisation.

Breastfeeding management and awareness training for staff, as well as the implementation of best practice in maternity units, with support programmes in the community, have enhanced the care given to all mothers in the trust regardless of their chosen method of infant feeding.

Making healthier choices

With an increasing worldwide emphasis on health development and keeping people healthy as long as possible to minimise the long-term costs of healthcare provision, a need was identified by the Health Development Department to review health information communication mechanisms to staff, clients and communities.

A CD-ROM was produced covering various health topics including motivation, physical activity, nutrition, tobacco, alcohol, sexual health and health checks.

Information was sourced from health development specialists and partner organisations. The resource was produced by the trust in partnership with the University of Ulster.

The resource is a one-stop-shop for accessing up-to-date, relevant health information. The information is available, in addition to the CD-ROM, via the internet and trust intranet.

The information and content have been developed to be fun and interactive and can be updated when required. It can be used by all health development stakeholders to reinforce health messages and can be used for staff workplace health initiatives and by individuals and groups in the community. The trust can now provide everyone with easy access to health information through the use of the latest available technology.

Southern Health and Social Care Trust

Context

The 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.

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

The SHSCT employs 12,000 staff and serves a population of 327,000 people, with an annual income of £400 million.

The vision and purpose of the SHSCT is 'To be known as a high performing, innovative organisation committed to delivering safe, quality care services that are accessible and responsive to the people who use them,

provided in a way that respects the dignity and needs of individuals, and delivered by skilled and motivated staff.'

The SHSCT corporate objectives are as follows:

- providing safe, high quality and effective care;
- ensuring accessible and responsive care;
- improving health and wellbeing;
- ensuring effective user and community engagement and promotion of partnership working;
- driving innovation, continuous improvement and modernisation;
- ensuring effective organisational governance;
- improving organisational and workforce development;
- making best use of resources;
- ensuring financial viability, reform and control of costs.

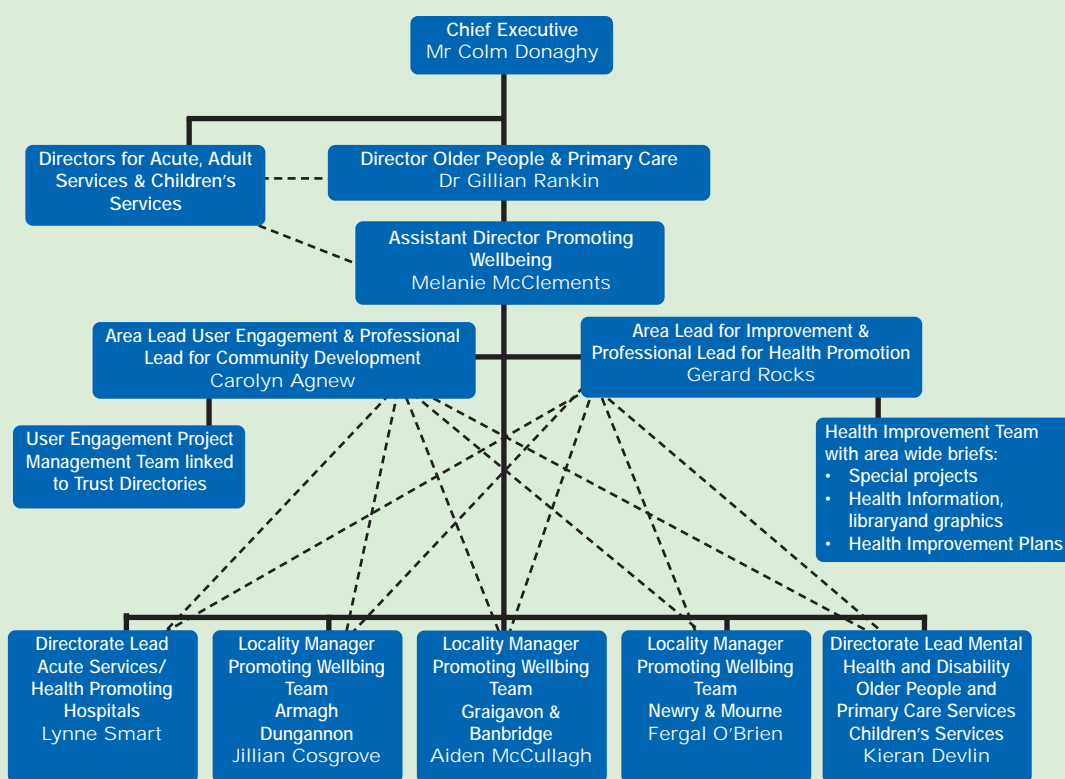
Particular priorities for the directorate of acute services are:

- to support the ministerial targets to reduce hospital waiting times;
- to improve emergency care;



Craigavon Area Hospital.

Table 1: Management structure at SHSCT detailing acute sector and promoting wellbeing



- to achieve fully integrated care and support in the community.

In addition, there is a need to maximise the potential of cross-site working and sharing of resources across the hospital network. The trust is also committed to implementing the recommendations of the Regulation and Quality Improvement Authority (RQIA) in relation to promoting wellbeing across the health and social care system.

Promoting wellbeing

The SHSCT is committed to the development of a whole systems approach to promoting wellbeing across the organisation. A *Promoting wellbeing* strategy to improve health and wellbeing and reduce health inequality across the southern trust area is currently being developed.

The strategy will identify the actions required across all trust directorates, including the directorate of Acute Services, to achieve regional and local priorities for health and wellbeing.

Structures

The SHSCT has implemented integrated management structures, with the appointment of a director for the acute sector and five assistant directors. It has also appointed an assistant director for promoting wellbeing to champion and ensure delivery of promoting wellbeing services across the area.

A promoting wellbeing specialist lead post has been created for the acute directorate to embed commitment to promoting wellbeing across the hospital settings.

These structures are detailed in Table 1 above.

Examples of practice

Policy initiatives integral to quality management

The SHSCT has developed and implemented a smoke-free workplace policy, in line with the Smoking (NI) Order 2006, to protect all employees, service users and the public from exposure to second-hand tobacco smoke. Smoking is no longer permitted within any trust facilities.

Where a smoking shelter is provided, smoking is strictly restricted to this area only. A smoking cessation care pathway has been developed and is now being rolled out across the trust to ensure maximum uptake of smoking cessation services.

Patient information and empowerment

A Maternity Services Liaison Committee (MSLC) has been established in the Newry and Mourne area, with a core group of five current or recent service users attending each meeting, along with the consultant obstetrician, senior midwives and representatives from Sure Start.

The MSLC is chaired by a user advocate and member of the National Childbirth Trust, and meets five times a year. The committee has dealt with substantive issues such as the development of policies and procedures and how they impact on service users.

In recent years, the MSLC has:

- produced a list of breastfeeding friendly venues throughout the Newry city area;
- revised the policy in relation to birth partners in the Daisy Hill labour ward;
- carried out a quality audit of the delivery suite;
- developed a new birth plan to be made available to all women.

The committee has gathered information from service users to guide future planning. This was done through questionnaires completed by 100 women who have recently used the service. This has highlighted the need to further develop and support breastfeeding.

Experienced midwives offer support for breastfeeding on the postnatal wards and midwives and health visitors offer home-based support. Community-based support is available through a peer support programme and through Sure Start. Broader community support is, however, needed.

The liaison committee is now working to develop more antenatal/postnatal groups in the Sure Start areas, in conjunction with Sure Start and the Women and Family Health Initiative.

Promoting a healthy workplace – healthy safe environment

A trust staff Health and Wellbeing Group has been established that includes representation from the acute sector. The group is currently reviewing existing initiatives that support staff health and wellbeing

The Southern Investing for Health Partnership 'Nutrition in the workplace' toolkit is being used to ensure access to healthier eating options in trust catering establishments.

Improving quality of care and treatment

The trust has appointed a fracture liaison nurse specialist to reduce the incidence of fractures in people over the age of 50. Having a fracture significantly increases the risk of experiencing another fracture.

This service will identify these patients and offer them risk assessments on bone health, lifestyle factors and risk of falling, and offer them appropriate treatment and interventions to reduce the risk of further fractures.

Future development

In line with the trust's *Promoting wellbeing strategy*, a baseline assessment will be carried out across the service in relation to promoting wellbeing and user involvement.

A three year promoting wellbeing action plan will be developed to reflect how the directorate of acute services will address local and strategic priorities in relation to health and wellbeing.

Work is currently being carried out to progress the opportunities for health improvement and prevention promoted within the *Cardiovascular health and wellbeing service framework*, the *Stroke strategy*, and the *Respiratory disease framework*.

Western Health and Social Care Trust

Context

The Western Health and Social Care Trust (WHSCT) brought together the Altnagelvin, Foyle and Sperrin Lakeland Trusts, and Westcare Business Services, on 1 April 2007.

The WHSCT employs almost 12,500 staff and invests approximately £439 million annually in the delivery of a comprehensive range of health and social care services that target a population of over 290,000, making up almost 17% of the total Northern Ireland population.

The mission of the WHSCT is 'To provide high quality patient and client-focused health and social care services through well trained staff with high morale'.

Although the new structures are in their infancy, they provide a unique opportunity for

improved integration of services, and renewed focus on service user outcomes and performance management, in order to improve patient and client care.

The trust's ambitious 'Reform and modernisation' programme to reshape and improve key service areas has seen a reduction in waiting times from six months to three months in 2007/08 for a first outpatient appointment to see a consultant, and the waiting time to have a procedure or operation performed has also reduced from six months to five months.

Plans are in place to further reduce these waiting times in 2008/09.

The WHSCT continues to be committed to the health improvement agenda. A position paper on a healthy service has been submitted



South extension to Altnagelvin Area Hospital



Enniskillen's new acute hospital



The new Omagh hospital complex

Developing better services

Work on the £32 million south block extension to Altnagelvin Area Hospital continued in 2007/08 and is now completed, with wards opening late February 2009.

The delivery of health and social care in the south west region will be transformed with an investment of £450 million to construct two state of the art hospitals.

A new acute hospital will be built north of Enniskillen and will open in early 2012, closely followed by the new Omagh hospital complex, planned to open in 2013.

to the Trust Corporate Board, and proposes an integrated model for health and wellbeing.

The healthy settings approach aims to integrate effective health and safety, occupational health, human resources, and healthy lifestyle promotion within the culture of the organisation, with the intended outcome to improve the health and morale of the workforce.

The recent announcement by the Health Minister to maintain health improvement staff within the trust has been welcomed. Furthermore, the Minister has asked that legislation includes an additional statutory duty on trusts in relation to the "improvement of health and social wellbeing".

Altnagelvin Hospital initiated the Health Promoting Hospitals (HPH) network in Northern Ireland by participating in the WHO pilot project in 1996.

Consequently, numerous hospitals throughout Northern Ireland have now joined the network, including the Tyrone County and Erne Hospitals.

The challenge and commitment of the WHSCT is therefore to increase integration of the health improvement agenda into the lives of staff, their families and communities.

Western Health and Social Care Trust smoking cessation services

The WHSCT team offers a comprehensive smoking cessation service to include intensive behavioural support – either one to one, drop in, telephone consultation and/or group support. Over the past year, more than 1,400 clients have accessed the service from a variety of socioeconomic and cultural backgrounds.

The team delivers a robust, sustainable, evidence-based service, with particular emphasis on young adults and children, pregnant women, and disadvantaged adults. The service has been offered in a variety of settings including hospitals, health centres, local communities, workplaces and schools.

The Young adult smoking cessation project has received three prestigious awards, an IHM Quality Award, a GP Guideline Award (UK), and a British Thoracic Society Silver Jubilee Award.

Alcohol liaison nurse – Altnagelvin Area Hospital and Erne Hospital

This project includes the appointment of dedicated nurses in Altnagelvin Area Hospital and Erne Hospital, Enniskillen. They were seconded from the addiction team/psychological therapies on a pilot basis and are based in the



Mary Campbell, Smoking Cessation Specialist, and Dr Albert McNeill, Lead Cardiologist, promoting a smoke-free site at Altnagelvin Hospital.

accident and emergency (A&E) departments in both hospitals.

The aim of this project is to introduce the Paddington Alcohol Test (PAT) screening tool to identify hazardous drinkers. A&E staff are trained in the use of the PAT tool and taught how to give brief intervention therapy regarding safe drinking levels to those who meet the criteria.

Clients are also offered appointments with the alcohol liaison nurse for further intervention and support when appropriate. Research indicates that 40% of A&E attendances, and up to 75% of attendances at weekends, are due to alcohol misuse. This project identifies those who are at risk of developing alcohol related problems, including personal injury, and physical and psychiatric problems.

The project aims to prevent this where possible. An independent evaluation has been carried out with very positive outcomes, including a significant reduction in the number of re-attendances to A&E by the target group.

Cardiac rehabilitation at Tyrone County Hospital

Following admission and acute care, cardiac patients are assessed and those identified as being suitable are put on the cardiac rehabilitation programme. The clients are offered an eight week programme based on the National Service Framework (NSF) guidelines.

This is a multidisciplinary service and includes input by the dietitian, physiotherapist, pharmacist, cardiac nurses, consultant physician and clinical psychologist. The programme consists of four phases as follows:

- phase one in the hospital ward;
- phase two in the community care team;
- phase three in the outpatient department;
- phase four in the community support group.

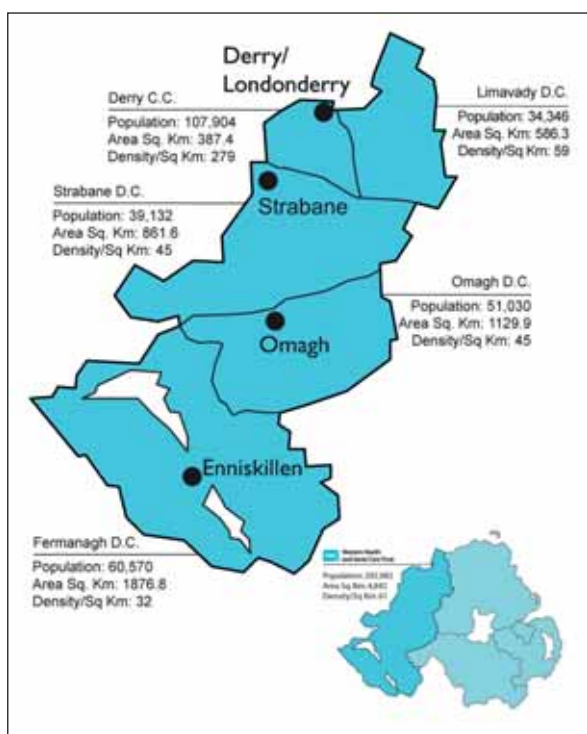
The purpose of the programme is to provide a secondary prevention service and reduce the number of reoccurrences for those patients who have already suffered an acute cardiac episode.

Pre-assessment clinics at the Erne Hospital

The Erne Hospital offers pre-assessment clinics for those patients awaiting surgery. It has been established that some patients cannot have surgery due to poor physical health, including high blood pressure, obesity and respiratory complaints.

The programme provides education regarding the benefits of a healthy lifestyle and gives patients the support they need in preparation for surgery.

Patients' vital signs, height, weight and body mass index (BMI) are regularly monitored to ensure they are physically well before surgery. Those patients with high BMI readings are subsequently referred to the Healthy Lifestyle Clinic, which is provided in partnership with a pharmaceutical company.



The project has been evaluated with excellent outcomes, including reduced anxiety and improved cooperation by patients. The number of cancellations has been significantly reduced, leading to more effective use of theatre time and reduced waiting lists. Postoperative recovery rates have also improved, which allows patients to be discharged more quickly.

Contact information

Regional Coordinator

Barbara Porter
Coordinator: A Healthy Service programme
Health Promotion Agency for Northern Ireland
18 Ormeau Avenue, Belfast, BT2 8HS.
Tel: 028 9031 1611
Email: b.porter@hpani.org.uk

Belfast Health and Social Care Trust

Joanna Gribben
Health Improvement Practitioner Advanced
Belfast Trust Health Improvement Department
Glen Villa, KHCP
Saintfield Road, BT8 8BH.
Tel: 9056 4949
Email: joanna.gribben@belfasttrust.hscni.net

Northern Health and Social Care Trust

Anne-Marie Doherty
Strategic Lead for Health Improvement
Northern Health and Social Care Trust
Spruce House, Cushendall Road
Ballymena, BT43 6HL.
Tel: 028 2563 5575
Email:
anne-marie.doherty@northerntrust.hscni.net

South Eastern Health and Social Care Trust

Lynda Vladeanu
HPH Coordinator
Health Development Department
Level 5, Lisburn Health Centre
Linenhall Street
Lisburn, BT28 1LU.
Tel: 028 9250 1375
Email: Lynda.Vladeanu@setrust.hscni.net

References

1. Department of Health Social Services and Public Safety. Investing for health. Belfast: DHSSPS, 2002.
2. World Health Organization. The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services. Concept, framework and organization. Copenhagen: WHO, 2007.
3. Belfast Health and Social Care Trust. Involving you. A framework for community development and user involvement. Together improving health and tackling inequalities. Belfast: BHSCT, 2008.
4. World Health Organization. Health Promotion Glossary. Geneva: WHO, 1998.
5. Northern Health and Social Care Trust. Our futures, our journey. Strategic directions for nursing and midwifery, 2008–2012. Ballymena: NHSCT, 2008.
6. Northern Ireland Executive. Review of public administration. www.rpani.gov.uk Last accessed 26 February 2009.
7. American Thoracic Society. Pulmonary rehabilitation. 1999. Am J Respir Crit Care Med 1999; 159: 1666–82. New York: ATS, 1999.

Southern Health and Social Care Trust

Lynne Smart
Promoting Wellbeing Specialist
Lead Acute Directorate
Community Health
Carn, 1 Carn Drive
Portadown, BT63 5RH.
Tel: 028 3839 8233
Email: Lynne.Smart@southerntrust.hscni.net

Western Health and Social Care Trust

Joe Travers
Head of Secondary Care
Holly Villa
Tyrone and Fermanagh Hospital
Omagh, BT79 ONR.
Tel: 028 8283 5939

Sandra Semple
Healthy Settings Coordinator
Health Promotion Department
Maple Villa, Gransha Park
Londonderry, BT47 6WJ.
Tel: 028 7186 5127 ext. 8701



Health Promotion Agency for Northern Ireland

18 Ormeau Avenue, Belfast BT2 8HS. Tel: 028 9031 1611 (voice/minicom). Fax: 028 9031 1711.
www.healthpromotionagency.org.uk

