

MARIE MALLON

WEDNESDAY 3 MARCH 2010

Leadership for Health Equity: Organisational Change

### Facts about the Belfast Trust

- Came into operation 1 April 2007
- £1 billion
- Was a merger of 6 distinct and separate Trusts
- Serving population of 340,000 plus regional services
- 20,000 staff
- Comprises primary and secondary services

### The Challenges

- First part of the Public Sector to be re-organised
- Performance Targets
- Time Constraints
- Potential for precedent
- Management Capacity
- No blueprint
- Financial Environment
- We were not our own masters
- Vacancy Controls
- Meaningful consultation with our Trade Union colleagues
- Business Continuity
- Political Environment
- Modernisation/Reform

### The Approach

- Communication/Engagement
- Career direction seminars and interview training
- Early promises re Our People
- Morale Issues
- Creation of new structures
- Developing the new cohort
- Procedures for filling posts
- Letting go of the old
- Reduction in Management and other costs
- Team Effectiveness
- Placement & Support Unit

While Juggling



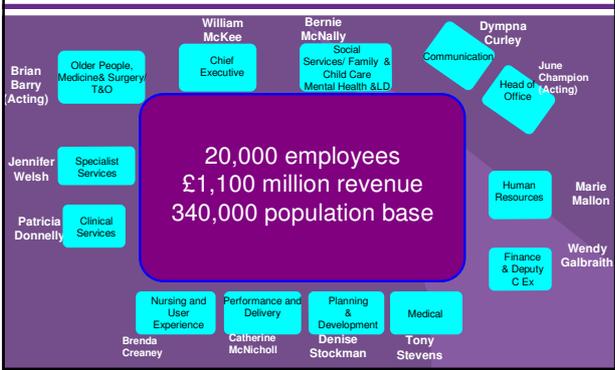
## The Approach

Business Continuity  
 Financial Control Challenges  
 Targets  
 Patient and Client Safety  
 Creating a New Organisation

## Creation of the new organisation

A Structures  
 B Policies  
 C People  
 D Culture

and the journey continues to ensure that both staff interests and the interests of the service are taken account of



### BELFAST HEALTH AND SOCIAL CARE TRUST

#### PURPOSE

Improve health and wellbeing and reduce health inequalities

#### BUSINESS

In partnership with others, and by engaging with staff, deliver safe, improving, modernising, cost effective health and social care

#### 5 CORPORATE OBJECTIVES

<b>SAFETY</b> Provide safe high quality effective care <ul style="list-style-type: none"> <li>•Standards</li> <li>•Outcomes</li> <li>•HCAI</li> <li>•Continuous improvement</li> <li>•Assurance</li> </ul>	<b>MODERNISATION</b> Reform and renew our health and social Services <ul style="list-style-type: none"> <li>•Access</li> <li>•Localise where possible, centralise where necessary</li> <li>•Service reviews</li> <li>•Aligned capital plans</li> </ul>	<b>PARTNERSHIPS</b> Improve health and wellbeing through partnership with users, communities and partners <ul style="list-style-type: none"> <li>•Citizen centred</li> <li>•Joint working</li> <li>•Civic leadership</li> </ul>	<b>OUR PEOPLE</b> Show leadership and excellence through organisational and workforce development <ul style="list-style-type: none"> <li>•Investors in People</li> <li>•Staff engagement</li> <li>•Leadership</li> <li>•Learning + development</li> <li>•Team effectiveness</li> </ul>	<b>RESOURCES</b> Make best use of resources by improving performance and <ul style="list-style-type: none"> <li>•Productivity</li> <li>•NORE</li> <li>•Workforce diagnostics</li> <li>•Process improvement</li> <li>•Resource utilisation</li> <li>•VFM</li> <li>•Performance management</li> </ul>
--	--	---	--	---

#### VALUES AND BEHAVIOURS

Respect and dignity      Openness and trust  
 Accountabilities      Learning and development

**Business Strategy**

- Developing the Vision – The Belfast Way
- New Directions
- Goals, Objectives, Performance management arrangements
- Organisational Values
- User involvement and engagement
- Business Partnering Arrangements
- Involving You
- Excellence and Choice/Equality
- Health and Social Inequalities Strategy

**Inequalities in Health**

- A Strategy for the Belfast Health and Social Care Trust
- Belfast has the highest level of deprivation in Northern Ireland
- Lower life expectancy
- Greater burden of disease
- Greater dependence on health and social services
- Overall health improved but life expectancy widening

**A Framework for Health and Social Care**

Using the Commission on Social Determinates of Health Framework the following actions are proposed as priorities to reduce inequalities in health

**Improve daily living conditions**

- Priority to make an early childhood experience as good as possible
- Demonstrate leadership through interagency partnerships to address social determinates of health
- Health and Social Care professionals maximise opportunities to promote health and well being
- Healthy work environment/health and well being of our staff

**Tackle the inequitable distribution of power**

- Work with service users, carers and community groups to arrive at shared decision making
- Contribute to local leadership and to civil society

### Measure and Understand the Problem

- Measure the inequalities within our own services, build on Section 75 Categories

### Address Climate Change

- Reduce our carbon footprint
- Environmental and Sustainability Policy
- Poorest members of our community are worst affected by climate change

### Some Examples of Interventions to Date

- Smoking cessation interventions for both patients and staff
- Cardiovascular disease awareness programme delivered in ten deprived areas of Belfast
- Delivery of programme to help recognise the signs of suicide both staff and community members
- Training of community activists to deliver "Health for Life" Programme
- HPPE Project working with young people on sexual health issues in North and West Belfast
- Working with the Traveller Community understanding their needs and advising on how they can access our services

### Some Examples of Interventions to Date

- Family support funding for organisations in areas of deprivation
- Domestic Violence Service
- Shopmobility Services
- Regional Interpreting Service
- Open up our training to community
- Employability Scheme

### Marmot Review

“Those in lower socio economic positions at higher health risk/unemployment”

Institute of Employment Studies/2009 identified the already low skilled are least likely to be the recipients of training whilst at work and this may jeopardise jobs, job progression, increase in depression and elevated risk of fatal or non-fatal cardiovascular events

### So what has Belfast Trust done .....

#### Re-employment Issues

- Essential Skills/Numeracy Literacy
- Return to Learn in partnership with Unison
- ILM and NVQ's
- Work Placements

### So what has Belfast done.....

Disability Action Plan

Availability of Internal Courses/Programmes

Employability Project

Job Fairs

### Divided Past – Shared Future



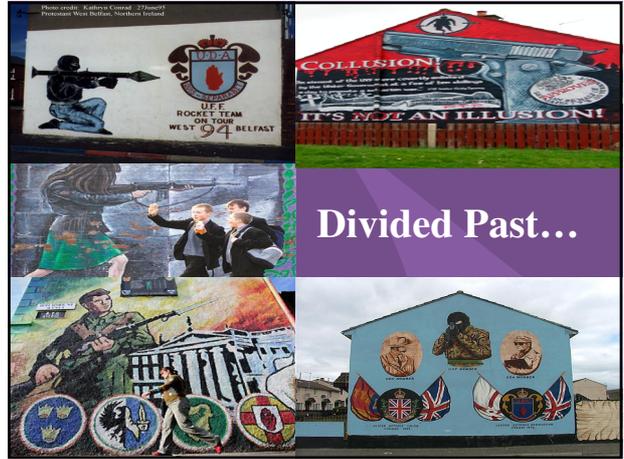
The West Belfast and Greater Shankill Health Employment Partnership

Regeneration of West Belfast and Greater Shankill

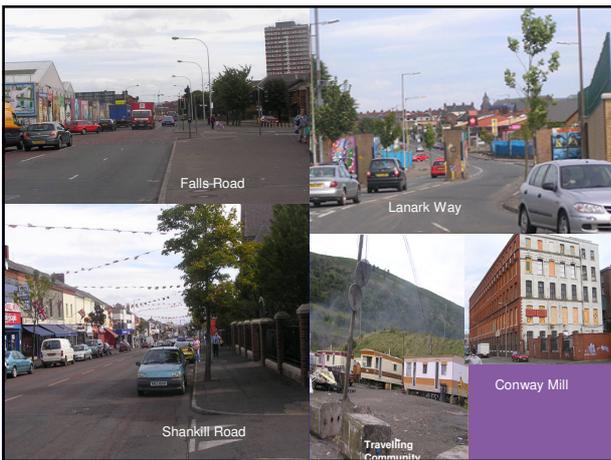


## Introduction – Overview of Presentation

1. Our Divided Past
2. West Belfast and Greater Shankill – The Context
3. What is the WBSG Health Employment Partnership
4. Strengths
5. Achievements
6. How has the Partnership made a Difference
7. A Shared Future



## Divided Past...



## West Belfast & Greater Shankill - Context

Ø 7 of the 10 most deprived Super Output Areas in Northern Ireland are located in West Belfast and Greater Shankill.

- The Falls Area worst in terms of income deprivation
- Whiterock was worst in terms of employment deprivation,
- Shankill was worst in terms of health deprivation.

Ø 42% of adults of working age in Northern Ireland had no qualifications at National Skills Framework Level 1

- in West Belfast and Greater Shankill the percentages were 51% and 65% respectively reaching 75% in one electoral ward.



### What are the aims of the Health Employment Partnership?

To show that Health Employers, Unions and the Community can work together:

- ∅ To contribute to tackling deprivation and support regeneration
- ∅ To work to enable members of most economically inactive groups to enter into employment
- ∅ To enable those in entry level jobs to change the economic profile of deprived areas through career progression
- ∅ To tackle health and social inequalities
- ∅ To create concrete and practical hope for change
- ∅ To facilitate relationship building between 2 communities

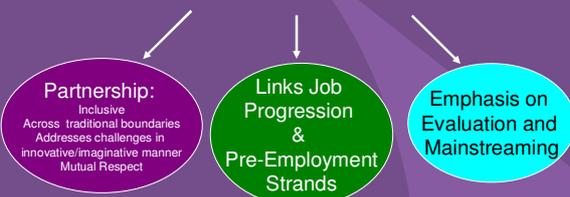


“An organisation works more effectively when it has mutually beneficial partnerships, built on trust, sharing of knowledge, and integration with its partners” (European Foundation for Quality Management, 1999)



### What is the WBGS HEP?

#### Unique Initiative



*•All elements benefit from independent specialist advice provided by City University New York  
•Evaluation framework developed in partnership plus interim evaluation with King's Fund*



### Who is the WBGS HEP?

#### Unique / Equal Partnership



Shared vision to tackle health and social inequalities and disadvantage within WBGS by creating jobs and career progression through a shared approach.



- Top Level Commitment, Influence and Representation
- Resolute and committed at a time of great change – Potential for Failure!
  - Review of Public Administration
  - Agenda for Change
  - Comprehensive Spending Review
  - Post Conflict
- Project wouldn't have been possible without Equal partnership
- Sharing the vision and responsibility through Project Board
- Building practical common purpose – thinking outside of own box
- Strong lobbying capacity eg securing funding for community outreach mechanism
- Demonstrating Behavioural Change



### Achievements of the Partnership

- (1) 130 additional people will obtain employment
  - 140 people have gained employment (89 long term unemployed)
- (2) Creation of Job Progression opportunities
  - Health Records Initiative (7 Front Line staff progressed)
  - Band 3 Supervisor (20 front line staff progressed)
  - Catering Development Initiative (2 staff progressed – 26 trained)



### Achievements of the Partnership

- (3) 300+ staff have accessed Learning and Development Opportunities
- (4) Initiating process of acting as Demonstrator
  - Other Health Trusts
  - Belfast City Council and Derry City Council
  - Derry City Regeneration



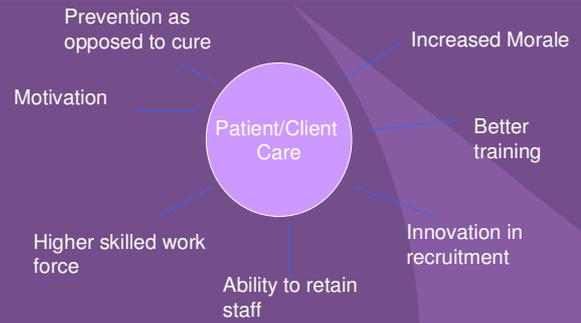
Belfast Health and Social Care Trust

### How has the Partnership made a difference?



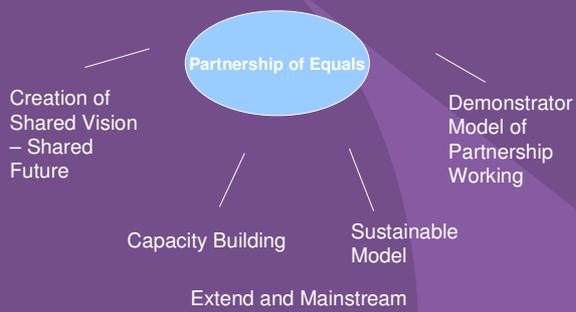
Belfast Health and Social Care Trust

### How has the Partnership made a difference?



Belfast Health and Social Care Trust

### How has the Partnership made a difference?



Belfast Health and Social Care Trust

### Our Shared Future...





## Conclusion

"This Partnership represents both communities which were at heart of conflict and highest levels of deprivation and loss coming together to work in common purpose to tackle deprivation in their own communities and partnership mechanism with employers and union enabling them to develop those relationships into joint patterns of working."

Inez McCormack

"As community representatives we have found participating in the Partnership Board, invigorating and stimulating to be brought into shaping decision making instead of being on outside looking in".

Tom Mervyn – Director Employment Services Board, West Belfast and Greater Shankill